LEEDS AND YORK PARTNERSHIP NHS FOUNDATION TRUST

PUBLIC MEETING OF THE BOARD OF DIRECTORS
will be held at 9.30 am on Thursday 28 January 2016
in Meeting Room 1&2 Century Way, Thorpe Park, Leeds LS15 8ZB

A G E N D A

Members of the public will be given the opportunity to ask questions at both the beginning and the end of the meeting.

It is preferable if questions could be written down and handed to either the Chair or the Head of Corporate Governance at the meeting, before these points in the meeting are reached or if they could be submitted in advance of the meeting (contact details provided below *). However, the absence of a written comment/question will not preclude members of the public from being allowed to put these to the Board.

		LEAD
1	**Apologies for absence**	**FG**
2	**Declaration of a change in directors' interests and any conflicts of interest in respect of agenda items**	**FG**
3	**Opportunity to receive comments/questions from members of the public in order to inform the discussion on any agenda item ***	**FG**
4	**Minutes of the previous meeting**	
	4.1 Minutes of the meeting held on 29 October 2015 (enclosure)	**FG**
5	**Matters arising**	
6	**Actions outstanding from the public meetings of the Board of Directors** (enclosure)	**CH**
PART A - STRATEGIC ITEMS		
7	**Operational Plan Priorities for 2016/17** (enclosure)	**JC**
8	**Operational plan implementation quarter 3 report for 2015/16** (enclosure)	**JC**
9	**Simulation modelling of Mental Health Services** (enclosure)	**LP**
PART B – GOVERNANCE ITEMS		
10	**Code of Conduct for Directors** (enclosure)	**FG**
11	**Memorandum of Understanding between the Chair of the Trust and the Interim Chief Executive** (enclosure)	**FG**
12	**Verbal report from the chair of the Audit Committee for the meeting held 19 January 2016** (verbal)	**JT**
	12.1 Minutes from the meeting held 19 October 2015 (enclosure)	**JT**
13	**Verbal report from the chair of the Finance and Business Committee for the meeting held 27 January 2016** (verbal)	**GT**
	13.1 Minutes from the meeting held 19 October 2015 (enclosure)	**GT**
14	**Verbal report from the chair of the Quality Committee for the meetings held 17 December 2015 and 21 January 2016 (verbal)**	**CT**
	14.1 Minutes of the Quality Committee meeting held 17 December 2015 (enclosure)	**CT**
15	**Verbal report from the chair of the Mental Health Legislation Committee for the meeting held 14 January 2016** (verbal)	**SWH**

16	**Integrated quality and performance report and quarter 3 monitoring returns/self certification** (enclosure)	**AD**
17	**Safe staffing** (enclosure)	**AD**
18	**Complaints summary report** (enclosure)	**AD**
19	**Serious untoward incidents update and lessons learnt following the Trust Incident Review Group (TIRG) meeting held: 11 November, 9 December 2015 and 13 January 2016** (enclosure)	**JI**
20	**Vale of York post-transaction outcome report** (enclosure)	**DH**
21	**Re-appointment of Mental Health Act managers** (enclosure)	**AD**
	21.1 Mental Health Act Managers' remuneration (enclosure)	**FG**
22	**Update on the Well-led Governance Review** (enclosure)	**AD**

PART C – FOR INFORMATION ITEMS

23	**Chair's report** (verbal)	**FG**
24	**Chief Executive's report** (enclosure)	**JC**
25	**Use of the Trust's seal** (verbal)	**FG**
26	**Minutes from the Council of Governors' meeting held 9 September and 18 November 2015** (enclosure)	**FG**
27	**Any other business**	**FG**
28	**Opportunity for any further comments/questions from members of the public**	**FG**

The next PUBLIC meeting of the Board of Directors' meeting will be held on Thursday 31 March 2016 in Meeting Room 1&2, 2150 Century Way, Thorpe Park, Leeds LS15 8ZB

* Questions for the Board can be submitted to Cath Hill (Head of Corporate Governance / Trust Board Secretary) using the following contact details:

Email: chill29@nhs.net
Telephone: 0113 8555930
Address: 2150 Century Way
Thorpe Park
Leeds, LS15 8ZB

AGENDA ITEM 4.1

LEEDS AND YORK PARTNERSHIP NHS FOUNDATION TRUST

Minutes of the Public Meeting of the Board of Directors held on held on Thursday 29 October 2015 in Meeting Room 1&2 at Trust Headquarters, 2150 Century Way, Thorpe Park, Leeds LS15 8ZB

Board Members		Apologies	Voting Members
Mr C Butler	Chief Executive		✓
Ms J Copeland	Chief Operating Officer		✓
Mr A Deery	Director of Nursing		✓
Mr F Griffiths	Chair of the Trust		✓
Mrs D Hanwell	Chief Financial Officer		✓
Dr J Isherwood	Medical Director		✓
Mrs M Sentamu	Non-executive Director	✓	✓
Mrs J Tankard	Non-executive Director	✓	✓
Dr G Taylor	Non-executive Director (Senior Independent Director)		✓
Prof C Thompson	Non-executive Director	✓	✓
Mrs S Tyler	Director of Workforce Development		✓
Mr K Woodhouse	Non-executive Director		✓
Mr S Wrigley-Howe	Non-executive Director (Deputy Chair of the Trust)		✓

In attendance

Mrs C Hill	Head of Corporate Governance (secretariat and minutes)
3 member of the public	

		Action
	The Chair opened the meeting at 13.00 and welcomed members of the Board of Directors and members of the public.	
15/163	**Apologies for absence** (agenda item 1) Apologies were received from Mrs Sentamu, non-executive director; Mrs Tankard, non-executive director and Prof Thompson, non-executive director.	
15/164	**Declaration of change in directors' interests and any conflict of interests in respect of agenda items** (agenda item 2) Mrs Hill reported that Mr Woodhouse had declared a change in his declarations and it was noted that he had been co-opted onto the Audit, Risk and Assurance Committee for the New Charter Group (a social landlord based in the Greater Manchester area). It was also noted by the Board that there were no other changes advised by any director in respect of their declarations of interest, and that no director present at the meeting had any conflict of interest in respect of any agenda item to be discussed.	

15/165 **Opportunity to receive comments / questions from members of the public** (agenda item 3)

There were no questions or comments from members of the public.

15/166 **Minutes of the meeting held on 17 September 2015** (agenda item 4.1)

The minutes of the meeting held on 17 September 2015 were **received** and **agreed** as a true record.

15/167 **Matters arising** (agenda item 5)

There were no matters arising.

15/168 **The Monitor Well-led Framework – the three yearly governance review – revised timetable** (agenda item 20)

Mr Deery reminded the Board that in March it had been agreed that a Well-led Governance Review would be undertaken by an external reviewer in October/November 2015 with a concluding report coming to the Board in January. Mr Deery explained the work that had already been undertaken in preparation for the review, noted that there had been extra work for key managers and directors around the de-mobilisation of the York services and that this has created slippage due to management capacity being directed away from the review process. He therefore asked the Board to agree an amended timetable with the process concluding with a report to the Board in April.

Mr Woodhouse supported the reasons for the slippage, but asked if members of the Board could take a dispassionate view of the reasons for slippage and consider if these could have been predictable.

Mr Wrigley-Howe asked if the format for the review is prescribed by Monitor. Mr Deery advised that there is guidance on what the review should cover. Mr Wrigley-Howe also noted that as the lead non-executive director for the review he would like to meet with Mr Deery to discuss the role further.

The Board **noted** and **agreed** the revised timetable.

Mr Deery left the meeting at 13:15.

15/169 **Actions outstanding from the public meetings of the Board of Directors** (agenda item 6)

Mrs Hill presented the action log which showed those actions previously agreed by the Board at its public meetings; those that had been recently completed and those that were still outstanding. Mrs Hill provided the Board with an update on those items where the position had changed since the

agenda papers were circulated and invited the Board to note the actions outstanding and to be assured of progress.

With regard to log number 193 noting that a post transaction report will be presented to the January 2016 Board meeting rather than the October meeting. This was agreed by the Board.

The Board **received** and **noted** the agreed actions from previous public meetings that were still outstanding and noted progress.

15/170 **Shaping the future of health and social care provision in Leeds** (agenda item 7)

In presenting this item Mr Butler drew attention to the entry in his Chief Executive's Report (at agenda item 23). He noted that there is a shared view by all partners in the city to develop an integrated model of community and mental health care, including social services, in Leeds which is presents and efficient and effective way to use resources across the health sector. Mr Butler noted that this is against a backdrop of extreme financial challenge and indicated that in Leeds there is a need to collectively deliver £800m of savings across health and social care over the next five years.

Mr Butler outlined the initial discussions that had taken place to establish commitment for this initiative. He also noted that an option appraisal is underway which would be concluded at the end of December with a report then being presented to all partners as to those options.

Mr Griffiths noted that there had been a full discussion by the Board at its private meeting, but that going forward there would be a fuller discussion in the public meetings of the Board and the Council of Governors to ensure transparency.

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

15/171 **Operational plan implementation quarter 2 report** (agenda item 8)

Ms Copeland presented the update report noting that this provides a summary of the Trust's progress with the measures in the five-year strategy; schemes in the 2015/17 Operational Plan; and the strategically significant projects monitored via the Programme Management Office. Ms Copeland noted that this was the second report of 2015/16 which sets out to provide an overall summary of progress against each of the schemes in the 2015/17 two year Operational Plan and also progress against the strategy milestones.

Ms Copeland drew attention to the three red RAG-rated areas those of compulsory training noting that this was currently at 84% against a 90% target; care clustering under the mental health payment system which has achieved 65% against a target of 85%; and the cost improvement plans (CIPs) noting

that these are 15% behind target. Ms Copeland briefly explained some of the details of each of these, but noted that they were also picked up in the performance report in more detail.

Dr Taylor noted that the Finance and Business Committee had looked at the CIP plans slippage and was concerned that there could be further slippage on the schemes this year and that it could be more difficult to identify further CIPs in the year to come particularly given the situation with OATs and bed capacity.

Dr Taylor then asked about the Leeds Addiction Unit and the new partnership arrangements noting that concerns had been raised at the Finance and Business Committee in respect of no payment having yet been received in respect of this work and asked for further information to be provided in the next quarterly report as to how this was working in practice including the impact on outcomes for service users. **DH**

Mr Woodhouse then made a link between a number of issues. Firstly, the out of area treatments and the pressure this puts on the system; his concerns around there being fewer staff particularly of the right grade than is needed in order to run services effectively; the down-turn in comments received from service users in terms of their involvement in their treatment; and the CIPs in respect of the constant reduction in beds. Mr Woodhouse noted that there has to be an optimal point and asked whether there had been cuts made beyond an acceptable level.

Mr Wrigley-Howe echoed what Mr Woodhouse had said in respect of bed capacity and noted that a specific report on this matter had been scheduled to come back to the Board in January 2016.

Ms Copeland responded to these points noting the validity of making this triangulation. She noted that the simulation around bed capacity and the capacity of community teams is nearing completion and that this would give a whole-system view in respect of capacity. Ms Copeland also noted that work had been work done to look at what this might mean in terms of the use of the Trust's estate and that a report would be made to the December Board workshop, predominantly in respect of the estates strategy, but which would allow early sight of the outcome of the simulation. Ms Copeland noted that based on early results from the detailed simulation modelling it would appear that the Trust was reaching a point where it is not able to take out further beds. Ms Copeland advised the Board that she is discussing the matter of the bed position and community health teams with commissioners and is looking at primary mental health provision to free up time in community mental health teams to spend more time with service users and also provide the broader services required. She also noted that discussions are being undertaken around the CIPs for the coming year and what the commissioner's view is of where these might come from. Ms Copeland noted that this is a very complex system with many strands and that there are challenging times ahead with some difficult decisions to make.

Mr Woodhouse welcomed a more detailed look at these issues but also noted that the Trust is hugely inefficient in the use of its resources in comparison to not only other Trust's, but to industry and indicated that there is much more

that can be done if the right IT infrastructure is put in place.

The Board of Directors **noted** the progress made against the Operational Plan priorities and strategy measures at the end of quarter two 2015/16; and **confirmed** that it was assured of progress being made to address areas for improvement.

15/172 **Update on the recruitment strategy** (agenda item 9)

Mrs Tyler provided an update to the Board on the current vacancy situation within the Trust and also on the strategy and actions that have been put in place to address this. Mrs Tyler noted that this paper builds on the report made to the Board in July and at its workshop in October.

Mrs Tyler advised the Board that the Trust is still experiencing high levels of vacancies across a number of areas, with particular problems being in care services. She noted that as at 30 September 2015 there were approximately 309 wte vacancies across the Trust with around 261 of these in the two care groups.

Mrs Tyler also referred to the information requested at the Board workshop which looked at any correlation between a rise in vacancies and any related rise in sickness absence, noting that from the statistics presented it would seem that there is no direct link.

Mrs Tyler then drew attention to the main points as set out in the paper regarding the actions being taken in respect of vacancy management, recruitment and also retention.

In respect of the Trust's retire and return policy Mrs Tyler noted that the Board had previously agreed that there would need to be a period of three months before staff could apply to return to a vacancy. Mrs Tyler noted that this was outwith national guidance, which required only one month's break, and that being out of step with this guidance was having a detrimental effect on the Trust's ability to retain skills within the organisation. In highlighting this issue Mrs Tyler assured the Board that there would be a robust process of screening those staff who applied to return post retirement. Mr Woodhouse indicated that he did not support the retire and return policy as this would result in the Trust taking back very expensive staff rather than employing cheaper younger staff. Mrs Tyler clarified this point noting that a member of staff returning would only be able to come back into a vacancy which may not be the position they retired from and may not be at the same grade. Mr Woodhouse accepted this explanation. Having discussed the need to change the Trust's policy the Board agreed to support a change in the policy to there being a one month's break rather than the three previously asked for by the Board.

Mrs Tyler also asked the Board to consider workforce governance and whether there should be a workforce Board sub-committee. The Board discussed this matter fully. There was no support at this point for there being another Board sub-committee as suggested in the paper, although Ms Copeland noted the

need to discuss the governance around workforce more fully outside of the Board meeting. With regard to the governance around the management of the work in respect of recruitment and vacancy management Ms Copeland advised the Board that this would sit within the Programme Management Office and be reported back to Board through the quarterly PMO report. Mrs Tyler noted that this would then pick up the issues around measures.

Mr Wrigley-Howe supported the overall content of the paper but suggested that it could contain more numerical data, as opposed to anecdotal information, against which the executive directors could be held to account for performance. Dr Taylor supported these comments adding that there need to be a clear indication of what the priorities are.

Mr Woodhouse asked why the Board was discussing this now noting that the Board should have discussed this when the trend began to emerge. He also noted the need for the paper to have target dates by which the vacancies would be filled to ensure safe staffing levels.

On the matter of Board papers Dr Taylor expressed her disappointment at the way in which the recommendation in the paper had been posed and asked for more attention to be given to what the Board is being asked to do. Mr Butler supported Dr Taylor's comments.

The Board **received** an update report on the workforce strategy and **discussed** this in some detail.

15/173 **Verbal report from the chair of the Audit Committee for the meeting held 19 October 2015** ((agenda item 10)

On behalf of the chair of the Audit Committee Dr Taylor presented the key points of discussion at the Audit Committee meeting held on 19 October 2015 including:

- The presentation of the risk register for the Specialist and Learning Disability directorate noting that the issues of vacancies had been highlighted in the register. Dr Taylor also noted that the matter of Mill Lodge had been discussed as part of this item also, noting a report was to be made to the Board on this matter
- Medicine management and a report from the Chief Pharmacist about best use of resources and how service users are involved with understanding about the drugs they receive
- The hospitality and gifts register and the sponsorship register. Dr Taylor noted that the hospitality and gifts register had had no entries in it for a very long period of time and reminded members of the Board to ensure these are declared. With regard to sponsorship Dr Taylor noted that this also lacked a lot of detail and indicated that further information had been requested.

The Board **received** and **noted** the verbal report in respect of the Audit Committee meeting held on 19 October 2015.

15/174 **Verbal report from the chair of the Finance and Business Committee for the meeting held 19 October 2015** ((agenda item 10)

As chair of the Finance and Business Committee Dr Taylor presented the key points of discussion at the committee meeting held on 19 October 2015 including:

- The revised financial plan noting that this had been submitted to Monitor and continues to show a strong financial position despite slippage on CIPs and the large OATs spend
- A report on the consultation for the future payment options for mental health services, noting that this appears to favour a capitation approach of calculation with clear outcome measures.

The Board **received** and **noted** the verbal report in respect of the Finance and Business Committee meeting held 19 October 2015.

15/175 **Verbal report from the chair of the Mental Health Legislation Committee for the meeting held 16 October 2015** (agenda item 12)

As chair of the Mental Health Legislation Committee Mr Woodhouse presented the key points of discussion at the Mental Health Legislation Committee meeting held on 16 October 2015, including:

- Concerns about the management of the action log, noting that actions had been passed to other groups to deal with and therefore closed without a report coming back to the committee. Mr Woodhouse noted that this was unacceptable
- The performance report noting that from the mistakes in the report it was clear that no-one at the meeting had read it prior to the meeting. Mr Woodhouse noted that this unacceptable as a lot of time and effort goes into the production of such a report
- The regular visits conducted by the CQC noting that these had raised a number of issues including the smell at Clifton House and shortage of staff on Westerdale Ward. Mr Woodhouse expressed concern that it had taken a CQC visit to highlight this matter
- The appointment of a member of staff to look at the recurring issues that come out of the CQC visits, noting that he fully supported this appointment.

Mr Griffiths supported Mr Woodhouse's comments about the CQC inspections and ensuring the Trust is addressing any emerging issues in a timely way. Ms Copeland also advised the Board that a programme of quality reviews was being set up which would see 'mock CQC inspections' take place in the services to pick up issues as they occur rather than wait for these to be

highlighted through inspection. Dr Taylor welcomed the quality reviews and asked if there was an opportunity to invite another Trust to be involved. Ms Copeland indicated that people from other services were being invited to be involved and the Trust has an ex-CQC inspector also involved.

Mr Wrigley-Howe noted that he had in fact read the performance report presented to the Mental Health Act Committee in October and noted that there had been a glitch in the presentation of the information. He also noted that the information presented in it in respect of OATs was very interesting and suggested that this should be played into the information which Ms Copeland and Mrs Hanwell are looking at.

The Board **received** and **noted** the verbal report in respect of the Mental Health Legislation Committee meeting held 19 October 2015.

15/176 **Draft minutes of the Mental Health Legislation Committee for the meeting held 16 October 2015** (agenda item 12.1)

The draft minutes of the Mental Health legislation Committee were **received** and the content **noted**.

15/177 **Integrated quality and performance report and quarter 2 monitoring returns / self certification** (agenda item 13)

Mr Butler presented the quarter 2 performance report drawing attention to the local issues as outlined in the paper. It was noted that many of the issues had been covered else where in the agenda and discussed in some detail by the Board.

Mr Woodhouse raised an issue about the downturn in performance around service users being involved in their care. It was noted that this was reported as part of agenda item 17 rather than this one and that this question should be raised again by Mr Woodhouse at that point in the meeting.

Mrs Hanwell then presented the financial performance of the Trust noting in particular the change in the financial risk rating regime from the Continuity of Service Risk Rating to the Financial Sustainability Risk Rating which will place a greater emphasis on the income and expenditure position. Mrs Hanwell noted that against this new risk rating the Trust is still reporting a rating of 4 and explained the elements of the revised forecast financial plan which impact favourably on this rating, although she noting that much of this is non-recurrent. Mrs Hanwell noted that the impact of this new risk rating will be explored further in a Board workshop.

The Board **considered** the position against both non-financial and financial targets and was **assured** regarding both current performance and future trajectories. It **confirmed** that it anticipates maintaining a continuity of service risk rating of at least 3 over the next 12 months, and that the declarations should be signed by the Chair and Chief Executive. The Board **confirmed** that it is satisfied that the plans in place are sufficient to ensure on-going compliance with all existing targets (after the application of thresholds) as set out in Appendix B of the Compliance Framework and there is a commitment to comply with all known targets going forward and agreed to sign the declaration. Finally the Board **confirmed** that there are no matters arising in the quarter requiring an exception report to Monitor which have not already been reported and that the appropriate declaration should be signed.

15/178 **Safe staffing report** (agenda item 14)

Mr Butler presented the paper noting the development work as described in the paper to build a bespoke safe staffing tool which will examine a range of relevant variables other than simply the numeric measure used under the current reporting system. Mr Butler indicated that this work was due to be completed by the end of January 2016 and that a report would come back to the Board following the launch of this tool.

Mr Woodhouse asked about the use of two health support worker to fill a gap of one registered nurse and questioned why it was felt appropriate to do this. Ms Copeland supported this comment noting that this had been explored in the recent workshop. She noted though the difference between having a safe staffing level i.e. enough bodies to staff a ward with enough skills to carry out necessary observations and a really good therapeutic environment to support service user recovery.

The Board **received** the safe staffing report and **noted** the development work ongoing to develop a bespoke staffing tool.

15/179 **Complaints summary report** (agenda item 15)

Mr Butler presented the report and drew attention to the relatively high number of 'Severity 4' complaints noting that there is a need to understand these in more detail. He noted that the Trust is broadly meeting the target in terms of response times and that there are reasons for those complaints that fall outside of this target. He also noted that there had been an internal audit report carried out on the complaints process which had provided a further level of assurance.

Dr Taylor noted that performance in terms of complaints had improved, but indicated that the nature of some of the complaints needs further understanding. She also noted in particular the complaint about the IG breach within the gender identity service and asked what action is being taken in respect of this. Mr Butler advised the Board that this case had been reported to the Information Commissioner's Office and looked at internally.

Mr Wrigley-Howe noted the theme in respect of complaints around physical health and noted that work was ongoing with Leeds Community Health to look at addressing this. Mr Wrigley-Howe also echoed the pleasing progress and the improvement in the complaints process and the meeting of targets.

The Board **received** the complaints summary report and **noted** the content.

15/180 **Serious untoward incidents update and lessons learnt following the Trust Incident Review Group (TIRG) meeting held: 9 September and 12 October 2015** (agenda item 16)

Dr Isherwood presented the report and drew attention to the data which showed that the Trust is falling behind with completing reports and the speed with which they are brought to the committee.

Dr Isherwood noted that at the last Board meeting the NCISH report had been discussed which had shown the need to look at some of the steps in the process. Dr Isherwood explained the changes that will be made to help speed up the investigatory process and still highlighted the issues that need to be addressed, including the possibility of establishing a dedicated investigations team which would help to free up the time of senior staff in care services and provide an experienced and independent team which would be able to carryout investigations more quickly.

The Board **noted** the content of the report and was **assured** that the actions in respect of the lessons learnt are being progressed appropriately.

15/181 **Highlights from the 2015 Mental Health Community Service User Survey** (agenda item 17)

Mr Butler presented the highlight report to the Board noting the very positive contribution community staff make to the provision of care to service users. Mr Butler drew attention to the areas where the Trust had not performed well. He noted that the report had been reviewed by staff in care services and explained some of the next steps needed including some of the findings into the directorate business plans.

Mr Wrigley-Howe asked particularly about the physical health needs as reported and drew attention to an anomaly within the report in terms of performance. Mr Griffiths suggested that this is discussed outside of the meeting.

It was also noted that this report would go to the Quality Committee and that it would be discussed there in more detail.

The Board **received** the highlight report and **noted** the main areas of performance in particular those areas where the Trust had not performed well.

15/182 **Employer based Clinical Excellence Awards 2014/15 round** (agenda item 18)

Mrs Tyler presented a paper to the Board which asked it to consider whether the Trust should implement a local awards scheme pertaining to the previous financial year 2014/15. She noted that although the Trust is able to attract candidates in general adult psychiatry, there is a difficulty to appoint to a number of vacant posts in the Specialist Services and noted that should the Board decide not to approve the 2014/15 scheme this could have a further negative impact on consultant recruitment as other mental health trusts locally have indicated their intention to run local schemes.

Mrs Tyler also noted that any decision to discontinue a local scheme will impact on the ability of our consultants to access the national scheme at a later point in their career which could also impact on consultant retention.

The Board considered the proposal to run a scheme and approved a local clinical excellence award scheme for 2014/15. Mr Griffiths asked for the judging panel to be amended to include two non-executive directors rather than a governor. This was discussed and supported by the Board.

The Board **considered** and **approved** the employer based clinical excellence award for 2014/15.

15/183 **Emergency Preparedness, Resilience and Response (EPRR) Annual Report 2015 (**agenda item 19)

Mrs Hanwell presented the EPRR Annual Report noting the requirement for this to be brought to the Board. She also noted that the work of the group is monitored through the Finance and Business Committee.

The EPRR Annual Report was **received** and **noted** by the Board.

15/184 **Board Assurance Framework** (agenda item 21)

Mr Butler presented the Board Assurance Framework noting that it had been brought to the Board for assurance. He noted that this had been previously presented to the Audit Committee which had asked ET to consider two further areas of risk for inclusion on the Strategic Risk Register.

	The Board Assurance Framework was **received** by the Board of Directors and the content **noted** for assurance.
15/185	**Chair's report** (agenda item 22) Mr Griffiths reported on the discussion that had been undertaken with the chairs of the other NHS organisations in the city in regard to the future shape of service provision in Leeds, noting that these discussion would be continuing
	The Board **received** and **noted** the Chair's report.
15/186	**Chief Executive's report** (agenda item 23) Mr Butler presented the Chief Executive's report and drew attention to the annual trust awards night and paid tribute to the staff who were nominated and also won awards, noting that the event was attended by members of staff from York. Mr Butler also reported the opening of the new café facilities at the Becklin Centre and the events that had taken place as part of the World Mental Health Week. Mr Woodhouse expressed surprise at the content of the report noting that it did not contain any information about the recent events at Bootham Park Hospital and the effect this may have had on the reputation of the Trust. Mr Griffiths noted that substantive items of business are taken else where in the body of the meeting and that the Chief Executive's report is now in the main a report for information.
	The Board **received** and **noted** the Chief Executive's report.
15/187	**Use of the Trust's seal** (agenda item 24)
	The Board **noted** that the Trust seal had not been used since the last meeting.
15/188	**Safeguarding annual report** (agenda item 25)
	The Board **received** and **noted** the safeguarding annual report.
15/189	**Any Other Business** (agenda item 26) There were no items of other business.

15/190	**Further Questions or Comments from the Public** (agenda item 27) Mrs Phipps asked about the key trends in complaints; the community mental health service user survey and the reduction in the number of service users who feel they have been involved in their care and whether there is an action plan in respect of this; and there being four deaths from ligature hanging and asked if this was the norm for other Trust's in terms of numbers. Ms Copeland assured Mrs Phipps that actions from the Service User Survey would be picked up as part of the business planning process so that areas of concern can be addressed. Mr Griffiths noted that the number of deaths by hanging had been discussed by the Board on a number of occasions previously and that the Trust was not out-with other similar organisations. He also asked for the trends in complaints to be advised to Mrs Phipps outside of the meeting.

At the conclusion of business the Chair closed the public meeting of the Board of Directors of Leeds and York Partnership NHS Foundation Trust at 15:05 and thanked members of the Board and members of the public for attending.

BOARD OF DIRECTORS' ACTION SUMMARY
(PUBLIC MEETING)
Meeting held Thursday 29 October 2015

FOR INFORMATION ONLY
SEE CUMULATIVE ACTION LOG FOR DETAILED INFORMATION

MINUTE	ACTION SUMMARY (PUBLIC MEETING – PART A)	LEAD DIRECTOR
15/171	**Operational plan implementation quarter 2 report** (agenda item 8) Dr Taylor then asked about the Leeds Addiction Unit and the new partnership arrangements noting that concerns had been raised at the Finance and Business Committee in respect of no payment having yet been received in respect of this work and asked for further information to be provided in the next quarterly report as to how this was working in practice including the impact on outcomes for service users.	**DH**

Leeds and York Partnership NHS
NHS Foundation Trust

AGENDA ITEM
6

LEEDS AND YORK PARTNERSHIP NHS FOUNDATION TRUST

MEETING OF THE BOARD OF DIRECTORS

PAPER TITLE:	Actions Outstanding from Public Meetings of the Board of Directors		
DATE OF MEETING:	28 January 2016	**CATEGORY OF PAPER** (please tick relevant box)	
LEAD DIRECTOR:	Cath Hill, Head of Corporate Governance (Trust Board Secretary)	**STRATEGIC:**	
PAPER AUTHOR:	Cath Hill, Head of Corporate Governance (Trust Board Secretary)	**GOVERNANCE:**	✓
		INFORMATION:	

IMPACT ON THE TRUST'S STRATEGIC GOALS (please tick relevant box)		
G1	People achieve their agreed goals for improving health and improving lives	✓
G2	People experience safe care	✓
G3	People have a positive experience of their care and support	✓
IMPACT ON THE TRUST'S STRATEGIC OBJECTIVES (please tick relevant box)		
SO1	We provide excellent quality, evidence-based, safe care that involves people and promotes recovery and wellbeing	
SO2	We work with partners and local communities to improve health and lives	
SO3	We value and develop our workforce and those supporting us	
SO4	We provide efficient and sustainable services	
SO5	We govern our Trust effectively and meet our regulatory requirements	✓

STATUS OF PAPER	✓
To be taken in the public session (Part A)	✓
To be taken in private session (Part B) - If the paper is to be taken in the private session please indicate which criterion is applicable:	
Legal advice relating to legal proceedings (actual or possible)	
Negotiations in respect of employee relations where they are of a confidential nature	
Procurement processes and contract negotiations	
Information relating to identifiable individuals or groups of individuals	
Matters exempt under the Freedom of Information Act (quote section number)	

SUMMARY:

It is considered good practice to formally monitor progress against actions agreed by the Board of Directors, so that undue delay or failure to complete actions is formally challenged and items are reported back to the Board in a timely manner. Accordingly, the cumulative Board action list is detailed in the attached report and will be updated following each meeting.

The Board is asked to note the attached report which shows the recently completed actions. These will be removed for the next iteration of report to Board. The Board is also asked to note those actions that are still outstanding and to be assured of their progress where detail is provided.

The Board is also asked to note the governance pathway and be assured that actions are considered and addressed outside of the Board meeting. The action log is not only received by the Board of Directors at each of its meetings but is also reported to executive directors so they can review their actions ahead of the Board meeting, with the Chief Executive maintaining an overview of the completion and progress of actions.

The action log was up to date at the point of being circulated and those named as lead for the actions are invited to provide any recent significant update which has occurred after the report was sent out.

RECOMMENDATIONS:

The Board of Directors is asked to:

- Note the actions outstanding from previous Board meetings and the timescale for completion, seeking clarification on progress where it considers this necessary.

Leeds and York Partnership NHS
NHS Foundation Trust

Cumulative Action Report for the Public Board of Directors' Meeting

Key to status =

Still outstanding/awaiting completion

Completed

LOG NUMBER	MINUTE NUMBER AND ORIGINATING MEETING DATE	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	STATUS
188	**15/105 (June 2015)**	**Draft Minutes from the Finance and Business Committee meeting held 23 April 2015** (agenda item 17) It was noted that the committee had suggested there be a workshop to the Board on the estates strategy. Mrs Hanwell supported this taking place. Mrs Hill agreed to add this to the schedule.	**Dawn Hanwell**	Board workshop schedule	ONGOING A workshop took place on 3 December 2015 which looked at the bed modelling and the potential impact this has on the estates strategy. The strategy is expected to be completed in the early 2016/17 and a workshop has been identified in the first quarter of the year to look at the strategy in more detail	

LOG NUMBER	MINUTE NUMBER AND ORIGINATING MEETING DATE	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	STATUS
189	**15/117 (July 2015)**	**Quarter 1 progress against strategy measures and operational plan schemes** (agenda item 7) Mr Wrigley-Howe asked about bed management and suggested that a paper should come back to the Board which addresses issues such as how many beds there are, how many are needed and how these numbers have been arrived at. Mrs Parkinson advised the Board on the work around bed modelling. She noted that there was more work to do in relation to this and that it was expected to be completed by the end of October. It was agreed that the outcome of this work would be brought back to a future meeting.	**Jill Copeland**	January 2016	THE BOARD IS ASKED TO CONSIDER THIS ACTION COMPLETED Simulation Modelling for Mental Health Services has been included on the January Board agenda	
191	**15/125 (July 2015)**	**Verbal report from the chair of the Finance and Business Committee for the meeting held 27 July 2015** (agenda item 11) Dr Taylor provided the Board with a verbal update of the main areas of discussion from meeting held on 23 July 2015, including reflections from the new Chief Information Officer and what his vision is for the future of IT in the Trust. Dr Taylor noted that it had been suggested that there is a Board workshop on the IT strategy	**Dawn Hanwell**	Board workshop schedule	COMPLETED This is to take place in January 2016	
193	**15/144 (September 2015)**	**NHS Vale of York service transfer – management of risks** (agenda item 7) Mrs Hanwell noted that a post transaction report would be brought back to the October Board outlining any outstanding issues or residual risks.	**Dawn Hanwell**	January 2016	THE BOARD IS ASKED TO CONSIDER THIS ACTION COMPLETED A paper has been included on the January Board agenda	

LOG NUMBER	MINUTE NUMBER AND ORIGINATING MEETING DATE	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	STATUS
194	**15/151 (September 2015)**	**NCISH draft response** (agenda item 13) With respect to the next steps, Mr Deery advised a small working group will be set up to develop an action plan in response to the draft report recommendations. He explained that the action plan will be monitored via the Trust Incident Review Group (TIRG) and that the final report is expected to be received by end of October 2015. Mr Deery agreed to provide a progress report to the Board in 6 months' time.	**Anthony Deery**	March 2016		
195	**15/171 (October 2015)**	**Operational plan implementation quarter 2 report** (agenda item 8) Dr Taylor then asked about the Leeds Addiction Unit and the new partnership arrangements noting that concerns had been raised at the Finance and Business Committee that no payment had yet been received in respect of this work and asked for further information to be provided in the next quarter report about how this is working in practice including the impact on outcomes for service users.	**Dawn Hanwell**	January 2016	THE BOARD IS ASKED TO CONSIDER THIS ACTION CLOSED A paper was presented to the January Finance and Business Committee any matter to be escalated to the Board will be done through the Chair of the Committee's verbal report	

Leeds and York Partnership NHS
NHS Foundation Trust

AGENDA ITEM
7

LEEDS AND YORK PARTNERSHIP NHS FOUNDATION TRUST

MEETING OF THE BOARD OF DIRECTORS

PAPER TITLE:	Operation Plan Priorities for 2016/17		
DATE OF MEETING:	28 January 2016	**CATEGORY OF PAPER** (please tick relevant box)	
LEAD DIRECTOR:	Jill Copeland Interim Chief Executive	**STRATEGIC:**	✓
PAPER AUTHOR:	Jill Copeland Interim Chief Executive	**GOVERNANCE:**	
		INFORMATION:	

IMPACT ON THE TRUST'S STRATEGIC GOALS (please tick relevant box)		
G1	People achieve their agreed goals for improving health and improving lives	✓
G2	People experience safe care	✓
G3	People have a positive experience of their care and support	✓
IMPACT ON THE TRUST'S STRATEGIC OBJECTIVES (please tick relevant box)		
SO1	We provide excellent quality, evidence-based, safe care that involves people and promotes recovery and wellbeing	✓
SO2	We work with partners and local communities to improve health and lives	✓
SO3	We value and develop our workforce and those supporting us	✓
SO4	We provide efficient and sustainable services	✓
SO5	We govern our Trust effectively and meet our regulatory requirements	✓

STATUS OF PAPER	
To be taken in the public session (Part A)	✓
To be taken in private session (Part B) - If the paper is to be taken in the private session please indicate which criterion is applicable:	
Legal advice relating to legal proceedings (actual or possible)	
Negotiations in respect of employee relations where they are of a confidential nature	
Procurement processes and contract negotiations	
Information relating to identifiable individuals or groups of individuals	
Matters exempt under the Freedom of Information Act (quote section number)	

Leeds and York Partnership NHS
NHS Foundation Trust

SUMMARY:

This paper sets out the requirements of the NHS planning guidance for 2016/17 and proposes the priorities that form the basis of our Operational Plan for 2016/17.

The planning guidance requires NHS organisations to produce a one year organisation-based Operational Plan for 2016/17; and local health systems to produce a five year "place-based" Sustainability and Transformation Plan (STP). A first draft of the Operational Plan is due to be submitted to Monitor on 8 February, with the final version submitted by 11 April. The STP is due to be submitted in June 2016

Four priorities are proposed for delivery in 2016. In Appendix A to the paper, these have set out in a way that is likely to be most engaging and motivating for staff; and the material presented here will be used for an intensive staff engagement exercise in early 2016. The priorities are:

1. Support frontline staff to improve people's health and lives
2. Deliver care that meets essential quality standards
3. Engage and motivate staff
4. Develop a clear plan for the Trust's future direction.

Appendix B provides a draft high level action plan setting out what we need to achieve by March 2016 and during 2016/17 to deliver the proposed priorities. This will form the basis of our draft Operational Plan for 2016/17.

RECOMMENDATIONS:

Members of the Board of Directors are asked to:

- Note the timelines and process for delivery of the Operational Plan and Sustainability and Transformation Plan.
- Agree the proposed priorities and the draft high level action plan that will form the basis of our Operational Plan for 2016/17.

Operation Plan Priorities for 2016/17

1. Introduction

This paper sets out the requirements of the NHS planning guidance for 2016/17 and proposes the priorities that should form the basis of our Operational Plan for 2016/17.

2. NHS planning guidance

The NHS planning guidance 'Delivering the Forward View: NHS planning guidance 2016/17 – 2020/21' requires NHS organisations to produce a one year organisation-based Operational Plan for 2016/17; and local health systems to produce a five year "place-based" Sustainability and Transformation Plan (STP).

Two of the nine 'must do' requirements in the planning guidance are specific to LYPFT services:

- Achieve and maintain the two new mental health access standards: more than 50 percent of people experiencing a first episode of psychosis will commence treatment with a NICE approved care package within two weeks of referral; 75 percent of people with common mental health conditions referred to the Improved Access to Psychological Therapies (IAPT) programme will be treated within six weeks of referral, with 95 percent treated within 18 weeks. Continue to meet a dementia diagnosis rate of at least two-thirds of the estimated number of people with dementia. (Number 7)
- Deliver actions set out in local plans to transform care for people with learning disabilities, including implementing enhanced community provision, reducing inpatient capacity, and rolling out care and treatment reviews in line with published policy. (Number 8)

There is also a requirement to improve mental health services in line with the Mental Health Taskforce report, which has yet to be published.

3. The 2016/17 Operational Plan

The 2016/17 Operational Plan is to be regarded as year one of the five year STP, in which the foundations of sustainability are established while significant system wide transformation focused on new models of care begins to take shape.

The Operational Plan will be subject to two submission requirements: a draft plan by 8 February 2016; and a final submission by 11 April 2016. Technical guidance setting out what should be submitted as draft has yet to be published. All providers have received a template for the submission of finance, workforce and activity information by 8 February, although we may receive details of further requirements.

The final Operational Plan requirement will most likely take a similar format to previous years, although the Planning Guidance does highlight that it should be brief to allow time for the development of the STP. The agreed priorities for 2016 will form the basis upon which the Operational Plan will be developed.

The Operational Plan will be underpinned by detailed directorate business plans, which will be approved by the Executive Team in January 2016. Cost improvement plans will be reviewed by the Finance and Business Committee; and a full quality impact assessment will be undertaken

and reported to the Quality Committee. The Council of Governors will have the opportunity to input to the draft Operational Plan at their meeting on 16 February; and the final Operational Plan will be submitted to the Board of Directors for approval on 31 March.

Appendix A proposes four priorities for delivery in 2016/17. These have set out in a way that is likely to be most engaging and motivating for Trust staff; and the material presented here will be used for an intensive staff engagement exercise in early 2016. The priorities are:

1. Support frontline staff to improve people's health and lives
2. Deliver care that meets essential quality standards
3. Engage and motivate staff
4. Develop a clear plan for the Trust's future direction.

Appendix B provides a draft high level action plan setting out what we need to achieve by March 2016 and during 2016/17 to deliver the proposed priorities. This will form the basis of our draft Operational Plan for 2016/17.

4. The Sustainability and Transformation Plan

Following the vision set out in the Five Year Forward View, the planning guidance supports the ambition and need to plan for a long term sustainable NHS. The guidance outlines a new approach to help ensure that health and care services are planned by place rather than around individual institutions. Every health and care system will be required, for the first time, to work together to produce a Sustainability and Transformation Plan (STP), a strategic plan covering the period October 2016 to March 2021.

The Leeds Health and Social Care Partnership Executive (chaired by the chief executive of Leeds City Council, with NHS chief executive officers and relevant Council chief officers as member) have agreed that Leeds will be the unit of place-based planning for the local STP. Work on the STP will be led by Leeds South and East CCG and developed through the citywide strategic provider partnership network that has to date taken an overview of all provider and commissioner operational and strategic planning requirements.

Although the STP is primarily focused on local sustainability and transformation, NHS England will also require consistency between neighbouring STPs, particularly where provider organisations deliver services to a wider geographical population. This aspect of planning will be important for our specialist services.

The Partnership Executive will take overall responsibility for the STP, which is due to be submitted to NHS England by commissioners in June 2016.

5. Recommendations

Members of the Board of Directors are asked to:

- Note the timelines and process for delivery of the Operational Plan and Sustainability and Transformation Plan.
- Agree the proposed priorities and the draft high level action plan that will form the basis of our Operational Plan for 2016/17.

Appendix A: Our priorities for 2016

Four priorities are proposed for delivery in 2016:

1. Support frontline staff to improve people's health and lives
2. Deliver care that meets essential quality standards
3. Engage and motivate staff
4. Develop a clear plan for the Trust's future direction

These priorities are described in more detail below. These have set out in a way that is likely to be most engaging and motivating for Trust staff; and the material presented here will be used for an intensive staff engagement exercise in early 2016.

Introduction

Everyone who works for Leeds and York Partnership NHS Foundation Trust wants to do the best they can to improve the health and lives of the many people who rely on our service every day. The role of everyone – whether clinician, manager, admin, support or corporate services staff – is equally important to making this happen. To focus the work of the Trust over the next year, the Board of Directors has proposed four priorities. We would like to hear your views about these priorities and how we can best deliver them.

Priority 1: Support frontline staff to improve people's health and lives

Our Trust exists to provide treatment, care and support to people that helps them improve their health and lives. To do this well, our clinical and professional staff need time to develop trusting relationships with service users and carers. They also need the help of many other staff in the Trust who carry out all kinds of important supporting roles. So it's the job of everyone in the Trust to make it as easy as possible for frontline staff to do their jobs well.

In the short-term, this means quickly recruiting more staff, particularly nurses, to fill vacancies. It also means helping frontline staff do their jobs efficiently, for example by providing good admin support; implementing digital solutions to cut down on clinical admin; and making sure estates issues get sorted quickly.

In the medium-term, we need to make sure the Trust is a good place to work with opportunities for career progression; significantly improve our clinical information system; implement further time-saving technological solutions; and provide staff with good information to help them improve outcomes for service users and carers.

With mental health and learning disability services under pressure nationally, it is even more important that we give our frontline staff time to care. We are also asking commissioners to invest in primary care mental health services, to take the pressure off our services and allow clinical and professional staff the time to invest in using their skills to provide a wide-range of interventions to support recovery and wellbeing.

Priority 2: Deliver care that meets essential quality standards

The CQC inspection of our services just over a year ago showed that we have lots of good practice across the Trust, but there are some areas where our performance does not meet essential quality standards. Since then, we have made big improvements on mental health legislation, record keeping and compulsory training.

Providing every member of staff with the opportunity to reflect on their last year at work and agree their objectives and personal development plan for the following year is essential to helping staff do their jobs well, particularly when they are under pressure. Therefore, it is unacceptable that many of our staff have not had an appraisal in the last year; and it must be a priority for all managers to ensure that we achieve our 90% target by the end of March.

Another area where progress has been slow, is delivering much-needed improvements to the physical environment. We need to improve our processes now so that estates and facilities issues get dealt with quickly and efficiently, for the benefit of service users and staff.

Finally, there are a few areas where we are not meeting the requirements of our commissioners, such as waiting times for access to memory services, standards for physical health checks and avoiding out of area placements for people needing inpatient care. These are important quality standards that we must meet by the end of March.

Last year, we began to rollout out better performance reporting information to teams to help them manage performance against the essential quality standards. These reports will be improved in the first half of this year, so that more information is available on a regular basis.

Priority 3: Engage and motivate staff

With so much change afoot in the NHS, it is really important that we communicate well with staff throughout the Trust and get their views on the Trust's future, our priorities and other areas for improvement. The Executive Team have agreed plans to improve how we engage with staff, including some face-to-face listening events with the Interim Chief Executive (CE) and Executive Directors over the next few months, using Crowdsourcing technology to get lots of people involved in shaping our priorities and strategy, regular CE blogs and a monthly Trust Brief to be cascaded through teams with a 'feedback loop' to try and get two way communications flowing through the organisation. We hope all staff with take the opportunity to engage with us to share their views and help shape the future of the Trust.

Our staff do fantastic work, whether that be at the frontline of care or in support services. Everyone has a story to tell about how they have changed someone's life for the better; and our new recruitment campaign includes some great videos of staff talking about why they joined the NHS and what they love about their job. So, this year we will make a concerted effort to promote the Trust and the work of our staff, which should encourage more staff to come and work with us.

Priority 4: Develop a clear plan for the Trust's future direction

The NHS financial settlement for 2016/17 gives us a year to put in place the building blocks for our longer term strategy. We will be launching a refresh of our Trust Strategy in March so that we can make sure staff, service users, carers and partners have the opportunity to have their say on our future direction. This strategy will need to set out how we are responding to the Five Year Forward View – NHS England's plan for the future of the NHS.

It is not always possible to set out a clear plan for the future, as not everything is within our control. We do know that we are a strong organisation, providing good quality care, underpinned by a stable financial position. Broadly, we provide two kinds of care: local mental health, learning disability and addictions services for the people of Leeds; and specialist services across the region and even further afield, with large bases in Leeds and York, and smaller ones in Manchester and Newcastle. We remain fully committed to maintaining and developing services at both these levels.

For our local services, we are working closely with the Leeds clinical commissioning groups, GP providers, Leeds Community Healthcare, Leeds City Council and third sector partners to develop plans to test out new models of care that bring together primary and community-based services into “multi-specialty community providers”. This is an exciting development that gives us the opportunity to deliver real parity of esteem for people with mental health problems by providing a range of services for people wrapped around primary care. The plans are in the very early phase of development, but could become the standard model of care, building on the integrated neighbourhood teams that already provider integrated health and social care for older people. This approach is also in line with the NHS Planning Guidance for 2016/17 that asks all health and social care systems to develop “place-based” Sustainability and Transformation Plans for delivery by 2016.

To deliver the new multi-specialty community provider model, we have proposed to Leeds Community Healthcare that we explore the benefits of merging our organisations. We believe this would ensure a strong provider of community services in Leeds; make it easier to provide the governance needed for the new integrated ways of working; and deliver significant savings. The Leeds CCGs have commissioned an evaluation of different delivery models for integrated care which will report in March and give us a better understanding of whether a merger has support across the city.

For our regional specialist services, we have begun conversations with neighbouring providers to see if we can support improved quality and sustainability through exploring closer partnership approaches such as managed networks of services. Again, thinking on this is in the very early stages. There are likely to be tenders for inpatient services for children and young people (Tier 4 CAMHS) and forensic mental health services in 2016/17 so we are focusing on these regional specialist services in the first instance.

Final word

Our staff are already highly motivated to provide compassionate care for the people who use our services. We hope that by focusing on these priorities, staff will see some changes that improve their working lives and help them continue to strive for the highest quality standards – whichever area of the Trust they work in.

Appendix B: High level action plan

The high level action plan will form the basis of our Operational Plan for 2016/17, which is being developed for submission to Monitor in April. It also includes specific actions to be taken in the period January to March 2016.

Priority area	Immediate: January to March 2016	Next financial year: 2016/17
1. Leadership and engagement		
Executive Team	• Improve Executive Team working to ensure greater focus on agreed priorities, including performance improvement and strategic developments, though increasing frequency of meetings and targeted agenda management (Changes implemented from 12 January) • Improve ET engagement with Trust senior leaders through monthly "extended ET" meetings which focus on delivery of quality, performance and operational plan priorities; and encourage better working across corporate and care services directorates. (Changes implemented from 12 January)	• Review executive director portfolios (responsibility of substantive chief executive, once appointed). • Undertake 360 degree feedback for executive directors to inform appraisals.
Board of Directors	• Ensure non-executive directors (NEDs) better sighted on important issues outside of Board of Directors meeting, through weekly updates from Interim Chief Executive. (Changes implemented from 8 January) • Develop and implement standardised reporting format for Board papers, including review at ET. (New format to be implemented for March Board meeting) • Implement recommendations from Board of Directors timeout in December, including agreement about how to focus more of Board time for discussion of strategic/important issues; and agreement of Board Development Programme.	• Implement agreed Board Development Programme.
Well-led Review		• Complete Well-led Review by April 2016 and implement recommendations. • Review risk management processes and implement required improvements.

Priority area	Immediate: January to March 2016	Next financial year: 2016/17
Promoting the Trust	• Commission external consultant to undertake 360 degree survey with key stakeholders to benchmark reputation and perceptions. This will also provide important information for the Board Development Programme. • Invest in additional short-term public relations/communications capacity to support development of positive media stories and national award applications. (Additional capacity in place by end January) • Begin six month pilot of external media monitoring and evaluation service. • Launch new Trust member engagement campaign "This is me" (working title). • Agree new name for the Trust and promote this with stakeholders as part of strategy refresh. (Agreement at February Council of Governors)	• Develop improved communications channels, including staff intranet and public website as well as social media and e-marketing channels. (Digital communication specialist currently being recruited; Trust website to be relaunched summer 2016) • Ensure maximum media coverage of Trust member engagement campaign, positive news stories and awards.
Staff engagement	• Improve communications with staff about important Trust issues through regular Chief Executive blog. (Implemented from 18 January) • Launch Trust Brief process to ensure that key messages are communicated to staff in face-to-face briefings with managers; and that the views of staff are recorded and acted on. The Team Brief will include a Chief Executive teleconference to deliver the team brief directly to managers and allow direct questions and feedback. The first Team Brief will include 2016 priorities agreed by the Board of Directors. (To be launched in February) • Launch new Leadership Forum to engage quarterly with senior clinical and managerial leaders in Trust (Implemented from February) • Begin intensive phase of face-to-face listening with Chief Executive and ET members to engage staff in priorities for 2016 and strategic direction of Trust. (Implemented from February) • Launch new staff Intranet, which will include search function, up-to-date content, networking areas for staff; and will allow remote access from outside Trust premises. (To be launched in March) • Launch strategy refresh, using Crowdsourcing to enable engagement of large numbers of staff. (To be launched in March) *Note: all staff engagement must ensure effective engagement with staff based in York and other non-Leeds bases*	• Implement bi-monthly Join the Conversation events with the Chief Executive/ET. • Implement Breakfast/lunch with the Chief Executive events for small groups of randomly selected staff. • Implement a rolling programme of ET and NED visits to services to improve visibility. • Continue engagement on strategy refresh.

Priority area	Immediate: January to March 2016	Next financial year: 2016/17
2. Quality, performance and workforce		
CQC fundamental standards	• Deliver CQC action plan, in particular: appraisal targets; compulsory training targets; mental health act legislation standards; record keeping standards; and environmental/estates standards.	• Through process of Quality Reviews, ensure all services meet CQC fundamental standards and have evidence to demonstrate compliance
CQUINs and performance targets	• Achieve and maintain targets, with particular focus on access to memory services; physical health screening; and reduction in acute out of area placements. • Improve adherence to mental health clustering requirements. • Agree CQUINs for 2016/17 with commissioners.	• Maintain standards/performance. • Significantly reduce reliance on out of area placements for long term rehab patients. • Achieve CQUINs for 2016/1.
Recruitment and retention	• Undertake recruitment drive in January. • Implement recommendations from admin review, with emphasis on improving retention of clinical and admin staff. • Develop plans for improved staff retention. • Agree plans to improve staff equality and diversity.	• Significantly reduce vacancies through new recruitment drive. (End June) • Implement plans for improved retention eg career development frameworks for clinical/professional; working with universities to support nurse training. • Implement plans to improve equality and diversity.
Workforce planning	• Recruit expertise needed to use Calderdale Workforce tool.	• Implement use of new workforce planning tool to develop new roles to support changes in skill mix and new models of care.
Outcomes and clustering	• Agree outcomes measure to replace HoNOS (Health of the Nation Outcomes Scale). • Agree new approach to clustering and mental health payments with commissioners.	• Begin reporting on outcomes measures to Board and Council of Governors. • Develop new approach to mental health payments.
Sign up to Safety	• Review clinical risk assessment policy and tools. • Review what further work is needed to promote culture of learning by experience.	• Implement revised clinical risk assessment policy. • Implement recommendation to improve learning culture.
Mental Health Act	• Commence review of MHA systems and processes.	• Implement improvements.
Performance reporting and management	• Continue rollout of performance dashboards to teams. • Implement improve process for performance reporting to commissioners. (End January) • Review approach to holding people to account for performance delivery. (End February) • Recruit Head of Performance.	• Complete rollout of comprehensive performance dashboards to teams. (Completed by June)

Priority area	Immediate: January to March 2016	Next financial year: 2016/17
3. Strategy and partnerships		
Trust strategic direction	• Launch strategy refresh to engage stakeholders on priorities for the Trust's future direction, using Crowdsourcing and other tools to ensure good engagement. (Launch in March)	• Develop new Trust strategy in line with place-based Sustainability and Transformation Plan (see below), aiming for a simple "strategy on a page". (To be published at September Annual Members Day)
Local strategic developments and partnerships (place-based plans)	• Agree scope of and funding for new models of care prototypes (integrated mental and physical health and social care) with Leeds West CCG, Leeds South & East CCG and Leeds North CCG. • Progress plans for partnership working on delivery of back office functions with LCH and other partners. • Fully participate in the development of the Sustainability and Transformation Plan for Leeds. • Work with partners to agree best community-based services provider model to deliver new models of care. Merger with Leeds Community Healthcare (LCH) favoured by Trust, subject to full due diligence and Board and Council of Governors approvals processes. (Commissioner-led options appraisal to be completed by March)	• Fully participate in the development of the Sustainability and Transformation Plan for Leeds. (To be finalised by June) • Implement new models of care prototypes. • Implement partnership delivery of back office functions. • Progress work to implement agreed community-based services provider model.
Regional/specialist strategic developments and partnerships	• Agree Mental Health Urgent Care Vanguard priorities and funding with partners. • Agree approach to partnership working with West Yorkshire mental health trusts, such as forensic mental health services in response to forthcoming tender. • Agree approach to partnership working with Leeds Community Healthcare for inpatient services for children and young people (CAMHS Tier 4), in response to forthcoming NHS England tender.	• Implement Mental Health Urgent Care Vanguard plans. • Agree partnership clinical service models and governance models where appropriate.
Clinical services strategy	• Develop clear plans for clinical services strategy to drive estates strategy, taking into account: simulation modelling of inpatient bed capacity; future need for buildings-based intensive community services; need for new premises for Yorkshire Centre for Psychological Medicine (YCPM); requirements for inpatient learning disability services in response to Transforming Care; partnership working with LCH on inpatient CAMHS; plans for locked rehab and Tier 4 personality disorder services.	• Implement year 1 of clinical services strategy.
Business development	• Agree requirement for capacity and capability around commercial opportunities/tenders.	• Pursue commercial opportunities/tenders.

Priority area	Immediate: January to March 2016	Next financial year: 2016/17
4. Service developments		
Leeds Care Group	• Agree programme of work for recovery-focused services. • Develop operating model for community services (including older people's services) in line with principles set out by commissioners. • Scope plans for single point of access and assessment for psychological therapies, including IAPT (Improving Access to Psychological Services) currently provided by LCH and 3rd sector. • Implement action plan to improve inpatient flow and reduce out of area placements. • Develop plans for longer-term rehab out of area placements. • Recruit staff for new 24/7 mental health liaison service. • Complete A&E review and new urgent/emergency/crisis care model.	• Implement recovery programme, including training programme to skill up staff in wider range of psychological interventions; new Recovery College Converge, Leeds Mind and Leeds universities; tendering peer support worker service for 3rd sector subcontract; and Triangle of Care to support carers. • Implement new community model agreed with commissioners. • Implement single point of access and assessment for psychological therapies. • Implement plans for longer-term rehab out of area placements. • Implement new urgent/emergency/crisis care model.
Specialist & Learning Disability Care Group	• Working with commissioners, review learning disability services (including out of area placements) in response to Transforming Care requirements. • Recruit staff for expanded neurodevelopmental conditions service. • Agree funding with NHS England for additional capacity in Gender Identity service. • Agree rebranding of CFS/ME (chronic fatigue) service to improve access. • Develop plans for joint CAMHS service model with LCH. • Develop plans for future configuration of forensic mental health services.	• Complete review of learning disability services, agree strategy with commissioners and begin implementation. • Implement neurodevelopmental conditions service. • Increase capacity in Gender Identity service. • Implement plans for CFS/ME service. • Tender for tier 4 CAMHS (possibly in partnership with LCH). • Tender for forensic services (possibility in partnership with other providers in West Yorkshire). • Agree future of Trust input to Garrow House Tier 4 PD service.
Trust-wide	• Begin recruitment of staff for in-house extended pharmacy service to respond to 7 day working. • Ensure all services ready to go smoke-free from 1 April 2016.	• Implement in-house extended pharmacy service
Evaluation	• Agree framework for evaluation of new service developments.	• Implement evaluation framework.
Programme management	• Develop governance and programme management arrangements for service development programme (including new models of care).	• Implement arrangements.

Priority area	Immediate: January to March 2016	Next financial year: 2016/17
5. Finance, information and estates		
Clinical information system	• Decide whether to continue with Paris or procure new system.	• Implement Paris improvements or procure new system.
Use of technology	• Pilot new technology solutions to reduce burden on clinical staff eg Digi pens, tablets.	• Ensure WIFI access across all sites. • Rollout agreed technology solutions. • Develop digital strategy to improve outcomes for service users; and rollout existing solutions developed by mHabitat. • Develop delivery vehicle for mHabitat.
Essential estates and facilities improvement works	• Improve processes for achieving timely response to requirements for estates and facilities improvement works. • Agree revised arrangements with NHS Property Services for York premises and PFI provider for Leeds premises.	• Implement new process and monitor delivery.
Estates strategy and developments	• Agree business case for YCPM. • Agree business case for Parkside Lodge development (learning disability inpatient services).	• Agree strategy by end June 2016. • Implement estates strategy, including development and agreement of business cases for estates developments eg St Mary's Hospital.
Finance and contracting	• Ensure financial position does not deteriorate. • Develop cost improvement plans (CIPs) plans for 2016/17. • Negotiate funding and contracts with commissioners for 2016/17.	• Deliver procurement savings. • Deliver CIPs for 2016/17. • Review PFI funding arrangements.

Leeds and York Partnership NHS
NHS Foundation Trust

AGENDA ITEM

8

LEEDS AND YORK PARTNERSHIP NHS FOUNDATION TRUST

MEETING OF THE BOARD OF DIRECTORS

PAPER TITLE:	Operational Plan Implementation Quarter 3 Report		
DATE OF MEETING:	28 January, 2016	**CATEGORY OF PAPER** (please tick relevant box)	
LEAD DIRECTOR:	Lynn Parkinson, Interim Chief Operating Officer Anthony Deery, Director of Nursing	**STRATEGIC:**	✓
PAPER AUTHOR:	Richard Wall, Associate Director of Strategy & Partnerships Melanie Hird, Head of Clinical Governance	**GOVERNANCE:**	
		INFORMATION:	

IMPACT ON THE TRUST'S STRATEGIC GOALS (please tick relevant box)		
G1	People achieve their agreed goals for improving health and improving lives	✓
G2	People experience safe care	✓
G3	People have a positive experience of their care and support	✓
IMPACT ON THE TRUST'S STRATEGIC OBJECTIVES (please tick relevant box)		
SO1	We provide excellent quality, evidence-based, safe care that involves people and promotes recovery and wellbeing	✓
SO2	We work with partners and local communities to improve health and lives	✓
SO3	We value and develop our workforce and those supporting us	✓
SO4	We provide efficient and sustainable services	✓
SO5	We govern our Trust effectively and meet our regulatory requirements	✓

STATUS OF PAPER	
To be taken in the public session (Part A)	✓
To be taken in private session (Part B) - If the paper is to be taken in the private session please indicate which criterion is applicable:	
Legal advice relating to legal proceedings (actual or possible)	
Negotiations in respect of employee relations where they are of a confidential nature	
Procurement processes and contract negotiations	
Information relating to identifiable individuals or groups of individuals	
Matters exempt under the Freedom of Information Act (quote section number)	

Leeds and York Partnership NHS
NHS Foundation Trust

SUMMARY:

This paper provides an overall summary of our position at the third quarter of the financial year against each of the schemes in the 2015/16 Operational Plan, and also with our strategy milestones. Further narrative has been provided to summarise our areas of concern and the plans in place to address them within the report.

All of our schemes are closely monitored to track progress made or to understand where we may be behind schedule. By quarter 3 we critically examine whether a project will achieve its stated intent either by year end or within the new financial year. Consequently this quarters report highlights an increased number of red ratings compared to the previous quarters report.

These include;

- The compulsory training target is rated red (83% compliance against a target of 90%)
- 14 Trigger to Board events
- Patient Survey results
- Improving the Health and Wellbeing of Staff
- Intranet Procurement
- Significant bed pressures
- Mental Health clustering trajectory.

The paper describes these developments in more detail. In addition:

- Appendix 1 provides a summary of our progress against each of our 2015/16 Operational Plan schemes.
- Appendix 2 provides a summary of our progress against our Trust strategy measures.
- Appendix 3 provides the Trust's strategic risk register.

RECOMMENDATIONS:

The Board of Directors is asked to:

- Note the progress made against our Operational Plan priorities and strategy measures at the end of quarter three 2015/16; and confirm that they are assured of progress being made to address areas for improvement.

OPERATIONAL PLAN IMPLEMENTATION QUARTER 3 REPORT

1. Purpose

This report provides a summary of the Trust's progress with the measures in our five-year strategy, schemes in our 2015/17 Operational Plan and the strategically significant projects monitored via the Programme Management Office.

This is our third report of 2015/16 and is set out to provide an overall summary of our progress against each of the schemes in the 2015/17 two year Operational Plan and also with our strategy milestones.

2. 2015/16 Operational Plan status summary

We are now almost 2 years into our significant programme of work to improve our services, which was set out in the 2014-19 Strategic Plan and 2015-17 Operational Plan. This programme of work is being closely supported, monitored and reported upon via our Programme Management Office to track the progress we have made. Our 2015/17 Operational Plan includes schemes for delivery over a one or two year time period. A summary of our overall performance is provided at appendix 1, with further detailed information available upon request.

At the end of the third quarter we have re-assessed all schemes to report on those we know are red, and also those which may be reporting amber but are highly unlikely to achieve their annual milestone by year end. These are detailed below;

- **Compulsory training:** We have not yet achieved the compulsory training key performance indicator of 90%. At the end of the third quarter we are currently at 83% compliance. Weekly reporting for all care services staff is now underway in order to support individuals in understanding the compliance data and in line with the Care Quality Commission action plan. The new Learning Management System (known as I-Learn) was launched on 1st October, which will increase accessibility of online eLearning and improve booking of training sessions.
- **Trigger to Board events:** Following a trust wide audit of all inpatient detentions under the Mental Health Act (1983), 14 cases where the detentions were fundamentally defective were found. Although consisting of the same issue, each of the cases is considered an individual Trigger to Board event and is reported as such. Legal advice has been sought from Hempsons solicitors, who recommended that each patient was discharged from their current detention and reviewed accordingly. Individual incident reports have been completed for each service user, and reported to Commissioners and regulators accordingly.

- **Survey Results:** Throughout the year we have assessed our performance against national patient survey averages, the locally established Your Views Survey, and results from the staff survey. In many instances we have not achieved the stretching target we set ourselves, however we have either met or exceeded the national average on a number of occasions. Local service measures are in some instances being overtaken by Friends and Family survey developments, while some of the staff survey results are not adequately reflected in our current monitoring. A review of all targets and the relevance of each measure is to be initiated in 2016/17, while the summary report now indicates which of the measures will be

considered. Where we have identified a red against national survey results, such as our service users getting financial or benefits advice, we are establishing a process in which to improve the advice available.

- **Staff Health and Wellbeing and Staff Engagement:** The 2015/16 Your Voice Counts programme includes a focus on reducing incidents of physical violence experienced by staff from patients, and on improving communication between senior managers and staff. To reduce violence, a number of agreed actions are being developed following feedback from staff. Improving staff engagement is a priority for the Trust CEO and a structured and consistent programme of workforce engagement/communication is being planned and rolled out in 2015/16.

- **Mental Health Clustering:** A new trajectory has been set for 2015/16 for the percentage of people receiving care and treatment who are allocated a 'care cluster' which is reviewed within the maximum review period. A target of 87% at the end of quarter three has been set. The current percentage of in date clusters is 63.4%. As this does not meet the trajectory target, a remedial action plan will be provided to Leeds CCG as per our contract. Leeds CCG approved the use of the Q2 financial penalty to fund a band 3 administrator to implement a data cleansing exercise (specifically for on hold referrals) and this work has now commenced. A clustering superuser is supporting those clinicians with a high number of unclustered or expired service users to input the clustering data. Actions continue to address clinical engagement with the mental health payments project. This includes the on-going training programme across Leeds services, clustering performance reports being issued to individual clinicians and managers, and development of outcomes frameworks by cluster super class, and clinical support for inputting of clusters.

- **Fully Implement and embed the new Intranet:** Procurement has been initiated for technical support to design and implement the intranet. Although expertise will be in place by Q4 we no longer expect the intranet to be fully operational until the new financial year. The project has been amended from amber to red.

- **Reducing Sickness and Agency Use Levels;** Improving the Health and Wellbeing of our staff is a key objective for the Trust. Stress and MH absences are now discussed more openly, particularly in relation to stress and what support can be put in place for staff. We are still however seeing an increase in reported incidence, within an increase of overall sickness rising. The result of which is a continuing rise in the use of agency staff and a resulting red on 3 key milestones. The Health and Wellbeing Group are focusing on pulling together all the tools and support available to better enable managers to reduce stress in the workplace and improve sickness levels.

- **Reduce the inpatient bed base:** Significant bed pressures throughout the year due to high levels of demand and an outflow issue (difficulty in discharging patients due to delayed delivery of support packages in the community) has led to the reopening of the Older Peoples beds. Pressures on female acute beds continue, with a significant number of women placed out of area. A comprehensive analysis of bed use, referral data, out of area treatments, and caseload has been undertaken and the issues this highlights is being raised with commissioners, social care, and the citywide system resilience group. A PIPA (Purposeful Inpatient Admission) process has been implemented which has resulted in out of area placements reducing over December from previous high levels. A business case for the redevelopment and redesign of Older Peoples Mental Health services (OPS) in the community, and the development of a step down care facility, in conjunction with an independent care home provider, has been developed and submitted to the CCG for consideration. We do however continue to wait for clarification from Adult Social Care on their

future strategic direction and their resulting 'pause' in the integration programme further exacerbates the bed use

3. 2015/16 Operational Plan risks and Strategic Risks

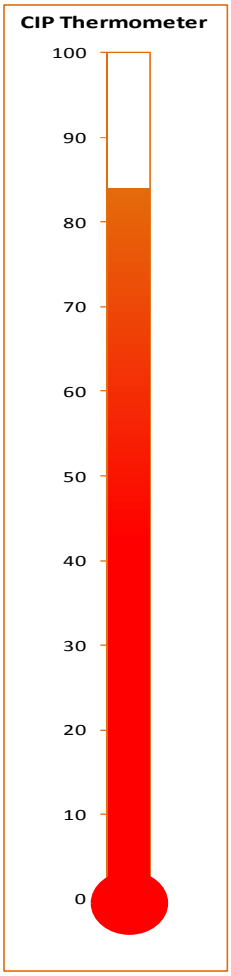
At the end of quarter three we have one project risk recorded on the electronic risk register. This relates to the compulsory training project to achieve the 90% compliance target by the end of 2015/16 and is currently scored as 'high'. All risks are recorded on the operational/local risk register and monitored routinely via the individual project group meetings and the Strategy Implementation Board.

The Trust's strategic risk register is provided at appendix 3 and includes a number of high risk items with one current extreme risk related to delayed transfers of care.

4. Delivery of our 2015/16 Cost Improvement Plans

Major cost improvement plans (CIPs) identified as part of our two-year Operational Plan are managed as formal programmes or projects and adhere to MSP/PRINCE2 methodology. All our CIPs for 2015/16 were quality and delivery impact assessed, with the CIP proforma being completed for each individual scheme.

We continue to achieve significant CIPs across the Trust, however at quarter 3 the CIP delivery is £0.5m behind plan, this equates to a shortfall of 16% against CIP plans. The end of year forecast CIP is £0.6m behind plan, this equates to a shortfall of 15.1% against CIP plans. The main areas of challenge are:



Delayed implementation of the complex later life pathway scheme (£0.2m shortfall quarter 3, £0.4m forecast shortfall).
The CIP was based on a review of year on year demand and trends related to dementia beds during 2014/15, with approval given to reduce the female ward by 10 beds and reduce the male ward by 4 beds during 2015/16. During 2015/16 demand for dementia and mental health beds increased significantly which was exasperated by pressures across the wider health and social care system, resulting in the requirement to provide additional bed capacity (14 extra) beds, 6 dementia beds and 8 mental health beds. In addition to reopening 14 beds at The Mount, increasing demand for older people's beds has resulted in service users being placed out of area. This position creates additional unplanned costs to fund out of area placements and a forecast CIP shortfall of £0.4m for 2015/16.

Reduction of community consultants.
This CIP (£89k part year impact) was reliant on redesigning the community consultant workforce following the retirement of a consultant in quarter 2. The anticipated retirement did not occur and the CIP will not be achieved.

Delayed vacation of three properties is contributing £155k CIP shortfall at quarter 3 (£173k forecast shortfall).
Planned lease savings from vacating Whackhouse Lane and Southfield House (bases for psychology services) are not expected to be realised during 2015/16. Planned lease savings resulting from vacating the Exchange building (training centre) will not be fully realised due to delays. One quarter saving is anticipated for 2015/16.

5. Progress against the measures in our five-year strategy

Our three goals set out in our five-year strategy are the quality goals described in the Quality Report. The report at appendix 2 sets out our performance against each of the strategy measures.

When refreshing our five-year strategy we set ourselves some very aspirational standards that we want to achieve by 2017/18. This report provides a summary of our progress at the end of the third quarter of 2015/16 against the stretch milestones we set ourselves for achievement. We have also captured the trend position to indicate whether there has been an improvement in our performance year-on-year, deterioration in performance, or no change. As with the Integrated Quality Performance Report we have adopted the red/green rating system; however, for the strategy measures, we have applied a 5% threshold to enable a 'green' rating to be applied.

6. Recommendation

Members of the Board of Directors are asked to note the progress made against our Operational Plan priorities and strategy measures at the end of quarter three 2015/16; and confirm that they are assured of progress being made to address areas for improvement.

APPENDIX 1 – OPERATIONAL PLAN PROGRESS DASHBOARD AT Q3 2015/16

Operational Plan scheme dashboard		
1.1	Deliver the recovery, care pathways and outcomes programme	
1.2	Become a smoke free organisation	
1.3	Improve safe care through education	
1.4	Deliver our commitment to 'sign up to safety'	
1.5	Build our reputation for high quality research	
1.6	Implement a Trust-wide single point of access for our inpatient services	
1.7	Review the Crisis, ALPS and older people's mental health liaison service in Leeds	
1.8	Ensure compliance with medicines management	
1.9	Implement and embed the Equality Delivery System Framework (EDS2)	
10	Leeds: Reduce the inpatient bed base in line with reductions in the numbers of admissions and bed occupancy over the last year and the review of community services to support people with dementia	
	Leeds: Develop the pathway for people needing acute mental health services	
	Leeds: Improve outcomes for service users with severe and enduring mental illness by improving rehabilitation and recovery pathways and alternatives to admission for this group of service users	
11	LD: Work together with commissioners and partners in social care to provide people with learning disabilities with the most appropriate care in the most appropriate place	
	Forensic services: Improve pathways for service users and deliver commissioner priorities	
	Eating disorder services: Maximise clinical outcomes for service users in inpatient and community services and develop care pathways and service models to meet identified needs	
	CAMHS & National Deaf CAMHS: Improve services in response to commissioner specifications	
	Perinatal services: Development of outreach model	
	Gender identity services: Implementation of shared care	
	Neurodevelopmental disorders: Development of a new service model	
	Offender health services: Maximise opportunities from re-tendering of offender health services across the region	
	LAU: Develop partnership consortium arrangements to retain current contract	
2.1	Develop and implement new service models in collaboration with the voluntary sector	
2.2	Develop and implement new services in collaboration with health and social care partners	
2.3	Work with our partners to campaign against the stigma and discrimination experienced by people with mental health and learning disabilities	
2.4	Develop equitable locality and Trust-wide processes for involving people who access services	
2.5	Review and develop the complaints management process to provide improved outcomes	
3.1	Implement the Workforce Development Strategy with particular focus on promoting a healthy culture that meets the recommendations of the Francis Report	
3.2	Support new ways of working following service redesign through training, skills development, clear roles and responsibilities and performance objectives	
3.3	Expand occupational health service and improve health and wellbeing of our staff	
4.1	Review and explore opportunities to grow our organisation and work in partnership	
4.2	Deliver management, corporate and back office efficiency savings	
4.3	Deliver the mHealth Habitat programme	
4.4	Develop our IT infrastructure to put us in control of health and care information	
4.5	Ensure our Leeds estates is fit-for-purpose, meets the needs of people using our services and is cost effective	
4.6	Establish robust working practices for implementation of Mental Health Payments	
5.1	Ensure we meet our statutory and regulatory requirements	
5.2	Develop the effectiveness of our Board of Directors and Council of Governors	

APPENDIX 2 – STRATEGY MEASURES PROGRESS AT Q3 2015/16

	Strategy measures dashboard					
		Target	**Actual**	**Trend**	**Survey National Average**	**Internal Your Views Survey Qtr 3**
Goal 1	People report that the services they receive definitely help them to achieve their goals:					
	• People using mental health services	60%	65%	↑	43%	65%
	• People using learning disability services	85%	98.25%	↑		
	Clinical outcomes have been improved for people who use our services	90% (Q4)	68%	↓		
	• CROM – A CROM should be completed for all service users at initial assessment and subsequent reviews • PROM – All service users should be offered a PROM where it is deemed clinically appropriate	Report being developed for PROMS for Q4				
	Carers report that their own health needs are recognised and they are supported to maintain their physical, mental and emotional health and wellbeing	No longer possible to report against this measure				
Goal 2	People who use our services report that they experience safe care:					
	• People using mental health services	*91%	85%	↔	81%	85%
	• People using learning disability services	94%	100%	↑		
	• People using our children and young people's services	85%	87.5%	↑		
	Number of 'no harm' or 'low harm' incidents increases as % of total:					
	• Total % 'no harm' and 'low harm'	98%	96.8%	↓		
	Number of 'Trigger to Board' events	0	14	↑		
Goal 3	People who use our services report overall rating of care in last 12 months very good/excellent:					
	• People using mental health services	*70%	89%	↑	65%	N/A
	• People using learning disability services	*94%	98%	↑		
	People who use our services report definitely treated with respect and dignity by staff providing care:					
	• People using mental health services	*93%	72%	↔	74%	72%
	• People using learning disability services	93%	100%	↑		
	Carers report that they are recognised, identified and valued for their caring role and treated with dignity and respect	No longer possible to report against this measure				
SO1	Access to crisis care:					
	• People who use our services have the number of someone from the Trust that they can phone out of office hours	*60%	68%	↑	68%	N/A
	• People who called the number definitely got the help they wanted	*80%	73%	↑	78%	N/A
	Support towards recovery and inclusion: % of service users who would have liked help from our mental health services who received such help:					
	• With finding or keeping work	*65%	27%	↓	25%	N/A
	• In finding and/or keeping their accommodation	*70%	34%	↓	33%	N/A
	• In getting financial advice or benefits	*70%	19%	↓	32%	N/A
	Involvement in care planning: people who use our mental health services report that:					
	• Their views were definitely taken into account when deciding what was in their care plan • They were definitely given (or offered) a written or printed copy of their care plan	Questions no longer captured in the national community service user survey				
	People using our learning disability services report that:					
	• They had accessible information to support their care	90%	88%	↓		
	• Their views were definitely taken into account when deciding what was in their care plan	90%	92%	↑		
	People using our children and young people's services report that:					
	• Their care plans met their needs	*95%	87.5%	↑		

	Strategy measures dashboard					
		Target	Actual	Trend	Survey National Average	Internal Your Views Survey Qtr 3
	• They had received a copy of their care plan	*100%	87.5%	↑		
	Commitment to improving outcomes through research and development: total number of people (service users/staff/carers) participating in research studies	1100 (p.a.)	916	↑		
SO2	Partners report that the Trust demonstrates successful partnership working and the ability to influence partners' priorities					
	Evidence that we are working with partners to reduce mental health and learning disability stigma	Evidence in place		↔		
	Evidence of effective engagement and involvement of service users and carers, governors and members	Evidence in place		↔		
SO3	Quality of care: staff who report they feel satisfied with the quality of work and patient care they are able to deliver	80%	88%	↑		
	Job satisfaction: staff who report job satisfaction	73%	3.59 out of 5	↓		
	Personal development: staff who report they were appraised with personal development plans in last 12 months	90%	87%	↑		
	Health & wellbeing: staff who report experiencing physical violence from patients, relatives of the public in last 12 months	18%	26%	↔		
	Staff engagement: to engage staff who report good communication between senior management and staff	40%	25%	↓		
SO4	Maintain a financial position which meets the obligations measured under Monitor's continuity of services risk assessment	Monitor Risk Assess-ment Frame-work	4	↔		
	Timely provision of information to support 'real time' measurement of outcomes and performance	97% in 3 days	81.7%	↓		
	Payment by Results: ensuring people who use our services are appropriately and accurately allocated a care cluster:					
	• % of people receiving care and treatment who are allocated a 'care cluster'	95%	87.5%	↑		
	• % of people receiving care and treatment whose 'care cluster' review is in date	90%	62.8%	↓		
SO5	Maintain a position of no outstanding compliance actions on our Care Quality Commission registration	Compliant	Non-compliant	↓		
	Maintain a governance position which meets the obligations measured under Monitor's governance risk assessment	Monitor Risk Assess-ment Frame-work	Compliant	↔		

* = A review of all targets and the relevance of each measure when set against the friends and family and your views surveys is to be initiated in 2016/17.

APPENDIX 3 – STRATEGIC RISK REGISTER PROGRESS AT Q3 2015/16

ID	Care Group	Title	Description	Controls in place	Risk level (Interim)

Strategic risks as of 9 November 2015

ID	Care Group	Handler	Title	Description	Controls in place	Risk level (Current)
2	Professions and Quality - Corporate	Andrew Jackson	Care Quality Commission compliance actions	Failure to meet deadlines for implementation of agreed procedures/systems and improvements for all compliance actions notified to CQC	Action Plan has been developed and is being actively followed up. CQC essential standards group comprising of Executive Directors who monitor actions Actions are monitored by A Jackson using an audit action tracker.	High Risk
3	Finance - Corporate	Andrew Walsh	Loss of contract income when services are tendered.	Commissioners have an increasing appetite to use formal tender processes. When this happens to Leeds services there is an inevitable risk of loss of income.	Good working relationships established with commissioners Focus on maintaining service quality and monitoring outcomes to demonstrate quality and value for money. Development of marketing and bid writing skills. Look for contract growth opportunities to offset potential losses. Commissioning activity around new and existing business is monitored through the Clinical Income Management Group (CIMG): attended by Chief Financial Officer, Chief Operating Officer and Chief Nurse and Director of Quality Assurance. Material concerns are escalated to the Finance and Business Committee of the Trust. The financial and clinical impact of each tender is assessed in the context of the overall sustainability of the organisation. Commissioning activity around new and existing business is monitored through the Clinical Income Management Group (CIMG): attended by Chief Financial Officer, Chief Operating Officer and Chief Nurse and Director of Quality Assurance. Material concerns are escalated to the Finance and Business Committee of the Trust. The financial and clinical impact of each tender is assessed in the context of the overall sustainability of the organisation. Tender opportunities will be reviewed by CIMG on a case by case basis along with considerations of whether to bid or not bid on any given tender. Resourcing considerations of such activity will be discussed in this forum and escalated through ET/BoD, as appropriate. The mitigation is to win / win back more (or more profitable) business than we lose.	High Risk

ID	Care Group	Handler	Title	Description	Controls in place	Risk level (Current)
5	Workforce Development	Lindsay Jensen	Workforce not equipped or sufficiently engaged to deliver new models of care.	Requirement for new skills in the workforce to support new models and also lack of staff engagement and involvement in the new models	Staff are involved and consulted about potential service redesign schemes. Organisational Development staff support strategic improvement and employee engagement in the development of changes to services. Training needs analysis is undertaken for all new service developments and there is investment in training where required. Assistant Director of Nursing posts focussing on nursing development. Development and implementation of new skills and new roles in partnership with Skills for Health for bands 1-4. Close partnership with the Universities to support research and new models of care. Well established coaching scheme to support individuals. Dedicated Service Improvement (SI) team in care services. Using staff data to improve engagement, e.g. Staff Survey, Family and Friends test. Training Needs identified through personal development plans. Development of OD cohort to support innovation and change. Delivery of appropriate Leadership and Management development programmes accredited to ILM at various levels- aligned to specific change requirements.	High Risk
7	Health Informatics Services (Finance)	Howard Dews	Inaccurate information supplied to commissioners	Inaccurate information supplied to commissioners and in statutory returns or failure to provide adequate assurance of the accuracy of that information. Use of manual data collection systems rather than directly from source systems with manual intervention to correct errors. Not all information has been entered into systems when reports are run. Lack of clear processes to assure the information.	From 1 April 2015, information is being directly derived from PARIS. e.g. Crisis gate keeping, 7 day follow up and delayed discharge.	High Risk

ID	Care Group	Handler	Title	Description	Controls in place	Risk level (Current)
8	Health Informatics Services (Finance)	Bill Fawcett	Failure of the workforce to engage with emerging technology trends	Digital technology is emerging and rapidly changing the way that we work. Implementation of new technology requires investment from the workforce to ensure success.	Appointment of chief clinical information officer to ensure informatics developments are led by clinical staff. Clinician-led development and implementation of IT systems and business intelligence to ensure information is relevant to clinical practice. Clinician-led development of innovative digital tools projects. Training needs analysis for all new systems and investment in training where required.	High Risk
10	Professions and Quality - Corporate	Robert Mann	Breaching Trust regulatory requirements (Monitor)	There are key areas of compliance with regulatory thresholds where the Trust is achieving compliance levels which are on the cusp of the target figure. This creates a compliance vulnerability, where additional variation could result in failure to meet our regulatory targets. Key areas of sensitivity are: Crisis Resolution Service Gatekeeping CPA 12 month review 7 Day follow up.	The Trust Governance Structures provide assurance to the Board through the functions of the Quality Committee. Quality data is reviewed regularly, and reported to the Executive Team on a monthly basis, and to the Trust Board on a Quarterly basis. Executive Directors have sign off of the monthly integrated Quality and Performance Report. Data is reviewed and Signed of by both the Chief Nurse and Director of Quality and the Deputy Chief Operating Officer. This ensures that operational and corporate responses can be mobilised in order to respond to specific risks to compliance. There is a monthly Performance Improvement Group within care services, which reviews performance data and suggests action required to improve performance within care services, and can identify support required from Service Improvement Team and Quality Assurance Service to deliver on key Metrics. To comply with the governance conditions of their licence, NHS foundation trusts are required to provide a statement (the corporate governance statement) setting out: Any risks to compliance with the governance condition; and Actions taken or being taken to maintain future compliance. The Integrated Quality and Performance data informs the Trust Board, as part of their process for Corporate Governance Statements. The organisation maintains open communication with our regulators, in line with our duty of candour. We openly discuss risks to achieving our regulatory requirements and the specific action we are taking to mitigate against these.	High Risk

ID	Care Group	Handler	Title	Description	Controls in place	Risk level (Current)
96	Clinical Services	Lynn Parkinson	Delayed transfers of care due to reduced local authority funding	Service users cannot be discharged in a timely way due to reduction in local authority budgets leading to lack of appropriate social care support and placements	Bed Capacity and OAT plan in place in Leeds care group to address and improved acute inpatient flow. Complex later life (older peoples) project in place to address dementia and older peoples bed capacity LYPFT attendance at citywide system flow and system resilience meetings to raise capacity issues and impact of local authority reduced funding. Citywide escalation of bed pressures through REAP reporting. S75 agreement with Leeds City Council to progress integration of services and achieve optimal use of resources to support mental health and LD service users	Extreme Risk

Leeds and York Partnership NHS
NHS Foundation Trust

AGENDA ITEM
9

LEEDS AND YORK PARTNERSHIP NHS FOUNDATION TRUST

MEETING OF THE BOARD OF DIRECTORS

PAPER TITLE:	Simulation Modelling of Mental Health Services		
DATE OF MEETING:	28 January, 2016	**CATEGORY OF PAPER** (please tick relevant box)	
LEAD DIRECTOR:	Lynn Parkinson, Interim chief operating officer	**STRATEGIC:**	✓
PAPER AUTHOR:	Lynn Parkinson, Interim chief operating officer	**GOVERNANCE:**	
		INFORMATION:	

IMPACT ON THE TRUST'S STRATEGIC GOALS (please tick relevant box)		
G1	People achieve their agreed goals for improving health and improving lives	✓
G2	People experience safe care	✓
G3	People have a positive experience of their care and support	✓
IMPACT ON THE TRUST'S STRATEGIC OBJECTIVES (please tick relevant box)		
SO1	We provide excellent quality, evidence-based, safe care that involves people and promotes recovery and wellbeing	✓
SO2	We work with partners and local communities to improve health and lives	
SO3	We value and develop our workforce and those supporting us	
SO4	We provide efficient and sustainable services	✓
SO5	We govern our Trust effectively and meet our regulatory requirements	✓

STATUS OF PAPER	
To be taken in the public session (Part A)	✓
To be taken in private session (Part B) - If the paper is to be taken in the private session please indicate which criterion is applicable:	
Legal advice relating to legal proceedings (actual or possible)	
Negotiations in respect of employee relations where they are of a confidential nature	
Procurement processes and contract negotiations	
Information relating to identifiable individuals or groups of individuals	
Matters exempt under the Freedom of Information Act (quote section number)	

SUMMARY:

The attached Leeds Modelling Final Report sets out the results of a simulation modelling project carried out by Mental Health Strategies for the Trust. The scope for the project was services provided by the Trust for adults of all ages registered/resident within the city of Leeds. This therefore included: Crisis Resolution and Home Treatment: other alternatives to admission; acute beds; CMHTs; and rehabilitation or step-down services. The scope also included services for people with dementia and related disorders. Assisting us in assessing our current and future inpatient bed numbers was a key objective of this analysis.

The paper provides an extensive analysis and a number of conclusions pertaining to each team. The overall findings were:

- Data quality was felt to be high in LYPFT in comparison to the other nine mental health trusts that Mental Health Strategies have worked with.
- Our system has relatively few "fails" (people who are not seen by CMHTs within two weeks of referral, or people who are placed out of area) in comparison to other trusts worked with.
- The Trust has a good overall understanding of demand and capacity issues and strategies to manage these.
- The mental health system in Leeds, although under pressure, is functioning more efficiently than other trusts worked with.
- Inpatient services are resourced at a level to meet current demand.
- All CMHTs, home-based treatment in the East North East locality, and psychology and psychological therapy services are likely to struggle to meet future demand; so we need to focus on seeing appropriate service users in future.
- The new Crisis Assessment Unit seems to be having a positive impact on demand for inpatient services.

From the modelling we have concluded that we need to:

- Maintain the number of adult acute and dementia beds going forward to meet forecasted demand.
- Continue discussions with commissioners about service users with low to moderate needs. These service users do not represent the core work of secondary mental health services and their needs could be met in primary care with 3rd sector support if this service were available. The commissioners are supporting this work through their community redesign work being progressed as part of their Mental Health Framework and we have recently met with them to raise the urgency of the need to address this issue in the context of rising demand on our CMHT's and the increasing length of acute inpatient admissions. We are currently developing a service proposal which they are keen to consider funding.
- Use the capacity in CMHTs that could be freed up by supporting people with low to

moderate needs in primary care to ensure delivery of NICE compliant interventions (particularly greater choice of psychological therapies). Enhance the focus of CMHT's on supporting effective discharge packages of care in order to reduce length of stay in hospital.

- With partners we are undertaking a deep dive review of high intensity service users to understand how capacity can be best freed up whilst meeting the on-going needs of this service user group.
- Continue to monitor the impact of the new Crisis Assessment Unit which appears to demonstrate a reduction in the number of weekly acute inpatient admissions.

This analysis is an adjunct to other improvement work taking please to reduce out of area admissions in order to improve the quality of the experience of those service users who require inpatient care and optimise the use of inpatient beds. Additionally this work is progressing with and focussing on :

- Improved clinical leadership of the acute inpatient with the introduction of a new Consultant Psychiatrist clinical lead role.
- Development of an integrated bed management process which has also introduced a new bed bureau to more efficiently manager beds and admissions.
- Work with the Local Authority to improve timeliness of adult social care assessments, identification of care packages and access to placements. This has been raised in the city through the Systems Resilience Group and the System Flow Board and is particularly relevant to our older people's inpatient wards.
- Improved access to our Intensive Community Service through improved in reach of clinical staff into the acute inpatient wards.

There are clearly implications of this service modelling work for longer term service redesign and our estates strategy. Our current estates strategy is predicated on an assumption that further reduction in acute inpatient mental health and dementia beds is feasible. This report demonstrates that this is not the case. Current work is however considering a number of options that could achieve better co-location of inpatient services within our three main inpatient sites whilst providing new accommodation for the Yorkshire Centre for Psychological Medicine (YCPM). The estates strategy will therefore be refreshed by then end of Quarter 1 2016/17

RECOMMENDATIONS:
The Board is asked to note the content of this report and consider the action that we are taking in relation to the findings.

Mental Health STRATEGIES

Sim:pathy
Pathway planning for health and social care

Leeds and York Partnership NHS Foundation Trust

Simulation modelling of mental health services

Project Report – final

13th November 2015

CONTENTS

1. INTRODUCTION

1.1 Background

This document sets out the results of a simulation modelling project carried out by Mental Health Strategies for Leeds and York NHS Partnership Foundation Trust ("the Trust.")

The project's overall objective is to answer the five questions below, using a simulation modelling approach:

	Question
1	How many inpatient beds should be provided/commissioned for adults with mental health problems?
2	What should be the size, role and function of crisis intervention / home treatment services?
3	What should be the size, role and function of services offering a bed-based alternative to inpatient admission, including step-down facilities?
4	How can levels of acute overspill be minimised?
5	What should be the size, role and function of community mental health teams?

Within this, specific questions and scenarios emerged as the project progressed; these are discussed in detail in the report.

The scope for the project was services provided by the Trust for adults of all ages registered/resident within the City of Leeds. This therefore included CRHT, other alternatives to admission, acute beds, CMHTs, and rehabilitation or step-down services. It also included services for people with dementia and related disorders. It did not include:

- Services provided for children and adolescents
- Services provided by other providers, whether local authority, other NHS, or third/independent sector – with the exception of overspill and alternative to admission beds, which were in scope, irrespective of provider
- Specialist mental health services which are commissioned via regional or national specialist commissioning arrangements

1.2 Purpose and structure of document

This document sets out the results of our work. After this introduction, the document is organised as follows:

Section 2 contains a brief description of the method adopted to undertake the review

Section 3 explains the questions and scenarios which arose during our engagement meetings with staff across the Trust

Section 4 contains the main findings of the quantitative modelling analysis

Section 5 contains our conclusions and recommendations, in the light of the work undertaken

An Appendix contains the data schedule which formed the basis for our analysis

2. METHOD

This section summarises how the work was carried out.

The project had both qualitative and quantitative elements. The qualitative work proceeded via a series of engagement meetings with a wide range of staff of the Trust. The results of these meetings are set out in section 3 below.

The quantitative aspect of the work was undertaken via discrete event simulation modelling. This approach required construction of a statistical model of the current operation of services, identification of scenarios for change, and interactive modelling of the effects of those scenarios to achieve the optimum use of resources. This is based, not on use of simple averages and standardised flows, but on the creation of patient cohorts and presentations which mimic, as far as possible, the variance between patients and patient events which happens in real life. This proceeded via the following steps:

a) Preparation of an episode-level data schedule (i.e. a list of every contact by every patient) for services within scope over a three year data period. A copy of this schedule is attached as an Appendix

b) Receipt and analysis of the data schedule, and creation of a discrete event simulation model to enable forward projections to be made. The data we received, including both episode and associated cluster data was of good quality, and we are confident in the robustness of the resultant findings

c) Forward projections were run for five years

d) Facilitation of a series of well-attended and multidisciplinary workshops. These enabled
    a. validation of the statistical inputs to the model
    b. identification of "what if" scenarios – changes to services which could help to improve flow and management of demand
    c. live testing and discussion of the modelling results

e) Between and after workshops, review and revision of the core model to ensure its accuracy, and to test more complex combinations of scenarios

The following parameters applied to our baseline modelling:

1. The safe operating caseload limit for community teams is equivalent to the peak caseload over the six months prior to the census date

2. The volume of demand for each service (both external referrals and internal transfers) will follow a trend established by the most recent stable trend within the three years prior to the modelling period – but adjusted by demographic change for the catchment population as estimated by the ONS

3. External referrals are modelled using a Poisson distribution with mean equal to the observed rate described above (3)

4. The pattern of variance in lengths of stay (inpatients) and contact intensity (community services) will follow a trend established by the most recent stable trend within the three years prior to the modelling period

5. Length of stay distributions are generated by segmenting the set of all discharges associated with a service into percentiles. The uppermost percentile boundary is trimmed to ensure the mean of the length of stay distribution matches the mean of the underlying dataset

6. Where, due to recent service reconfigurations, historic length of stay does not represent the expected length of stay of new patients joining the service, a length of stay profile will be generated using the number of caseload days/occupied bed days and discharges for the service over the most recent stable period

7. Demand for A&E liaison, crisis or home treatment services must be met within one day, or will be counted as a waiting time fail

8. Demand for CMHTs must be met within two weeks, or will be counted as a waiting time fail

9. Demand for all other services must be met within 18 weeks, or be counted as a waiting time fail

10. If demand rises above capacity for inpatient beds, an overspill fail will be created for each bed night a patient spends in an overspill bed

11. Capacity of overspill beds is unlimited

12. Wards are considered full once 100% capacity is reached, inclusive of leave

13. Male patients can be admitted only to beds designated as suitable for male patients; female patients only to beds designated as suitable for female patients.

14. A bed for the "wrong" age group will always be used in preference to overspill.

15. If demand rises above capacity for community services, patients will join a waiting list until a caseload space is available. Once a space is available, the patient who has been waiting longest will fill that space – there are no priority criteria according to source of referral

16. With the exception of A&E liaison and crisis services, services must retain patients on their caseload until the required downstream service has capacity to accept them – caseload days attributable to such patients are counted as internal delayed transfers of care within the model

3. QUESTIONS AND SCENARIOS ARISING FROM ENGAGEMENT WORK

In preparing this report, as well as the technical analysis, we participated in a range of meetings and discussions with a range of staff from across the Trust.

These meetings in part enabled us to review and validate the datafeed; we are confident that the data, including clustering data, are of sufficient quality for the model to be robust and useful. There were many validation changes made to weight the model's data as realistically as possible. It is in particular worth noting that we have allowed for the gradual implementation of the new models of community teams introduced approximately three years ago, and we have therefore given greater weight to the patterns of activity seen over the most recent year.

In these discussions, we were asked to undertake the following items of data analysis:

a) For both inpatient and community services, a presentation by diagnosis/care cluster in patterns of variance in lengths of stay, and how that has changed over time.
b) Extraction of a high service-use cohort, and presentation of the services used by that cohort. Analyse the composition of the cohorts at by cluster, by age, and by services used.
c) The relationship between likelihood of inpatient admission and contact intensity, with both CMHTs and Crisis teams

We were also asked to evaluate the following scenarios:

a) Re-introduce age-boundaried CMHTs
b) AOT and recovery services merge, moving towards the admission/readmission rate associated with the recovery service
c) Patients seen by CMHTs monthly or less frequently move towards discharge, and:
    a. model discharge from caseload of people in clusters 1-4 only, not simply people whose contact is monthly or less frequently
    b. assume that referrals in clusters 1-4 are diverted elsewhere
c. consider reuse of diverted resources within intensive community services
d) Equalisation of CMHT caseloads by locality populations and/or by team size. This should include an option to reduce all caseloads to the level of the smallest
e) Geographic variance between Leeds' three localities is reduced, with all localities moving towards the flow patterns of the most efficient
f) A separate assessment function is created within CMHTs
g) The East and South localities merge into a single sector, with
    a. Complete flexibility of the resource pools
    b. Partial flexibility of the resource pools
h) Linked to (g) each of the (then) two sectors relates to a much more ring-fenced resource of one male and one female acute ward for adults of working age. The fifth adult acute ward becomes a rehabilitation ward, shared across both sectors

i) As an alternative to the last element of (h), the fifth ward is closed
j) Apply (as sensitivity tests for impact) reductions to the resource use of the high-use cohorts
    a. the highest 1%
    b. the highest 5%
    c. the group whose resource use is at the 81st to 95th percentile
k) Introduce dementia-only CMHTs – what caseload size and referral pattern could be expected?
l) Create a Crisis Assessment Unit attached to A&E (this has very recently been established, and very early data findings are therefore available)
m) Equalise inpatient admissions and discharges across the week, in part by establishing a 7-day CMHT service. This assumes that the total volume of admissions and discharges is unchanged, but that each are distributed equally by weekday
n) How large would CMHT caseloads become if their size were unconstrained
o) Gatekeep access to the ICS via the SPA, with crisis resolution providing the only route of access into intensive community services
p) Close 4 further female beds by April 2016, and a full female acute ward by 2017
q) Reduce dementia beds to 19 by 2017
r) If a fully integrated SPA reduces onward referrals to CAS, what would the overall effect be (a sensitivity test for impact)?
s) Reduce all inpatient episodes by one day; including consideration of management of the reduced episodes via intensive community services

As a final aspect of our model, once we have reached the best level of optimisation within current resources, we were asked to model annual resource reductions of 2%, 3% and 4% to derive their impact on that optimisation.

The findings and recommendations which follow in this report have taken into account this full range of proposals, making eventual use of those which proved most helpful to overall flow.

4. FINDINGS FROM SIMULATION MODELLING

This section presents the findings of the quantitative element of our work, the simulation modelling.

Our presentation starts with the baseline prediction – what would happen if the service simply continues as currently planned. It then presents the individual results of the key scenarios tested. Next, various possible optimised scenarios are described based on combinations of the scenarios. Each of the scenarios is numbered and summarised, for ease of overall reference; all are five-year projections.

The results of modelling work of this nature should always be interpreted with a measure of caution. The findings here do not represent what is certain to happen; they present what is predicted to happen if the scenarios here do in fact happen, and if no other significant events emerge during the planning period. There is also always the risk of random variation, although the numbers here are sufficiently large that this need not be a major concern. Modelling results should therefore be taken only as one source of evidence in the Trust's decision-making process, to sit alongside appraisals of clinical strategy, and of commissioning intentions.

4.1 Baseline prediction

In order to identify potential issues of capacity and flow with the proposed locality model over the next five years, and to allow a basis of comparison for our scenario work, we first generated a 'base model'. The modelling assumptions and results of the base model simulation are shown overleaf.

In the results table overleaf, and throughout this section, the lines should be understood as follows:

Over Capacity Fails: the number of times a patient is referred to a service within the model's scope which is over its operational capacity at the time of the referral, where that service is not permitted to run a waiting list

Waiting Time Fails: the number of times a patient remains on the waiting list of a service for longer than the specified maximum waiting list for that service

Alternative Service Fails: the number of times a patient accepts a place on a 'second choice' service as there is no free capacity in the preferred service. In this model, this indicates the number of times an inpatient has been admitted to an overspill bed, or to a local ward of a different age group.

Total Fails: the total number of over-capacity and waiting time fails as described above. These are broken down by the major community teams within the model

Total Acute Overspill OBDs: the number of bednights occupied by patients residing in the trust patch in beds provided by other providers as acute overspill. Each 1825 OBDs represent, on average, a whole bed occupied throughout the five-year modelling period. These are broken down into adult and older adult services where appropriate

Average Overspill beds: the mean number of overspill beds occupied at any one time during the modelling period

SCENARIO 1 – BASE MODEL

Assumptions: No change to current service model, other than the impact of demographic growth

Metrics	Baseline
Total Fails (5 years)	40,306
…of which over capacity fails	16,683
…of which waiting time breaches	22,277
…of which alternative service fails	1,346
(by location)	
…of which CMHTs	20,274
…for working age adults	14,452
…for older adults (functional)	3,649
…for older adults (dementia)	2,173
…of which Home Treatment	8,386
…of which inpatient services	1,346
…of which other services	10,300
Overspill bed days (5 years)	16,965
…working age adult acute	9,207
…(implied beds)	5
…older adults	2,302
…(implied beds)	1
…dementia	0
…(implied beds)	0
…PICU	928
…(implied beds)	1
…Rehabilitation	4,528
…(implied beds)	2
Caseload days (5 years)	25,628,671
…of which CMHTs	7,824,195
…of which Home Treatment	469,920
…of which other services	17,334,557

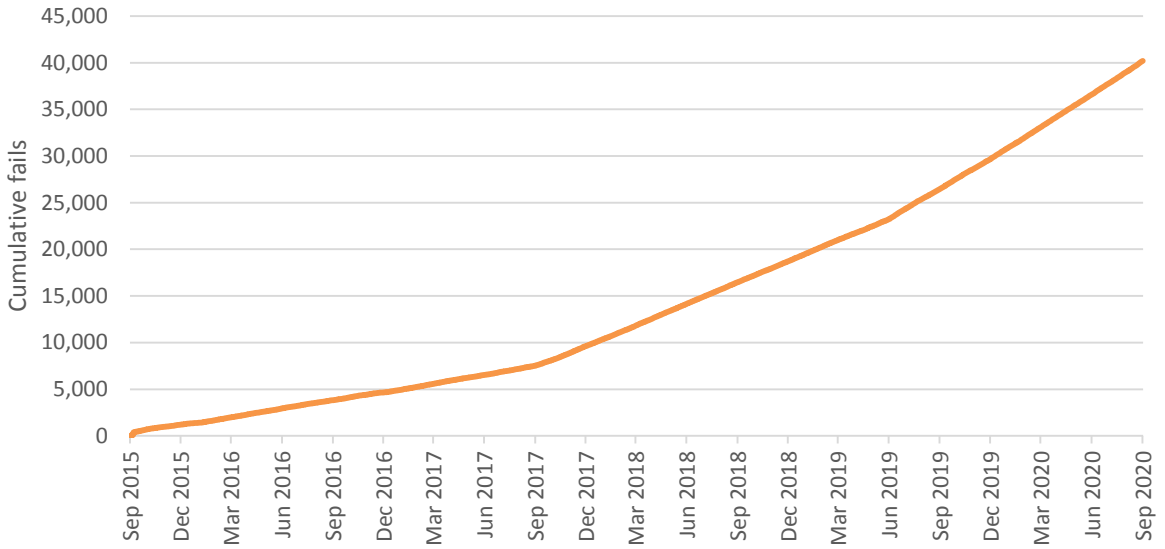
Around 40,000 fails are observed over the five year period. Around 20,000 of these are waiting time fails attributable to the CMHTs, with the team in the East-North-East locality accounting for half of these. Other services under pressure include the Home Treatment Service ENE Team (8,000 fails) and Psychology and Therapies (also 8,000 fails). No other single service has more than 1,000 fails occurring over the five year period.

Overspill is predicted to be relatively modest, averaging around 5 adult acute inpatient, 1 older adult (functional) inpatient, 1 PICU and 2 rehabilitation beds at any one time. Nonetheless, the volatility of inpatient overspill means that on occasion the number of placements will far exceed these figures.

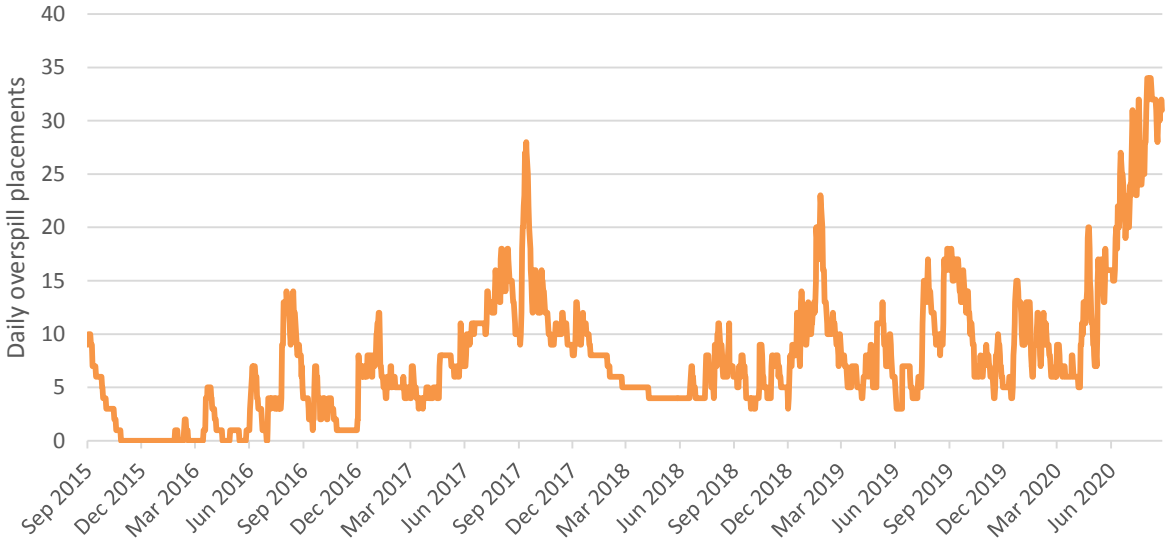
4.1.1 Baseline trends

Fails and overspill placements are not predicted to be uniform across the five year period. Many of the fails are generated towards the end of the model where the impact of demographic growth is at its greatest.

Total fails over time



Daily overspill (all bed types)



4.2 Scenarios tested

Scenario 1 – Merger of East and South CMHTs

Assumptions: The East and South CMHTs are set to be flexible. In model A, the teams can flex workforce/caseload completely to best manage demand. In model B, the teams can flex up to 50% of their capacity to best manage demand.

Metrics	Baseline	Scenario 1a (full merger)	Scenario 1b (partial merger)
Total Fails (5 years)	40,306	39,754	39,599
…of which over capacity fails	16,683	16,925	16,796
…of which waiting time breaches	22,277	21,583	21,534
…of which alternative service fails	1,346	1,246	1,269
(by location)			
…of which CMHTs	20,274	19,887	19,682
…for working age adults	14,452	14,227	13,976
…for older adults (functional)	3,649	3,540	3,578
…for older adults (dementia)	2,173	2,121	2,128
…of which Home Treatment	8,386	8,587	8,464
…of which inpatient services	1,346	1,246	1,270
…of which other services	10,300	10,033	10,184
Overspill bed days (5 years)	16,965	14,560	15,506
…working age adult acute	9,207	7,610	8,025
…(implied beds)	5	4	4
…older adults	2,302	1,805	1,806
…(implied beds)	1	1	1
…dementia	0	0	0
…(implied beds)	0	0	0
…PICU	928	900	935
…(implied beds)	1	0	1
…Rehabilitation	4,528	4,245	4,740
…(implied beds)	2	2	3
Caseload days (5 years)	25,628,671	25,599,392	25,641,291
…of which CMHTs	7,824,195	7,827,338	7,829,521
…of which Home Treatment	469,920	416,741	439,173
…of which other services	17,334,557	17,355,313	17,372,597

Findings:

Both models demonstrate slight improvements on the baseline in terms of fails and overspill. The partial flexibility model (1b) has slightly fewer CMHT fails and is likely to be easier to implement in practice.

Scenario 2 – Adopting the service profile of the WNW locality

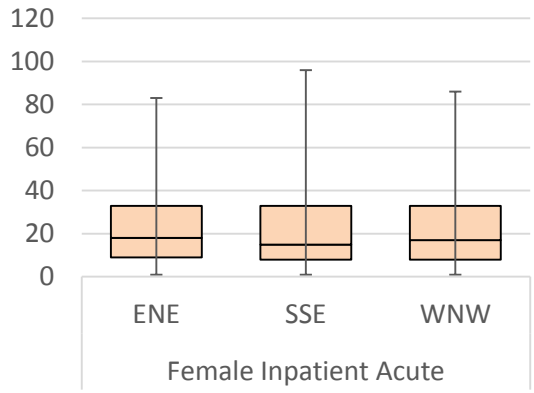
Assumptions: Community and inpatient lengths of stay are modified to match that of the most efficient locality (West-North-West). While the West-North-West locality has longer CMHT lengths of stay, inpatient and home treatment spells tend to be shorter.

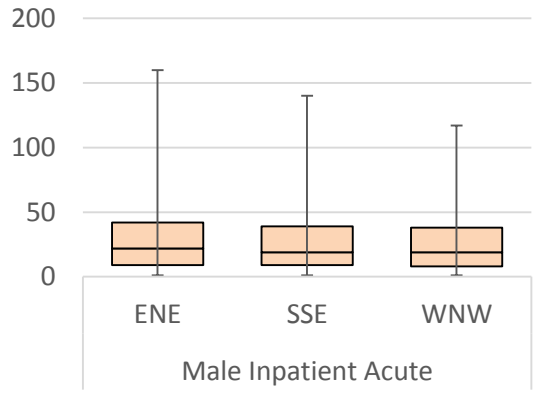
Metrics	Baseline	Scenario 2
Total Fails (5 years)	40,306	34,516
…of which over capacity fails	16,683	10,900
…of which waiting time breaches	22,277	22,892
…of which alternative service fails	1,346	724
(by location)		
…of which CMHTs	20,274	22,208
…for working age adults	14,452	15,837
…for older adults (functional)	3,649	3,970
…for older adults (dementia)	2,173	2,401
…of which Home Treatment	8,386	2,427
…of which inpatient services	1,346	724
…of which other services	10,300	9,157
Overspill bed days (5 years)	16,965	8,755
…working age adult acute	9,207	4,932
…(implied beds)	5	3
…older adults	2,302	1,021
…(implied beds)	1	1
…dementia	0	0
…(implied beds)	0	0
…PICU	928	335
…(implied beds)	1	0
…Rehabilitation	4,528	2,468
…(implied beds)	2	1
Caseload days (5 years)	25,628,671	25,285,558
…of which CMHTs	7,824,195	7,525,590
…of which Home Treatment	469,920	192,895
…of which other services	17,334,557	17,567,073

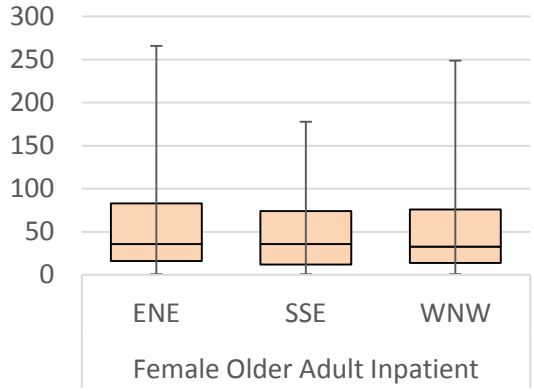
Findings:

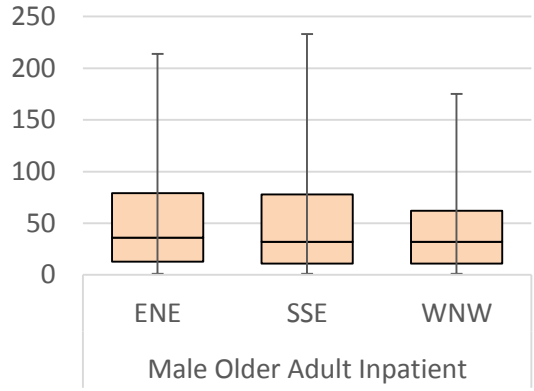
CMHT fails are slightly increased, however total overspill bed days are reduced by around 50%.

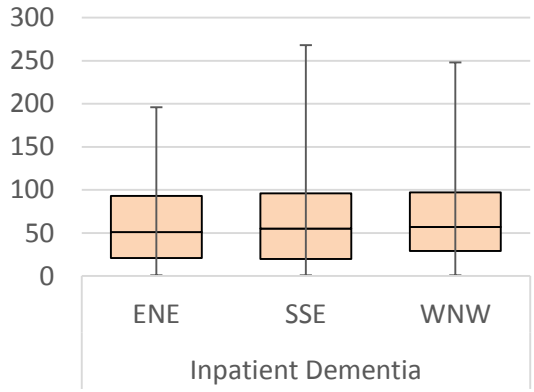
The table below shows the variation in length of stay in key community and inpatient services across the three localities

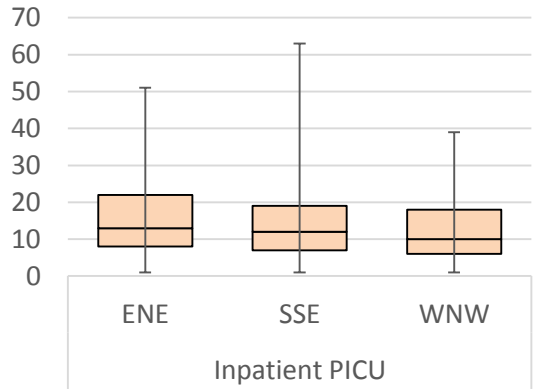


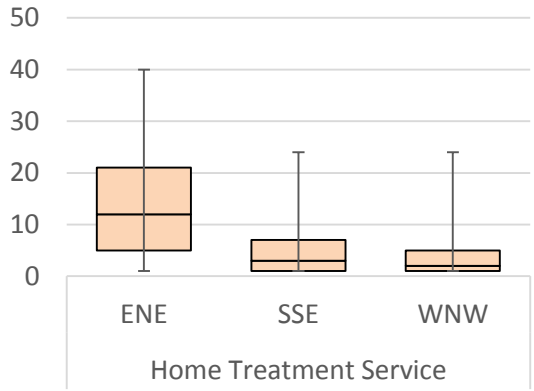


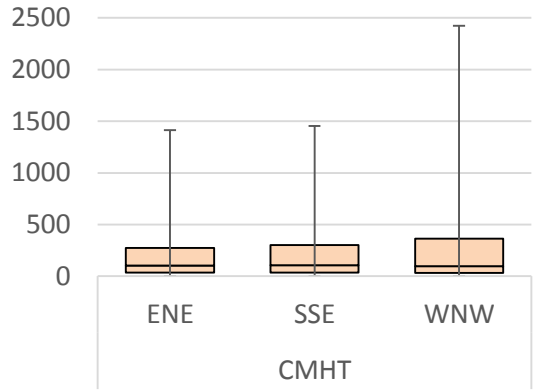






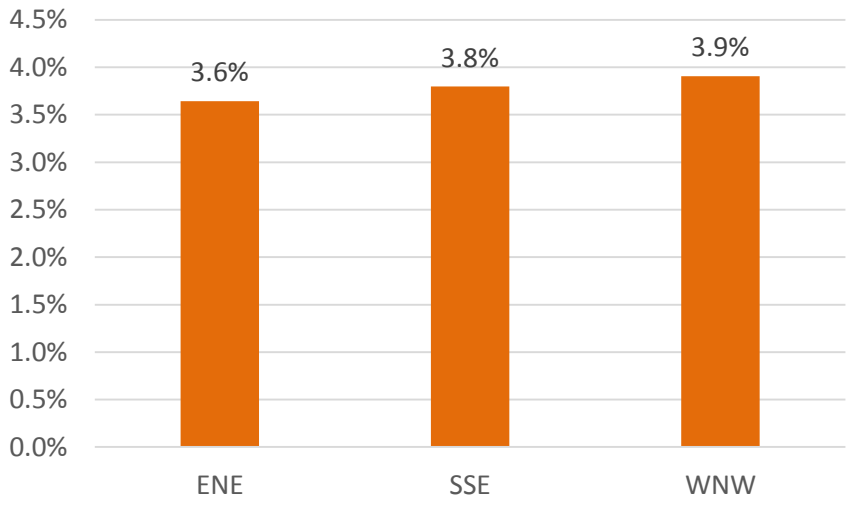






We have also investigated the acute readmission rate to units by the patient's locality of residence. Within our model, readmissions are defined as inpatient episodes starting within 7 days of another inpatient episode of the same type.

Acute inpatient episodes preceded by another acute inpatient episode



While the West-North-West locality has the highest rate, the rates are extremely close and do not differ at a statistically significant level.

Scenario 3 – Discharging cohorts from CMHTs

Assumptions: Cohorts of CMHT patients are discharged to primary care or non-trust services. These patients are assumed not to enter CMHTs in future. The following cohorts have been considered:

- Those patients in clusters 1-4 (3a)
- Those with a contact frequency of no more than one contact per month (3b)
- Those patients both with a contact frequency of no more than one per month, and in clusters 1-4 (3c)

Metrics	Baseline	Scenario 3a (cluster)	Scenario 3b (contacts)	Scenario 3c (both)
Total Fails (5 years)	40,306	22,662	22,325	34,568
…of which over capacity fails	16,683	18,366	17,983	17,353
…of which waiting time breaches	22,277	2,500	2,641	15,819
…of which alternative service fails	1,346	1,796	1,701	1,396
(by location)				
…of which CMHTs	20,274	0	0	13,624
…for working age adults	14,452	0	0	9,674
…for older adults (functional)	3,649	0	0	2,366
…for older adults (dementia)	2,173	0	0	1,584
…of which Home Treatment	8,386	9,130	8,771	8,536
…of which inpatient services	1,346	1,796	1,701	1,396
…of which other services	10,300	11,736	11,852	11,012
Overspill bed days (5 years)	16,965	20,912	19,027	14,456
…working age adult acute	9,207	10,122	9,671	8,412
…(implied beds)	5	6	5	5
…older adults	2,302	2,191	2,251	1,698
…(implied beds)	1	1	1	1
…dementia	0	0	0	0
…(implied beds)	0	0	0	0
…PICU	928	1,061	1,113	846
…(implied beds)	1	1	1	0
…Rehabilitation	4,528	7,538	5,992	3,499
…(implied beds)	2	4	3	2
Caseload days (5 years)	25,628,671	23,300,165	22,120,719	25,290,507
…of which CMHTs	7,824,195	5,676,030	6,776,808	7,567,163
…of which Home Treatment	469,920	540,998	555,971	486,978
…of which other services	17,334,557	17,083,137	14,787,940	17,236,366

Findings: Discharging these cohorts back to primary care eliminates the fails in the CMHTs. It should be noted that very little surplus capacity is created in the CMHTs above demand, especially towards the end of the model where the impact of demographic growth is greatest. Where both conditions are required to be met, the impact on fails is more modest.

Scenario 4 – Length of stay reductions

Assumptions: This scenario illustrates the impact of reducing inpatient lengths of stay. Model 4a shows the impact of a flat 'one day' reduction on all inpatient stays. Model 4b shows the impact of a flat 10% reduction in length of stay.

Metrics	Baseline	Scenario 4a (one day)	Scenario 4b (10%)
Total Fails (5 years)	40,306	39,942	39,468
…of which over capacity fails	16,683	16,730	17,010
…of which waiting time breaches	22,277	22,101	21,736
…of which alternative service fails	1,346	1,111	723
(by location)			
…of which CMHTs	20,274	20,391	20,057
…for working age adults	14,452	14,557	14,304
…for older adults (functional)	3,649	3,647	3,594
…for older adults (dementia)	2,173	2,187	2,159
…of which Home Treatment	8,386	8,391	8,525
…of which inpatient services	1,346	1,111	723
…of which other services	10,300	10,048	10,164
Overspill bed days (5 years)	16,965	14,098	7,537
…working age adult acute	9,207	6,990	4,053
…(implied beds)	5	4	2
…older adults	2,302	1,630	981
…(implied beds)	1	1	1
…dementia	0	0	0
…(implied beds)	0	0	0
…PICU	928	695	525
…(implied beds)	1	0	0
…Rehabilitation	4,528	4,783	1,978
…(implied beds)	2	3	1
Caseload days (5 years)	25,628,671	25,619,481	25,520,151
…of which CMHTs	7,824,195	7,829,542	7,802,944
…of which Home Treatment	469,920	423,758	430,896
…of which other services	17,334,557	17,366,182	17,286,311

Findings: Reductions of 1 day yield very modest reductions in overspill (around 3,000 bed days across five years). A 10% reduction reduces overspill by around 50% over the period, and in particular impacts upon the number of rehabilitation overspill bed days.

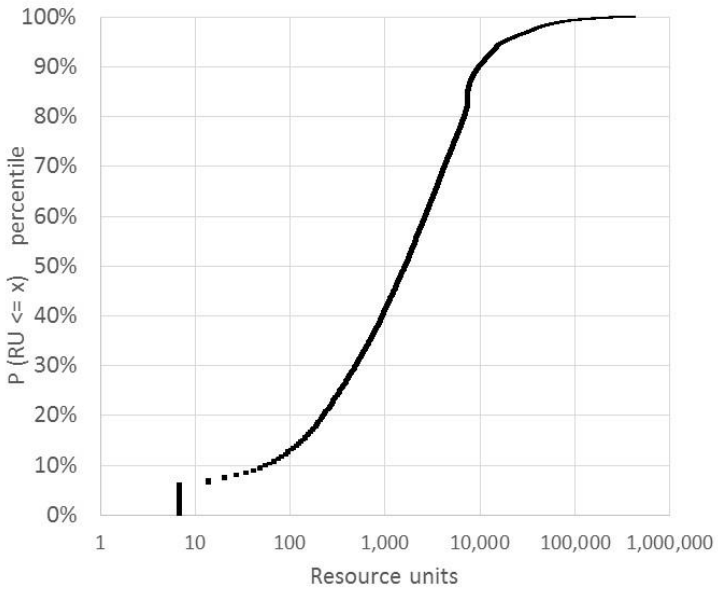
Scenario 5 – Reduction of high utilisation cohorts

This section presents an analysis of the resource use of the cohorts who use the greatest proportion of trust resources. No simulation model is associated with this scenario. In discussion with your clinical teams, it appeared that there is an appetite to begin to address this issue, and that opportunities to redistribute resources may therefore arise from this work in future. This is, however, too uncertain to be considered a meaningful scenario at this stage.

To weight activity between inpatient and community episodes, we have used the trust's reference cost data for inpatient bed days and community caseload days. These reference costs were £343.90 and £6.60 respectively.

Resource use by percentile

Top x% of patients	Use y% of resources
1%	34.3%
2%	46.5%
5%	63.3%
10%	74.8%
20%	87.4%
50%	99.0%
75%	99.9%
100%	100.0%



As can be seen, a small minority of patients use up a disproportionately large share of trust resources.

The tables below shows the services used by those patients in the top 1%, 2-5% group and 6-10% group.

Resource use – top 1% group

Service Type	Caseload Days / OBDs	Resources
Male Inpatient Acute	29,794	9,664,966
Inpatient Rehab Recovery	27,604	8,504,303
Male Inpatient Rehab Recovery	17,813	5,025,067
Inpatient Dementia	13,146	4,514,031
Female Older Adult Inpatient	12,451	4,132,646
Male Older Adult Inpatient	10,260	3,489,897
Female Inpatient Acute	9,429	3,181,763
Inpatient PICU	2,585	864,221
Community Mental Health Team	212,023	668,950

Resource use – 2-5% group

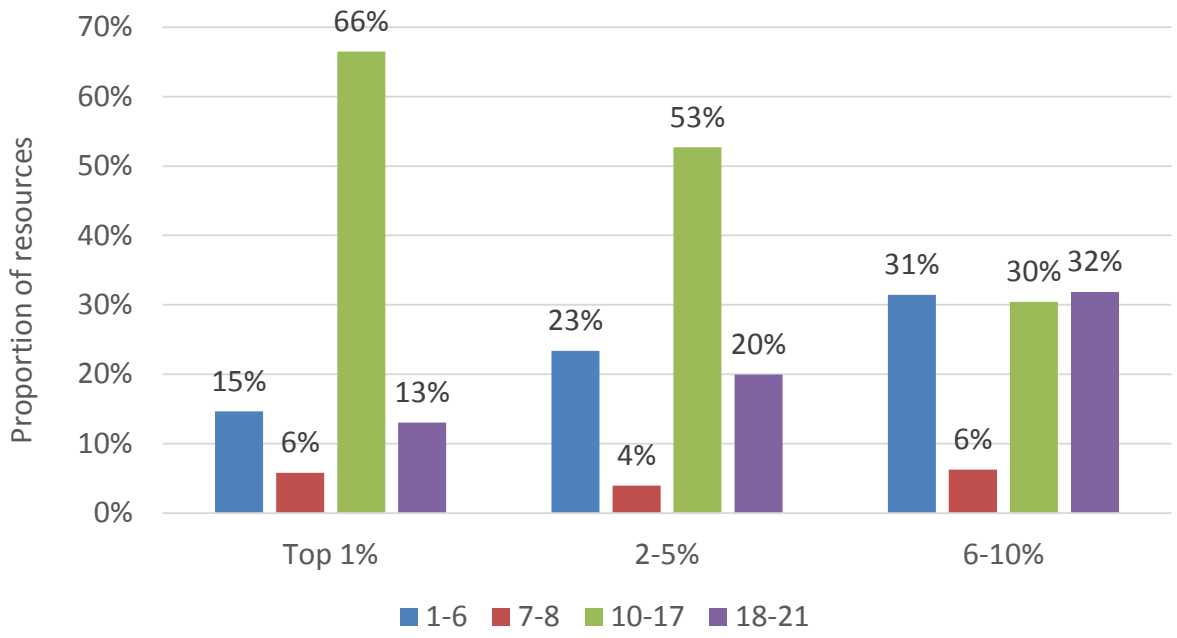
Service Type	Caseload Days / OBDs	Resources
Male Inpatient Acute	24,818	8,227,120
Female Inpatient Acute	22,393	7,573,022
Inpatient Dementia	15,067	5,118,264
Community Mental Health Team	834,764	2,990,803
Male Older Adult Inpatient	8,460	2,879,819
Female Older Adult Inpatient	8,599	2,670,727
Inpatient PICU	3,860	1,272,774
Inpatient Acute Overspill	2,565	871,786
Memory Service	129,357	611,444

Resource use – 6-10% group

Service Type	Caseload Days / OBDs	Resources
Community Mental Health Team	1,043,618	5,278,060
Memory Service	416,323	2,292,385
Psychology and Therapies	228,404	1,338,374
Male Inpatient Acute	3,847	1,285,154
Female Inpatient Acute	3,659	1,232,882
Intensive Community Service	107,396	614,394
Inpatient Acute Overspill	931	286,469
Inpatient PICU	626	215,281
Younger People with Dementia	33,920	210,474

The chart below shows a cluster group breakdown of each of the top three resource groups. A significant number of patients in clusters 1-6 are observed. We are conscious that some of this may be the result of mis-clustering; this however does suggest that there may be some unexpected patients making very high use of Trust resources.

Cluster of patients in each resource group



The table below quantifies the impact of moving patients in each utilisation cohort to the band immediately below it

Resource reductions through movement of high utilisation cohorts

Group	Resources	Number of patients	Average resources per patient	Indicative saving (£) if moved to next row	Saving as % of trust resources
Top 1%	41,575,268	381	109,213	32,775,952	27%
2-5%	35,197,267	1,523	23,115	23,969,640	20%
5-10%	14,034,533	1,903	7,373	12,338,349	10%
All others	30,531,311	34,261	891	/	/

Scenario 6 – Dementia Only CMHTs

Assumptions: CMHTs are carved out such that dementia patients are seen within a separate ring-fenced service. No flexibility is assumed across the teams.

Metrics	Baseline	Scenario 6
Total Fails (5 years)	40,306	42,987
…of which over capacity fails	16,683	17,402
…of which waiting time breaches	22,277	24,239
…of which alternative service fails	1,346	1,345
(by location)		
…of which CMHTs	20,274	22,161
…for working age adults	14,452	17,618
…for older adults (functional)	3,649	4,457
…for older adults (dementia)	2,173	85
…of which Home Treatment	8,386	8,401
…of which inpatient services	1,346	1,345
…of which other services	10,300	11,080
Overspill bed days (5 years)	16,965	17,566
…working age adult acute	9,207	9,777
…(implied beds)	5	5
…older adults	2,302	2,369
…(implied beds)	1	1
…dementia	0	0
…(implied beds)	0	0
…PICU	928	906
…(implied beds)	1	0
…Rehabilitation	4,528	4,514
…(implied beds)	2	2
Caseload days (5 years)	25,628,671	25,313,635
…of which CMHTs	7,824,195	7,545,585
…of which Home Treatment	469,920	492,529
…of which other services	17,334,557	17,275,521

Findings:

While total fails increases, especially in the CMHTs, the change is not large. In capacity and demand terms, this scenario has little impact - clinical factors should influence whether or not the trust decide to implement this model.

Our unconstrained simulation shows that if dementia only CMHTs were to be introduced, they would need to be able to carry the following caseloads to meet all demand over the five year period:

- Dementia CMHT SSE: 169
- Dementia CMHT ENE: 503
- Dementia CMHT WNW: 778

The expected number of referrals per year to those services would be:

- Dementia CMHT SSE: 163 per year
- Dementia CMHT ENE: 475 per year
- Dementia CMHT WNW: 374 per year

Scenario 7 – Equalised admissions across the week

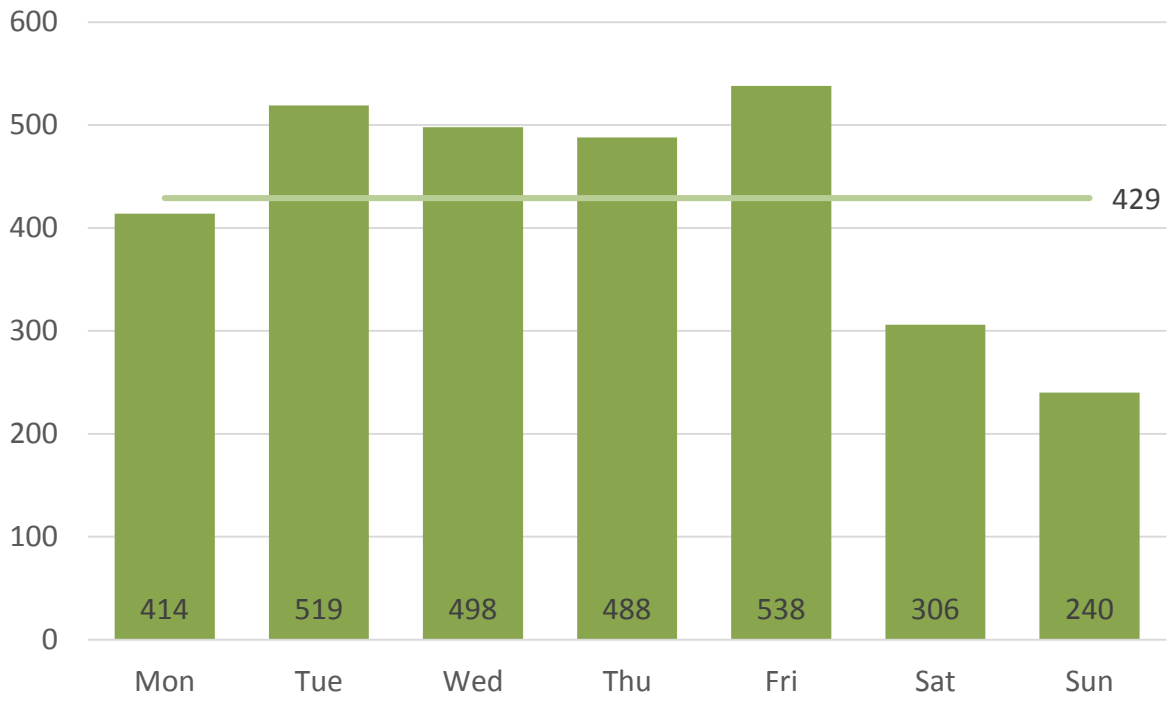
Assumptions: Admission rates to inpatient units are standardised across the week (to the daily average)

Metrics	Baseline	Scenario 7
Total Fails (5 years)	40,306	40,869
…of which over capacity fails	16,683	17,030
…of which waiting time breaches	22,277	22,276
…of which alternative service fails	1,346	1,563
(by location)		
…of which CMHTs	20,274	20,126
…for working age adults	14,452	14,379
…for older adults (functional)	3,649	3,587
…for older adults (dementia)	2,173	2,160
…of which Home Treatment	8,386	8,392
…of which inpatient services	1,346	1,563
…of which other services	10,300	10,788
Overspill bed days (5 years)	16,965	23,755
…working age adult acute	9,207	10,687
…(implied beds)	5	6
…older adults	2,302	2,476
…(implied beds)	1	1
…dementia	0	0
…(implied beds)	0	0
…PICU	928	1,297
…(implied beds)	1	1
…Rehabilitation	4,528	9,294
…(implied beds)	2	5
Caseload days (5 years)	25,628,671	25,620,905
…of which CMHTs	7,824,195	7,792,890
…of which Home Treatment	469,920	491,846
…of which other services	17,334,557	17,336,169

Findings: Standardising the admission rate does not reduce the amount of overspill observed in the model, and from a capacity and demand model perspective has little impact. Clinical factors, rather than capacity and demand factors, should determine whether or not this model is pursued by the trust.

The chart below shows the number of inpatient episodes over the last three years, broken down by day of the week. As can be seen, far fewer admissions are accepted at the weekend. There may be a risk that full 7-day service operation could increase admissions at the weekend, without a matching reduction during the rest of the week.

Inpatient episodes by weekday of admission



Scenario 8 – Intensive Community Services restrictions

Assumptions: The routes into the Intensive Community Services are restricted to just those patients referred via Crisis Resolution. Those patients entering via other routes are instead picked up by the CMHTs.

Metrics	Baseline	Scenario 8
Total Fails (5 years)	40,306	58,360
…of which over capacity fails	16,683	13,745
…of which waiting time breaches	22,277	40,657
…of which alternative service fails	1,346	3,957
(by location)		
…of which CMHTs	20,274	39,713
…for working age adults	14,452	30,869
…for older adults (functional)	3,649	5,641
…for older adults (dementia)	2,173	3,204
…of which Home Treatment	8,386	4,970
…of which inpatient services	1,346	3,957
…of which other services	10,300	9,719
Overspill bed days (5 years)	16,965	147,774
…working age adult acute	9,207	117,963
…(implied beds)	5	65
…older adults	2,302	23,699
…(implied beds)	1	13
…dementia	0	0
…(implied beds)	0	0
…PICU	928	3,463
…(implied beds)	1	2
…Rehabilitation	4,528	2,649
…(implied beds)	2	1
Caseload days (5 years)	25,628,671	27,049,925
…of which CMHTs	7,824,195	9,086,141
…of which Home Treatment	469,920	1,212,663
…of which other services	17,334,557	16,751,121

Findings: This change significantly increases the number of fails in the model. Patients diverted to the CMHT create additional pressure on the already overstretched service. High levels of overspill are a modelling artefact created by a lack of CMHT capacity, creating upstream blockages in inpatient units. Even in combination with other scenarios, significant pressure on CMHTs is caused by this change.

Scenario 9 – Merger of AOT and Community Rehabilitation Services

Assumptions: Assertive Outreach and Community Rehabilitation services are merged.

Metrics	Baseline	Scenario 9
Total Fails (5 years)	40,306	40,039
…of which over capacity fails	16,683	16,900
…of which waiting time breaches	22,277	21,797
…of which alternative service fails	1,346	1,343
(by location)		
…of which CMHTs	20,274	19,748
…for working age adults	14,452	14,059
…for older adults (functional)	3,649	3,528
…for older adults (dementia)	2,173	2,161
…of which Home Treatment	8,386	8,358
…of which inpatient services	1,346	1,343
…of which other services	10,300	10,591
Overspill bed days (5 years)	16,965	16,646
…working age adult acute	9,207	8,858
…(implied beds)	5	5
…older adults	2,302	2,188
…(implied beds)	1	1
…dementia	0	0
…(implied beds)	0	0
…PICU	928	919
…(implied beds)	1	1
…Rehabilitation	4,528	4,681
…(implied beds)	2	3
Caseload days (5 years)	25,628,671	25,572,701
…of which CMHTs	7,824,195	7,805,839
…of which Home Treatment	469,920	477,526
…of which other services	17,334,557	17,289,336

Findings: In isolation, this scenario has little impact on fails and only a very small impact on overspill. The effect is slightly increased when considered in combination with other beneficial scenarios.

Scenario 10 – Projected impact of Crisis Assessment Unit

Assumptions:

The CAU in Leeds has been operating for around 14 weeks, over which time a reduction of, on average, 4.3 adult inpatient admissions per week has been observed. In this scenario we assume this reduction in admissions continues over the five year period.

Metrics	Baseline	Scenario 10
Total Fails (5 years)	40,306	39,003
…of which over capacity fails	16,683	16,929
…of which waiting time breaches	22,277	21,686
…of which alternative service fails	1,346	387
(by location)		
…of which CMHTs	20,274	20,226
…for working age adults	14,452	14,443
…for older adults (functional)	3,649	3,606
…for older adults (dementia)	2,173	2,176
…of which Home Treatment	8,386	8,379
…of which inpatient services	1,346	387
…of which other services	10,300	10,011
Overspill bed days (5 years)	16,965	5,343
…working age adult acute	9,207	1,174
…(implied beds)	5	1
…older adults	2,302	400
…(implied beds)	1	0
…dementia	0	0
…(implied beds)	0	0
…PICU	928	553
…(implied beds)	1	0
…Rehabilitation	4,528	3,216
…(implied beds)	2	2
Caseload days (5 years)	25,628,671	25,419,648
…of which CMHTs	7,824,195	7,812,987
…of which Home Treatment	469,920	356,304
…of which other services	17,334,557	17,250,357

Findings:

If the recent reduction in inpatient admissions is attributable to the CAU and can be maintained, inpatient overspill will be significantly reduced.

4.3 Optimisations

This section presents several optimisations, each consisting of combinations of the previously investigated scenarios that work well both together and in isolation. We begin by simply presenting the best combination of the scenarios investigated. As the data relating to the impact of the Crisis Assessment Unit is very new, we have included this scenario as a variant throughout.

Secondly, we present a version of the optimisation with further length of stay reductions, sufficient to eliminate overspill (to all practical extent). This serves to illustrate the gap between the best model combining 'what if' scenarios, and what would be required to eliminate overspill over the period.

Lastly, we present a number of scenarios built upon the above, but showing the impact of the closure of an adult acute ward, or a year-on-year reduction in team capacities of 2%, 3% and 4%.

Optimisation A: Best mix of 'what if' scenarios without adjusting LOS

Assumptions:

- The South and East locality CMHTs are permitted to partially share capacity and cases between each other. **Scenario 1a**
- Community and inpatient lengths of stay are modified to match that of the most efficient locality (West-North-West) **Scenario 2**
- Those patients in CMHTs who are seen less often than once per month are discharged from service. **Scenario 3b**
- Merger of the AOT and Recovery services. **Scenario 9**
- **(variant scenario only)** The early observed impact of the Crisis Assessment Unit is maintained across the five year period

Optimisation A results

Metrics	Baseline	Optimisation A	Optimisation A with CAU impact
Total Fails (5 years)	40,306	23,246	23,261
…of which over capacity fails	16,683	9,458	9,549
…of which waiting time breaches	22,277	13,036	13,456
…of which alternative service fails	1,346	752	257
(by location)			
…of which CMHTs	20,274	12,261	12,605
…for working age adults	14,452	9,190	9,436
…for older adults (functional)	3,649	1,944	2,000
…for older adults (dementia)	2,173	1,127	1,169
…of which Home Treatment	8,386	801	726
…of which inpatient services	1,346	752	257
…of which other services	10,300	9,431	9,674
Overspill bed days (5 years)	16,965	8,369	4,756
…working age adult acute	9,207	3,869	547
…(implied beds)	5	2	0
…older adults	2,302	627	89
…(implied beds)	1	0	0
…dementia	0	0	0
…(implied beds)	0	0	0
…PICU	928	274	179
…(implied beds)	1	0	0
…Rehabilitation	4,528	3,599	3,940
…(implied beds)	2	2	2
Caseload days (5 years)	25,628,671	24,232,581	24,120,947
…of which CMHTs	7,824,195	7,234,011	7,190,319
…of which Home Treatment	469,920	153,738	151,352
…of which other services	17,334,557	16,844,833	16,779,276

Findings: The combined scenarios significantly reduce the number of fails and overspill beds compared to the baseline model. Some CMHT fails have returned (when compared to model 3b) due to adopting the WNW length of stay model. Nonetheless, adopting this model yields significant reductions in overspill and appears beneficial overall. If the impact of the CAU can be maintained across the five years, overspill (excluding rehabilitation) is eliminated.

Optimisation B

Assumptions:

- As Optimisation A, except inpatient length of stay is reduced:
  - 25% reduction in rehabilitation length of stay (both models)
  - 15% reduction in adult and older adult acute length of stay (scenario B)
  - No reduction in adult and older adult acute length of stay is required should the CAU impact be maintained (scenario B with CAU impact)

Metrics	Baseline	Optimisation B	Optimisation B with CAU impact
Total Fails (5 years)	40,306	23,630	23,125
…of which over capacity fails	16,683	9,910	9,603
…of which waiting time breaches	22,277	13,489	13,278
…of which alternative service fails	1,346	231	244
(by location)			
…of which CMHTs	20,274	12,667	12,483
…for working age adults	14,452	9,511	9,363
…for older adults (functional)	3,649	1,994	1,968
…for older adults (dementia)	2,173	1,163	1,152
…of which Home Treatment	8,386	1,047	819
…of which inpatient services	1,346	231	244
…of which other services	10,300	9,685	9,579
Overspill bed days (5 years)	16,965	1,597	1,058
…working age adult acute	9,207	782	597
…(implied beds)	5	0	0
…older adults	2,302	76	103
…(implied beds)	1	0	0
…dementia	0	0	0
…(implied beds)	0	0	0
…PICU	928	267	190
…(implied beds)	1	0	0
…Rehabilitation	4,528	473	169
…(implied beds)	2	0	0
Caseload days (5 years)	25,628,671	24,195,643	24,131,675
…of which CMHTs	7,824,195	7,243,286	7,217,156
…of which Home Treatment	469,920	156,694	150,280
…of which other services	17,334,557	16,795,664	16,764,238

Findings:

Reductions in length of stay result in overspill being almost eliminated. While some overspill bed days remain, these could probably be managed internally in practice.

Optimisation C

Assumptions:

- As Optimisation B, except one adult inpatient ward is closed

Metrics	Baseline	Optimisation C	Optimisation C with CAU impact
Total Fails (5 years)	40,306	24,727	23,668
…of which over capacity fails	16,683	10,067	9,515
…of which waiting time breaches	22,277	13,457	13,405
…of which alternative service fails	1,346	1,203	749
(by location)			
…of which CMHTs	20,274	12,717	12,573
…for working age adults	14,452	9,531	9,420
…for older adults (functional)	3,649	2,013	1,990
…for older adults (dementia)	2,173	1,173	1,163
…of which Home Treatment	8,386	1,233	705
…of which inpatient services	1,346	1,203	749
…of which other services	10,300	9,573	9,642
Overspill bed days (5 years)	16,965	9,288	5,040
…working age adult acute	9,207	7,364	3,777
…(implied beds)	5	4	2
…older adults	2,302	1,334	931
…(implied beds)	1	1	1
…dementia	0	0	0
…(implied beds)	0	0	0
…PICU	928	285	177
…(implied beds)	1	0	0
…Rehabilitation	4,528	306	155
…(implied beds)	2	0	0
Caseload days (5 years)	25,628,671	24,178,605	24,136,484
…of which CMHTs	7,824,195	7,216,954	7,203,974
…of which Home Treatment	469,920	159,910	148,393
…of which other services	17,334,557	16,801,742	16,784,117

Findings:

The closure of a ward causes overspill to reappear in the model, however it should be noted that the average number of overspill beds remains fairly low.

Optimisation D

Assumptions:

- As Optimisation B, except annual reductions of 2%, 3% or 4% are applied to the capacity of each team/ward.

Metrics	Baseline	Optimisation D - 2%	Optimisation D - 3%	Optimisation D - 4%
Total Fails (5 years)	40,306	27,853	29,385	34,400
…of which over capacity fails	16,683	12,942	13,158	15,423
…of which waiting time breaches	22,277	14,629	15,432	18,122
…of which alternative service fails	1,346	282	795	855
(by location)				
…of which CMHTs	20,274	13,440	13,854	16,003
…for working age adults	14,452	10,075	10,408	12,063
…for older adults (functional)	3,649	2,122	2,176	2,520
…for older adults (dementia)	2,173	1,244	1,270	1,420
…of which Home Treatment	8,386	4,005	4,347	6,145
…of which inpatient services	1,346	282	795	855
…of which other services	10,300	10,126	10,388	11,398
Overspill bed days (5 years)	16,965	1,844	7,729	9,442
…working age adult acute	9,207	1,296	5,873	7,170
…(implied beds)	5	1	3	4
…older adults	2,302	133	707	825
…(implied beds)	1	0	0	0
…dementia	0	0	0	0
…(implied beds)	0	0	0	0
…PICU	928	245	391	351
…(implied beds)	1	0	0	0
…Rehabilitation	4,528	169	757	1,096
…(implied beds)	2	0	0	1
Caseload days (5 years)	25,628,671	23,951,839	23,840,914	23,747,939
…of which CMHTs	7,824,195	7,047,300	6,977,664	6,880,628
…of which Home Treatment	469,920	221,724	231,100	327,504
…of which other services	17,334,557	16,682,815	16,632,151	16,539,807

Findings:

As the scale of the annual reductions increases, both total fails and overspill increase. Overspill is reduced when compared to the base model, even where annual reductions are at the 4% level. This is an important test of the robustness of the optimisation, in that it appears to demonstrate improvements even if resources have to be withdrawn.

Optimisation D (CAU variant)

Assumptions:

- As Optimisation B with CAU impact, except annual reductions of 2%, 3% or 4% are applied to the capacity of each team/ward.

Metrics	Baseline	Optimisation D with CAU impact - 2%	Optimisation D with CAU impact - 3%	Optimisation D with CAU impact - 4%
Total Fails (5 years)	40,306	26,803	29,108	32,844
…of which over capacity fails	16,683	11,785	13,226	14,731
…of which waiting time breaches	22,277	14,775	15,264	17,517
…of which alternative service fails	1,346	243	568	596
(by location)				
…of which CMHTs	20,274	13,578	13,820	15,629
…for working age adults	14,452	10,178	10,356	11,749
…for older adults (functional)	3,649	2,147	2,188	2,475
…for older adults (dementia)	2,173	1,252	1,276	1,405
…of which Home Treatment	8,386	2,999	4,099	5,333
…of which inpatient services	1,346	243	618	596
…of which other services	10,300	9,983	10,570	11,286
Overspill bed days (5 years)	16,965	1,263	4,901	6,295
…working age adult acute	9,207	684	3,781	3,791
…(implied beds)	5	0	2	2
…older adults	2,302	119	697	621
…(implied beds)	1	0	0	0
…dementia	0	0	0	0
…(implied beds)	0	0	0	0
…PICU	928	229	164	230
…(implied beds)	1	0	0	0
…Rehabilitation	4,528	231	259	1,652
…(implied beds)	2	0	0	1
Caseload days (5 years)	25,628,671	23,952,256	23,713,053	23,621,852
…of which CMHTs	7,824,195	7,075,509	6,949,451	6,860,083
…of which Home Treatment	469,920	191,404	224,635	285,340
…of which other services	17,334,557	16,685,343	16,538,968	16,476,429

Findings:

As in the previous model, as the scale of the annual reductions increases, both total fails and overspill increase. Nonetheless, Overspill is still reduced when compared to the baseline model.

Dementia Bed Use

As part of our modelling work, we were asked to show the number of dementia beds that would be required to meet demand over the next five years. The line chart and table below illustrate such options.

Example forecast occupied dementia beds 2015-2020

Forecast number of days with dementia overspill depending on bed numbers

Bed Numbers	Days over capacity	As %
30	827	45%
32	618	34%
34	442	24%
36	309	17%
38	209	11%
40	123	7%
42	60	3%
44	29	2%
46	10	1%
48	3	0%
50	0	0%

5. CONCLUSIONS

The mental health system in Leeds, although clearly experiencing a range of pressures, appears to be functioning more effectively than most of the mental health systems in which we have carried out modelling of this nature. The number of fails is concentrated in a relatively small number of services, and the level of predicted acute overspill remains relatively small per head of population. Indeed, approximately half of the expected fails relate solely to anticipated failure to meet a 2-week target for access to CMHT services, which is a difficult target to meet.

Whilst this is the relative position – and worth noting, given the pressures experienced by all mental health services at present – there remain three notable concerns in absolute terms:

- CMHTs are predicted to struggle significantly to meet expected levels of demand, and waiting time standards, if they continue to operate in the current way
- Home Treatment services, especially in the East North East sector, do not appear to be sufficiently resourced to match anticipated demand
- Psychology and Therapies services likewise do not appear to be resourced sufficiently to meet trends in demand

Inpatient services

Inpatient services, considered over the full data period, appear to us to be resourced currently at a level which is broadly consistent with current local patterns of demand. There has been a very recent increase in demand for older people's services, but it is too early to say whether this has arisen from an unforeseeable spike, or from some underlying cause which will continue. Whilst it has been suggested to us that, for example, reductions in the numbers of local nursing home beds could be increasing this demand for NHS inpatient beds, we would suggest that longer-term decisions about bed requirements should be informed by a longer period of evidence.

As a positive note, the early data from the Crisis Assessment Unit appear very promising, and this service would undoubtedly also make a valuable contribution if this performance can be maintained. Here too, it is, however, too early to make a firm judgement.

Our findings are therefore that the number of mental health beds available in Leeds may actually be at about the right level for local need. The local mental health system has already taken important steps to reduce unnecessary admissions and ensure well-functioning alternatives to admission are in place; admission rates for Leeds are not high.

We certainly do not see a compelling case for increasing the bed numbers; but we are also concerned that current plans to reduce bed numbers may prove difficult to realise in practice. The level of typical reduction in length of stay per episode would need to be well above the currently planned one day, as we understand has already been recognised. Our modelling shows that a reduction of only one day per episode would have a very small

impact on anticipated levels of fails. We estimate that typical reductions in lengths of stay would need to be nearer 15% in acute care, and 25% in rehabilitation services, fully to mitigate the risk of overspill. This would not be easy to achieve.

It may be that the introduction of the Crisis Assessment Unit has the long-term benefit currently hoped-for; it may be that redirected community services do in due course enable beds to be managed better, and bed numbers reduced. We are certainly not suggesting that the current bed numbers are right for all time. But we would encourage caution in making firm plans to reduce numbers in advance of those effects being seen in reality.

Our estimate that the number of mental health beds may be at about the right level does not mean that they are certain to be sufficient to manage all risk of overspill within the local bed pool. Spikes in demand are inevitable, and an increase in acute beds – or in home treatment services functioning as a "ward in the community" - would be required to bring this risk down. Even with shorter lengths of stay, some form of occasional buffer is likely to be required.

Community services

Unlike inpatient services, there are undoubtedly opportunities for efficiencies across community mental health services in Leeds. There is wide agreement across the Trust that CMHTs are not seeing the right people, or concentrating their resources effectively; there are also concerns that the number and distribution of teams may not be ideal, and that some services should perhaps be merged or re-merged. At the same time, we heard suggestions that CMHTs for dementia should be separated out. There does not appear to be a current clear consensus as to the way forward.

We examined the relationship between CMHTs, home treatment teams and inpatient admissions. There were only very weak positive statistical associations between numbers of community contacts and either admissions or lengths of stay. There does not appear therefore to be significant statistical evidence (a) that high-intensity community contacts are associated with reductions in inpatient demand or (b) that high-need cohorts use both high levels of community and inpatient services.

This analysis should be placed in the context of an additional analysis which we undertook, identifying that 1% of the Trust's patients use 34.3% of available resources, 2% use 46.5% of those resources, and 5% use 63.3% of the resources. This is not an inherently surprising finding – it is well known that a large proportion of specialist mental health services' resources are used by the small proportion who are inpatients. It is, however, interesting to note the weak relationship between community intensity and inpatient admission. We heard a clear interest in patient-by-patient examination of the needs of your high use cohorts, and there may indeed by an opportunity here to improve both their care and the use of your resources.

From our modelling work, reintroducing age-boundaried CMHTs would produce no obvious flow benefits, unless practice within the new teams changed, and it is not clear to us what the intention would be behind such a change. Introducing specialist dementia CMHTs would have a more obvious clinical purpose, in terms of the skills and focus of the relevant team, and would be essentially neutral in terms of its flow effects. There is therefore potentially a case for consideration of specialist dementia teams.

The idea of merging your assertive outreach and recovery services appears beneficial in flow terms, and we understand that there are aspirations that this will improve the clinical model across both services. This seems to therefore to be worth serious consideration.

The option of reducing the number of service sectors by partially merging the South and East sectors, also has some merit; there is certainly little obvious logic in the sectors being of such different sizes, as at present. Even if it is assumed that only part of the resultant resource is available on a fully pooled basis, this does result in greater flow efficiencies across the system. In practice, partial pooling could mean:

- Permitting strategic and operational redirection of resources, but not mixed geographic caseloads. That is, service managers would be able to change establishments, or redirect staff to support colleagues – but individual case-holders would still work within a main patch.
- "Major" and "minor" responsibilities – caseholders working predominantly on one type of case in one locality, but with an element of their time flexible to support a different type of case and/or locality

However, undoubtedly the most important issue facing CMHTs is the nature of the patients with whom they work. Our analysis has shown that there are substantial numbers of people under the care of CMHTs who are either assessed as in a relatively lower-need cluster (clusters 1-4) or being seen relatively infrequently (monthly or less often) or both – and that a managed programme to reduce the numbers of such people being seen or retained in secondary care could have a substantial impact on bringing CMHT resources more in balance with demand. This will not free up significant resources for redistribution to other services, but will very significantly increase the likelihood of CMHTs being able to meet their access targets for the patients on whose needs they will then be focussed.

The implications of resource reductions

We have modelled the effect of 2%, 3% and 4% reductions in the resources available to the Trust over the modelling period. As would be expected, the number of anticipated fails over the period increases as resources are reduced. It is, however, important to note that, even at the 4% level, the net number of projected fails within the optimised model remains lower than the baseline. This is a key test of the robustness of the proposed changes. It suggests that, if the Trust is able to take the following steps, it could manage continuing cost improvement expectations without the system functioning worse than the current baseline plan. For clarity, the required steps are:

- The South and East locality CMHTs are permitted to partially share capacity and cases between each other.
- Community and inpatient lengths of stay are modified to match that of the most efficient locality (West-North-West)
- Those patients in CMHTs who are seen less often than once per month are discharged from service
- The AOT and Recovery services are merged
- **Either** inpatient length of stay is reduced:
    - 25% reduction in rehabilitation length of stay
    - 15% reduction in adult and older adult acute length of stay
- **Or** the early Clinical Assessment Unit impact on admission numbers is maintained.

We should stress that this does **not** mean that resource reductions at this level can be managed without effect. This is a challenging programme of potential change; and the level of fails nonetheless rises as resources are reduced. But it does offer a "least worst" way of managing those resource reductions.

In conclusion, our responses to the project's questions are therefore:

1. How many inpatient beds should be provided/commissioned for adults with mental health problems?

For the foreseeable future, we propose that the existing pattern of acute inpatient beds should be retained. This does not mean that their location should be unchanged – we are aware of ambitions to focus services on a smaller number of sites. But the case for significant changes up or down in bed numbers does not appear to us to be strong at present. This could change in due course if:

- The Crisis Assessment Unit demonstrates consistent performance in diverting admissions over a longer period
- It proves possible to manage the pattern of inpatient stays such that acute episodes are typically at least 15% shorter, and rehabilitation episodes are typically at least 25% shorter

In addition, a clinically-led programme to identify and manage the needs of high-resource-use cohorts could have a disproportionately large impact on the overall matching of capacity and demand, and we would strongly encourage the local interest we have heard in this issue, working alongside other local agencies.

Scenarios which carve out elements of the current bed pool for a narrower range of functions will not help to manage the overall pool, and are difficult to see as sustainable within current resources.

2. What should be the size, role and function of crisis intervention / home treatment services?

There appears to us to be a case for a small increase in the pattern of investment in home treatment – this could be a means of increasing the extent to which home treatment can offer a buffer to spikes in demand. The home treatment arm of the WNW service is currently proportionately the largest (relative to the non-home treatment caseloads of the ICS in each sector); if all three sectors were resourced on a similar basis, there would be 14 more home treatment places across the ENE and SSE of the city. We see no reason to change the role and function of your crisis intervention / home treatment services, and we support the operational distinction you make to those two services.

3. What should be the size, role and function of services offering a bed-based alternative to inpatient admission, including step-down facilities?

We are unsure whether the creation of new bed-based alternatives is the right step here. The overall organisation of your inpatient resources is relatively efficient, and there is a risk that the creation of further (and effectively carved-out) bed pools will have a relatively minor impact, compared to their cost. We would encourage a focusing of attention on the management of the core relationship between existing community and inpatient services, rather than on the establishment of further small health-led units.

We recognise that general housing and accommodation pressures will have a bearing on this issue also, and that delays in accessing to housing can create pressures on inpatient care. Here too, however, the role of the Trust can only sensibly be to ensure effective operational liaison, and (if needs be) to lobby responsible agencies as to levels of provision, rather than to seek directly to address gaps in local housing.

4. How can levels of acute overspill be minimised?

Given the approximate balance between provision and demand, reducing the level of acute overspill is essentially a matter of managing unforeseen spikes in demand. This requires the ability to bring into use, at relatively short notice, additional resources able to manage patients with relatively acute needs. Assuming that the usual steps are already taken as regards the existing bed pool (reviewing existing patients who are close to discharge to determine if a slightly earlier discharge is possible, for example), the most effective means of mitigating this risk is likely to centre on the size of home treatment teams, as discussed above.

5. What should be the size, role and function of community mental health teams?

There are clear options here. Our unconstrained modelling has estimated that the CMHTs would need to be 11-18% larger after 5 years to continue to meet demand in the current way. Commissioners may or may not wish to fund such growth: if they do not, it is clear that the expectation of meeting a 2 week waiting target will not be met for a large number of patients.

It is, however, also clear that there is a substantial volume of people in contact with CMHTs whose needs could possibly be met elsewhere- or who may possibly not even really need specialist mental health support at all. 57% of fails would be eliminated if CMHTs ceased

working with people they see monthly or less often; and a similar proportion if they no longer worked with people assessed as having needs in clusters 1-4. Even if a non-absolute policy were adopted, and some patients in these categories were seen or retained, changes of this nature could make a very substantial contribution to bringing the service's capacity and demand into better balance.

APPENDIX – DATA SCHEDULE

Important Information Governance Notice – *Under no circumstances should Patient Identifiable data be sent to Niche / MHS. If we receive Patient Identifiable data, correspondence will be deleted upon receipt and notify your organisations relevant department that an Information Governance breach has occurred.*

As part of our work with Derbyshire Healthcare NHS Foundation Trust, we would be grateful if you could supply data for each of the five schedules A-E contained within this request. Our work will be restricted to trust provided community and inpatient services for patients of any age, so will therefore **exclude** services provided by other providers, whether local authority, other NHS, or third/independent sector.

The reference period for this data request is 01/10/2011 to 30/09/2014.

We are conscious that your time is valuable and we do not wish to create additional work where it isn't strictly needed. If you believe that the information we request can be found in existing work by your organisation (even if the format is slightly different) please do feel free to contact us directly to discuss using that format instead.

A) EPISODE LEVEL ACTIVITY DATA

Please supply a spreadsheet showing any patient episode where the patient was on the caseload of a community service, or occupied an inpatient bed, for at least one day in the period 01/10/2011 to 30/09/2014.

Each record on the spreadsheet should represent a single patient episode within the specified team. Below is a list of the requested fields:

1. Anonymised/Pseudonymised NHS Number *(**not real NHS number**)*
2. Service name (Ie., ward name, or team name for community services)
3. Service type (description of the ward or team)
4. Responsible commissioner *(PCT/CCG of GP registration)*
5. Patient locality of residence *(one of the trust's 8 localities, or out of area)*
6. Referral received date
7. Referral accepted date (*ie the episode start date)*
8. Referral source *(NHS data dictionary item)*
9. Discharge/transfer date *(ie the episode end date, if discharged, otherwise NULL)*
10. Discharge destination *(NHS data dictionary item, if discharged, otherwise NULL)*
11. Gender of service user *(NHS data dictionary code)*
12. Ethnicity of service user *(NHS data dictionary code)*
13. Housing status of service user *(NHS data dictionary item)*
14. Age of service user on admission or referral *(**not date of birth**)*
15. Latest ICD-10 code to 3 characters, eg F01

B) CONTACT LEVEL ACTIVITY DATA

Please supply a spreadsheet showing any contact occurring as part of any episode included in schedule A. Please note that this will include contacts **outside** of the period 01/10/2011 to *30/09/2014.*

Each record on the spreadsheet should represent a single patient contact. Below is a list of the requested fields:

1. Anonymised/Pseudonymised NHS Number *(**not real NHS number**)*
2. Service name (Ie., ward name, or team name for community services)
3. Contact attendance status (NHS dictionary definition)
4. Contact date
5. Contact duration (in minutes)
6. Contact description (any data relating to the purpose of the contact, ie., assessment or treatment, if possible)
7. Staff role (any data relating to the role of the member of staff delivering the contact, if possible)

C) CLUSTER LEVEL ACTIVITY DATA

Please supply a spreadsheet showing any clustering data associated with any episode included in schedule A. Please note that this could potentially include cluster spells starting before 01/10/2011.

Each record on the spreadsheet should represent a single patient cluster spell. Below is a list of the requested fields:

1. Anonymised/Pseudonymised NHS Number *(not real NHS number)*
2. Service name (Ie., ward name, or team name for community services)
3. Care cluster
4. Cluster episode start date
5. Cluster episode end date

D) WARD BED NUMBERS AND VARIATION

For each ward included in schedule A, a dataset showing the number of beds open on those wards, along with any changes in bed numbers for those wards over the period 01/10/2011 to *30/09/2014.* We suggest a dataset as below, but are happy to receive this information in the easiest to supply format.

1. Ward name
2. Bed numbers
3. Start date
4. End date

E) DATA RELATING TO OUT OF AREA INPATIENT AND CRISIS ACTIVITY

Any available routine data or reports on out-of-area inpatient admissions or crisis activity, ideally including the number of admission/referrals and occupied bed days/contacts attributable to each placement. We are conscious that for the personality disorder project this information was not routinely available and would be keen to discuss alternatives.

Please don't hesitate to contact James Richardson via telephone on 0161 785 1000, or via email on james.richardson@mentalhealthstrategies.co.uk if you have any questions at all, and we'll be happy to help.

Leeds and York Partnership NHS
NHS Foundation Trust

AGENDA ITEM
10

LEEDS AND YORK PARTNERSHIP NHS FOUNDATION TRUST

MEETING OF THE BOARD OF DIRECTORS

PAPER TITLE:	Code of Conduct for members of the Board of Directors		
DATE OF MEETING:	28 January 2016	**CATEGORY OF PAPER** (please tick relevant box)	
LEAD DIRECTOR:	Cath Hill – Head of Corporate Governance	**STRATEGIC:**	
PAPER AUTHOR:	Cath Hill – Head of Corporate Governance	**GOVERNANCE:**	✓
		INFORMATION:	

IMPACT ON THE TRUST'S STRATEGIC GOALS (please tick relevant box)		
G1	People achieve their agreed goals for improving health and improving lives	✓
G2	People experience safe care	✓
G3	People have a positive experience of their care and support	✓
IMPACT ON THE TRUST'S STRATEGIC OBJECTIVES (please tick relevant box)		
SO1	We provide excellent quality, evidence-based, safe care that involves people and promotes recovery and wellbeing	
SO2	We work with partners and local communities to improve health and lives	
SO3	We value and develop our workforce and those supporting us	
SO4	We provide efficient and sustainable services	
SO5	We govern our Trust effectively and meet our regulatory requirements	✓

STATUS OF PAPER	✓
To be taken in the public session (Part A)	✓
To be taken in private session (Part B) - If the paper is to be taken in the private session please indicate which criterion is applicable:	
Legal advice relating to legal proceedings (actual or possible)	
Negotiations in respect of employee relations where they are of a confidential nature	
Procurement processes and contract negotiations	
Information relating to identifiable individuals or groups of individuals	
Matters exempt under the Freedom of Information Act (quote section number)	

Leeds and York Partnership NHS
NHS Foundation Trust

SUMMARY:

Monitor's Code of Governance states that "the board of directors should operate a code of conduct that builds on the values of the NHS foundation trust and reflect high standards of probity and responsibility" (para A.1.9). The attached document seeks to formally set down the standards of conduct required of each member of the LYPFT Board of Directors.

This document has been drawn from a number of governing documents including Monitor's Code of Governance for Foundation Trusts (July 2014); the Seven Principles of Public Life (the Nolan Principles 1995); the Trust's values; Board members' fiduciary duties as set down in legislation; NHS Standards of Business Conduct; and the Trust's Constitution.

The attached document has been circulated for comment to all Board members and comments provided to the Head of Corporate Governance have been evaluated and incorporated into the final document.

The Board is now asked firstly to ratify the attached document for adoption as the Code of Conduct which Board members must adhere to and against which they will be held accountable for their standards of behaviour and conduct.

The Board is also asked to agree that each member of the Board will sign a copy of the attached document and return to the Trust Board Secretary by 5 February 2016.

RECOMMENDATIONS:

The Board is asked to:

- Ratify the attached Code of Conduct for Board members
- Agree that each Board member will sign a copy of the attached document and return to the Trust Board Secretary by 5 February 2016.

BOARD OF DIRECTORS - CODE OF CONDUCT

1 INTRODUCTION

As an NHS foundation trust, Leeds and York Partnership NHS Foundation Trust is required by its Provider Licence to comply with the principles of best practice applicable to corporate governance and with any relevant code of practice as may be issued from time to time.

This code forms part of the framework designed to promote the highest possible standards of conduct and behavior within the Foundation Trust. The code is intended to operate within that framework and in conjunction with the Trust's Constitution; Monitor's Code of Governance for Foundation Trusts; The Trust's Code of Business Conduct; the Standing Financial Instructions; the Standing Orders pertaining to the conduct of the business of the Board of Directors and terms of reference for the Board and its sub-committees.

The success of this code depends on a vigorous and visible example from the Board of Directors and the consequential influence on the behavior of all those who work within the Trust. The Board accepts its clear responsibility for corporate standards of conduct and expects that this code will inform and govern the decisions and conduct of all members of the Board of Directors.

This code defines what is appropriate behavior and conduct for directors. It applies at all times when directors are either carrying out the business of the Trust or representing the Trust, and extends to outside the workplace including the use of social media.

2 PRINCIPLES OF PUBLIC LIFE

The principles underpinning this code are drawn from the 'Seven Principles of Public Life as defined by the Nolan Report 1995. All directors must abide by the Nolan principles of: selflessness, integrity, objectivity, accountability, honesty, transparency and leadership:

- **Selflessness**
  Holders of public office should act solely in terms of public interest. They should not do so in order to gain financial or other material benefits for themselves, their family, or friends.

- **Integrity**
  Holders of public office should not place themselves under any financial or other obligation to outside individuals or organisations that might influence them in their performance of their official duties.

- **Objectivity**
  In carrying out public business, including making public appointments, awarding contracts, or recommending individuals for rewards and benefits, holders of public office should make choices on merit.

- **Accountability**
  Holders of the public office are accountable for their decisions and actions to the public and must submit themselves to whatever scrutiny is appropriate to their office.

- **Openness**
  Holders of public office should be as open as possible about all the decisions and actions they take. They should give reasons for their decisions and restrict information only when the wider public interest clearly demands.

- **Honesty**
  Holders of public office have a duty to declare any private interests relating to their public duties and to take steps to resolve any conflicts arising in a way that protects the public interest.

- **Leadership**
  Holders of the public office should promote and support these principles by leadership and example.

3 TRUST VALUES

All directors and employees are expected to uphold the Trust's values. The Charter of Values is attached at Appendix 1 and the matrix of behaviors associated with those values is attached at Appendix 2.

4 DIRECTORS' FIDUCIARY DUTIES

The Board comprises executive directors (including the Chief Executive) and non-executive directors (including the Chair of the Trust) as set out in the Trust's Constitution. Together they share unitary responsibility for all decisions of the Board; the general duty of the Board of Directors is to act with a view to promoting the success of the Trust so as to maximize the benefits for the members of the Trust as a whole and for the public.

Each individual director has a duty to act in accordance with their fiduciary duties as set out in the Health and Social Care Act 2012, which are shown in summary below:

- To promote the success of the Trust
- To avoid a conflict of interest
- Not accept benefit from a third party

- Declare any interest in any proposed transaction
- Promote openness and transparency in conducting the business of the Board
- Provide for openness and transparency

5 GENERAL PRINCIPLES

Public service values matter in the Trust and those who work in it have a duty to conduct Trust business with probity. Directors have a responsibility to respond to staff, service users and suppliers impartially, to achieve value for money from the public funds with which they are entrusted and to demonstrate high ethical standards and conduct themselves in a manner befitting their role. Exhibiting courtesy, respect and consideration for others at all times.

5.1 Openness and public responsibilities

Health needs and patterns of provision of health care do not stand still. There should be a willingness to be open with the public, services users, carers, governors and staff as the need for change emerges. It is a requirement that major changes are consulted upon before decisions are reached. Information supporting those decisions should be made available, in a way that is understandable and positive responses should be given to reasonable requests for information and in accordance with the Freedom of Information Act 2000, and other applicable legislation. Directors must comply with the Fit and Proper Person Requirements and must uphold the statutory Duty of Candour, as laid out in legislation and related Trust procedures.

Trust business should be conducted in a way that is socially responsible. As a large employer in the local community, the Trust should forge an open and positive relationship with the local community and should work with governors, staff and partners to set out a vision for the organisation in line with the expectations of service users, carers, members and the public. The Trust will seek to demonstrate that it is concerned with the wider health of the population including the impact of the Trust's activities on the environment.

5.2 Confidentiality and access to information

Members of the Board of Directors shall treat as confidential all non-public information and documents received from the Trust in their capacity as a Board member and all non-public information as to the proceedings of the Board of Directors. Directors shall take the necessary steps to ensure that no unauthorised persons gain access to such information. The Board may decide to make exceptions to this duty of confidentiality.

Members of the Board of Directors shall not make any statements to the public or to unauthorised persons regarding matters which are dealt with by the Board of Directors and which are not publically known.

Upon retiring from the Board of Directors a member shall return (as the Board of Directors may instruct) all documents of a confidential nature which were received from the Trust.

Nothing within the above requirements shall inhibit any person under the Trust's Whistle-blowing policy.

Information on decisions made by the Board of Directors and information supporting those decisions should be made easily available. Positive responses should be given to reasonable requests for information and in accordance with the Freedom of Information Act 2000 and other applicable legislation and directors must not seek to prevent a person from gaining access to information to which they are legally entitled.

There are in place polices and procedures to protect confidentiality of personal information and to ensure compliance with the Data Protection Act, the Freedom of Information Act and the Caldecott Principles. These must be followed at all times by directors.

5.3 Public service values in management

It is unacceptable for the board of any NHS organisation, or any individual within the organisation for which the board is responsible, to ignore public service values in achieving results. Members of the Board have a duty to ensure that public funds are properly safeguarded and that at all times it conducts Trust business as economically, efficiently and effectively as possible - as required by statute.

Accounting, tendering and employment practices within the Trust must therefore reflect the highest professional standards. Public statements and reports issued by or on behalf of the Board should be clear, comprehensive and balanced, and should fully represent the facts. Annual and other key reports should be issued in good time to all individuals and groups in the community who have a legitimate interest in health issues to allow full consideration by those wishing to attend public meetings on local health issues.

The standards of conduct expected by directors are set out in the Standing Financial Instructions and the Scheme of Delegation which should be followed at all times.

5.4 Public business and private gain

The Chair and Board directors should act impartially and should not be influenced by social or business relationships. None should use their public position to further their private interests. Where there is a potential for private interests to be material and relevant to Trust business, the relevant interests should be declared and recorded in the Board minutes, and entered into a register that is available to the public. When a conflict of interest is established, the matter will be dealt with in accordance with Standing Orders for the Board of Directors.

The Constitution defines those interests, which must be declared by directors. In addition, the Board has adopted Standing Orders for the conduct of Board business that will be followed at all times by directors, and has in place a Declaration of Interest Procedure which must be followed by directors.

5.5 Hospitality and other expenditure

The Board will set an example in the use of public funds and the need for good value in incurring public expenditure. The use of Trust monies for hospitality and entertainment, including hospitality at conferences or seminars, will be carefully considered. All expenditure on these items should be capable of justification as reasonable in the light of the general practice in the public sector. The Board is conscious of the fact that expenditure on hospitality or entertainment is the responsibility of management and is open to be challenged by the internal and external auditors and that ill-considered actions can damage respect for the Trust in the eyes of the community. Directors must follow the Hospitality, Sponsorship and Gifts Procedure and guidance on all other types of expenditure which may be open to challenge. Directors' expenses will be made public through the Annual report.

5.6 Relations with suppliers

The Board acknowledges the need for the declaration of hospitality and sponsorship offered by, for example, suppliers. Their authorisation should be carefully considered and the decision should be recorded. The Board is mindful of the risks in incurring obligations to suppliers at any stage of a contracting relationship. Suppliers should be selected on the basis of quality, suitability, reliability and value for money.

The Board has adopted Standing Financial Instructions, and has in place Hospitality, Sponsorship and Gifts procedure which must be followed at all times by directors.

5.7 Whistle blowing

The Board acknowledges that staff must have a proper and widely publicised procedure for voicing complaints or concerns about maladministration, malpractice, breaches of this code and other concerns of an ethical nature. It also has in place a Fit and Proper Person Requirements Procedure which allows staff and other to raise concerns about directors.

The Board affirms that:

- Staff and those who have concerns should raise these reasonably and responsibly with the right parties as identified by the Trust

- The Trust gives a clear commitment that staff and others' concerns will be taken seriously and investigated

- The Trust gives an unequivocal guarantee that those who raise concerns responsibly and reasonably in accordance with its policies will be protected against victimisation.

There is in place a Whistleblowing Policy on raising matters of concern which must be followed at all times by directors in relation to their role within that policy.

5.8 The Bribery Act 2010

The Board of Directors will ensure that it acts at all times in compliance with the Bribery Act 2010, acknowledging that it is a criminal office to give, promise, or offer a bribe and to request, agree or receive a bribe. The Trust has in place an Anti Fraud and Anti-Bribery Procedure which must be followed at all times by directors.

6 PERSONAL CONDUCT AND KEY COMMITMENTS

Directors are expected to conduct themselves in a manner that reflects positively on the Trust, be ambassadors of the Trust when attending events in their role as a director and not conduct themselves in a manner that could reasonably be regarded as bringing their office or the Trust into disrepute.

Specifically directors must:

- Act in the best interests of the Trust and adhere to its values and this code of conduct
- Uphold the seven Nolan Principles
- Not be an active member of any body or organisation with polices or objectives where membership of such a body or organisation would be likely to cause the Trust to be in breach of its statutory obligations or bring it into disrepute
- Not act in a way that will damage the reputation of the Trust or bring it into disrepute
- Respect others and treat them with dignity and fairness
- Ensure that other directors, governors and staff at all levels in the organisation are valued as colleagues and as individuals and that judgments about them are consistent fair and unbiased and are properly founded
- Ensure they are courteous and respectful and have consideration for other in the way they conduct themselves and communicate with others
- Seek to ensure that no one is unlawfully discriminated against

- Promote equal opportunities and social inclusion
- Be honest and act with integrity and probity at all times
- Accept responsibility for their actions
- Contribute to the workings of the Board of Directors in order for it to fulfill its role and functions
- Recognise that the Board of Directors is collectively responsible for the exercise of its powers and the performance of the Trust
- As part of the unitary Board, exercise responsibilities in a corporate manner, supporting and abiding by the decisions of the Board of Directors even where they may not personally agree with a decision taken
- Raise concerns and provide appropriate challenge through the appropriate channels as set out in Monitor's Code of Governance or Trust procedure
- Recognise the differing roles of the Chair, Senior Independent Directors, Chief Executive, Deputy Chair, executive directors and non-executive directors
- Make every effort to attend Board of Director meetings, sub-committee meetings and other (including Council of Governors' meetings and the Annual Members' Meeting) as required
- Adhere to good practice in respect of the conduct of meeting and respect the views of others
- Take and consider advice on issues where appropriate
- Recognise and fully support the Council of Governors to represent the interests of the Trust's members and partner organisations in the governance and performance of the Trust, and have regard to the views of the Council of Governors
- Declare any conflict of interest to the Board of Directors as soon as they become aware of it
- Not use their position for personal advantage or seek to gain preferential treatment; nor seek improperly to confer an advantage or disadvantage any other person
- Accept responsibility for their performance, learning and development
- Complete appraisal and compulsory training and other training as required

- Complete and return any documentation or declaration as may be required by Trust's procedures or the Board of Directors from time-to-time

- Be able to allocate sufficient time to the Trust to discharge their responsibilities effectively.

7 COMPLIANCE

All directors are required to subscribe to; act in accordance with; and uphold this code and its principles and its supporting policies and procedures. Directors are also required to provide the Trust Board Secretary with a signed copy on appointment and at any other point as may be directed by the Board.

If in the Chair's opinion the individual has failed to observe any part of the code the Chair is authorised to take such action as may be deemed immediately necessary until the matter is investigated or resolved.

Where is it determined that there is a prima facie case due to a breach in the code:

- For an executive director the matter will be will be dealt with in accordance with the conditions of the director's employment. It will also be reported to the Remunerations Committee who will be kept informed of the progress of the case and be involved if an executive director is to be removed
- For a non-executive director the matter will be reported to the Appointments and Remuneration Committee and will be dealt with in accordance with the Constitution and the Code of Governance where there is need to remove a non-executive director from office.

5 DECLARATION

I (full name) …… declare that I have read, understood and agree to comply with the Leeds and York Partnership NHS Foundation Trust Code of Conduct for Directors (the Code). I also agree to inform the Trust Board Secretary if at any time I become unable to comply with the Code or any part of the Code.

I understand that a breach of this Code, including the obligation of confidentiality may be considered as non-compliance with this Code and will be dealt with as set out in Section 7 of the Code.

I understand that it is a requirement of the Board to sign the Code of Conduct for Directors and that failure to do will be a contravention of this Code.

Signature: _____

Date: _____

Please return this completed form to the Trust Board Secretary to be held on file.

Appendix 1

Leeds and York Partnership NHS
NHS Foundation Trust

Charter of Values

How we go about our work, everyday, is influenced by our values – the beliefs that we hold dear and that guide how we behave.

We commit to living our values every day and we will show this commitment to our values in the way we behave.

Trust Values

1 Respect & dignity
"We value and respect every person as an individual. We challenge the stigma surrounding mental ill health and learning disabilities. We value diversity, take what others have to say seriously, and are honest about what we can and can't do."

2 Commitment to quality of care
"We focus on quality and strive to get the basics right. We welcome feedback, learn from our experiences and build on our successes."

3 Working together
"We work together across organisational boundaries to put people first in everything we do."

4 Improving lives
"We strive to improve health and lives through providing mental health and learning disability care. We support and empower people to take the journey of recovery in every aspect of their lives."

5 Compassion
"We take time to respond to everyone's experiences. We deliver care with empathy and kindness for people we serve and work alongside."

6 Everyone counts
"We work for the benefit of the whole community and make sure nobody is excluded or left behind. We recognise that we all have a part to play in making ourselves and our communities healthier."

improving health, improving lives

Appendix 2

OUR TRUST VALUES & BEHAVIOURS

Improving lives *We strive to improve health and lives through providing mental health and learning disability care. We support and empower people to take the journey of recovery in every aspect of their lives.*	**Commitment to quality of care** *We focus on quality and strive to get the basics right. We welcome feedback, learn from our experiences and build on our successes.*
▪ We listen to people and take into account their physical, emotional, social and spiritual needs. ▪ We help people to set their goals for improving health and lives. ▪ We provide personalised support to help people achieve their goals. ▪ We help people to see progress and stay optimistic about their recovery. ▪ We routinely measure progress towards improved health and lives.	▪ We actively seek improvements in quality of care. ▪ We look for ways to improve the systems and processes that we use. ▪ We prioritise, organise and carry out our own work effectively. ▪ We apply our skills, knowledge, experience and judgement to carry out our individual roles to the best of our ability. ▪ We reflect on our experiences and apply our learning.
Respect and dignity *We value and respect every person as an individual. We challenge the stigma surrounding mental ill health and learning disabilities. We value diversity, take what others have to say seriously, and are honest about what we can and can't do.*	**Everyone counts** *We work for the benefit of the whole community and make sure nobody is excluded or left behind. We recognise that we all have a part to play in making ourselves and our communities healthier.*
▪ We respect difference. ▪ We support people to make the best use of their abilities. ▪ We step in to stop discrimination. ▪ We support people who need help in making their rights known. ▪ We help people understand the effect of their words and actions on others.	▪ We communicate with people in a way that: - Makes sense for people's understanding, culture, background and preference. - Encourages people to take part. - Suits the purpose and context of the communication. - Shows that we are actively listening. ▪ We enable others to develop and apply their knowledge and skills.
Compassion *We take time to respond to everyone's experiences. We deliver care with empathy and kindness for people we serve and work alongside.*	**Working together** *We work together across organisational boundaries to put people first in everything we do.*
▪ We take time with people when they need it. ▪ We communicate with people in a kind tone of voice and with friendly body language. ▪ We recognise each person's different needs and seek to meet them promptly and appropriately. ▪ We see people as individuals, and demonstrate hope and optimism for their recovery.	▪ We put our purpose of improving people's health and lives first and foremost. ▪ We share information with everyone who needs it. ▪ We work together with others to achieve our goals. ▪ We work across organisational boundaries to support people. ▪ We listen and value everyone's opinions.

Leeds and York Partnership NHS
NHS Foundation Trust

AGENDA ITEM
11

LEEDS AND YORK PARTNERSHIP NHS FOUNDATION TRUST

MEETING OF THE BOARD OF DIRECTORS

PAPER TITLE:	Division of Responsibilities between the Chair of the Trust and the Interim Chief Executive		
DATE OF MEETING:	28 January 2016	**CATEGORY OF PAPER** (please tick relevant box)	
LEAD DIRECTOR:	Cath Hill – Head of Corporate Governance	**STRATEGIC:**	
PAPER AUTHOR:	Cath Hill – Head of Corporate Governance	**GOVERNANCE:**	✓
		INFORMATION:	

IMPACT ON THE TRUST'S STRATEGIC GOALS (please tick relevant box)		
G1	People achieve their agreed goals for improving health and improving lives	✓
G2	People experience safe care	✓
G3	People have a positive experience of their care and support	✓
IMPACT ON THE TRUST'S STRATEGIC OBJECTIVES (please tick relevant box)		
SO1	We provide excellent quality, evidence-based, safe care that involves people and promotes recovery and wellbeing	
SO2	We work with partners and local communities to improve health and lives	
SO3	We value and develop our workforce and those supporting us	
SO4	We provide efficient and sustainable services	
SO5	We govern our Trust effectively and meet our regulatory requirements	✓

STATUS OF PAPER	✓
To be taken in the public session (Part A)	✓
To be taken in private session (Part B) - If the paper is to be taken in the private session please indicate which criterion is applicable:	
Legal advice relating to legal proceedings (actual or possible)	
Negotiations in respect of employee relations where they are of a confidential nature	
Procurement processes and contract negotiations	
Information relating to identifiable individuals or groups of individuals	
Matters exempt under the Freedom of Information Act (quote section number)	

Leeds and York Partnership NHS
NHS Foundation Trust

SUMMARY:

The Code of Governance requires there to be a document that sets out the division of duties between the Chair of the Trust and the Chief Executive, which is agreed by the Board (Main Principle A.2 and Code Provision A.2.1). These are not job descriptions as such, but will complement such documents. They are the duties as drawn from supporting governance documents such as Monitor's Code of Governance, the Accounting Officers' Memorandum, legislation etc. but it is tailored to reflect our organisation.

With a change in Chief Executive (Jill Copeland was appointed Interim Chief Executive with effect from 1 January 2016) there is a requirement to have in place a newly signed Memorandum of Understanding which sets out the division of duties between the Chair and Interim Chief Executive..

This paper is to advise the Board that on the 27 January 2016 a meeting has been scheduled between the Chair and the Interim Chief Executive at which it is expected the document attached will be signed. A verbal update of the outcome of this meeting will be provided to the Board at its meeting.

The Board is asked to note that whilst the attached document was reviewed by the Head of Corporate Governance, with input from the Chair and Interim Chief Executive, and has been updated to take account of any changes in the Trust's governance arrangements between April 2013 (when it was first drafted in this format) and to date, it intrinsically remains the same and does not contravene any other governing document in terms of roles. Should there be any further amendments to the document as a result of the meeting on the 27 January the Board will also be advised and asked agree these.

RECOMMENDATIONS:

The Board is asked to:

- Receive the attached document and agree that it correctly reflects the roles of the Chair and Interim Chief Executive as set out in various governing documents
- To note that this is due to be signed by both parties on 27 January and a verbal update of the outcome of this will be provided to the Board at its meeting.

Leeds and York Partnership NHS
NHS Foundation Trust

MEMORANDUM OF UNDERSTANDING

Division of Responsibilities between the Chair of the Trust and the Interim Chief Executive

This Memorandum of Understanding between the Chair and Interim Chief Executive of the Leeds and York NHS Foundation Trust sets out our differing and complementary leadership roles.

We have drawn on best practice in Chair and Interim Chief Executive relationships including guidance contained in Monitor's *NHS Foundation Trust Code of Governance* (2010*)* and the Institute for Company Secretaries Association (ICSA) Guidance.

In accordance with best practice we believe that as Chair and Interim Chief Executive it is essential that we are clear about our respective roles. We agree that at the broadest level the Chair's role is to lead the Board of Directors to ensure that the organisation has the vision, strategy and resource in place to deliver the objectives of the Trust and to create the conditions for good governance. The Chair is also responsible for leading the Council of Governors and ensuring that governors understand their role and have the resources information and knowledge necessary to discharge their duties. The Interim Chief Executive's role is to lead the executive team and ultimately ensure that the Board's vision and strategy is achieved and that all risks are effectively managed. (These duties are expanded on in the NHS Foundation Trust Accounting Officer Memorandum.)

We acknowledge that the Chair's role is not an executive one and therefore does not require becoming involved in the day-to-day running of the organisation. We both respect the authority of the Board as the ultimate decision-making body in the Trust, whilst at the same time accepting that the Interim Chief Executive in the capacity as Accounting Officer has a personal responsibility to Parliament for the overall performance and conduct of the organisation. Further clarification of each of these roles is provided in the document attached.

We have a shared role in communicating with external audiences, including Monitor, but agree that the Interim Chief Executive will take the lead in communicating with external parties about performance issues in the Trust.

We recognise that the way in which we conduct ourselves individually and together has a significant impact on the effectiveness of the Board of Directors and the Council of Governors and on the culture of the organisation. We will therefore strive to behave

consistently with this Memorandum and reflect the values of the organisation at all times. However, we understand that whilst roles can be clarified and allocated, in practice they can be interpreted differently and/or there can be a blurring of boundaries as particular situations and needs arise. Therefore, as Chair and Interim Chief Executive we are committed to ongoing discussions about our roles, and to seeking feedback from Board colleagues from time-to-time, including regularly reflecting on the extent to which we are each operating consistently with the role specifications outlined in this Memorandum.

Frank Griffiths
Chair of the Trust

Date:

Jill Copeland
Interim Chief Executive

Date:

ROLE OF THE CHAIR OF THE TRUST

The Chair is responsible for:

1 Board of Directors

1.1 Chairing meetings of the Board of Directors and those of the Board's sub-committees namely (but not to the exclusion of any future committees) the Nominations Committee and the Remuneration Committee.

1.2 Managing the Board and ensuring its effectiveness in all aspects of its role, including regularity and frequency of meetings and that in all respects it functions as a unitary Board.

1.3 Setting the Board agenda, taking into account the issues and concerns of all directors and the Council of Governors. The agenda should be forward looking, concentrating on strategic matters and taking into account the important matters facing the Trust.

1.4 Ensuring there is appropriate delegation of authority from the Board to the Executive Team.

1.5 Ensuring the effective implementation of Board decisions.

1.6 Ensuring that directors receive accurate, timely and clear information, including that on the Trust's current performance, to enable the Board to take sound decisions, monitor and scrutinise effectively and provide advice to promote the success and sustainability of the Trust.

1.7 Managing the Board to allow enough time for discussion of complex or contentious issues. The Chair should ensure that directors (particularly non-executive directors) have sufficient time to consider critical issues and obtain answers to any questions or concerns they may have and are not faced with unrealistic deadlines for decision making.

1.8 Ensuring that the Board as a whole plays a full part in the development and determination of the Trust's strategy and overall objectives.

1.9 Building an effective, complementary and unitary Board.

2 Directors

2.1 Facilitating the effective contribution of directors and encouraging active engagement by all members of the Board.

2.2 Promoting effective relationships and open communication between executive and non-executive directors, both inside and outside the boardroom, ensuring an appropriate balance of skills and experience.

2.3 Holding meetings with the non-executive directors without the executive directors being present.

2.4 Establishing a close relationship of trust with the Interim Chief Executive providing support and advice whilst respecting executive responsibility.

2.5 Overseeing the application of the Board of Directors' Code of Conduct and if in the Chair's opinion an individual director has failed to observe any part of the code take such action as may be deemed immediately necessary until the matter is investigated or resolved.

3 Council of Governors

3.1 Providing leadership for the Council of Governors.

3.2 Chairing meetings of the Council of Governors and those sub-committees of the Council, namely (but not to the exclusion of any future committees) the Appointments and Remuneration Committee.

3.3 Managing the Council of Governors ensuring its effectiveness in all aspects of its role, including regularity and frequency of meetings.

3.4 Facilitating the effective contribution of all governors.

3.5 Ensuring that the Council of Governors receives accurate, timely and clear information and that the views of governors are communicated to the Board as a whole so that all directors (particularly the non-executive directors) develop an understanding of their views.

4 Governors

4.1 Ensuring effective communication with individual governors and that the Board of Directors and Council of Governors work together effectively and constructively

4.2 Maintaining sufficient contact with governors to understand their issues and concerns, in particular discussing governance, strategy and remuneration with them.

4.3 Overseeing the Governors' Code of Conduct and if in the Chair's opinion the individual has failed to observe any part of the Code the Chair is authorised to take such action as may be deemed immediately necessary including suspension until the matter is resolved.

5 Induction, development and performance evaluation

5.1 Ensuring that all new non-executive directors and new governors participate in a full, formal and tailored induction programme.

5.2 Ensuring that the development needs of directors (in particular non-executive directors) are identified and met. (Members of the Board should be able continually to update their skills and the knowledge and familiarity with the Trust as required to fulfil their role on the Board and its sub-committees).

5.3 Regularly evaluating the performance of the Interim Chief Executive.

5.4 Identifying the development needs of the Board as a whole to enhance its overall effectiveness as a team.

5.5 Ensuring the performance of the Board, its sub-committees and individual directors (in particular the Interim Chief Executive and the non-executive directors) are evaluated at least once a year; acting on the result of such evaluation by recognising the strengths and addressing the weaknesses of the Board.

5.6 Where appropriate through the Nominations Committee, proposing that new members of the Board are appointed to the Board or overseeing the resignation of others.

5.7 Reporting on the outcome of the appraisal of the non-executive directors to the Council of Governors.

5.8 Ensuring that the performance of the Council of Governors as a whole, its sub-committees and individual governors is periodically assessed.

5.9 Ensuring that governors both individually and collectively have the skills, knowledge and familiarity with the Trust to effectively fulfil their role.

6 Governance

6.1 Upholding the highest standards of integrity and probity

6.2 Setting the agenda style and tone of Board of Directors and Council of Governors' meetings to promote effective decision making and constructive debate.

6.3 Ensuring a clear structure for, and the effective running of, Board and Council sub-committees.

6.4 With the assistance of the Trust Board Secretary, promote the highest standards of corporate governance, seeking full compliance with the Code of Governance and the Trust's Constitution.

6.5 Ensuring respective compliance with the Board of Directors and the Council of Governors' approved procedures.

The Chair's direct reports are the Interim Chief Executive, the non-executive directors and the Trust Board Secretary. Other than the Interim Chief Executive no executive director will report directly to the Chair.

The Chair reports to the Board of Directors and the Council of Governors.

ROLE OF THE INTERIM CHIEF EXECUTIVE

Within the authority limits delegated by the Board, and not to the exclusion of any duty detailed in Monitor's Accounting Officer Memorandum, the Chief Executive is responsible for:

1 Business Strategy and Management

1.1 Developing the Trust's objectives and strategy having regard to its responsibilities to service users, carers, staff, governors, members, partners and other stakeholders.

1.2 The successful achievement of objectives and execution of strategy following presentation to and approval by the Board of Directors and Council of Governors.

1.3 Recommending to the Board an annual budget and forward plan and ensuring their achievement following Board approval.

1.4 Optimising as far as is reasonably possible the use the Trust's resources.

2 Investment and Financing

2.1 Examining all major capital expenditure proposed and the recommendation to the Board of Directors of those which are material either by nature or cost.

2.2 Identifying and executing acquisitions and disposals, approving major proposals or bids.

2.3 Identifying and executing new business opportunities.

3 Risk Management and Controls

3.1 Managing the Trust's risk profile in line with the extent and categories of risk identified as acceptable by the Board.

3.2 Ensuring appropriate internal controls are in place.

4 Board Sub-committees

4.1 Making recommendations to the Remuneration Committee on remuneration policy, executive remuneration and terms of employment of the executive directors.

4.2 Making recommendations to the Nominations Committee on the role and capabilities required in respect of the appointment of executive directors.

5 Communication

5.1 Providing a means for timely and accurate disclosure of information, including an escalation route for issues.

5.2 Ensuring effective communication with governors.

6 Human Resources

6.1 Setting Trust HR policies, including management development and succession planning for the Executive Team and approving the appointment and termination of employment of members of that team in conjunction with the Nominations Committee.

The duties which derive from these responsibilities include:

- Leading the executive directors in the day-to-day running of the Trust's business, including chairing the Executive Team meetings and communicating decisions / recommendations to the Board.
- Ensuring effective implementation of Board decisions.
- Regularly reviewing operational performance and the strategic direction of the Trust's business.
- Regularly reviewing the Trust's organisational structure and recommending changes as appropriate.
- Formalising the roles and responsibilities of the Executive Team, including clear delegation of authority.
- Ensuring that all policies and procedures are followed and conform to the highest standards.
- Together with the Chair of the Trust, providing coherent leadership of the Trust, including representing the Trust and ensuring there is effective communication in place with service users, carers, staff, governors, members, regulators, partners, stakeholders, commissioners, community and the public.
- Keeping the Chair of the Trust informed on all important, complex, contentious or sensitive matters.
- Ensuring that the Executive Team provides accurate, timely and clear information to the Board of Directors and Council of Governors.

- Ensuring the development needs of the executive directors are identified and met, including a properly constructed induction programme and appraisal process.

- Promoting and conducting the affairs of the Trust with the highest standards of integrity, probity and corporate governance.

The Interim Chief Executive's direct reports are the executive directors and the Trust Board Secretary.

The Interim Chief Executive reports to the Chair of the Trust and the Board of Directors directly.

Leeds and York Partnership NHS
NHS Foundation Trust

AGENDA ITEM
12.1

LEEDS AND YORK PARTNERSHIP NHS FOUNDATION TRUST

MEETING OF THE BOARD OF DIRECTORS

PAPER TITLE:	Minutes of the Audit Committee meeting held on the 19 January 2016		
DATE OF MEETING:	28 January 2016	**CATEGORY OF PAPER** (please tick relevant box)	
LEAD DIRECTOR:	Julie Tankard – Non Executive Director	**STRATEGIC:**	
PAPER AUTHOR:	Cath Hill – Head of Corporate Governance	**GOVERNANCE:**	✓
		INFORMATION:	

IMPACT ON THE TRUST'S STRATEGIC GOALS (please tick relevant box)		
G1	People achieve their agreed goals for improving health and improving lives	✓
G2	People experience safe care	✓
G3	People have a positive experience of their care and support	✓
IMPACT ON THE TRUST'S STRATEGIC OBJECTIVES (please tick relevant box)		
SO1	We provide excellent quality, evidence-based, safe care that involves people and promotes recovery and wellbeing	
SO2	We work with partners and local communities to improve health and lives	
SO3	We value and develop our workforce and those supporting us	
SO4	We provide efficient and sustainable services	
SO5	We govern our Trust effectively and meet our regulatory requirements	✓

STATUS OF PAPER	✓
To be taken in the public session (Part A)	✓
To be taken in private session (Part B) - If the paper is to be taken in the private session please indicate which criterion is applicable **(actions are pertaining to items previously discussed in private)**.	
Legal advice relating to legal proceedings (actual or possible)	
Negotiations in respect of employee relations where they are of a confidential nature	
Procurement processes and contract negotiations	
Information relating to identifiable individuals or groups of individuals	
Matters exempt under the Freedom of Information Act (quote section number)	

Leeds and York Partnership NHS
NHS Foundation Trust

SUMMARY:

The paper presented here is the Minutes of the Audit Committee meeting that took place on the 19 January 2016.

RECOMMENDATIONS:

The Board of Directors is asked to:

- Receive the Minutes of the Audit Committee meeting that took place on the 19 January 2016 and note them for information.

LEEDS AND YORK PARTNERSHIP NHS FOUNDATION TRUST

Minutes of the Audit Committee Meeting held on 19 October 2015 in Meeting Room 1&2 at Trust Headquarters

Present:

Mrs J Tankard, Non-executive Director (chair of the Audit Committee)
Mr S Wrigley-Howe, Non-executive Director
Dr G Taylor, Non-executive Director

In Attendance:

Mr C Butler, Chief Executive
Mr J Fenton, Audit Manager, PricewaterhouseCoopers LLP
Mrs S Blackburn, Deputy Head of Internal Audit, North Yorkshire Audit Services
Mrs L O'Reilly, Local Counter Fraud Specialist, West Yorkshire Audit Consortium
Mrs D Hanwell, Chief Financial Officer
Mr F Griffiths, Chair of the Trust (annual attendance at the meeting)
Mr A Deery, Director of Nursing (minutes 15/082, 15/083 and 15/084)
Mrs C Woodward, Head of Risk Management (minutes 15/083 and 15/084)
Mr A Weir, Associate Director (minute 15/084)
Mrs E Weston, Chief Pharmacist (minute 15/086)
Mrs C Hill, Head of Corporate Governance (secretariat support and minutes)

Full details and supporting agenda papers are filed in the Chief Executive's Office. However, some of the details of the issues discussed are of a confidential nature and the papers are not for circulation.

Action

Mrs Tankard opened the meeting and welcomed everyone.

15/074 Apologies (agenda item 1)

Apologies were received from Mrs M Sentamu, Non-executive Director; Mr I Looker, Partner, PricewaterhouseCoopers LLP.

Mrs Blackburn updated the committee in respect of Mr Bell, noting that he would be replaced by Ms Helen Kemp-Taylor, who would be acting as Head of Internal Audit in the interim period.

15/075 Declaration of any conflicts of interest in respect of agenda items (agenda item 2)

No member of the committee declared a conflict of interest in respect of any item on the agenda.

15/076 Minutes of the meetings held on 23 July 2015 (agenda item 3)

The minutes of the meetings held on 23 July 2015 were **agreed** as a true record.

15/077 Cumulative Action Log (agenda item 5)

Mrs Hill presented a log of those actions agreed at previous meetings which were either still outstanding or recently completed. With regard to Log 83 Mrs Hill noted that since the last Audit Committee meeting a paper had been presented to the Board of Directors and as such asked the committee to consider this action closed. This was agreed.

The committee **received** the cumulative action log and **noted** the progress with the actions.

15/078 External Audit Progress Report (agenda item 6.1)

Mr Fenton presented the external audit progress report. He noted that he would be meeting with Mrs Hanwell and the finance team to plan the forthcoming year-end audit. Mr Fenton also advised the committee that the draft audit plan would be drawn up in consultation with key members of Trust staff and submitted to the January committee meeting.

With regard to the financial results as outlined in the paper, Mr Fenton drew attention to the sector deficit noting that against the performance of other trusts this Trust was performing well and explained some of the future challenges for the sector and the impact this might have on the Trust going forward, which were discussed in some detail by the committee.

Mrs Tankard asked about the comparator for agency costs, noting that the Trust was overall spending the same amount of money, but with a larger proportion of spend on agency staff and that as these staff came at a premium cost this would seem to indicate that the Trust has less staff overall. The committee discussed the matter of recruitment and retention in detail, noting that internal audit is due to look at this area. Mr Butler also outlined the actions taken by the Trust including the appointment of a recruitment project manager to look at processes and procedures around recruiting and targeting hard to recruit groups. Mrs Hill reminded the committee that there was to be a Board workshop on this matter. The committee discussed some of the information that it would like to see incorporated into the workshop presentation. Mrs Hill agreed to advise Mrs Tyler of these. **CH**

Mrs Tankard also suggested that there should be a standing item on the Board's agenda around workforce. Mrs Hill agreed to speak with Mr Griffiths about the Board of Directors' agenda. Mrs Hanwell noted that Mrs Tyler had identified a gap in the governance structure around the reporting of workforce issues at Board sub-committee level. The committee discussed this briefly and acknowledged that whilst some items are reported to the Quality Committee there is not always time for the committee to look at the issues in sufficient detail. **CH**

Mr Griffiths joined the meeting.

The committee **received** the External Audit Report and **noted** the content.

15/079 Internal audit progress report (agenda item 7.1)

Mrs Blackburn presented the internal audit report, noting that the internal audit plan was well under way and would come back to the committee when completed. Mrs Blackburn drew attention to the main items in the report. Mrs Blackburn then outlined the findings

from the two audits that had been concluded since the last meeting, including reference costs, as requested by the Finance and Business Committee. Mrs Blackburn noted that there had been significant assurance given in respect of this process. With regard to the audit report on the process for Monitor certification returns, Mrs Blackburn noted that there had been significant assurance given around these processes.

The Audit Committee **received** the report and **noted** the content.

15/080 Counter fraud progress report (agenda item 7.2)

Mrs O'Reilly presented the counter fraud report and drew attention to the main points. The committee discussed the fraud alert concerning false reporting of a change of bank account by a local NHS Trust. The committee was assured that there were processes in place to stop any potential attempts to perpetrate this type of fraud within the Trust.

Mrs O'Reilly also outlined some of the ongoing fraud investigations, which the committee noted.

The Audit Committee **received** the report and **noted** the content.

15/081 Follow-up of outstanding audit actions (agenda item 8)

Mrs Hanwell presented a report which detailed the outstanding audit actions which were noted by the committee.

The Audit Committee **received** the report and **noted** the content.

15/082 Methods of reporting matters of concern (minute 15/057) (agenda item 4.1)

Mr Deery attended the meeting to outline to the committee the methods that are in place for staff, service users, carers and members of the public to raise concerns noting that the Being Open Framework had been used as a reference point to ensure there were full and robust processes in place. Mr Deery noted that there is in place a Duty of Candour Procedure and related processes, Bullying and Harassment Procedure and also a Whistle-blowing Procedure. He outlined the structures within the Trust to support the operation of these procedures and how concerns are picked up, reported, escalated and dealt with.

Mrs Tankard asked how visible the information is in respect of how to raise a concern. Mr Deery advised the committee that laminated posters are being prepared which would be ready by the end of October.

The committee was **assured** that there are the necessary procedures in place to allow individuals to report any concerns they may have.

15/083 Risk management process – update on progress and the process for managing and reviewing risks (agenda item 9)

Mrs Woodward attended the meeting and presented a paper which described the current process of development, agreement and management of risks entered onto the electronic risk assessment database, and also reflected the process in place when using DATIX risk register module. Mrs Woodward also advised the committee of the outcome regarding the recent internal audit of the processes and drew attention to some of the recommendations.

The committee discussed the new system. Mrs Tankard asked how prolifically it was being used in the directorates. Mrs Woodward reported that it was being used in each of the care service directorates, but that there was further work to do in the corporate directorates in terms of training before all staff use this. The committee was also assured that the system is much easier to use than the previous one.

Mrs Hanwell asked how the links between risks on the various risk registers were managed given that there are some risks reported within care services which are directly linked to those on corporate risk registers. Mrs Woodward explained how this is handled and the role that she plays in cleansing the system, carrying out consistency checks and picking up these links.

The committee **received assurance** as to the process for managing and reviewing risks.

15/084 Specialist services and learning disabilities directorate risk register (agenda item 9.1)

Mr Weir presented the specialist services and learning disabilities directorate risk register; in particular he outlined those risks that had been classified as extreme. The committee discussed the information on the register in detail. It was noted that there were a number of risks linked to staff vacancies. Mrs Tankard asked if Mr Weir felt there were enough staff, including agency staff, to cover those vacancies. Mr Weir indicated that generally there were enough staff and explained the process employed to ensure staff are in the right place at the right time. He also noted that where there were any concerns with the level of staff this would be flagged up through the safer staffing process.

With regard to the risk identified at Mill Lodge in respect of potential ligature risks, linked to the estates work to be carried out by NHS Property Services and York Hospitals NHS Foundation Trust, the committee expressed concern at this risk. Mr Griffiths noted that the Board is unaware of this and asked for this matter to be reported to the next public Board meeting. The committee noted that the risk had been extreme, but that arrangements had been put in place to mitigate the risk and manage this down to a high risk; however, the committee remained concerned that a risk such as this had not been notified to the Board. **DH**

Mr Wrigley-Howe asked about the risk around the location of the Yorkshire Centre for Psychological Medicine. Mrs Hanwell assured the committee that there work is ongoing to look at the available estate and the associated costs noting that this would be discussed in more detail at the Board workshop.

It was agreed by the committee that it would receive the finance directorate risk register at the next meeting and that Mrs Hill and Mrs Woodward will look at the schedule for bringing the remaining registers to the committee. **DH / CH / CW**

The committee **received** a report in respect of the specialist services and learning disabilities directorate risk register and **noted** the risks and their mitigating actions.

15/085 Tender and Quotation Exception Report (agenda item 13)

Mrs Hanwell presented the tender and exception report which was noted by the committee. Dr Taylor asked about the tender for training services and whether this company was the only one that could provide the service. Dr Taylor noted that this was not clear from the paper and that often the company who runs a pilot then continues to provide that service as they are by that time entrenched within the programme. The committee noted these comments.

The committee **received** the report and **noted** the content.

15/086 Medicines optimisation discussion paper (agenda item 10)

Mrs Weston presented a report to the committee which assured it of how the Trust procures drugs in the most efficient and cost effective manner; how the pharmacy department use technology to support prescribing; and how the pharmacy staff involves service users in their drug therapies and education.

The committee noted that the medicines budget was under spent and acknowledged that there were cost effective processes in place around procurement. Mrs Weston explained the processes and protocols for purchasing and dispensing drugs, including working with other trusts in the locality to ensure economies of scale, and the need to follow NICE guidelines.

On the matter of how service users are involved in their drug therapy Mrs Weston outlined the steps taken to help educate service users about their drugs, their side effects and how staff work with service users in a supportive way. However, Mrs Weston noted that the focus of work is on inpatients and there is more work to do in terms of service users in the community.

The committee thanked Mrs Weston for her report and **noted** the processes and protocols around procurement, prescribing and the ways the work with service users.

15/086 Board Assurance Framework (agenda item 11)

Mrs Hill presented the Board Assurance Framework for assurance to the committee. It was noted that having reviewed a number of risk registers it had observed a number of risks around vacancies, however it was a clear that there isn't an overarching risk around recruitment and retention and vacancies, in the strategic risk register. It was also noted that there was no strategic risk around partnership working and it was suggested that consideration should also be given to a risk in this area.

It was agreed that the Executive Team would be asked to review the strategic risks register to ensure if fully reflects the strategic risks within the Trust. Mrs Hill agreed to take a paper to ET. **CH**

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

15/087 Update on the NW fraud (agenda item 12)

Mrs Hanwell provided an update on the progress with the fraud, noting that the case is still ongoing. Mrs Hanwell also noted that following the conclusion of the court case and sentencing there would be a report issued by NHS Protect which will come to the Audit Committee.

Mr Griffiths noted the need to ensure that there was a clear communication plan in respect of the outcome of this case.

The committee **received** a verbal report from Mrs Hanwell on progress in respect of the ongoing fraud.

15/088 Registers (agenda item 14.1 – 14.4)

Mrs Hanwell presented to the committee registers for losses and special payments, sponsorship, hospitality and management consultantancy which were discussed by the committee.

With regard to the losses and special payment register Mrs Tankard asked about employer and public liability cases, reference M7LT004/008 and whether this referred to one individual. Dr Taylor also asked if there were any lessons to be learnt. Mrs Hanwell agreed to look into these matters. **DH**

With regard to the sponsorship register the committee expressed concern that there was no detail around the value of the sponsorship received. It was agreed that the nature of the sponsorship should also be included to provide further context. The committee made a link to the need to be open about such matters and to the Bribery and Corruption legislation. The committee asked for it to be communicated to the Drugs and Therapeutics Committee that no entry in the register can be accepted unless full details have been provided. Mrs Hanwell agreed to ask for the information and for a report to come back to the committee as to the detail of each item. **DH**

The committee then reviewed the hospitality register. It noted that there had been no entry in the register over the past year. The committee did not accept that this was a true picture and it was agreed that the form used would be reviewed to ensure it was user friendly and that a Trustwide communication would be issued to remind all staff of the need to complete the register in line with the procedure. **DH/CH/ GE**

Mrs Hanwell presented the management consultancy register, noting that there could be more work done to help staff understand when an entry needs to be made. The committee reviewed the information provided in the register. With regard to log 32 and 38 the committee asked to understand the detail of the work carried out. Mrs Hanwell agreed to bring a report to the next meeting. **DH**

The committee **received** the registers and **noted** the content.

15/089 Review of the Terms of Reference for the Audit Committee (agenda item 15)

The committee **reviewed** its Terms of Reference and **agreed** that no changes need to be made.

15/090 Future meeting dates (agenda item 16)

The committee **received** and **noted** the dates for future meetings.

15/091 New and future risks identified (agenda item 17)

The committee did not identify any new and future risks

15/092 Any other business (agenda item 18)

There were no other items of business.

AUDIT COMMITTEE - ACTION SUMMARY

19 October 2015

MINUTE	ACTION SUMMARY	LEAD
15/078	**External Audit Progress Report** (agenda item 6.1) The committee discussed the matter of recruitment and retention in detail, noting that internal audit is due to look at this area. Mr Butler also outlined the actions taken by the Trust including the appointment of a recruitment project manager to look at processes and procedures around recruiting and targeting hard to recruit groups. Mrs Hill reminded the committee that there was to be a Board workshop on this matter. The committee discussed some of the information that it would like to see incorporated into the workshop presentation. Mrs Hill agreed to advise Mrs Tyler of these. Mrs Tankard also suggested that there should be a standing item on the Board's agenda around workforce. Mrs Hill agreed to speak with Mr Griffiths about the Board of Directors' agenda.	**CH** **CH**
15/084	**Specialist services and learning disabilities directorate risk register** (agenda item 9.1) With regard to the risk identified at Mill Lodge in respect of potential ligature risks, linked to the estates work to be carried out by NHS Property Services and York Hospitals NHS Foundation Trust, the committee expressed concern at this risk. Mr Griffiths noted that the Board is unaware of this and asked for this matter to be reported to the next public Board meeting. It was agreed by the committee that it would receive the finance directorate risk register at the next meeting and that Mrs Hill and Mrs Woodward will look at the schedule for bringing the remaining registers to the committee.	**DH** **DH / CH / CW**
15/086	**Board Assurance Framework** (agenda item 11) It was agreed that the Executive Team would be asked to review the strategic risks register to ensure if fully reflects the strategic risks within the Trust. Mrs Hill agreed to take a paper to ET.	**CH**
15/088	**Registers** (agenda item 14.1 – 14.4) With regard to the losses and special payment register Mrs Tankard asked about employer and public liability cases, reference M7LT004/008 and whether this referred to one individual. Dr Taylor also asked if there were any lessons to be learnt. Mrs Hanwell agreed to look into these matters. With regard to the sponsorship register the committee expressed concern that there was no detail around the value of the sponsorship received. It was agreed that the nature of the sponsorship should also be included to provide further context. The committee made a link to the need to be open about such matters and to the Bribery and Corruption legislation. The committee asked for it to be communicated to the Drugs and Therapeutics Committee that no entry in the register can be accepted unless full details have been provided. Mrs Hanwell agreed to ask for the information and for a report to come back to the committee as to the detail of each item.	**DH** **DH**

MINUTE	ACTION SUMMARY	LEAD
	The committee then reviewed the hospitality register. It noted that there had been no entry in the register over the past year. The committee did not accept that this was a true picture and it was agreed that the form used would be reviewed to ensure it was user friendly and that a Trustwide communication would be issued to remind all staff of the need to complete the register in line with the procedure. Mrs Hanwell presented the management consultancy register, noting that there could be more work done to help staff understand when an entry needs to be made. The committee reviewed the information provided in the register. With regard to log 32 and 38 the committee asked to understand the detail of the work carried out. Mrs Hanwell agreed to bring a report to the next meeting.	**DH/CH/GE** **DH**

Leeds and York Partnership NHS
NHS Foundation Trust

AGENDA ITEM
13.1

LEEDS AND YORK PARTNERSHIP NHS FOUNDATION TRUST

MEETING OF THE BOARD OF DIRECTORS

PAPER TITLE:	Minutes of the Finance and Business Committee held on the 19 October 2015		
DATE OF MEETING:	28 January 2016	**CATEGORY OF PAPER** (please tick relevant box)	
LEAD DIRECTOR:	Dr Gill Taylor – Non Executive Director	**STRATEGIC:**	
PAPER AUTHOR:	Cath Hill – Head of Corporate Governance	**GOVERNANCE:**	✓
		INFORMATION:	

IMPACT ON THE TRUST'S STRATEGIC GOALS (please tick relevant box)		
G1	People achieve their agreed goals for improving health and improving lives	✓
G2	People experience safe care	✓
G3	People have a positive experience of their care and support	✓
IMPACT ON THE TRUST'S STRATEGIC OBJECTIVES (please tick relevant box)		
SO1	We provide excellent quality, evidence-based, safe care that involves people and promotes recovery and wellbeing	
SO2	We work with partners and local communities to improve health and lives	
SO3	We value and develop our workforce and those supporting us	
SO4	We provide efficient and sustainable services	
SO5	We govern our Trust effectively and meet our regulatory requirements	✓

STATUS OF PAPER	✓
To be taken in the public session (Part A)	✓
To be taken in private session (Part B) - If the paper is to be taken in the private session please indicate which criterion is applicable **(actions are pertaining to items previously discussed in private)**.	
Legal advice relating to legal proceedings (actual or possible)	
Negotiations in respect of employee relations where they are of a confidential nature	
Procurement processes and contract negotiations	
Information relating to identifiable individuals or groups of individuals	
Matters exempt under the Freedom of Information Act (quote section number)	

Leeds and York Partnership NHS
NHS Foundation Trust

SUMMARY:

The paper presented here is the Minutes of the Finance and Business Committee held on the 19 October 2015.

RECOMMENDATIONS:

The Board of Directors is asked to:

- Receive the Minutes of the Finance and Business Committee held on the 19 October 2015 and note them for information.

LEEDS AND YORK PARTNERSHIP NHS FOUNDATION TRUST

Minutes of the Finance and Business Committee
19 October 2015
at 13:45 in Meeting Room 1&2, Trust Headquarters

Present: Dr G Taylor, Non-Executive Director, Chair of Committee
Mrs J Tankard, Non-Executive Director
Mr C Butler, Chief Executive
Mrs D Hanwell, Chief Financial Officer
Ms J Copeland, Chief Operating Officer

In attendance: Mr B Fawcett, Chief Information Officer
Mr D Brewin, Deputy Director of Finance
Mrs C Hill, Head of Corporate Governance (secretariat and minutes)

		Action
15/073	**Welcome and Introduction** Dr Taylor welcomed everyone to the meeting.	
15/074	**Apologies for Absence** (agenda item 1) Apologies were received from Mark Powell, Deputy Director of Finance, who is normally in attendance at the meeting.	
15/075	**Members and attendees' declaration of any conflict of interest in any agenda items** (agenda item 2) No one present at the meeting declared a conflict of interest in any of the items to be discussed at the meeting.	
15/076	**Minutes of Committee Meeting held on 27 July 2015** (agenda item 3.1) The minutes of the meeting held on 27 July 2015 were **accepted** as a true record of the meeting.	
15/077	**Cumulative Action Log** (agenda item 5) Mrs Hill presented to the committee the cumulative action log for those items that have been asked to come back to future meetings, and those actions that have been passed into the management route. Mrs Hill noted that it showed those items still outstanding and those that have been completed since the last meeting. With regard to Log 46 Mrs Hanwell advised the Board that the information was not available for the October meeting and that a paper will be returned to the committee in January 2016. With regard to Log 42 Ms	

	Copeland confirmed that this had now been entered onto the risk register and is an extreme risk on the Care Services risk register.	
	The committee **received** the cumulative action log and **was assured** of the progress with the actions.	
15/078	**Matters arising – plan for disseminating the HazMat and CBRN Plan** (agenda item 4.1) Mrs Hanwell presented a paper to the committee which assured it that a detailed plan of how the HazMat and CBRN plan is in pace which will be disseminated to staff which will provide guidance on how to deal with potentially contaminated self-presenters at Trust sites. Mrs Hanwell indicated that having this in place has had a positive effect on the Trust's self-certification.	
	The committee was **assured** that there is a plan in place which will be disseminated through the organisation.	
15/079	**Revised Financial Plan** (agenda item 6.1) Mr Brewin presented a report that provided an analysis of the key changes and assumptions underpinning the 2015/16 revised financial plan which was submitted to Monitor on 23 September 2015. Mr Brewin noted that the Trust had been specifically required to resubmit its plan due to the loss of the York contract. He also noted that in addition all foundation trusts had been requested to set out actions to improve in year performance due to the unprecedented financial challenges nationally and that the Trust's revised plan includes details of this. Mr Brewin then drew attention to the key changes and assumptions underpinning the revised financial plan, which the committee considered in detail. Mr Brewin noted that based on the revised planed surplus in 2015/16 of £2.5m, and capital expenditure of £3.4m the Trust had re-modelled its financial sustainability risk rating and is forecasting a 4. Dr Taylor highlighted the new financial sustainability risk rating and asked that the change from the Continuity of Services Risk Rating to this new one and the associated implications to be explained in the paper to the Board.	DH
	The committee **received** the revised financial plan and **noted** the changes and assumptions underpinning this.	
15/080	**Financial Position: Monitor Quarter 2 Report and Financial Forecast Out-turn for 2015/16** (agenda item 6.2 and 6.3) Mr Brewin reminded the committee that a revised financial plan had been	

submitted to Monitor in September 2015 to reflect the outcome of the Vale of York tender and a re-forecast outturn position. Mr Brewin presented the report to the committee focussing on the income and expenditure position including cost improvement delivery; capital programme; and the new financial sustainability risk rating.

Mr Brewin assured the committee that the financial position remains strong and that the Board will be able to confirm to Monitor that it will maintain a financial sustainability risk rating of a minimum of 3 for the next 12 months.

The committee **received** the paper and **noted** the main elements and was **assured** that the Trust will maintain a FSRR of at least 3 over the next 12 months.

15/081 **Slippage on the Cost Improvement Programme** (agenda item 7)

Mr Brewin presented a paper which provided an analysis of the cost improvement programme (CIP) slippage for 2015/16, including the impact of 2014/15 CIP slippage, and an early assessment of the position for 2016/17.

Mr Brewin highlighted to the committee the key elements of the programme, concluding that the majority of CIPs identified for 2015/16 are on track although he did note that there is significant pressure on the acute pathway adult and older peoples' beds which had resulted in shortfalls against 2014/15 and 2015/16 CIPs. Mr Brewin also advised the committee that going forward into 2016/17 there are very few identified robust CIPs at this stage.

The committee discussed the main elements of the programme and received detailed information from Ms Copeland in respect of the steps taken in respect of the individual plans within Care Services.

Dr Taylor asked about the process for identifying robust and achievable individual CIPs for next year and future years. Dr Taylor suggested that it would be useful to discuss this within a Board workshop in order to have an understanding of what the future sustainability plan is and where the CIPs will be driven from within that plan. Mrs Hanwell noted that this would impact on the financial strategy. Ms Copeland also noted that the Trust had achieved some huge CIPs over the past years and that the Trust along with many other was approaching a situation where it will be more difficult to drive out more CIPs without adversely affecting quality. Ms Copeland noted that the Trust's strategy will be discussed at the January Board workshop and that this should pick up the impact of this on the CIPs.

	The committee **received** a report on the slippage on CIPs and **noted** that there would be a further opportunity at the January Board workshop to look at CIPs going forward.	
15/082	**Clinical Contracts Update** (agenda item 8) Mrs Hanwell presented a paper which provided an in-year assessment of clinical contract issues for 2015/16 and associated risks. Mrs Hanwell advised the committee of those contracts which were at risk and the potential impact on the Trust's turnover, although she noted that proportionately the cost per case contracts are small in comparison to the majority of block contracts which are not at risk. With regard to the prison care contract Ms Copeland advised the committee that the Trust had not won the bid for this service. The committee expressed disappointment at this and discussed the process of and potential strategies for bidding. Dr Taylor asked for the next committee meeting that the paper be refreshed setting out the up-to-date position and for it to include any potential opportunities. It was agreed that this paper would be a standing item for the committee.	**DH**
	The committee **received** a report on the clinical contracts which were at risk and **noted** the potential impact on the Trust's turnover.	
15/083	**Local Payment Options for Mental Health Services** (agenda item 9) Mrs Hanwell presented a paper which set out a preliminary assessment of the recent proposals for an alternative local adult mental health payment system. Mrs Hanwell reported that it is recognised that the timescale for the implementation of new 2016/17 payment proposals is ambitious considering the anticipated consultation letter containing policy proposals had not yet been received. She also noted that Monitor and NHS England are clearly signalling a change in emphasis towards outcomes based payments and cluster based payments based on either capitation or episodes and that clustering will therefore continue to form a key element of the payment system. Mrs Hanwell advised the committee that discussions will need to take place with the Leeds CCGs to establish whether the local health economy is moving towards a new model of integrated care and therefore a capitation based payment option.	
	The committee **noted** the paper and the update on the local payment options.	

15/084 **Estates Strategy Update** (agenda 10)

Mrs Hanwell presented the estates strategy and provided a summary of the major developments since the last report in July 2015. Mrs Hanwell noted that the strategy is to be refreshed and the revised document will be brought back to a future committee meeting.

With regard to the business case for the St Mary's Hospital site, Mrs Hanwell noted that this had been paused in order to look at other options for the use of the estate.

The committee **received** and noted the content of the estates strategy.

15/085 **Procurement Strategy Update** (agenda 11)

Mrs Hanwell presented an update paper in respect of the procurement strategy which provided the committee with the latest update of progress made in the last quarter against the procurement work-plan.

Mrs Hanwell noted that work was progressing slowly, but was going in the right direction. She also noted that the team are working more closely with staff in the services to ensure procurement is used to make better use of resources.

Mrs Hanwell also advised the committee that the transfer of spend from the non-PO route to the purchase order system had slowed. She indicated that the procurement team had analysed the spend still going through the non-PO system and identified seven main areas which account for the majority of this spend. Mrs Hanwell noted that the team were looking at these areas in some detail.

The committee was assured that progress was being made overall, but expressed some concern at the slowdown in moving away from the non-PO route and asked that focus be given to this to ensure good progress continues to be made. Mrs Hanwell assured the committee that in some cases there are valid reasons why the spend goes through the non-PO system and that there are other checks and controls in place to ensure spend is appropriate and valid.

The committee **received** the update report and **noted** the content.

15/086 **Health Informatics Strategy update** (agenda item 12)

Mr Fawcett presented an update report to the committee noting that the main priority over the last quarter had been to ensure a safe transition of services to TEWV and the transfer of services from the Bootham Park Hospital site following its closure to designated services. Mr Fawcett also reported that a number of major milestones had been achieved since the

last meeting including the PARIS upgrade and completion of the Leeds Care Record project.

Mr Fawcett then updated the committee on progress with the current outstanding projects. In particular Mr Fawcett advised the committee that there are a number of key initiatives including the provision of an IT Service to Leeds Community Healthcare and to TEWV. He also advised the committee of the work in respect of a departmental restructure.

The committee noted that the strategy is due to be refreshed. Mr Fawcett indicated that consideration is being made in respect of PARIS and what the future requirements of the Trust are in respect of this system, noting that this will inform the strategy going forward.

The committee **received** the update report in respect of the informatics strategy and **noted** progress.

15/087 **NHS England Emergency Preparedness, Resilience and Response Standards compliance declaration** (agenda item 13)

Mrs Hanwell presented a paper which provided a declaration and advised the committee that the Trust will be declaring substantial but not full compliance and an action plan to address the areas of non-compliance had been put in place.

The committee **received** and considered the compliance declaration and **approved** this ready for signing by the Chief Financial Officer.

15/088 **Board Assurance Framework** (agenda item 14)

Mrs Hill presented the Board Assurance Framework noting that this is a primary assurance document for the Board, which is scrutinised at sub-committee level. Mrs Hill noted that it details those key controls in place to ensure that the risks to achieving the strategic objectives are being well managed and that for each of the risks the primary assurance receivers are listed. Mrs Hill asked that where the committee is listed as an assurance receiver it ensures that it has received sufficient information in respect of the controls around the risk and where it is not assured it requests further information.

The committee **received** the Board Assurance Framework and was **assured** that it had received sufficient assurance around those controls for which it is listed as an assurance receiver.

15/089	**Current questions for NHS Audit Committees 2015 as they relate to the Trust's Finance and Business Committee** (agenda item 15) Mrs Hill presented a paper which set out the questions for Audit Committees noting that this Trust's Audit Committee had indicated that many of the questions are dealt with by the Finance and Business committee in this Trust. The committee confirmed that it receives sufficient assurance on the areas outlined in the paper. However, Mrs Tankard noted that the issue of digital and cyber risk is something that should come back to the committee in more detail setting out the controls in place to ensure resilience in this area.	**BF**
	The committee **received** the paper and **confirmed** that it had received sufficient assurance in the areas outlined, but requested further information in respect of digital and cyber risk.	
15/090	**Information Governance Group Assurance Report for the meetings held 22 July, 19 October and 23 September 2015** (agenda item 16)	
	The committee **received** a report from the Information Governance Group and **noted** the content.	
15/091	**Ratification of policies and procedures** (agenda item 17)	
	The committee considered and **ratified** the Forensic Readiness Policy, the Freedom of Information Procedure and the Declaration of Interest Procedure.	
15/092	**Future meeting dates and work schedule** (agenda item 18)	
	The committee **received** and **noted** the future meeting dates and work schedule.	
15/093	**Any Other Business** (agenda item 19) There were no items of other business.	

Finance and Business Committee
Action summary
Meeting held 19 October 2015

MINUTE	ACTION	LEAD PERSON
15/079	**Revised Financial Plan** (agenda item 6.1) Dr Taylor highlighted the new financial sustainability risk rating and asked that the change from the Continuity of Services Risk Rating to this new one and the associated implications to be explained in the paper to the Board.	**DH**
15/082	**Clinical Contracts Update** (agenda item 8) Dr Taylor asked for the next committee meeting that the paper be refreshed setting out the up-to-date position and for it to include any potential opportunities. It was agreed that this paper would be a standing item for the committee.	**DH**
15/089	**Current questions for NHS Audit Committees 2015 as they relate to the Trust's Finance and Business Committee** (agenda item 15) Mrs Tankard noted that the issue of digital and cyber risk is something that should come back to the committee in more detail setting out the controls in place to ensure resilience in this area.	**BF**

Leeds and York Partnership NHS
NHS Foundation Trust

AGENDA ITEM
14.1

LEEDS AND YORK PARTNERSHIP NHS FOUNDATION TRUST

MEETING OF THE BOARD OF DIRECTORS

PAPER TITLE:	Minutes of the Quality Committee Meeting held on the 17 December 2015		
DATE OF MEETING:	28 January 2016	**CATEGORY OF PAPER** (please tick relevant box)	
LEAD DIRECTOR:	Prof Carl Thompson – Non Executive Director	**STRATEGIC:**	
PAPER AUTHOR:	Cath Hill – Head of Corporate Governance	**GOVERNANCE:**	✓
		INFORMATION:	

IMPACT ON THE TRUST'S STRATEGIC GOALS (please tick relevant box)		
G1	People achieve their agreed goals for improving health and improving lives	✓
G2	People experience safe care	✓
G3	People have a positive experience of their care and support	✓
IMPACT ON THE TRUST'S STRATEGIC OBJECTIVES (please tick relevant box)		
SO1	We provide excellent quality, evidence-based, safe care that involves people and promotes recovery and wellbeing	
SO2	We work with partners and local communities to improve health and lives	
SO3	We value and develop our workforce and those supporting us	
SO4	We provide efficient and sustainable services	
SO5	We govern our Trust effectively and meet our regulatory requirements	✓

STATUS OF PAPER	✓
To be taken in the public session (Part A)	✓
To be taken in private session (Part B) - If the paper is to be taken in the private session please indicate which criterion is applicable **(actions are pertaining to items previously discussed in private)**.	
Legal advice relating to legal proceedings (actual or possible)	
Negotiations in respect of employee relations where they are of a confidential nature	
Procurement processes and contract negotiations	
Information relating to identifiable individuals or groups of individuals	
Matters exempt under the Freedom of Information Act (quote section number)	

Leeds and York Partnership NHS
NHS Foundation Trust

SUMMARY:

The paper presented here is the Minutes of the Quality Committee Meeting held on the 17 December 2015.

RECOMMENDATIONS:

The Board of Directors is asked to:

- Receive the Minutes of the Quality Committee Meeting held on the 17 December 2015 note them for information.

LEEDS AND YORK PARTNERSHIP NHS FOUNDATION TRUST

Minutes of the Quality Committee
Tuesday 17 December 2015

at 9.30 in Meeting Rooms 1 & 2, Trust Headquarters

Present:
Prof Carl Thompson (Non-Executive Director) - Chair of the committee
Mr Chris Butler (Chief Executive)
Mr Anthony Deery (Director of Nursing)
Dr Jim Isherwood (Medical Director)
Mrs Susan Tyler (Director of Workforce Development)
Mr Steven Wrigley-Howe (Non-Executive Director)

In attendance:
Ms Jayne Hawkins (Strategic Lead for Psychology and Psychotherapy Services)
Mrs Helen Wiseman (Strategic Lead for Allied Health Professionals)
Dr Guy Brookes (Clinical Director to the Leeds Care Group)
Mrs Melanie Hird (Head of Clinical Governance)
Ms Bev Thornton (Recovery and Social Inclusion Worker)
Mr Bill Fawcett (Chief Information Officer)
Mrs Cath Hill (Head of Corporate Governance and Trust Board Secretary)

Governor observer: Jo Sharpe (Public Governor)

Action

Welcome and Introduction

Prof Thompson welcomed everyone to the meeting.

15/091 Apologies for Absence (agenda item 1)

Apologies were received from Ms Jill Copeland (Chief Operating Officer and Deputy Chief Executive); Mr Robert Mann (Assistant Director of Nursing / Compliance); and Dr Tom Mullen (Clinical Director of Specialist and Learning Disability Care Group).

15/092 Declaration of Interests (agenda item 2)

No one present at the meeting declared a conflict of interest in any of the items to be discussed at the meeting.

15/093 Minutes of Meeting held on 1 September 2015 (agenda item 3.1)

The minutes of the meeting held on **1 September 2015** were **accepted** as a true record of the meeting.

15/094 Matters arising and cumulative action log (agenda items 4 and 5)

Mrs Hill presented the actions agreed at previous meetings noting that the log showed those that were either still outstanding or those that had been recently completed.

With regard to log numbers 9 and 10, Prof Thompson asked that specific dates be determined for these actions. Members concerned agreed to advise Mrs Hill of the expected completion dates, who would then update the action log. **Various / CH**

15/095 Minutes/Report from the Chairs of the Quality Committee's sub-committees (agenda item 6)

The committee received the minutes of the sub-committees. These were:

6.1	Minutes of the Trust Safeguarding Committee (17 September and 2 November 2015)
6.2	Minutes of the Health and Safety Committee (15 September 2015)
6.3	Minutes of the Infection, Prevention and Medical Devices Committee (21 September 2015)
6.4	Minutes of the Effective Care Committee (10 September and 12 November 2015)
6.5	Minutes of the Trust Incident Review Group (9 September, 14 October and 11 November 2015)
6.6	Summary report from the Medical Revalidation & Appraisal Group (23 September, 21 October and 24 November 2015)
6.7	Minutes of the Workforce Steering Group (15 September 2015)

The committee **received** and **noted** the minutes and reports from its sub-committees.

15/096 Dates of future meetings and work schedule for 2016 (agenda item 7)

The committee **received** and **noted** the dates for future meetings and agreed its work schedule.

15/097 2015 Mental Health Community Service User Survey (agenda item 8)

The committee **received** and **noted** the 2015 Mental Health Community Service User Survey
.

15/098 Procedures for approval and ratification (agenda items 14.1 – 14.12)

The committee received the following procedures for ratification:

- Fit and Proper Person Requirements for Directors Procedure
- Hand Hygiene Procedure
- Standard Precautions Procedure
- Clostridium Difficile Associated Disease (CAD) Prevention and Management Procedure
- Aseptic Technique and Clean Technique Procedure
- MRSA Procedure
- Mattress Procedure
- Non-medical Prescribing Procedure

- Medical Appraisal Procedure
- Slips, Trips and Falls (Staff and Others) Procedure
- First Aid at Work Procedure
- Personal Protective Equipment Procedure
- Control of Substances Hazardous to Health Procedure
- Appeals Procedure
- Procedure and Guidance for Managing Overtime
- Bullying and Harassment Procedure
- Professional Registration Procedure
- Nicotine Management and Smoke-free Procedure.

With regard to the Nicotine Management and Smoke-free Procedure the committee discussed the steps that had been taken to consult on the procedure and the resulting concerns and issues that had been raised. In particular the committee discussed the steps taken to ensure the procedure will be effectively implemented and that staff receive sufficient training and support. Mrs Wiseman explained the steps that will be taken, in particular the work that will be picked up by the task and finish group. With regard to service users' views Mrs Thornton indicated that service users are aware of and have been consulted on the procedure and outlined the benefits of being encouraged to stop smoking. Mrs Tyler asked how issues which arise from the initiative will be widely communicated to all staff. Mrs Wiseman assured the committee that any learning will be shared and explained the ways in which this will be done. Prof Thompson commended the work that had been undertaken to develop the procedure and noted that the Quality Committee fully supported this important initiative.

The committee **received** and **ratified** the procedures presented to the committee.

15/099 Quality Webpages (agenda item 9)

Mrs Hird provided the committee with a report on progress in respect of the continuing development and update of the Quality Webpages. Mrs Hird noted that the communications team will be launching the pages very shortly. Prof Thompson noted that the Quality Webpages will be included as a standing item on the committee's business in order to receive ongoing assurance that they are update to date and contain relevant information. It was agreed that this item would be brought back once a year alongside the committee's annual report. Mrs Hill agreed to add this to the work schedule. **CH**

The committee **received** an update report on the quality webpages.

15/100 NICE Guidance compliance update report (agenda item 10)

Dr Isherwood presented to the committee the NICE guidance update report for information to the committee. Mr Deery noted that this report had been presented to the commissioners at the last quality meeting where they had asked about the timing for the baseline assessment for some of the guidelines. He advised the committee that he and Mrs Day had agreed to have a follow-up meeting with the commissioners to explain the process and the outcome.

The committee discussed the application of NICE guidance more generally. Prof Thompson reminded the committee that it had agreed to have a quality summit and suggested that a subject for discussion might be around NICE guidance: audit, IT, discussions with commissioners, the view of our regulators etc. Prof Thompson also

suggested that people from other Trusts could be invited to provide their experiences and learning. It was agreed that this suggestion would be added to the list of possible subjects for the Quality Summit. **JI / AD**

The committee **received** and **noted** the NICE Guidance compliance update report.

15/101 Workforce performance update report – quarter 2 (agenda item 11)

Mrs Tyler presented the workforce performance update report for quarter 2 and drew attention in particular to sickness absence, noting that this still remained high with mental health sickness absence rising. With regard to compulsory training and appraisals Mrs Tyler noted that there had been an improvement in these figures, but that the Trust still had not achieved the 90% internal target. Mrs Tyler also noted the challenges around agency spend, which she advised was increasing. She also drew attention to the cap which is being imposed by the government on NHS Trusts and strongly advised for foundation trusts.

Mrs Tyler noted that the information in the report had been revised to take account of comments at previous meetings. Prof Thompson thanked Mrs Tyler for this. Mr Wrigley-Howe suggested that the data on absences should also be shown as an absolute figure.as well as a percentage. Mrs Tyler agreed to do this. Mrs Tyler also agreed to look at how the Trust is performing against other Trusts in terms of mental health absence. She also agreed that the report would not only present the figures, but would also show what the Trust is doing to address this type of absence. The committee supported there being some specific interventions to support staff experiencing mental health issues. **ST**

The committee **received** and **noted** the workforce update report.

15/102 State of Health and Social Care report – key issues for the Trust (agenda item 12)

Mr Deery presented a set of slides which looked at how the Trust is closing the gaps on some of the quality issues which have occurred, including issues to come out of the CQC inspection particularly in relation to the Vale of York contract; compulsory training and appraisals; slippage in the performance required by the commissioners; achievement of CQUIN targets; internal systems and processes noting that some end to end processes need to be reviewed; and issues raised through the service user surveys.

Mr Deery then highlighted the key findings pertinent to mental health services as set out in the State of Health and Social Care Report and linked these to the Trust's position in relation to these noting that the Trust requires improvement in many of these areas. Mr Deery also asked the committee to consider how the Trust moves from being overall 'requires improvement' to 'outstanding'.

Mr Deery then outlined the key areas for consideration including the level of understanding about the quality agenda across the organisation; whether the quality of data and intelligence is sufficient to inform service developments and decision making; ensuring the effectiveness of systems; ability to hold people to account for what has been agreed; the agility of the organisation and how the Trust can be more responsive; and ensuring leadership at all levels is robust.

Prof Thompson then asked members of the committee to reflect on the areas members were responsible for and to have a forward looking view of where the gaps

are and what is being done or what more can be done to address these gaps. The committee discussed these issues.

During its discussion the committee highlighted the following areas as being important to providing quality services:

- **Recruitment and retention:** the need for all departments, particularly care services, to take responsibility for promoting their own services and the benefits of working in there; investing time in attracting staff into the Trust. However, the committee noted that due to the number of vacancies it was often difficult to release staff to attend recruitment events in order to promote their service
- **Targeting resources to the important issues:** the importance of ensuring that rather than create a large number of list of things the Trust would like to achieve that the 'must do' tasks are tackled first, but within the capacity of the resources available
- **Making it easy for staff to do a good job:** this might include empowering staff to look at not doing that things that are not adding value and ensuring that measurements are looking at quality and not just performance
- **Training and development:** ensuring that when staff are trained in new practices that they have the opportunity and are supported to apply these in their area of work
- **Working more smartly:** using technology to ensure time and resources are used effectively and efficiently; create an agile workforce and transfer time back into caring for services users and face to face contact. However, it was recognised that not only do staff need to own the problem and the solution they then need to be supported by corporate services to deliver that solution
- **Culture shift:** prioritising openness, learning and continuous improvement, and transferring models of care to ensure all staff are motivated; looking at caseload; ensuring that service users know when to use the crisis service appropriately, thereby freeing up valuable time for the team.

In conclusion Mr Deery thanked everyone for the discussion and the issues raised. He then outlined the next steps. He noted the importance of listening to staff and hearing the things that cause them concern or frustration and then identify a few key areas which can be achieved; which will make better use of staff's time noting that this would to demonstrate to staff that their concerns have been taken seriously.

Dr Deery also noted that a key theme to come out of the discussion was capacity and he suggested the need to look at those things that could increase capacity, and to select two or three key issues and focus on these.

Prof Thompson thanked the committee for the discussion. He asked that for the April meeting each member of the committee identify one thing they can do to help achieve the key theme of capacity. He asked Mr Deery to co-ordinate the paper for the meeting. **All / AD**

The committee **participated** in the discussion and **identified** a number of key issues.

15/103 Terms of Reference for the Fundamental Standards Group (agenda item 13)

The committee agreed that the Fundamental Standards Group would be established as a sub-committee of the Quality Committee.

The committee approved the Terms of Reference of the Fundamental Standards Group which it had agreed would be established as a sub-committee of the Quality Committee.

15/104 Any Other Business (agenda item 17)

Prof Thompson noted that this was the last meeting of the committee that Mr Butler would attend, prior to his stepping down as Chief Executive. Prof Thompson paid tribute to Mr Butler noting that as a leader he is caring and compassionate and that this comes through in his style of leadership. He also paid tribute to the very valuable contribution he has made to the discussion and the service user focus which he always maintains.

Quality Committee
Action summary
Meeting held on 17 December 2015

MINUTE	ACTION SUMMARY	LEAD
15/094	**Matters arising and cumulative action log** (agenda items 4 and 5) With regard to logs 9 and 10 Prof Thompson asked that specific dates be determined for these actions. Members concerned agreed to advise Mrs Hill of the expected completion dates, who would update the action log.	**Various / CH**
15/099	**Quality Webpages** (agenda item 9) It was agreed that this item would be brought back once a year alongside the committee's annual report. Mrs Hill agreed to add this to the work schedule.	**CH**
15/100	**NICE Guidance compliance update report** (agenda item 10) The committee discussed the application of NICE guidance more generally. Prof Thompson reminded the committee that it had agreed to have a quality summit and suggested that a subject for discussion might be around NICE guidance: audit, IT, discussions with commissioners, the view of our regulators etc. Prof Thompson also suggested that people from other Trust's could be invited to provide their experiences and learning. It was agreed that this suggestion would be added to the list of possible subjects for discussion.	**JI / AD**
15/101	**Workforce performance update report – quarter 2** (agenda item 11) Mrs Tyler noted that the information in the report had been revised to take account of comments at previous meetings. Prof Thompson thanked Mrs Tyler for this. Mr Wrigley-Howe suggested that the data on absences should also be shown as an absolute figure.as well as a percentage. Mrs Tyler agreed to do this. Mrs Tyler also agreed to look at how the Trust is performing against other Trusts in terms of mental health absence and presenting not only the figures, but also what the Trust is doing to address this type of absence. The committee supported there being some specific interventions to support staff experiencing mental health issues.	**ST**
15/102	**State of Health and Social Care report – key issues for the Trust** (agenda item 12) Prof Thompson thanked the committee for the discussion. He asked that for the April meeting each member of the committee identify one thing they can do to help achieve the key theme of capacity. He asked Mr Deery to co-ordinate the paper for the meeting.	**All / AD**

Leeds and York Partnership NHS
NHS Foundation Trust

AGENDA ITEM 16

LEEDS AND YORK PARTNERSHIP NHS FOUNDATION TRUST

MEETING OF THE BOARD OF DIRECTORS

PAPER TITLE:	Integrated Quality & Performance Report and Quarter 3 2015/16 monitoring returns/self-certification		
DATE OF MEETING:	28 January 2016	**CATEGORY OF PAPER** (please tick relevant box)	
LEAD DIRECTOR:	Anthony Deery, Director of Nursing	**STRATEGIC:**	
PAPER AUTHOR:	Sarah Chilvers, Performance Improvement Manager	**GOVERNANCE:**	✓
		INFORMATION:	

IMPACT ON THE TRUST'S STRATEGIC GOALS (please tick relevant box)		
G1	People achieve their agreed goals for improving health and improving lives	✓
G2	People experience safe care	✓
G3	People have a positive experience of their care and support	✓
IMPACT ON THE TRUST'S STRATEGIC OBJECTIVES (please tick relevant box)		
SO1	We provide excellent quality, evidence-based, safe care that involves people and promotes recovery and wellbeing	✓
SO2	We work with partners and local communities to improve health and lives	
SO3	We value and develop our workforce and those supporting us	✓
SO4	We provide efficient and sustainable services	✓
SO5	We govern our Trust effectively and meet our regulatory requirements	✓

STATUS OF PAPER	✓
To be taken in the public session (Part A)	✓
To be taken in private session (Part B) - If the paper is to be taken in the private session please indicate which criterion is applicable:	
Legal advice relating to legal proceedings (actual or possible)	
Negotiations in respect of employee relations where they are of a confidential nature	
Procurement processes and contract negotiations	
Information relating to identifiable individuals or groups of individuals	
Matters exempt under the Freedom of Information Act (quote section number)	

Leeds and York Partnership NHS
NHS Foundation Trust

SUMMARY:

The quarterly integrated quality and performance report is provided as a regular agenda item to the Board of Directors.

The report details performance against national, regulatory, contractual and local improvement targets. The data and information represents the Trust's Quarter 3 performance for 2015/16.

Performance is broadly in line with expected targets and following anticipated trends. The majority of measures indicate consistently high quality services and where performance has been below the expected thresholds an exception report is provided at page 2.

All NHS Foundation Trusts are required to provide in-year reports to Monitor on a quarterly basis, and the report is designed to meet this requirement for Quarter 3.

In Quarter 3 the Trust's financial position is robust, with a Continuity of Service Risk Rating of '3'.

RECOMMENDATIONS:

The Trust Board of Directors is asked to:

- Consider the position against both non-financial and financial targets and to comment on the degree to which it feels assured regarding both current performance and future trajectories.
- Confirm that the board anticipates maintaining a continuity of service risk rating of at least 3 over the next 12 months, as required by Monitor, and sign the attached declaration.
- Confirm that the board is satisfied that plans in place are sufficient to ensure on-going compliance with all existing targets (after the application of thresholds) as set out in Appendix B of the Compliance Framework and, a commitment to comply with all known targets going forwards and sign the attached declaration.
- Confirm that there are no matters arising in the quarter requiring an exception report to Monitor (per Compliance Framework) which have not already been reported and sign the attached declaration.

INTEGRATED QUALITY & PERFORMANCE REPORT – January 2016 (Quarter 3/December and November for information)

Exception Reporting
Strategic Goal 1 – People achieve their agreed goals for improving health and improving lives
Strategic Goal 2 – People experience safe care
Strategic Goal 3 – People have a positive experience of their care and support
Financial Summary

Appendix A Sickness Absence and Staff Turnover

Appendix 1 Financial Sustainability Risk Rating
Appendix 2 Statement of Comprehensive Income
Appendix 3 Cost Improvement Plans & Revenue Generations Scheme 2015/16
Appendix 4 Statement of Financial Position
Appendix 5 Cash Flow Analysis
Appendix 6 Capital Programme

This report shows the Trust's current compliance with national and local performance requirements which are aligned to the Trust's three Strategic Goals. Each performance requirement has been RAG rated to demonstrate compliance.

Exception Reporting

- Bed Occupancy rates for Leeds Inpatient Services (Contract Measure (98%) – Flow within adult acute inpatient services has been reduced due to increasing lengths of stay of service users over the previous 6 months. In part this is due to an increase in the numbers of service users who are admitted formally or who are detained following admission increasing thus indicating a general increase in acuity. In part it is also due to an increasing number of service users whose discharge is delayed to some extent by process delays. In the 12 months to September 2015 the mean length has stay has remained consistent at around 40 days and in the last 4 months has increased to around 60 days. The cause of these process delays can vary however we are paying particular attention to service users in our older peoples services who require an assessment by adult social care and we are working closely with social care colleagues to address this.

  As numbers of nursing and residential care homes, which are appropriate for our service users to move on to, reduce the delay in locating placements is increasing. This is particularly the case for older male service users with complex needs. Care homes are also less likely to assess until they have a place available. This means that a place is identified following a wait for assessment. In the past care homes would assess when the referral was made and then place service users on a waiting list. Once the service user was placed on the waiting list they were identified as a delay but increasingly the time from assessment to discharge has reduced meaning fewer delays whilst the time for assessment has increased.

  We currently measure these delays for acceptance to a nursing home placement as 'process' delays because they do not fit with national requirement for the discharge to be safe to be considered delayed according to the national Sitrep. Over the past 2 years this has become an increasing issue for the Trust with average length of stay for Male service users increasing from around 70 days to 120 days. To accurately and appropriately reflect this change in behaviour elsewhere in the system we need to change the way we record delays.

  We will work with partners to agree timescales by which time assessments should be completed and on-going care for service users should be identified. This will give a clear date for staff when a process delay becomes an actual reportable delay without disadvantaging partners and maintaining consistency for all. In the first instance these would be reported as delays due to assessment and once a place is identified this would become a delay due to waiting for nursing home care. We will introduce these internal recording changes before April 2016.

  The purposeful inpatient process (PIPA) boards are in use on all adult acute wards and the effect of this approach is being monitored. The introduction of the CAU continues to be monitored but is showing a reduction of on average 4 admissions per week to the adult acute wards. The ICS and community teams continue to visit the inpatient units to identify service users whose care can be safely managed in the community.

- Adherence to cluster review periods (Leeds Contract) & Mental Health Payments Scheme (Contract) - Some clusters have exceeded the 85% target, though there is a shortfall particularly with the crisis clusters and low intensity common mental health clusters (due to shorter review periods) and the cognitive impairment clusters. Actions continue to address clinical engagement with the project including on-going training programme, clustering performance reports issued on a regular and targeted basis, and development of outcomes frameworks by cluster.

- Increasing awareness of Autism in registered mental health nurses – This is due to a number of staff, trained in Autism awareness, leaving the trust this quarter and new starters not yet completing the training. This has been addressed within Care Service Directorate and they are confident that the target will be back above the target within the next quarter.

- Trigger to Board - Following a trust wide audit of all inpatient detentions under the Mental Health Act (1983) a number of issues were found. Legal advice was sought from Hempsons solicitors. In total there were 14 cases where the detentions were felt to be fundamentally defective

and the legal advice was to discharge these patients from their current detention. Individual incident reports have been completed for each service user.

- Appraisals (Trust) – Whilst the overall Trust rate for appraisal has reduced to 72.4%, of the 293 Trust Departments, 121 are compliant with appraisals at 90% or more. Across the Care Groups and Directorates meetings are being held with managers responsible for non-compliant areas to agree trajectories and timeframes for compliance.

- Compulsory Training – Whilst there has been a sustained improvement in compulsory training rates, there is more work to do to meet the Trust target. Work is continuing to roll-out I-learn the web-based learning management system with over 2000 staff now accessing and using the system, which provides easier access to e-learning and booking onto training programmes. With effect from February 16 in-patient areas move onto a system of block training whereby staff will be taken off the rota for a period of time to ensure their CT compliance is up to date.

- Waiting Times Access to Memory Services (Leeds Contract) – The percentage of service users seen within 6 weeks in Quarter 3 was 55.2% which is an increase against the Quarter 2 performance but below the contracted target of 80%. There was significant variance between the 3 localities with the ENE comfortably meeting the target at 88.5% and the WNW AND SSE under target at 53.1% and 23.2% respectively. The cause for this was predominantly due to higher capacity within the ENE team but also longer waiting lists within the SSE which caused lower performance. A significant improvement has been made in reducing the waiting lists in the SSE and the average wait time has reduced from over 15 weeks to around 9 weeks. Variance in wait times continues to exist in the SSE however this has also reduced.
  The performance and capacity team and continuous improvement team have undertaken work with the memory services to both refine and improve the process from referral to assessment. The waiting list is now better understood and a weekly meeting takes place with the memory service manager to review this. Centralised booking of appointments by the performance and capacity team is planned to be introduced in Q4. A weekly report on performance is sent to senior managers and clinicians.
  It has been agreed that there will be a reallocation of the resource in the ENE to help support the SSE team to improve performance and for additional assessment capacity to be given to the team. The service will also be prioritising memory assessment over memory monitoring in line with the agreement with the CCG that memory monitoring be undertaken by primary care. A plan is in place for service users to be discharged to primary care for memory monitoring however this is likely to take a number of months to safely achieve.

- Timely Communications with GP's notified in 10 days (Leeds Contract) - Performance in Quarter 3 was at 47% and below the contracted level of 80%. A significant factor in this was the very low level of performance in the SSE where staff absence had created a backlog of typing which meant that they achieved 9% compliance against the target. Eliminating the backlog has however meant that the Quarter 4 position starts well.
  Information from the Bighand digital dictation system is being circulated to administration managers within the Trust to show the current position with regards to performance and this is being sent weekly. The performance and capacity team now have administration rights to Bighand and this has improved the granularity of the information available. We are setting up a meeting with the software suppliers to refine the reports available particularly showing the numbers of letters either breaching or likely to breach. Managers are clear on the need to achieve the target and the consequences of failing to do this.
  Information sent to managers ensures that appropriate levels of performance management can take place and individual staff performance can be monitored. There has been an issue related to recruitment of administration staff and securing staff through the both the Trust's internal bank and agency. Additional recruitment to the admin bank took place in December

- Better Access to Mental Health Services by 2020: Access to Early Intervention in Psychosis Services (Leeds Contract) – Our investigation showed that the automated report had not excludes service user who were already been seen by Aspire. When the report was run excluding these service users the actual percentages achieved was 90.47%.

- Staff turnover – the Trust turnover rate with York staff, junior doctors and rotational posts removed is 9.3% which is just below the normal range of turnover which is between 10 – 15%.

- Sickness absence -current rate 5.2%. Evaluation of the 'FirstCare' reporting system concluded with a report going to ET early February. Sickness Absence Group re-established in HR to focus on high areas of absence and individuals with high levels of absence ensuring these are being managed effectively. HR, Operational managers, OH, L&D and staff side representatives to meet on 22 February to develop and identify our approach to managing stress in the workplace whilst also establishing how we build more resilience to cope with change.

AT A GLANCE PERFORMANCE SUMMARY

		Trust	Target
Strategic Goal 1	Delayed Transfers of Care (Monitor)	0.6%	<7.5%
	Crisis Resolution Service Gatekeeping (Monitor)	100%	>=95.0%
	Care Programme Approach Reviews within 12 months (Monitor)	97.6%	>=95.0%
	Data Completeness – Identifiers (Monitor)	99.8%	>=97.0%
	Bed Occupancy rates for Leeds Inpatient Services (Local)	98.1%	< 94.0%
	Inpatient Length of Stay – Adult Mental Health Inpatient Units Adult Wards (Local)	56.02	N/A
	Inpatient Length of Stay – Adult Mental Health Inpatient Units Older People's Wards (Local)	82.25	N/A
	Incidence of Inpatient Length of Stay – Adult Mental Health Inpatient Units - <3 days or >90 (Local)	13	N/A
	Readmissions to Adult and Older peoples Mental Health In Patient Units - Cumulative (Local)	29	N/A
	Readmissions to Adult and Older peoples Mental Health In Patient Units - Median days (Local)	8.5	N/A
	Emergency readmissions within 28 days – Adult Acute Mental Health Wards (Local)	6.8%	N/A
	Adherence to cluster review periods (Local)	63.4%	>= 87.0%
	Learning Disability Services Inpatient Admissions and Length of Stay (Local)	5	N/A
	Referral and Receipt of a Diagnosis with LADs Service (Local)	51.4%	>=50.0%
	Percentage of people in settled accommodation (Local)	70.5%	>= 0.0%

		Trust	Target
Strategic Goal 2	7 Day Follow Up (Monitor)	95.6%	>=95.0%
	Dual Diagnosis Training (Local)	87.6%	>=72.5%
	Mental Health Payments System (Local)	63.3%	>=85.0%
	Increasing awareness of Autism in registered mental health nurses (Local)	62.7%	>=72.5%
	Healthcare Associated Infections (Local) – C.difficile	0	= 0
	Healthcare Associated Infections (Local) – MRSA	0	= 0
	Percentage of people with a Crisis Assessment Summary and formulation plan in place within 24 hours (Local)	98.5%	>=95.0%
	Improving the implementation of action goals following a serious untoward incident which relates to a suspected suicide (Local)	100%	>=100.0%
	Never Events (National)	0	= 0
	Trigger to Board (Local)	14	= 0
	NHS Safety Thermometer (Local) Harm Free Care	100%	>=95.0%
	Appraisals (Local)	71.5%	>=90.0%
	Compulsory Training (Local)	82.9%	>=90.0%
	Controlled Drugs Quarter 3 Report		
	Information Governance Incident Reports & Information Governance Incidents Requiring Investigations		
	Medical Revalidation		
	Data Completeness Indicator for Mental Health Outcomes for CPA Patients (Monitor)	68.7%	>=50.0%
	Access to Healthcare for People with a Learning Disability (Monitor)		N/A

		Trust	Target
	Waiting times for Community Mental Health Teams for face to face contact within 14 days (Local)	80.7%	>= 80.0%
Strategic Goal 3	Out of Area Placements (Local)	13	N/A
	Out of Area placements by bed days (Local)	146	N/A
	Waiting Times Access to Memory Services (Local)	55.2%	>= 80.0%
	CAMHS to Adult Mental Health Services Transition (Local)	4	N/A
	Timely Communications with GP's notified in 10 days (Local)	46.8%	>= 80%
	Better Access to Mental Health Services by 2020: Access to Early Intervention in Psychosis Services (Leeds Contract)	47.4%	>=50%
Appendix A	Staff Turnover	18.0%	<= 15.0%
	Sickness Absence	5.2%	<= 4.2%

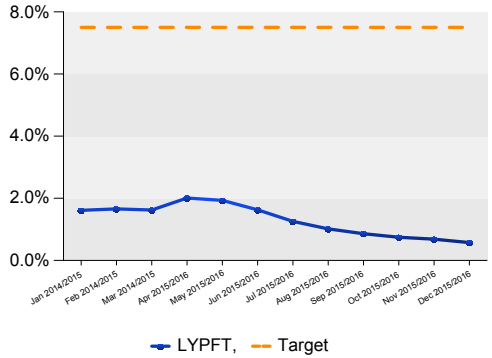
Strategic Goal 1 : People achieve their agreed goal for improving health and improving lives

Delayed Transfers of Care (Monitor)

Target < 7.5%

	Jan 2014/2015	Feb 2014/2015	Mar 2014/2015	Apr 2015/2016	May 2015/2016	Jun 2015/2016	Jul 2015/2016	Aug 2015/2016	Sep 2015/2016	Oct 2015/2016	Nov 2015/2016	Dec 2015/2016
LYPFT	1.6%	1.7%	1.6%	2.0%	1.9%	1.6%	1.3%	1.0%	0.9%	0.7%	0.7%	0.6%

	2014/2015 Q4	2015/2016 Q1	2015/2016 Q2	2015/2016 Q3
LYPFT	1.6%	1.6%	0.9%	0.6%

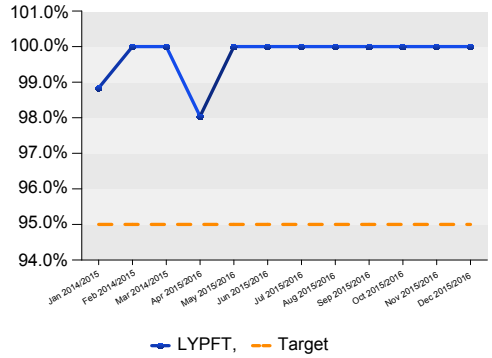


Crisis Resolution Service Gatekeeping (Monitor)

Target >= 95.0%

	Jan 2014/2015	Feb 2014/2015	Mar 2014/2015	Apr 2015/2016	May 2015/2016	Jun 2015/2016	Jul 2015/2016	Aug 2015/2016	Sep 2015/2016	Oct 2015/2016	Nov 2015/2016	Dec 2015/2016
LYPFT	98.8%	100.0%	100.0%	98.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

	2014/2015 Q4	2015/2016 Q1	2015/2016 Q2	2015/2016 Q3
LYPFT	99.6%	99.4%	100.0%	100.0%



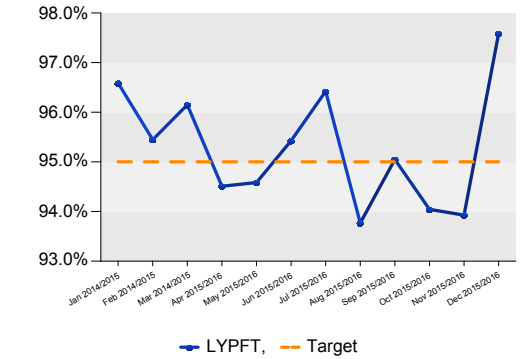
Strategic Goal 1 : People achieve their agreed goal for improving health and improving lives

Care Programme Approach Reviews within 12 months (Monitor)

Target >= 95.0%

	Jan 2014/2015	Feb 2014/2015	Mar 2014/2015	Apr 2015/2016	May 2015/2016	Jun 2015/2016	Jul 2015/2016	Aug 2015/2016	Sep 2015/2016	Oct 2015/2016	Nov 2015/2016	Dec 2015/2016
LYPFT	96.6%	95.4%	96.1%	94.5%	94.6%	95.4%	96.4%	93.8%	95.0%	94.0%	93.9%	97.6%

	2014/2015 Q4	2015/2016 Q1	2015/2016 Q2	2015/2016 Q3
LYPFT	96.1%	95.4%	95.0%	97.6%

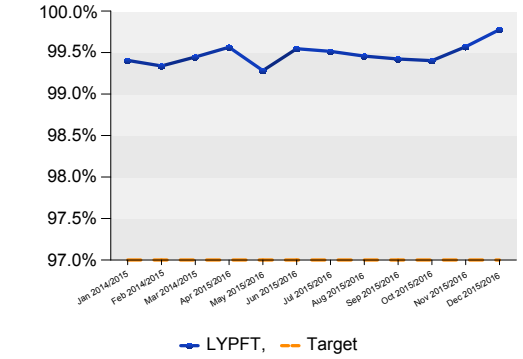


Data Completeness – Identifiers (Monitor)

Target >= 97.0%

	Jan 2014/2015	Feb 2014/2015	Mar 2014/2015	Apr 2015/2016	May 2015/2016	Jun 2015/2016	Jul 2015/2016	Aug 2015/2016	Sep 2015/2016	Oct 2015/2016	Nov 2015/2016	Dec 2015/2016
LYPFT	99.4%	99.3%	99.4%	99.6%	99.3%	99.5%	99.5%	99.5%	99.4%	99.4%	99.6%	99.8%

	2014/2015 Q4	2015/2016 Q1	2015/2016 Q2	2015/2016 Q3
LYPFT	99.4%	99.5%	99.4%	99.8%



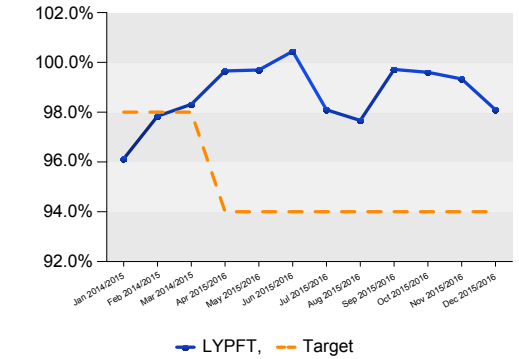
Strategic Goal 1 : People achieve their agreed goal for improving health and improving lives

Bed occupancy rates for Leeds inpatient services (Leeds Contract)

Target < 94.0%

	Jan 2014/2015	Feb 2014/2015	Mar 2014/2015	Apr 2015/2016	May 2015/2016	Jun 2015/2016	Jul 2015/2016	Aug 2015/2016	Sep 2015/2016	Oct 2015/2016	Nov 2015/2016	Dec 2015/2016
LYPFT	96.1%	97.8%	98.3%	99.7%	99.7%	100.4%	98.1%	97.7%	99.7%	99.6%	99.3%	98.1%

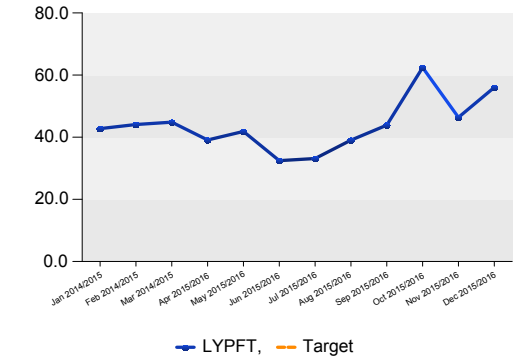
	2014/2015 Q4	2015/2016 Q1	2015/2016 Q2	2015/2016 Q3
LYPFT	97.4%	99.9%	98.5%	99.0%



Inpatient Length of Stay – Adult Mental Health Inpatient Units Adult Wards (Leeds Contract)

	Jan 2014/2015	Feb 2014/2015	Mar 2014/2015	Apr 2015/2016	May 2015/2016	Jun 2015/2016	Jul 2015/2016	Aug 2015/2016	Sep 2015/2016	Oct 2015/2016	Nov 2015/2016	Dec 2015/2016
LYPFT	42.75	44.07	44.83	39.09	41.84	32.44	33.13	39.04	43.87	62.41	46.37	56.02

	2015/2016 Q1	2015/2016 Q2	2015/2016 Q3
LYPFT	38.1	37.9	55.6

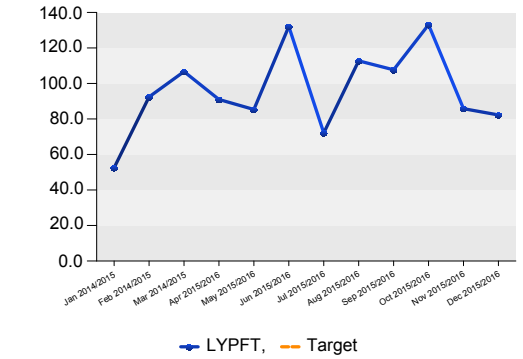


Strategic Goal 1 : People achieve their agreed goal for improving health and improving lives

Inpatient Length of Stay – Adult Mental Health Inpatient Units Older People's Wards (Leeds Contract)

	Jan 2014/2015	Feb 2014/2015	Mar 2014/2015	Apr 2015/2016	May 2015/2016	Jun 2015/2016	Jul 2015/2016	Aug 2015/2016	Sep 2015/2016	Oct 2015/2016	Nov 2015/2016	Dec 2015/2016
LYPFT	52.5	92.41	106.67	90.97	85.33	132.09	72.12	112.72	107.67	133.07	85.78	82.25

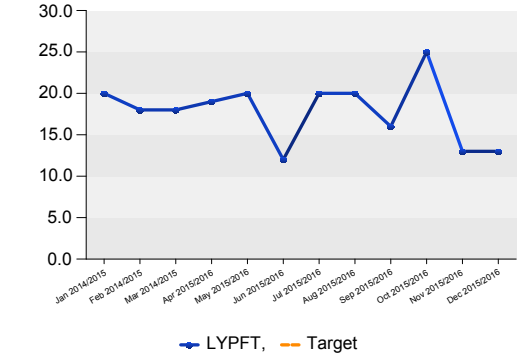
	2015/2016 Q1	2015/2016 Q2	2015/2016 Q3
LYPFT	102.6	100.7	103.8



Inpatient Length of Stay – Adult Mental Health Inpatient Units - <3 days or >90 (Leeds Contract)

	Jan 2014/2015	Feb 2014/2015	Mar 2014/2015	Apr 2015/2016	May 2015/2016	Jun 2015/2016	Jul 2015/2016	Aug 2015/2016	Sep 2015/2016	Oct 2015/2016	Nov 2015/2016	Dec 2015/2016
LYPFT	20	18	18	19	20	12	20	20	16	25	13	13

	2015/2016 Q1	2015/2016 Q2	2015/2016 Q3
LYPFT	51	56	51

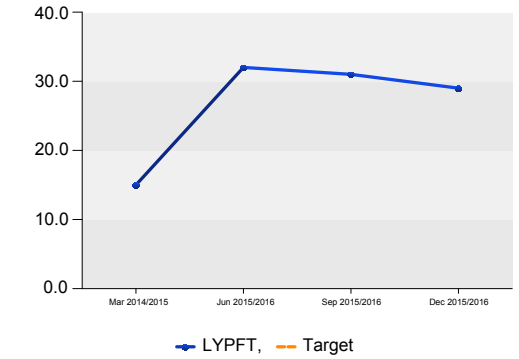


Strategic Goal 1 : People achieve their agreed goal for improving health and improving lives

Readmissions to Adult and Older peoples Mental Health In Patient Units - Cumulative (Leeds Contract)

	Mar 2014/2015	Jun 2015/2016	Sep 2015/2016	Dec 2015/2016
LYPFT	15	32	31	29

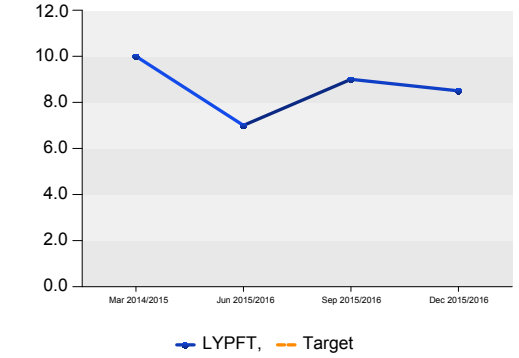
	2014/2015 Q4	2015/2016 Q1	2015/2016 Q2	2015/2016 Q3
LYPFT	15	32	31	29



Readmissions to Adult and Older peoples Mental Health In Patient Units - Median days (Leeds Contract)

	Mar 2014/2015	Jun 2015/2016	Sep 2015/2016	Dec 2015/2016
LYPFT	10	7	9	8.5

	2014/2015 Q4	2015/2016 Q1	2015/2016 Q2	2015/2016 Q3
LYPFT	10	7	9	8.5

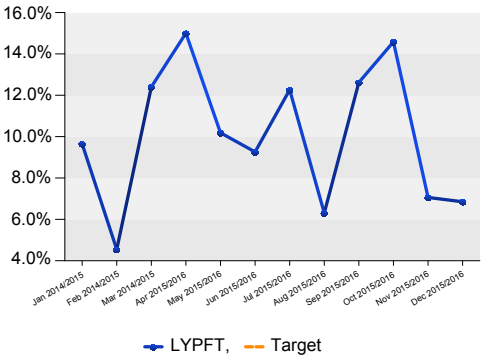


Strategic Goal 1 : People achieve their agreed goal for improving health and improving lives

Emergency Readmissions within 28 Days - Adult Acute Mental Health Wards (Local)

	Jan 2014/2015	Feb 2014/2015	Mar 2014/2015	Apr 2015/2016	May 2015/2016	Jun 2015/2016	Jul 2015/2016	Aug 2015/2016	Sep 2015/2016	Oct 2015/2016	Nov 2015/2016	Dec 2015/2016
LYPFT	9.6%	4.5%	12.4%	15.0%	10.2%	9.3%	12.3%	6.3%	12.6%	14.6%	7.1%	6.8%

	2014/2015 Q4	2015/2016 Q1	2015/2016 Q2
LYPFT	9.1%	11.4%	10.3%

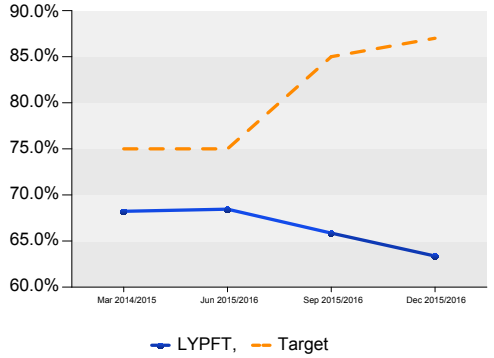


Adherence to cluster review periods (Leeds Contract)

Target >= 87.0%

	Mar 2014/2015	Jun 2015/2016	Sep 2015/2016	Dec 2015/2016
LYPFT	68.2%	68.5%	65.9%	63.4%

	2014/2015 Q4	2015/2016 Q1	2015/2016 Q2	2015/2016 Q3
LYPFT	68.2%	68.5%	65.9%	63.4%

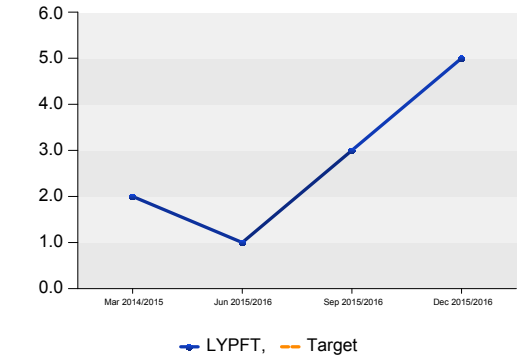


Strategic Goal 1 : People achieve their agreed goal for improving health and improving lives

Learning Disability Services Inpatient Admissions and Length of Stay (Leeds Contract)

	Mar 2014/2015	Jun 2015/2016	Sep 2015/2016	Dec 2015/2016
LYPFT	2	1	3	5

	2014/2015 Q4	2015/2016 Q1	2015/2016 Q2	2015/2016 Q3
LYPFT	2	1	3	5

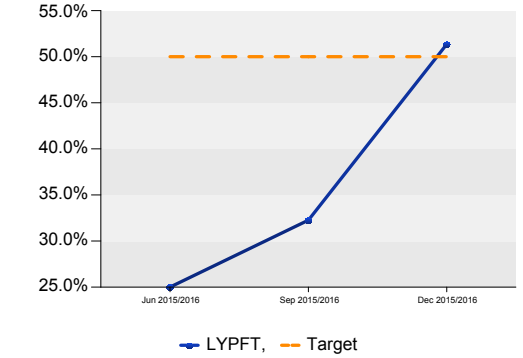


Referral and Receipt of a Diagnosis within LADs Service (Leeds Contract)

Target >= 50.0%

	Jun 2015/2016	Sep 2015/2016	Dec 2015/2016
LYPFT	25.0%	32.3%	51.4%

	2015/2016 Q1	2015/2016 Q2	2015/2016 Q3
LYPFT	25.0%	32.3%	51.4%



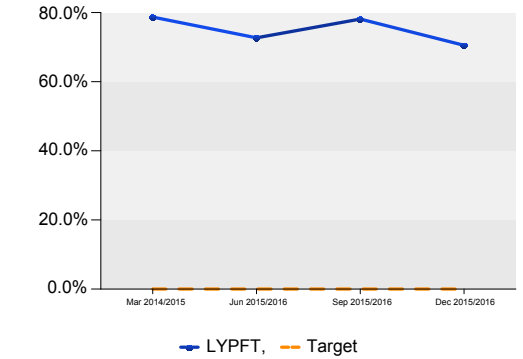
Strategic Goal 1 : People achieve their agreed goal for improving health and improving lives

Percentage of people in settled accommodation (Leeds Contract)

Target >= 0.0%

	Mar 2014/2015	Jun 2015/2016	Sep 2015/2016	Dec 2015/2016
LYPFT	78.7%	72.7%	78.1%	70.5%

	2014/2015 Q4	2015/2016 Q1	2015/2016 Q2	2015/2016 Q3
LYPFT	78.7%	72.7%	78.1%	70.5%



Additional Data: Strategic Goal 1

Learning Disability Services Inpatient Admissions and Length of Stay (Leeds Contract)

Actual	Mar 2014/2015	Jun 2015/2016	Sep 2015/2016	Dec 2015/2016
Learning Disability Services Inpatient Length of Stay (< 4 weeks)	0	1	1	3
Learning Disability Services Inpatient Length of Stay (5 - 8 weeks)	2	0	0	0
Learning Disability Services Inpatient Length of Stay (9 - 12 weeks)	0	0	1	2
Learning Disability Services Inpatient Length of Stay (12 weeks+)	0	0	1	0

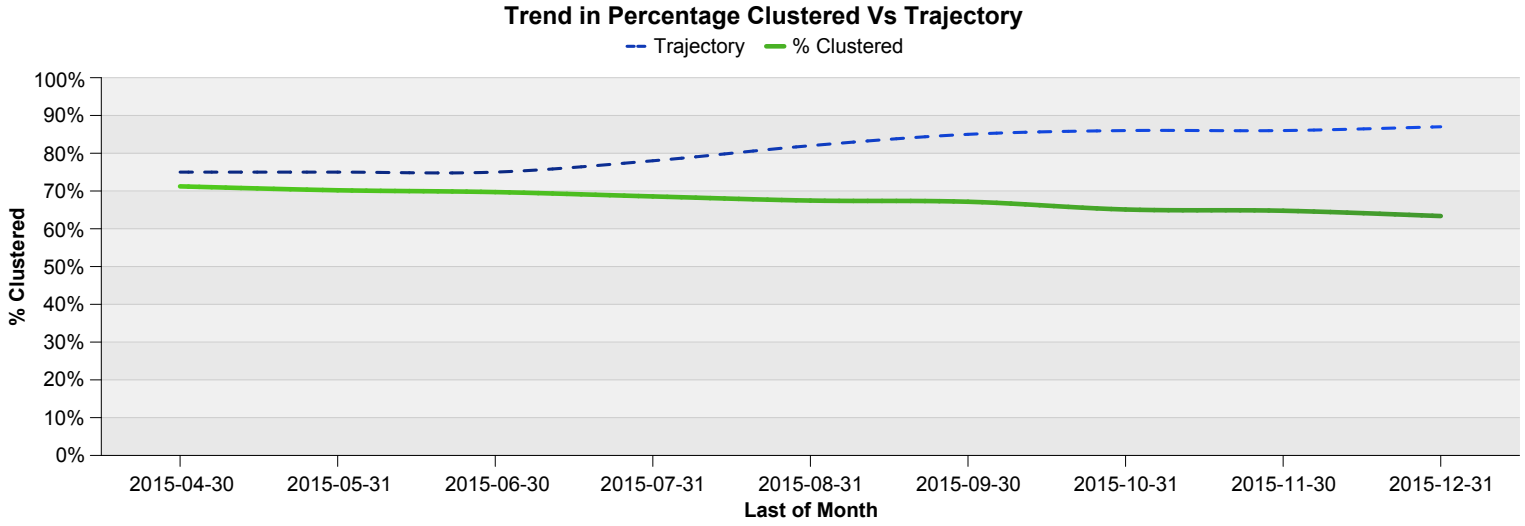
Referral and Receipt of a Diagnosis within LADs Service (Leeds Contract)

Actual	Mar 2014/2015	Jun 2015/2016	Sep 2015/2016	Dec 2015/2016
Time from Referral to Receipt of a Diagnosis within LADs Service (% <20 weeks)		20.0%	22.6%	35.1%
Time from Referral to Receipt of a Diagnosis within LADs Service (% 20 - 26 weeks)	16.7%	17.5%	19.4%	16.2%
Time from Referral to Receipt of a Diagnosis within LADs Service (% 26 - 32 weeks)	14.3%	22.5%	6.4%	16.2%
Time from Referral to Receipt of a Diagnosis within LADs Service (% 32 - 38 weeks)	14.3%	12.5%	9.7%	5.4%
Time from Referral to Receipt of a Diagnosis within LADs Service (% 38+ weeks)	47.6%	27.5%	41.9%	27.0%
Time from Referral to Receipt of a Diagnosis within LADs Service (number)	42	40	31	37

Mental Health Payments System

Progress against agreed trajectory for the 'Proportion of patients within cluster review periods'

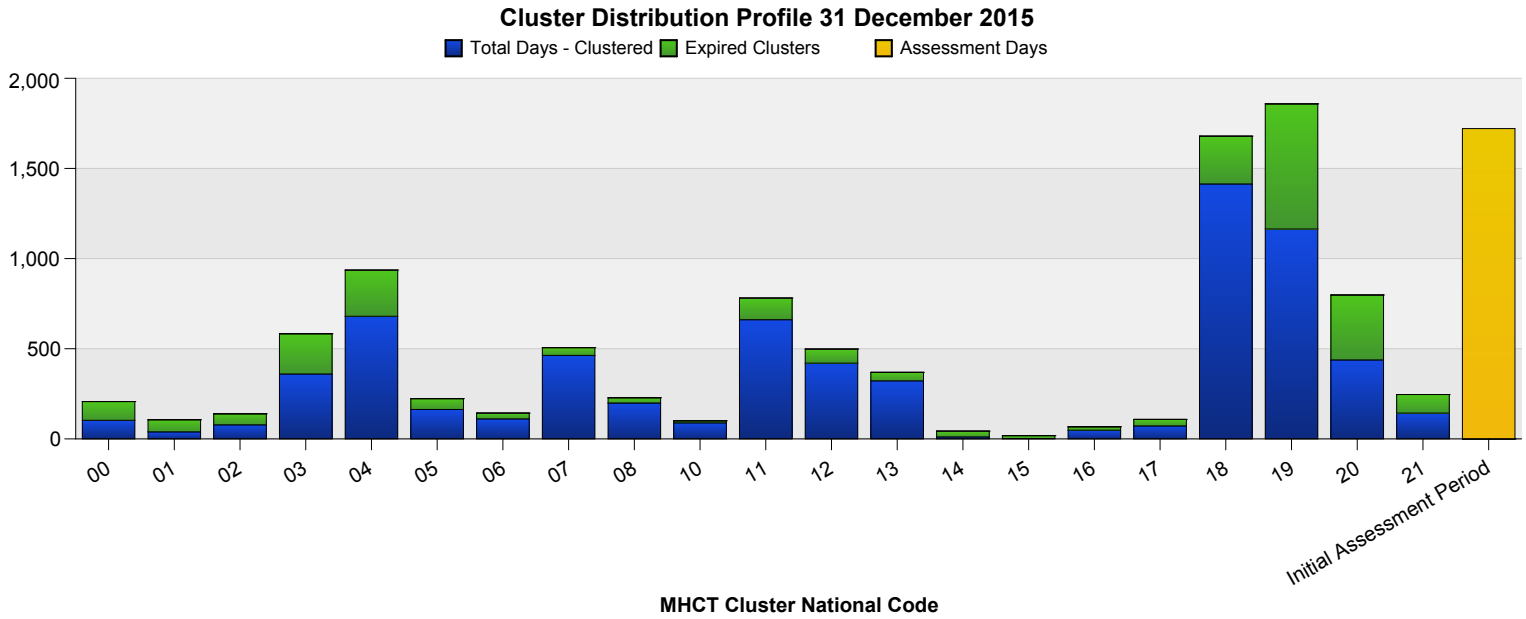
Current Financial Year - Leeds CCG (02V ,03G, 03C)



		2015								
		Q1			Q2			Q3		
		APRIL	MAY	JUNE	JULY	AUGUST	SEPTEMBER	OCTOBER	NOVEMBER	DECEMBER
LEEDS CCG (02V ,03G, 03C)	Total Days - In Scope	10773	10799	10852	10913	10899	10939	10914	11031	11015
	Total Days - Clustered	7673	7580	7565	7482	7353	7346	7105	7145	6980
	% Clustered	71.2%	70.2%	69.7%	68.6%	67.5%	67.2%	65.1%	64.8%	63.4%
	Trajectory	75.0%	75.0%	75.0%	78.0%	82.0%	85.0%	86.0%	86.0%	87.0%

* *Trajectory negotiated with Leeds North CCG.*

Please be aware figures quoted below are draft and subject to change.
Figures will be refreshed for the financial year on submission to Commissioners.


Cluster Distribution Profile 31 December 2015
Total Days - Clustered
Expired Clusters
Assessment Days
2,000
1,500
1,000
500
0
00
01
02
03
04
05
06
07
08
10
11
12
13
14
15
16
17
18
19
20
21
Initial Assessment Period
MHCT Cluster National Code

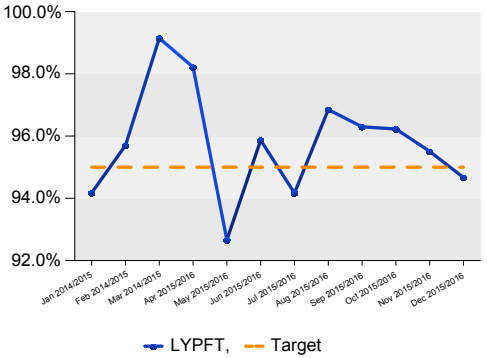
Strategic Goal 2 : People experience safe care

7 Day Follow Up (Monitor)

Target >= 95.0%

	Jan 2014/2015	Feb 2014/2015	Mar 2014/2015	Apr 2015/2016	May 2015/2016	Jun 2015/2016	Jul 2015/2016	Aug 2015/2016	Sep 2015/2016	Oct 2015/2016	Nov 2015/2016	Dec 2015/2016
LYPFT	94.2%	95.7%	99.1%	98.2%	92.7%	95.9%	94.2%	96.8%	96.3%	96.2%	95.5%	94.7%

	2014/2015 Q4	2015/2016 Q1	2015/2016 Q2	2015/2016 Q3
LYPFT	96.5%	95.6%	95.8%	95.6%

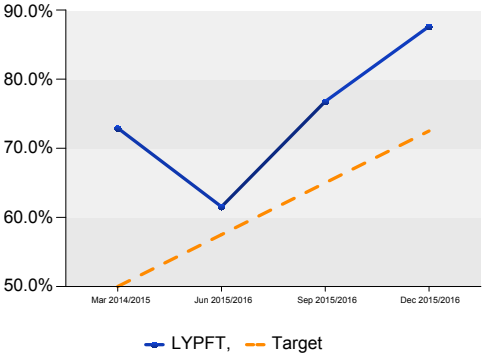


Dual Diagnosis Training (Leeds Contract)

Target >= 72.5%

	Mar 2014/2015	Jun 2015/2016	Sep 2015/2016	Dec 2015/2016
LYPFT	72.9%	61.5%	76.8%	87.6%

	2014/2015 Q4	2015/2016 Q1	2015/2016 Q2	2015/2016 Q3
LYPFT	72.9%	61.5%	76.8%	87.6%



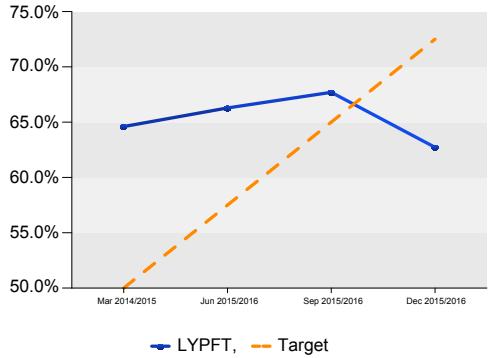
Strategic Goal 2 : People experience safe care

Increasing awareness of Autism in registered mental health nurses (Leeds Contract)

Target >= 72.5%

	Mar 2014/2015	Jun 2015/2016	Sep 2015/2016	Dec 2015/2016
LYPFT	64.6%	66.3%	67.7%	62.7%

	2014/2015 Q4	2015/2016 Q1	2015/2016 Q2	2015/2016 Q3
LYPFT	64.6%	66.3%	67.7%	62.7%

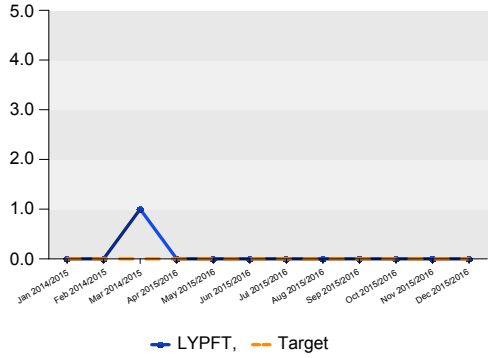


Healthcare Associated Infections – C.difficile

Target = 0

	Jan 2014/2015	Feb 2014/2015	Mar 2014/2015	Apr 2015/2016	May 2015/2016	Jun 2015/2016	Jul 2015/2016	Aug 2015/2016	Sep 2015/2016	Oct 2015/2016	Nov 2015/2016	Dec 2015/2016
LYPFT	0	0	1	0	0	0	0	0	0	0	0	0

	2014/2015 Q4	2015/2016 Q1	2015/2016 Q2	2015/2016 Q3
LYPFT	1	0	0	0



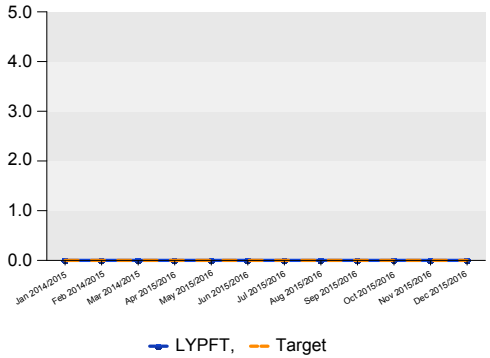
Strategic Goal 2 : People experience safe care

Healthcare Associated Infections – MRSA

Target = 0

	Jan 2014/2015	Feb 2014/2015	Mar 2014/2015	Apr 2015/2016	May 2015/2016	Jun 2015/2016	Jul 2015/2016	Aug 2015/2016	Sep 2015/2016	Oct 2015/2016	Nov 2015/2016	Dec 2015/2016
LYPFT	0	0	0	0	0	0	0	0	0	0	0	0

	2014/2015 Q4	2015/2016 Q1	2015/2016 Q2	2015/2016 Q3
LYPFT	0	0	0	0

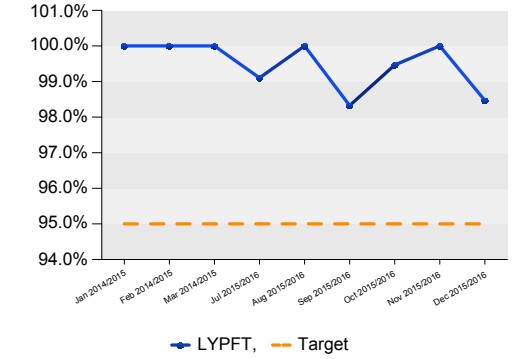


Percentage of people with a Crisis Assessment Summary and formulation plan in place within 24 hours (Leeds Contract)

Target >= 95.0%

	Jan 2014/2015	Feb 2014/2015	Mar 2014/2015	Jul 2015/2016	Aug 2015/2016	Sep 2015/2016	Oct 2015/2016	Nov 2015/2016	Dec 2015/2016
LYPFT	100.0%	100.0%	100.0%	99.1%	100.0%	98.3%	99.5%	100.0%	98.5%

	2014/2015 Q4	2015/2016 Q2	2015/2016 Q3
LYPFT	100.0%	99.2%	99.4%



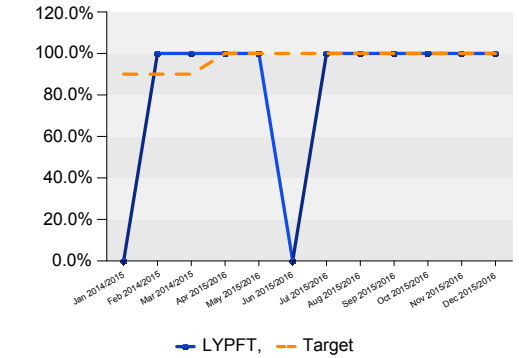
Strategic Goal 2 : People experience safe care

Improving the implementation of action goals following a serious untoward incident which relates to a suspected suicide (Contract)

Target >= 100.0%

	Jan 2014/2015	Feb 2014/2015	Mar 2014/2015	Apr 2015/2016	May 2015/2016	Jun 2015/2016	Jul 2015/2016	Aug 2015/2016	Sep 2015/2016	Oct 2015/2016	Nov 2015/2016	Dec 2015/2016
LYPFT	0.0%	100.0%	100.0%	100.0%	100.0%	0.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

	2014/2015 Q4	2015/2016 Q1	2015/2016 Q2	2015/2016 Q3
LYPFT	100.0%	100.0%	100.0%	100.0%



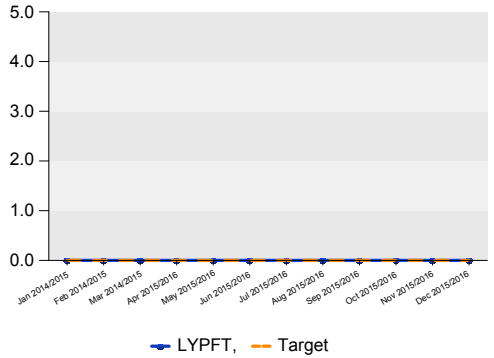
Strategic Goal 2 : People experience safe care

Never Events (National)

Target = 0

	Jan 2014/2015	Feb 2014/2015	Mar 2014/2015	Apr 2015/2016	May 2015/2016	Jun 2015/2016	Jul 2015/2016	Aug 2015/2016	Sep 2015/2016	Oct 2015/2016	Nov 2015/2016	Dec 2015/2016
LYPFT	0	0	0	0	0	0	0	0	0	0	0	0

	2014/2015 Q4	2015/2016 Q1	2015/2016 Q2	2015/2016 Q3
LYPFT	0	0	0	0

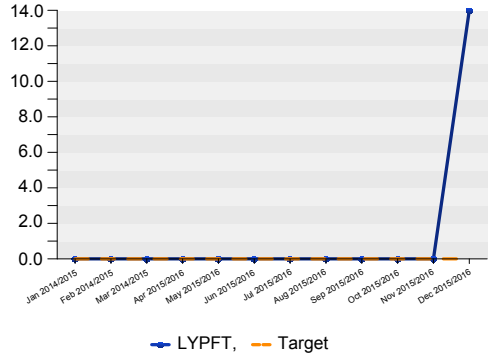


Trigger to Board Events (Local)

Target = 0

	Jan 2014/2015	Feb 2014/2015	Mar 2014/2015	Apr 2015/2016	May 2015/2016	Jun 2015/2016	Jul 2015/2016	Aug 2015/2016	Sep 2015/2016	Oct 2015/2016	Nov 2015/2016	Dec 2015/2016
LYPFT	0	0	0	0	0	0	0	0	0	0	0	14

	2014/2015 Q4	2015/2016 Q1	2015/2016 Q2	2015/2016 Q3
LYPFT	0	0	0	14



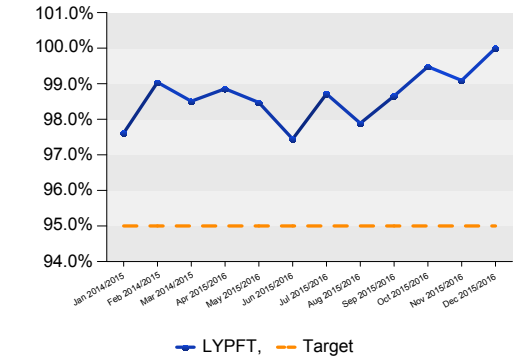
Strategic Goal 2 : People experience safe care

NHS Safety Thermometer Harm Free Care

Target >= 95.0%

	Jan 2014/2015	Feb 2014/2015	Mar 2014/2015	Apr 2015/2016	May 2015/2016	Jun 2015/2016	Jul 2015/2016	Aug 2015/2016	Sep 2015/2016	Oct 2015/2016	Nov 2015/2016	Dec 2015/2016
LYPFT	97.6%	99.0%	98.5%	98.9%	98.5%	97.4%	98.7%	97.9%	98.7%	99.5%	99.1%	100.0%

	2014/2015 Q4	2015/2016 Q1	2015/2016 Q2	2015/2016 Q3
LYPFT	98.4%	98.3%	98.4%	99.5%

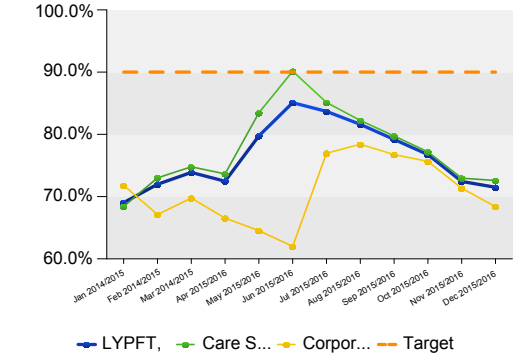


Appraisals (Local)

Target >= 90.0%

	Jan 2014/2015	Feb 2014/2015	Mar 2014/2015	Apr 2015/2016	May 2015/2016	Jun 2015/2016	Jul 2015/2016	Aug 2015/2016	Sep 2015/2016	Oct 2015/2016	Nov 2015/2016	Dec 2015/2016
LYPFT	69.0%	72.0%	73.9%	72.5%	79.7%	85.1%	83.7%	81.6%	79.2%	76.7%	72.4%	71.5%
Care Services	68.4%	73.0%	74.8%	73.6%	83.5%	90.1%	85.1%	82.2%	79.7%	77.2%	73.0%	72.6%
Corporate Services	71.8%	67.1%	69.8%	66.5%	64.5%	62.0%	77.0%	78.4%	76.7%	75.7%	71.3%	68.4%

	2014/2015 Q4	2015/2016 Q1	2015/2016 Q2	2015/2016 Q3
LYPFT	73.9%	85.1%	79.2%	71.5%
Care Services	74.8%	90.1%	79.7%	72.6%
Corporate Services	69.8%	62.0%	76.7%	68.4%



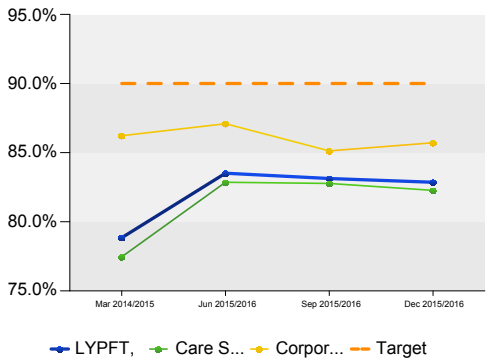
Strategic Goal 2 : People experience safe care

Compulsory Training (Local)

Target >= 90.0%

	Mar 2014/2015	Jun 2015/2016	Sep 2015/2016	Dec 2015/2016
LYPFT	78.8%	83.5%	83.1%	82.9%
Care Services	77.5%	82.9%	82.8%	82.3%
Corporate Services	86.2%	87.1%	85.1%	85.7%

	2014/2015 Q4	2015/2016 Q1	2015/2016 Q2	2015/2016 Q3
LYPFT	78.8%	83.5%	83.1%	82.9%
Care Services	77.5%	82.9%	82.8%	82.3%
Corporate Services	86.2%	87.1%	85.1%	85.7%



Additional Data: Strategic Goal 2

Memory Services - Time from Referral to Diagnosis (Leeds Contract)

Actual	Mar 2014/2015	Jun 2015/2016	Sep 2015/2016	Dec 2015/2016
Memory Services – Time from Referral to Diagnosis (0 - 6 weeks)	3	10	5	16
Memory Services – Time from Referral to Diagnosis (6 - 12 weeks)	12	24	26	34
Memory Services – Time from Referral to Diagnosis (12 - 18 weeks)	42	41	47	64
Memory Services – Time from Referral to Diagnosis (18 - 24 weeks)	24	52	43	56
Memory Services – Time from Referral to Diagnosis (24+ weeks)	33	50	72	116

Controlled Drugs – Quarter 3 October to December 2015

The key activities relating to the management of Controlled Drugs performed in Quarter 3 (October to December 2015) were:-

- Quarterly audit of Controlled Drugs held on wards and departments Trust-wide
- Prescription pads security information
- Errors, incidences or occurrences reported through the IR1 system
- Prescribed Controlled Drugs information (analysis of prescribing; quantities and trends)

The findings reported by exception are:-

The following discrepancies were noted at the Retreat Pharmacy:
Diazepam 2mg tablets, 7 tablets more than in register
Lorazepam tablets 1mg, 24 tablets more than in register.
Zopiclone 7.5mg, 1 tablet more than in the register.
Trace transactions carried out and 'returns' thought to be responsible for discrepancies.
Nitrazepam Syrup, 8mls less than in the register. Presume loss due to administration.

- 5 wards required to update their nurses/Dr signature lists
- 1 CD requisition unsigned
- 3 wards found where weekly CD checks not being carried out (Acomb Gables, Newsam ward 2 & 3)
- Midazolam not received into CD register at Worsley Court

CD Incidents /Errors

- 1 gram of Lorazepam prescribed instead of 1milligram
- Buprenorphine prescribed every 72 hours instead of weekly
- Nurse dispensed Tramadol for a patient going on leave without completing correct CD documentation
- Patient administered 3.5grams of Clonazepam instead of 500milligrams, due to misread annotation of chart by pharmacist
- Incorrect entry of Zomorph into the CD register
- Lorazepam dose given twice by nursing staff

Elaine Weston, Chief Pharmacist 4.1.2016

Information Governance Incident Reports & Information Governance Incidents Requiring Investigation Q3

	2014/15	Quarter 2 2015/16
Near Miss	75	16
Level 0	12	0
Level 1	8	12
Level 2 (SIRI)	1	2
Level 3	0	0
Level 4	0	0

Near Miss incidents differ from level zero incidents in that level zero is a breach, but one where the sensitivity factors indicate low or negligible perceived impact.

Following on from the ICO investigations into previous breaches, the required actions are now being looked at by the IG team – for actions which are “corporate” in nature. Service-specific actions (Gender ID, CAMHS) have been passed to Andy Weir for comment and action, although it should be noted that the CAMHS breaches investigated were largely issues within services now under TEWV. Further actions will be passed to ICT.

The Level 2 (SIRI) breaches reported in this quarter are once again in the Gender ID service. ICO reporting has been carried out and we await contact from the ICO. The management fact find into the latest breach identified a member of staff implicated in a number of earlier breaches in the service. The member of staff has been removed from the team and redeployed elsewhere in the Trust, pending further disciplinary action.

Board of Directors Performance Report - Medical Revalidation

On 3 December 2012, Medical revalidation was formally launched by the General Medical Council (GMC). It is the process by which all doctors with a licence to practise in the UK will need to satisfy the GMC, at regular intervals that they are fit to practise and should retain their licence. The first cycle of revalidation will take until 2017 to complete.

Year zero	January 2013 to March 2013	1 recommendation made	Recommendation approved
Year one	April 2013 to March 2014	24 recommendations made	24 recommendations approved (22 for revalidation, 2 deferments)
Year two	April 2014 to March 2015	38 recommendations made	38 recommendations approved (37 for revalidation, 1 deferment)
Year three	April 2015 to March 2016	Q1 April to June	22 recommendations approved (22 for revalidation)
		Q2 July to September	11 recommendations approved (8 to revalidate, 3 to defer)
		Q3 October to December	4 recommendations approved (all 4 for revalidation)
		Q4 January to March	4 recommendations listed

In this quarter, the Trust's Responsible Officer has made 4 recommendations, all four were to revalidate.

The doctors that LYPFT has responsibility in terms of making recommendations about revalidation to the GMC is determined by National policy. These doctors must have a prescribed connection to the Trust. Each month, the Medical Directorate Manager updates GMC Connect (secure partner portal to maintain doctors' prescribed connections) regarding these doctors (including leavers and starters and changes from training contracts).

Due to doctors starting, leaving or changing their roles within the Trust the numbers scheduled for revalidation may alter from quarter to quarter. The information provided in this report was current as at 31.12.15.

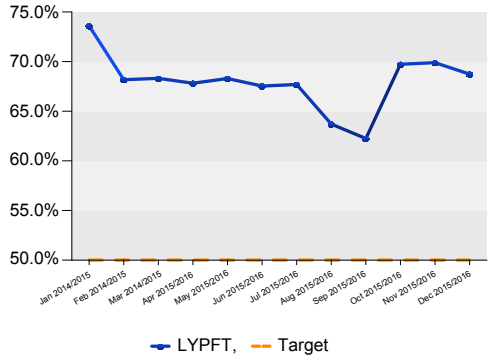
Strategic Goal 3 : People have a positive experience of their care and support

Data Completeness Indicator for Mental Health Outcomes for CPA Patients (Monitor)

Target >= 50.0%

	Jan 2014/2015	Feb 2014/2015	Mar 2014/2015	Apr 2015/2016	May 2015/2016	Jun 2015/2016	Jul 2015/2016	Aug 2015/2016	Sep 2015/2016	Oct 2015/2016	Nov 2015/2016	Dec 2015/2016
LYPFT	73.6%	68.2%	68.3%	67.8%	68.3%	67.5%	67.7%	63.7%	62.2%	69.7%	69.9%	68.7%

	2014/2015 Q4	2015/2016 Q1	2015/2016 Q2	2015/2016 Q3
LYPFT	68.3%	67.5%	62.2%	68.7%



Access to Healthcare for People with a Learning Disability (Monitor)

	Jan 2014/2015	Feb 2014/2015	Mar 2014/2015	Apr 2015/2016	May 2015/2016	Jun 2015/2016	Jul 2015/2016	Aug 2015/2016	Sep 2015/2016	Oct 2015/2016	Nov 2015/2016	Dec 2015/2016
LYPFT												

	2014/2015 Q4	2015/2016 Q1	2015/2016 Q2	2015/2016 Q3
LYPFT				

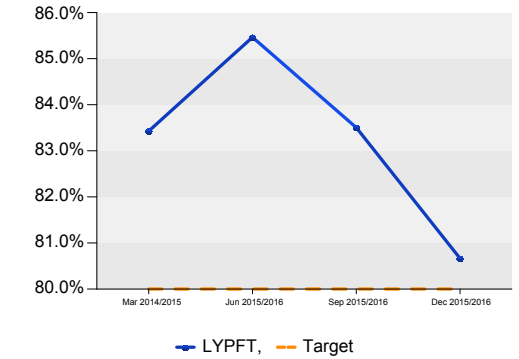
Strategic Goal 3 : People have a positive experience of their care and support

Waiting times for Community Mental Health Teams for face to face contact within 14 days (Leeds Contract)

Target >= 80.0%

	Mar 2014/2015	Jun 2015/2016	Sep 2015/2016	Dec 2015/2016
LYPFT	83.4%	85.5%	83.5%	80.7%

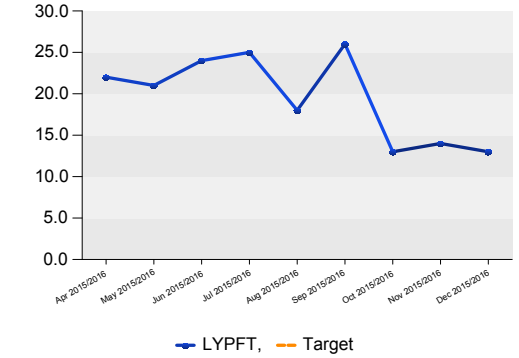
	2014/2015 Q4	2015/2016 Q1	2015/2016 Q2	2015/2016 Q3
LYPFT	83.4%	85.5%	83.5%	80.7%



Out of Area placements (Leeds Contract)

	Apr 2015/2016	May 2015/2016	Jun 2015/2016	Jul 2015/2016	Aug 2015/2016	Sep 2015/2016	Oct 2015/2016	Nov 2015/2016	Dec 2015/2016
LYPFT	22	21	24	25	18	26	13	14	13

	2015/2016 Q1	2015/2016 Q2	2015/2016 Q3
LYPFT	67	69	40

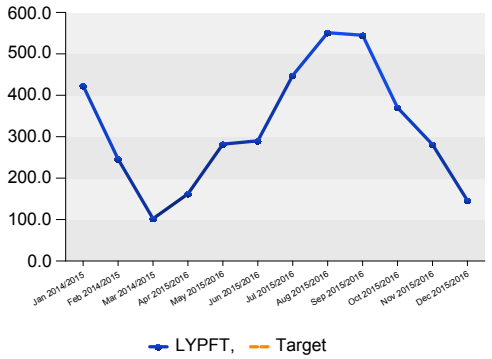


Strategic Goal 3 : People have a positive experience of their care and support

Out of Area placements by bed days (Leeds Contract)

	Jan 2014/2015	Feb 2014/2015	Mar 2014/2015	Apr 2015/2016	May 2015/2016	Jun 2015/2016	Jul 2015/2016	Aug 2015/2016	Sep 2015/2016	Oct 2015/2016	Nov 2015/2016	Dec 2015/2016
LYPFT	423	246	102	162	282	290	448	551	545	370	281	146

	2015/2016 Q1	2015/2016 Q2	2015/2016 Q3
LYPFT	734	1,544	797

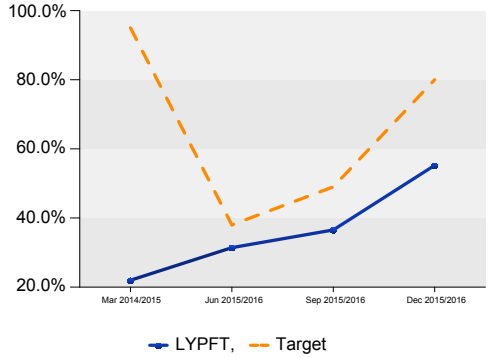


Waiting Times Access to Memory Services (Leeds Contract)

Target >= 80.0%

	Mar 2014/2015	Jun 2015/2016	Sep 2015/2016	Dec 2015/2016
LYPFT	22.0%	31.4%	36.5%	55.2%

	2014/2015 Q4	2015/2016 Q1	2015/2016 Q2	2015/2016 Q3
LYPFT	22.0%	31.4%	36.5%	55.2%

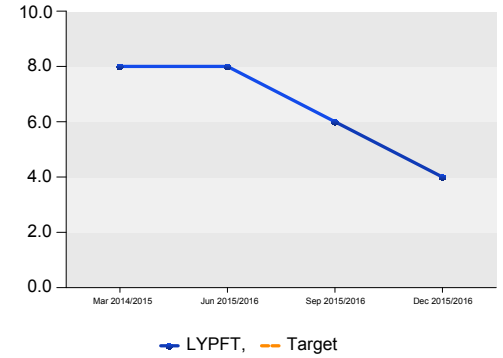


Strategic Goal 3 : People have a positive experience of their care and support

Number of CAMHS service user's transitioning to Adult Mental Health services in Leeds (Leeds Contract)

	Mar 2014/2015	Jun 2015/2016	Sep 2015/2016	Dec 2015/2016
LYPFT	8	8	6	4

	2014/2015 Q4	2015/2016 Q1	2015/2016 Q2	2015/2016 Q3
LYPFT	8	8	6	4

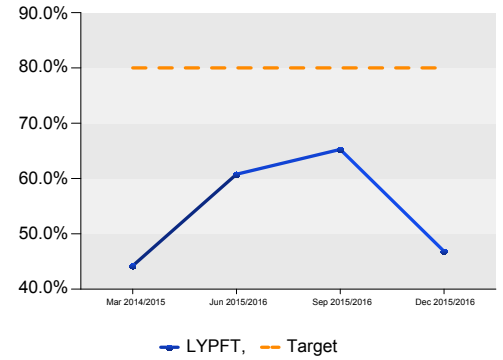


Timely Communication with GPs Notified in 10 days (Leeds Contract)

Target >= 80.0%

	Mar 2014/2015	Jun 2015/2016	Sep 2015/2016	Dec 2015/2016
LYPFT	44.2%	60.8%	65.3%	46.8%

	2014/2015 Q4	2015/2016 Q1	2015/2016 Q2	2015/2016 Q3
LYPFT	44.2%	60.8%	65.3%	46.8%



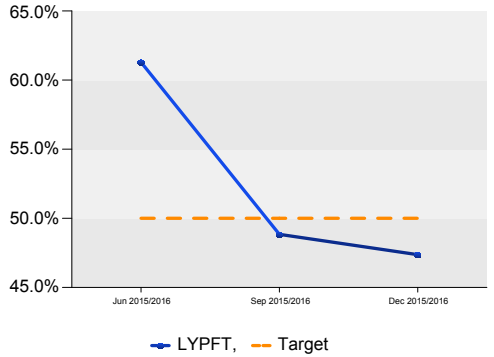
Strategic Goal 3 : People have a positive experience of their care and support

Better Access to Mental Health Services by 2020: Access to Early Intervention in Psychosis Services (Leeds Contract)

Target >= 50.0%

	Jun 2015/2016	Sep 2015/2016	Dec 2015/2016
LYPFT	61.3%	48.8%	47.4%

	2015/2016 Q1	2015/2016 Q2	2015/2016 Q3
LYPFT	61.3%	48.8%	47.4%



Additional Data: Strategic Goal 3

Number of CAMHS service user's transitioning to Adult Mental Health services in Leeds (Leeds Contract)

Actual	Mar 2014/2015	Jun 2015/2016	Sep 2015/2016	Dec 2015/2016
CAMHS to AMHS transition (% with services after 3 months)	0.0%	37.5%	0.0%	0.0%
CAMHS to AMHS transition (% with services after 6 months)	0.0%	0.0%	0.0%	0.0%
CAMHS to AMHS transition (% with services after 9 months)	0.0%	0.0%	0.0%	0.0%

Waiting Times Access to Memory Services (Leeds Contract)

Actual	Mar 2014/2015	Jun 2015/2016	Sep 2015/2016	Dec 2015/2016
Waiting Times to Access Memory Clinic Services (0 - 6 Weeks)	22.0%	31.4%	36.5%	55.2%
Waiting Times to Access Memory Clinic Services (6 - 12 Weeks)	38.1%	35.9%	36.5%	26.8%
Waiting Times to Access Memory Clinic Services (12 - 18 Weeks)	3.2%	21.8%	17.3%	11.8%
Waiting Times to Access Memory Clinic Services (18+ Weeks)	0.0%	10.9%	9.6%	6.2%

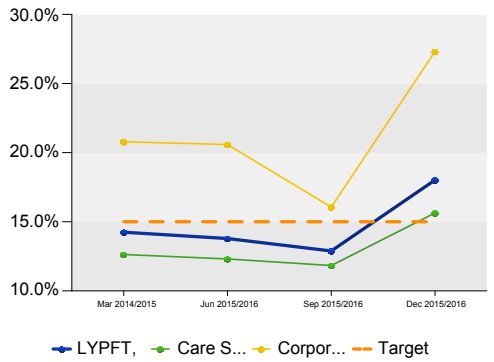
Appendix A:

Staff Turnover

Target < 15.0%

	Mar 2014/2015	Jun 2015/2016	Sep 2015/2016	Dec 2015/2016
LYPFT	14.2%	13.8%	12.9%	18.0%
Care Services	12.6%	12.3%	11.8%	15.6%
Corporate Services	20.8%	20.6%	16.1%	27.3%

	2014/2015 Q4	2015/2016 Q1	2015/2016 Q2	2015/2016 Q3
LYPFT	14.2%	13.8%	12.9%	18.0%
Care Services	12.6%	12.3%	11.8%	15.6%
Corporate Services	20.8%	20.6%	16.1%	27.3%

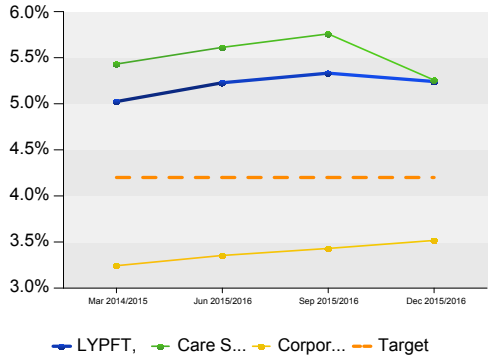


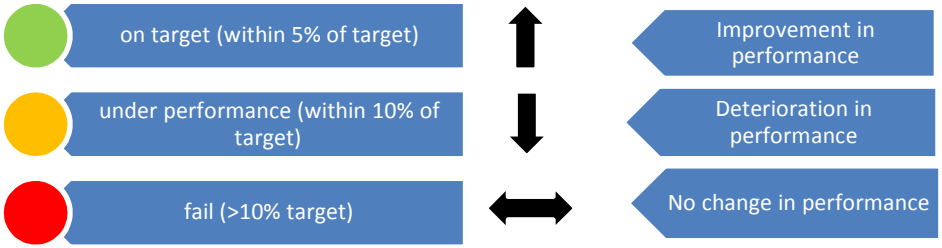
Sickness Absence

Target < 4.2%

	Mar 2014/2015	Jun 2015/2016	Sep 2015/2016	Dec 2015/2016
LYPFT	5.0%	5.2%	5.3%	5.2%
Care Services	5.4%	5.6%	5.8%	5.3%
Corporate Services	3.2%	3.4%	3.4%	3.5%

	2014/2015 Q4	2015/2016 Q1	2015/2016 Q2	2015/2016 Q3
LYPFT	5.0%	5.2%	5.3%	5.2%
Care Services	5.4%	5.6%	5.8%	5.3%
Corporate Services	3.2%	3.4%	3.4%	3.5%





Leeds and York Partnership NHS
NHS Foundation Trust

Financial Performance Summary

KEY ISSUES	RAG	Trend	Financial Performance Against Monitor Plan	Appendix
Financial Reporting Indices			The Financial Sustainability Risk Rating (FSRR) is 4 overall (maximum rating).	**1**
Statement of Comprehensive Income (I&E)			The overall position at month 9 is a £2.4m surplus predominantly resulting from a number of non recurrent factors. Overall this is £0.38m ahead of revised plan. The key variances against plan are summarised below.	**2**
Income			Total Operating income is £0.7m above plan at month 9. The main variances comprise:- **Clinical Income:** £0.28m above plan, predominantly resulting from additional OATs income. **Non-Clinical income:** £0.46m above plan resulting mainly from sale of assets and additional Commercial Collaborative Procurement income. **Non-Operating Income** Non-operating income is consistent with plan.	**2**
Pay			Pay expenditure is showing a positive variance of £0.43m, comprising £0.85m under-spend on permanent employee pay and £0.42m over-spend on agency and contract staff expense. The variance is linked to vacancies. As at the end of month 9 the number of permanent vacancies is in excess of 200 whole time equivalents (excluding development slippage).	**2**
Non Pay			Non pay spend is £0.8m above plan at month 9, comprising higher than planned spending on adult acute and locked rehab out of area placements.	**2**

Efficiency: Cost Improvement			The Cost Improvement Plan (CIP) for month 9 is 0.2% ahead of revised plan, however CIPs are £0.5m (16%) below the original plan, with £2.6m achieved compared to £3.1m original plan. The main under achievement against the original plan relates to the Leeds Care Group (£0.28m) and Estates (£0.16m).	**3**
Statement of Financial Position (Balance Sheet)			The main statement of financial position variances (excluding cash and capital) are: **NHS Trade receivables** - £0.57m variance. This is due to the timing of sales invoices raised for Learning Disability Services (£0.32m) and non-recurrent income invoices (£0.24m) raised in December 2015. **Non NHS Trade receivables** - £0.77m variance. This is mainly due to sales invoices raised to Developing Initiatives Supporting Communities (DISC) outstanding at 31 December 2015 (£0.67m). These have now been paid. **Accrued Income** - £0.39m variance. This is mainly due to the timing of sales invoices being raised relating to Little Woodhouse Hall (£0.1m), addictions service drugs (£0.15m), Locala and Health Education England (£0.1m). **Deferred income** - £0.5m variance – This is mainly due to the phasing of additional income. **Provisions** (current £0.29m variance) – this is due to an increase in the provision for redundancy (£0.27m). **Trade payables** - £1.2m variance. This is due to payables to NHS Property Services in query at the end of Q3. This is an ongoing issue regarding duplication and incorrect invoicing but is expected to be resolved in the near future. **Accruals** - £1.57m variance. This is due to the November PFI unitary charge being processed in early January 2016 (£1.0m) and an increase in unapproved invoices (£0.54m).	**4**
Cash			The cash position of £46.6m is £2.5m ahead of Monitor plan at the end of month 9. This is mainly caused by the increase in surplus YTD of £0.4m and an increase in working capital of £2.1m. Liquidity has increased to 75 days operating expenses at the end of quarter 3 (68 days at quarter 2).	**5**
Capital			Capital expenditure was £1.69m, which is 86% of the planned capital programme at the end of quarter 3. The variance against plan is due to slippage on IT strategic schemes and operational schemes.	**6**

Financial Sustainability Risk Rating
December 2015 YTD

Capital Service Cover

Revenue available for Debt Service		
Surplus	2,425	
Impairments	3	
Restructuring Costs	0	
PDC Dividend	150	
Depreciation	3,014	
Interest expense	3,012	
Other Finance Costs	23	
Gain/(Loss) on disposal	32	
Capital grants/donations	0	
A		8,660

Capital Servicing Costs		
PDC Dividend	150	
Bank interest	0	
Loan interest	0	
PFI/Finance Lease interest	1,655	
Contingent Rent	1,357	
Other Finance Costs	23	
PDC repayment	0	
Loan repayment	0	
PFI/Fin lease capital	1,884	
B		5,069

Capital Service Cover	**A/B**	1.71
Category		2

Liquidity

Cash for Liquidity Purposes		
Working capital facility	0	
Total current assets	54,023	
Total current liabilities	-21,149	
Inventories	-83	
Derivatives	0	
Financial AHfS	0	
PFI prepayments	0	
Non-current AHfS	0	
Current AHfS by charity	0	
Current LHfS by charity	0	
A		32,790

Operating Expenses		
within EBITDA	118,160	
B		118,160

Liquidity	**A*270/B**	75
Category		4

I&E Margin

I&E Surplus	**A**	2,461
Total Operating Income	**B**	126,787
I&E Margin	**A/B**	1.9%
Category		4

Variance in I&E Margin

Actual I&E Margin	**A**	1.9%
Plan I&E Surplus	**B**	2,073
Plan Operating Income	**C**	126,047
Plan I&E Margin	**B/C**	1.6%
Variance in I&E Margin	**A - B/C**	0.3%
Category		4

Financial Sustainability Risk Rating

	Weighting	Score	Weighted Score
Capital Service Cover	25	2	0.50
Liquidity	25	4	1.00
I&E Margin	25	4	1.00
Variance in I&E Margin	25	4	1.00
Calculated Rating		**4**	**3.50**
Any metric 1		N	
Quarter 3 FSRR		**4**	

Statement of Comprehensive Income at December 2015

	2015/16		
	Monitor New Plan YTD £'000	Actual YTD £'000	Variance Monitor YTD £'000
Operating			
NHS Mental Health activity Income			
Other - Cost and Volume Contract Income	2,115	2,354	239
Block Contract Total	101,657	101,699	42
Clinical Partnerships providing mandatory services (including S31 agreements)	5,729	5,842	114
Other clinical income from mandatory services	1,747	1,635	-111
NHS Mental Health activity Income, Total	**111,247**	**111,530**	**283**
Other Operating income			
Research and Development income	499	479	-21
Education and Training income	2,992	3,009	17
Grants received in cash & to fund Operating Expenses	38	31	-7
Parking revenue	0	0	0
Catering revenue	36	38	2
Revenue from non-patient services to other bodies	966	961	-5
Misc. Other Operating Income	10,147	10,619	472
Other Operating income, Total	**14,678**	**15,137**	**459**
Operating Income, Total	**125,925**	**126,668**	**742**
Operating Expenses			
Raw Materials and Consumables Used			
Drugs	-1,886	-1,681	205
Clinical supplies	-1,082	-884	198
Non-clinical supplies	-1,189	-1,249	-60
Raw Materials and Consumables Used, Total	**-4,157**	**-3,814**	**343**
Purchase of healthcare services from other NHS bodies	-269	-262	7
Purchase of healthcare services from non-NHS bodies	-3,762	-4,373	-611
Purchase of healthcare services / secondary commissioning, total	**-4,031**	**-4,636**	**-604**
Employee Benefits Expenses, permanent staff	-85,610	-84,757	852
Employee Benefits Expenses, agency & contract staff	-6,824	-7,246	-422
Employee Benefits Expenses, Total	**-92,434**	**-92,004**	**430**
Research and Development expense	-574	-622	-48
Education and training expense	-667	-794	-126
Consultancy Expense	-240	-185	55
Premises	-5,529	-5,594	-65
Clinical Negligence	-139	-139	0
Misc. Other Operating expense	-5,094	-5,357	-262
PFI operating expenses	-4,970	-5,015	-45
Depreciation and Amortisation			
Depreciation and Amortisation - owned assets	-1,770	-1,839	-70
Depreciation and Amortisation - assets held under finance leases	0	0	0
Depreciation and Amortisation - PFI assets	-1,168	-1,174	-6
Depreciation and Amortisation, Total	**-2,938**	**-3,014**	**-75**
Impairment (Losses) / Reversals net	0	-3	-3
Operating Expenses, Total	**-120,774**	**-121,177**	**-403**
Profit (Loss) from Operations	**5,151**	**5,491**	**340**
Non Operating			
Non-Operating income			
Interest Income	154	152	-2
Profit/Loss on Asset Disposal	-32	-32	0
Non-Operating income, Total	**122**	**120**	**-2**
Non-Operating expenses			
Finance Costs [for non-financial activities]			
Interest Expense			
Interest Expense on Finance leases (non-PFI)	-17	-17	0
Interest Expense on PFI leases & liabilities	-1,654	-1,638	17
Interest Expense, Total	**-1,672**	**-1,655**	**17**
PDC dividend expense	-180	-150	30
Other Finance Expenses	-23	-23	0
Finance Costs [for non-financial activities], Total	**-1,874**	**-1,828**	**47**
Non-Operating PFI Costs (e.g. Contingent Rent)	-1,357	-1,357	0
Non-Operating expenses, Total	**-3,232**	**-3,185**	**47**
Surplus (Deficit) before Tax	**2,041**	**2,425**	**384**
Income Tax (expense)/ income	0	0	0
Surplus (Deficit) After Tax	**2,041**	**2,425**	**384**

Leeds & York Partnership NHS Foundation Trust

Cost Improvement Plans 2015-16

CIP THEMES	Original Plan 2015/16 Q3				Revised Plan 2015/16 Q3		
	Plan £'000	Actual £'000	Variance £'000	Variance %	Revised Plan £'000	Variance £'000	Variance %
Leeds Mental Health Care Group	1,344	1,060	(284)	-21.1%	1,007	54	5.3%
Specialist & Learning Disability Care Group	403	366	(38)	-9.4%	402	(36)	-9.0%
Workforce and Development	48	27	(20)	-42.8%	27	0	0.0%
Providing services from fit-for-purpose, cost effective buildings	1,216	1,061	(155)	-12.8%	1,073	(12)	-1.1%
Delivering cost effective corporate services	91	91	0	0.0%	91	0	0.0%
TOTAL	**3,103**	**2,605**	**(498)**	**-16.0%**	**2,600**	**6**	**0.2%**
Pay	1,458	1,085	(373)	-25.6%	1,089	(5)	-0.4%
Non Pay	1,645	1,521	(125)	-7.6%	1,510	10	0.7%
Total CIP	**3,103**	**2,605**	**(498)**	**-16.0%**	**2,600**	**6**	**0.2%**

Performance against Original CIP plan	**-16.0%**

Statement of Financial Position at December 2015

	2015/16		
	Monitor New Plan December £'000	Actual December £'000	Variance December £'000
Assets			
Assets, Non-Current			
Intangible Assets, Net	212	254	43
Property, Plant and Equipment, Net	30,267	30,250	-17
PFI: Property, Plant and Equipment, Net	18,253	18,247	-6
Other Receivables, Non-Current	0	0	0
Prepayments, Non-Current	3,547	3,549	2
Assets, Non-Current, Total	**52,279**	**52,300**	**21**
Assets, Current			
Inventories	83	83	0
Trade and Other Receivables, Net, Current			
NHS Trade Receivables, Current, Gross	600	1,167	567
Non NHS Trade Receivables, Current, Gross	2,300	3,070	770
Other Receivables, Current, Gross	600	469	-131
Impairment of Receivables, Current (for bad & doubtful debts)	-411	-249	163
Trade and Other Receivables, Net, Current, Total	**3,089**	**4,457**	**1,368**
Accrued Income	1,350	1,742	392
Prepayments, Current	1,400	1,106	-294
Cash	44,114	46,634	2,520
Non-Current Assets held for sale	0	0	0
Assets, Current, Total	**50,037**	**54,023**	**3,986**
Total Assets	**102,315**	**106,323**	**4,007**
Liabilities			
Liabilities, Current			
Deferred Income, Current	-3,067	-3,575	-508
Provisions, Current	-878	-1,165	-287
Trade and Other Payables, Current			
Trade Payables, Current	-2,974	-4,184	-1,210
Other Payables, Current	-3,450	-3,538	-88
Capital Payables, Current	-400	-441	-41
Trade and Other Payables, Current, Total	**-6,824**	**-8,163**	**-1,339**
Other Financial Liabilities, Current			
Accruals, Current	-5,200	-6,766	-1,566
Finance Leases, Current	0	0	0
PFI leases, Current	-1,365	-1,450	-85
PDC dividend payable, Current	-60	-30	30
Other Financial Liabilities, Current, Total	**-6,625**	**-8,246**	**-1,621**
Liabilities, Current, Total	**-17,394**	**-21,149**	**-3,755**
NET CURRENT ASSETS (LIABILITIES)	**32,643**	**32,874**	**231**
Liabilities, Non-Current			
Provisions, Non-Current	-1,855	-1,809	46
Other Financial Liabilities, Non-Current			
Finance Leases, Non-current	0	0	0
PFI leases, Non-Current	-25,221	-25,135	86
Other Financial Liabilities, Non-Current, Total	**-25,221**	**-25,135**	**86**
Liabilities, Non-Current, Total	**-27,076**	**-26,944**	**132**
TOTAL ASSETS EMPLOYED	**57,846**	**58,230**	**384**
Taxpayers' and Others' Equity			
Public dividend capital	19,569	19,569	0
Retained Earnings (Accumulated Losses)	31,259	31,643	384
Revaluation Reserve	7,669	7,669	0
Miscellaneous Other Reserves	-651	-651	0
TAXPAYERS EQUITY, TOTAL	**57,846**	**58,230**	**384**
TOTAL ASSETS EMPLOYED	**57,846**	**58,230**	**384**

Leeds Partnerships NHS Foundation Trust

Cashflow Analysis as at December 2015

	Monitor New Plan YTD £'000	Actual YTD £'000	Variance YTD £'000
Surplus/(deficit) after tax	**2,041**	**2,425**	**384**
non-cash flows in operating surplus/(deficit)			
Finance income/charges	2,875	2,861	-14
Other operating non-cash movements	0	0	0
Depreciation and amortisation, total	2,938	3,014	75
Impairment losses/(reversals)	0	3	3
Gain/(loss) on disposal of property plant and equipment	32	32	0
Gain/(loss) on disposal of intangible assets	0	0	0
PDC dividend expense	180	150	-30
Other increases/(decreases) to reconcile to profit/(loss) from operations	0	0	0
Non-cash flows in operating surplus/(deficit), Total	**6,025**	**6,060**	**34**
Operating Cash flows before movements in working capital	**8,067**	**8,485**	**418**
Increase/(Decrease) in working capital			
(Increase)/decrease in inventories	0	0	0
(Increase)/decrease in NHS Trade Receivables	465	-102	-567
(Increase)/decrease in Non NHS Trade Receivables	708	-62	-770
(Increase)/decrease in other receivables	-257	-289	-32
(Increase)/decrease in accrued income	-9	-401	-392
(Increase)/decrease in prepayments	-311	-17	294
(Increase)/decrease in other assets	0	0	0
Increase/(decrease) in Deferred Income	231	739	508
Increase/(decrease) in provisions	-778	-536	242
Increase/(decrease) in post-employment benefit obligations	0	0	0
Increase/(decrease) in Trade Payables	-1,963	-753	1,210
Increase/(decrease) in Other Payables	-589	-500	88
Increase/(decrease) in accruals	-1,355	211	1,566
Increase/(Decrease) in workling capital, Total	**-3,859**	**-1,711**	**2,148**
Net cash inflow/(outflow) from operating activities	**4,208**	**6,774**	**2,566**
Net cash inflow/(outflow) from investing activities			
Property, plant and equipment expenditure	-3,114	-2,795	318
Proceeds on disposal of property, plant and equipment	1,227	851	-376
Net cash inflow/(outflow) from investing activities, Total	**-1,887**	**-1,944**	**-58**
Net cash inflow/(outflow) before financing	**2,322**	**4,830**	**2,508**
Net cash inflow/(outflow) from financing activities			
Public Dividend Capital received	0	0	0
Public Dividend Capital repaid	0	0	0
PDC Dividends paid	-105	-105	0
Interest element of finance lease rental payments -*other*	-23	-23	0
Interest element of finance lease rental payments -*On-balance sheet PFI*	-3,006	-2,990	17
Capital element of finance lease rental payments -*other*	-870	-870	0
Capital element of finance lease rental payments -*On-balance sheet PFI*	-1,012	-1,014	-1
Interest received on cash and cash equivalents	154	152	-2
Movement in Other grants/Capital received	0	0	0
(Increase)/decrease in non-current receivables	-236	-238	-2
Increase/(decrease) in non-current payables	0	0	0
Other cash flows from financing activities	0	0	0
Net cash inflow/(outflow) from financing activities, Total	**-5,099**	**-5,087**	**11**
Net increase/(decrease) in cash and cash equivalents	**-2,777**	**-257**	**2,520**
Opening cash and cash equivalents	46,891	46,891	0
Effect of exchange rates	0	0	0
Closing cash and cash equivalents	**44,114**	**46,634**	**2,520**

Appendix 6

CAPITAL PROGRAMME - at 31 DECEMBER 2015	Revised Plan £'000	Actual Spend £'000	YTD Variance £'000
Estates Operational			
Health & Safety /Fire	35	2	-33
Planned Annual Commitments	56	26	-30
Sub-Total	**91**	**28**	**-63**
IT/Telecomms Operational			
Call Logger	16	12	-4
VOIP St Mary's Hospital	21	104	83
IT-Infrastructure Resilience	25		-25
PC Replacement Programme	122	73	-50
E-Rostering Server	4	2	-2
VOIP Roll Out	53		-53
Network Intrusion Protection Server	21	60	39
Additional Server/Storage	85	38	-47
Expansion Of VOIP	32		-32
Wifi Connection (Trust HQ)	11	1	-10
IT-NCRS/N3 Infrastructure	112	27	-85
Sub-Total	**502**	**315**	**-187**
Other Equipment			
Vehicles	31		-31
Sub-Total	**31**	**0**	**-31**
Estates Strategic Developments			
Estates Strategy Refresh	0	1	1
ENE Hub	431	507	76
Cafés At The Mount / Becklin Centre	22	17	-4
Dementia Care At The Mount	34	34	0
Flexible Care Provision (Becklin Ward 2)	410	389	-21
YNY - fixtures and fittings for ML and CTH	0	-1	-1
Millfield Refurbishment	15	15	0
Sub-Total	**912**	**962**	**50**
IT Strategic Developments			
Smartphones / Tablets Community	50	5	-45
Tablets Wards - Leeds	60		-60
Tablets Wards - York	60		-60
Electronic Prescribing	120	91	-29
Document Management	92		-92
NYY Infrastructure/Networks	91	101	11
EPR System Developments	70	52	-18
Learning Management System	4	11	7
Sub-Total	**547**	**261**	**-286**
Contingency Schemes			
Contingency	120		-120
St Mary's House Dishwasher	5		-5
Training Review (Exchange)	55	65	10
DigiWards Smart Devices	11	8	-3
COGNOS Server Licence	0	48	48
CPC CRM Software and Server	0	10	10
2014/15 Completed Schemes	-6	-7	-1
Sub-Total	**185**	**124**	**-61**
Estimated Slippage	-300		300
TOTAL CAPITAL PROGRAMME	**1,967**	**1,690**	**-278**

1. INTRODUCTION

Prior to 2010/2011 for both annual risk assessment and in-year monitoring, Monitor assigned a risk rating in three areas - finance, governance and mandatory goods and services. From 2010 onwards the provision of mandatory goods and services is included in the governance risk rating.

Monitor uses these risk ratings to guide the intensity of its monitoring and to signal to the NHS Foundation Trust its degree of concern with the specific issues identified and evaluated.

The table below shows the Trust's risk ratings to date. The previous amber-red risk ratings have been due to compliance actions received by the Care Quality Commission as a result of inspections. All compliance actions have been addressed in a timely and effective manner.

Risk ratings	At authorisation	At Q2 2007/08	At Q3 2007/08	At Q4 2007/08	Risk rating at 2007/08 year end
Financial	3	3	3	4	**4**
Governance	Green	Green	Green	Green	**Green**
Mandatory services	Green	Green	Green	Green	**Green**

Risk ratings	At Q1 2008/09	At Q2 2008/09	At Q3 2008/09	At Q4 2008/09	Risk rating at 2008/09 year end
Financial	3	3	3	3	**3**
Governance	Green	Green	Green	Amber	**Amber**
Mandatory services	Green	Green	Green	Green	**Green**

Risk ratings	At Q1 2009/10	At Q2 2009/10	At Q3 2009/10	At Q4 2009/10	Risk rating at 2009/10 year end
Financial	4	4	4	4	**4**
Governance	Green	Green	Green	Green	**Green**
Mandatory services	Green	Green	Green	Green	**Green**

Risk ratings	At Q1 2010/11	At Q2 2010/11	At Q3 2010/11	At Q4 2010/2011	Risk rating at 2010/11 year end

Financial	4	5	5	4	**4**
Governance	Green	Green	Green	Green	**Green**

Risk ratings	**At Q1 2011/12**	**At Q2 2011/12**	**At Q3 2011/12**	**At Q4 2011/12**	**Risk rating at 2011/12 year end**
Financial	4	4	4	4	**4**
Governance	Amber Red	Amber Red	Amber Red	Green	**Green**

Risk ratings	**At Q1 2012/13**	**At Q2 2012/13**	**At Q3 2012/13**	**At Q4 2012/13**	**Risk rating at 2012/13 year end**
Financial	4	4	4	4	**4**
Governance	Green	Green	Green	Green	**Green**

Risk ratings	**At Q1 2013/14**	**At Q2 2013/14**	**At Q3 2013/14**	**At Q4 2013/14**	**Risk rating at 2013/14 year end**
Financial	4	4	4	4	**4**
Governance	Green	Green	Green	Green	**Green**

Risk ratings	**At Q1 2014/15**	**At Q2 2014/15**	**At Q3 2014/15**	**At Q4 2014/15**	**Risk rating at 2014/15 year end**
Financial	4	4	4	4	**4**
Governance	Green	Green	Green	Green	**Green**

Risk ratings	**At Q1 2015/16**	**At Q2 2015/16**	**At Q3 2015/16**	**At Q4 2015/16**	**Risk rating at 2015/16 year end**
Financial	3	4	3		
Governance	Green	Green	Green		

FINANCIAL COMMENTARY PERIOD 1 APRIL 2015 TO 31 DECEMBER 2015

2.1 Introduction

This report provides an assessment of the financial position as at Q3 2015-16 and supporting assurance for the forward look regarding maintaining a financial sustainability risk rating (FSRR) of a minimum of 3 for the next 12 months.

2.2 2015-16 Financial Position

The financial position as at the end of quarter 3 is robust, with a higher than planned Income Statement surplus (Income and Expenditure). The financial sustainability risk rating is '4' as summarised below.

Year to December 2015	Score	Category
Capital Service Cover	1.53	2
Liquidity	75	4
I&E Margin	1.9%	4
Variance in I&E Margin	0.3%	4

The overall income and expenditure surplus is £2.4m against a planned surplus of £2m, a positive variance of £0.4m. Overall, the variance is predominantly driven by the level of under-spend on pay expenses.

2.3 Income

At 31 December 2015 overall operating income is £0.7m above plan.

Clinical Income is £0.28m above plan, predominantly resulting from additional OATs income

Non-Clinical income is £0.46m above plan resulting mainly from sale of assets and additional Commercial Collaborative Procurement income.

2.4 Pay

Pay expenditure is showing a positive variance of £0.43m, comprising £0.85m under-spend on permanent employee pay and £0.42m over-spend on agency and contract staff expense. The variance is linked to vacancies.

2.5 Non Pay

Non pay spend is £0.8m above plan at month 9, comprising higher than planned spending on adult acute and locked rehab out of area placements.

2.6 Non-Operating Income / Expenses

No significant variances in Q3.

2.7 Cost Improvement Plans

Delivery of the cost improvement programme is robustly tracked with most of the key schemes linked to strategic plan priorities and monitored via the PMO.

Compared to the revised plan target for Q3 (£2.6m), the cost improvement achieved (£2.605m) is 0.2% above plan.

CIP THEMES	Revised Plan 2015/16 Month 9			
	Revised Plan £'000	Actual £'000	Variance £'000	Variance %
Leeds Mental Health Care Group	1,007	1,060	54	5.3%
Specialist & Learning Disability Care Group	402	366	(36)	-9.0%
Workforce and Development	27	27	0	0.0%
Providing services from fit-for-purpose, cost effective buildings	1,073	1,061	(12)	-1.1%
Delivering cost effective corporate services	91	91	0	0.0%
TOTAL	**2,600**	**2,605**	**6**	**0.2%**
Pay	1,089	1,085	(5)	-0.4%
Non Pay	1,510	1,521	10	0.7%
Total CIP	**2,600**	**2,605**	**6**	**0.2%**

2.8 Statement of Financial Position (Balance Sheet)

The cash position of £46.6m is £2.5m ahead of Monitor plan at the end of month 9. This is mainly caused by the increase in surplus YTD of £0.4m and an increase in working capital of £2.1m.

Liquidity has increased to 75 days operating expenses at the end of quarter 3 (68 days at quarter 2).

2.9 Capital Expenditure

Capital expenditure was £1.69m, which is 86% of the planned capital programme at the end of quarter 3. The variance against plan is due to slippage on IT strategic schemes and operational schemes.

2.10 Forecast Financial Performance over the next 12 Months

The Trust is required to confirm that it anticipates maintaining a financial sustainability risk rating (FSRR) of at least 3 over the next 12 months. To support this declaration a 12 month forward look including cash flow is produced.

The Trust is forecasting a financial sustainability risk rating of '3' as at 31st December 2016 based on the following assumptions:

- 2015/16 I&E surplus estimated at c£2.5m (based on current estimates).
- Cumulative quarter 3 2016/17 I&E break even position.
- 2015/16 capital expenditure of £2.7m, reflecting an early assessment of requirements for estate and technology investment.
- Cash balance of £46m as at 31st December 2016.

In terms of sensitivity analysis this forecast income and expenditure position could deteriorate by c£1.3m before the FSRR reduced to a '2'.

3. GOVERNANCE DECLARATION

NHS Foundation Trust Boards must confirm that the board is satisfied that plans in place are sufficient to ensure; on-going compliance with all existing targets (after the application of thresholds) as set out in Appendix B of the Compliance Framework; and a commitment to comply with all known targets going forwards.

Plans are in place to ensure continued compliance with all existing targets and all known targets going forward.

Following the Care Quality Commission's announced inspection on 29th September 2014 the Trust received the Final Inspection Reports on the 31st December 2014. The Trust submitted is action plan to the CQC by 13th February 2015. This included timescales for completion which will be open to challenge by CQC.

In response to the CQC full report, the Responsive Action Plan was incorporated into a comprehensive Trustwide Action Plan. This set out how the CQC compliance actions will be met, who is responsible for the action and within what timeframe. These actions are reviewed regularly within the Trust Governance Structure.

The contact for some of the Trust services within North Yorkshire and York transferred to a new provider on 1st October 2015. Through the Demobilisation process we shared all relevant action plans and evidence with the new provider.

We continue to monitor progress of our CQC action plan through our internal governance processes.

3.1 Monitor's Quality Governance Framework

NHS Foundation Trust Boards must confirm that they are satisfied that, to the best of their knowledge and using their own processes and having assessed against Monitor's Quality Governance Framework (supported by Care Quality

Commission information, its own information on serious incidents, patterns of complaints, and including any further metrics it chooses to adopt), its NHS Foundation Trust has, and will keep in place, effective arrangements for the purpose of monitoring and continually improving the quality of healthcare provided to its patients.

The Board of Directors is asked to approve the signing of the in-year Governance Declaration which is attached.

4. REPORTS ON ANY CHANGES TO THE BOARD OF DIRECTORS AND COUNCIL OF GOVERNORS

4.1 Changes to the Board of Directors

Executive Team

During Quarter 3 of 2015/16 there were three changes within the executive director team. On 31 December 2015 Chris Butler, Chief Executive, stepped down. On the 4 December 2015 the Nominations Committee met and agreed that Ms Jill Copeland (who was the Chief Operating Officer and Deputy Chief Executive) would be appointed as the Interim Chief Executive with effect from 1 January 2016.

With Ms Copeland taking up the post of Interim Chief Executive, the Nominations Committee also agreed that Lynn Parkinson (Deputy Chief Operating Officer) would be appointed as the Interim Chief Operating Officer.

The appointment of an Interim Chief Executive and Interim Chief Operating Officer will be in place until such time as substantive appointments can be made. It is anticipated that the appointment of a substantive Chief Executive will take place in the first quarter of 2016/17, following which the appointment of a substantive Chief Operating Officer will be addressed.

Non-executive Team

There have been no changes to the non-executive director team.

4.2 Changes to the Council of Governors

Elections during Quarter 3 2015/16

There have been no elections either commenced or concluded during the quarter.

Elected Governors

During quarter 3 of 2015/16 a number of elected governors stepped down.

- Lindsay Dransfield – Public Leeds governor (stepped down on 5 November 2015)
- David Smith – Public Leeds governor (stepped down on 18 November 2015)

Appointed Governors

During Quarter 3 there have been no changes to the appointed governors.

4.3 Elections during Quarter 2 2015/16

There have been no elections either commenced or concluded during the quarter.

5. EXCEPTION REPORTS

NHS Foundation Trusts must report risks to compliance with the licence on an exception basis. Examples of these include:

- Unplanned significant reductions in income or significant increases in costs
- Failure to comply with the NHS Foundation Trust Annual reporting Manual
- Significant third party investigations that suggest material issues with governance
- Performance penalties to commissioners
- Outcomes or findings of Care Quality Commission responsive or planned reviews.
- Patient Safety issues which may impact the Authorisation
- Enforcement notices from other bodies implying potential or actual significant breach of any other requirement in the Authorisation

The Board of Directors is asked to confirm that there are no matters arising in the quarter requiring an exception report to Monitor (per Compliance Framework) which have not already been reported and sign the attached declaration.

Leeds and York Partnership NHS
NHS Foundation Trust

AGENDA ITEM 17

LEEDS AND YORK PARTNERSHIP NHS FOUNDATION TRUST

MEETING OF THE BOARD OF DIRECTORS

PAPER TITLE:	Safer staffing report		
DATE OF MEETING:	28 January 2016	**CATEGORY OF PAPER** (please tick relevant box)	
LEAD DIRECTOR:	Anthony Deery	**STRATEGIC:**	
PAPER AUTHOR:	Linda Rose	**GOVERNANCE:**	✓
		INFORMATION:	

IMPACT ON THE TRUST'S STRATEGIC GOALS (please tick relevant box) ✓		
G1	People achieve their agreed goals for improving health and improving lives	
G2	People experience safe care	✓
G3	People have a positive experience of their care and support	✓
IMPACT ON THE TRUST'S STRATEGIC OBJECTIVES (please tick relevant box) ✓		
SO1	We provide excellent quality, evidence-based, safe care that involves people and promotes recovery and wellbeing	✓
SO2	We work with partners and local communities to improve health and lives	
SO3	We value and develop our workforce and those supporting us	
SO4	We provide efficient and sustainable services	
SO5	We govern our Trust effectively and meet our regulatory requirements	✓

STATUS OF PAPER	✓
To be taken in the public session (Part A)	✓
To be taken in private session (Part B) - If the paper is to be taken in the private session please indicate which criterion is applicable:	
Legal advice relating to legal proceedings (actual or possible)	
Negotiations in respect of employee relations where they are of a confidential nature	
Procurement processes and contract negotiations	
Information relating to identifiable individuals or groups of individuals	
Other – not yet a public document	
Matters exempt under the Freedom of Information Act (quote section number)	

Leeds and York Partnership NHS
NHS Foundation Trust

SUMMARY:

- The report provides the monthly staffing exceptions in line with the current NHS England and CQC requirements.
- It also provides an update on a recent Internal Audit Report and sets out in under next steps the action that we are taking to address the current vacancy factor.
- Following the transfer of Vale of York services to Tees Esk and Wear Valleys NHS Foundation Trust on the 1st October 2015, LYPFT ceased to provide monthly staffing data on these services. Consequently this report provides Vale of York data for August and September 2015 and Leeds and Specialist Care Group data for September - November 2015.
- All operational leads have been contacted to contribute to the exceptions contained in this report.
- The report shows that approximately 30% of the wards in the Leeds and Specialist Care Services operated were below the planned staffing levels. In the case of two wards this was due to a decrease in bed occupancy.
- The majority of wards reported higher than planned staffing levels and this was due to a number of variables including vacancies, sickness and increased levels of clinical need.
- There is good evidence that the escalation procedure was responsive to increased demand in terms of wards being able to increase their staffing levels when required, and the Board should feel assured on this point, however, the report is not able to demonstrate the qualitative impact of the variance in staffing levels e.g the effect on the ratio of permanent to bank and agency staff or newly qualified to experienced staff and the patient experience.
- The Trust Safer Staffing Project Group is working to address the current limitations of the existing safer staffing requirements. This will involve the development of a bespoke tool to help assess key variables and acuity levels more consistently across our services and factor in a patient experience. The timeframe for completing this is the end of March 2016.
- We continue to collaborate with other mental health trusts from the Yorkshire and Humber region together with the University of Leeds to help develop this work.

RECOMMENDATIONS:

- Receive the report and note the contents
- Discuss any issues raised by the content

Leeds and York Partnership NHS
NHS Foundation Trust

Report to the Board of Directors

28 January 2016

Safer Staffing

August, September, October and November 2015

1. Background

In March 2014 NHS England and the Care Quality Commission jointly published guidance on the delivery of the Hard Truths commitments associated with publishing staffing data regarding nursing, midwifery and care staff.

The commitments are to publish staffing data through the following mechanisms:

- A Board report describing the staffing capacity and capability, following an establishment review, using evidence based tools where possible. To be presented to the Board every six months
- Information about the nurses, midwives and care staff deployed for each shift compared to what has been planned and this is to be displayed at ward level
- A Board report containing details of planned and actual staffing on a shift-by-shift basis at ward level for the previous month. To be presented to the public Board every month

2. Purpose of this report

In line with the above commitments the purpose of this report is to provide information about the Trust's actual against planned ward staffing levels for the period August – November 2015.

3. Updates

3.1 Following the transfer of Vale of York services to Tees Esk and Wear Valleys NHS Foundation Trust on the 1st October 2015 LYPFT ceased to provide monthly staffing data on these services. Consequently this report provides Vale of York data for August and September 2015 and Leeds and Specialist Care Group data for September - November 2015.

3.2 The Crisis Assessment Unit (CAU), Leeds, has not been included in this report as there have been difficulties arising from staffing configuration on eroster. This data will be included in future reports.

3.3. A recent Internal Audit report provided an overall opinion of limited assurance. The primary concern was an error in the formulae for calculating the impact of Long Days worked on each unit. The cause of the problem was a migration to a new set of servers in June which required the formulae to be re-entered. The oversight affected 2 unify submissions (June and July). This has now been rectified to ensure the data is being recorded accurately.

The other area of concern was that the "Safe Staffing Board Report included figures that were inconsistent with data available from the Health Roster System". The e-Roster team have examined this issue and further discussions have taken place with the Internal Audit team to provide assurance that the process of calculating the safe staffing figures is robust.

4. Planned and actual staffing

Any incidence of staffing reported at <80% of planned staffing or exceeding a 120% fill rate is considered an exception. Where this is the case an explanatory note is provided.

4.1 Vale of York

Aug - Sept 2015

Ward 1 Bootham Park Hospital (Adult acute mental health female)

In August 2015 the Registered Nurse (RN) fill rate was within scope whilst the Health support worker (HSW) fill rates for both months night and day exceeded 120%.

This ward explained that the high use was necessary due to an increased number of 'eyesight observations', above the amount that could be safely accommodated within their planned staffing levels.

Ward 2 Bootham Park Hospital (Adult acute mental health male)

In August 2015 the RN fill rate at night exceeded 120%. During September the RN's and HSW's were within range. The ward was running with a significant vacancy factor and where HSW were not available RNs were used to make up minimum numbers resulting in an overfill of RN hours.

Ward 6 Bootham Park Hospital (OPS assessment unit mixed sex) / Cherry Tree House

In August 2015 this unit was within range and did not raise any concerns through this exception report. The HSW fill rate at night did exceed 120% in September 2015 as a result of moving to Cherry Tree House. Extra staffing were employed to ensure that patient safety was maintained during this period of transition.

Acomb Garth (Rehabilitation and recovery unit mixed sex)

In August and September 2015 this unit was within range and did not raise any concerns through this exception report.

Meadowfields (Female CUE assessment and treatment)
In August and September 2015 this unit was within range and did not raise any concerns through this exception report.

Peppermill Court (OPS Challenging behaviour)
In August 2015 and September 2015 this unit was within range and did not report any concerns through this exception report.

Worsley Court (Male CUE assessment and treatment)
In August 2015 this unit was within range. In September 2015 the RN fill rate during the day was slightly low and the HSW fill rate during the night was slightly higher. This unit reported that it had only x5 RN's available for work during September. Staffing issues were discussed at the Safe staffing meetings at Bootham Park Hospital and a decision was taken to temporarily employ x5 agency RN's on a 3 month temporary contract to ensure safe staffing.

White horse View (LD step down rehabilitation)
In August 2015 the RN fill rate during the day was low as was the HSW fill rate in September 2015. Low occupancy on the ward (50%) resulted in less staff being required for maintaining safe staffing levels. The service was also carrying vacancies for both RN's and HSW's.

4-6 Oak Rise (LD acute assessment and treatment)
In August and September 2015 this unit was within range and did not report any concerns.

Fieldview (Forensic low secure community rehabilitation)
This service has remained closed since May 2015.

4.2 Leeds Mental Health Care Group

Sept-Nov 2015

Ward 1 Becklin Centre (Adult acute mental health female service)
The Registered Nurse (RN) fill rate was low but was within range during November 2015. The Health support worker (HSW) fill rates over these few months have been consistently high.

September had vacancies of 6 band 5 staff. Five had been recruited to but were awaiting start dates. Other contributory factors were short term sickness and service users on 2:1 levels of observations. This resulted in a number of shifts having 1 RN on duty and an increased amount of HSW's to fill the shortfall.

The workforce plan is set at 20.15 WTE but usage increased to 25.35 WTE in order to maintain safe levels.

Ward 3 Becklin Centre (Adult acute mental health male)
The RN fill rate was within range whilst the HSW fill rate was over. The reason for this was to compensate for a shortfall in RNs, increased levels of 'eyesight observations', physical healthcare needs and patient on escorted leave status.
The workforce plan is set at 23.35 WTE but usage increased to 26.68 WTE in order to maintain safe levels.

Ward 4 Becklin Centre (Adult acute mental health male)
The RN fill rate was under 80% due to 4 RN vacancies and an increased level of RN sickness absence. HSW fill rates were high to backfill RN shifts though HSW sickness absence was also a contributory factor and those shifts were covered by Bank HSW's. Clinical issues included 3 patients on 'eyesight observations' one of whom was being nursed at Leeds Teaching Hospital Trust...

The workforce plan is set at 23.35 WTE but usage increased to 24.45 WTE in order to maintain safe levels.

Ward 5 Becklin Centre (Adult acute mental health female service)
Despite vacancies the RN fill rate has mostly been within range, however, the HSW fill rate has exceeded planned hours to backfill RN vacancies of which there were five band 5.

The workforce plan is set at 24.59 WTE but this ward has operated just below this at 23.55 WTE which has been a pressure.

Ward 1 Newsam Centre (Psychiatric intensive care unit)
The RN fill rate was within range. The HSW fill rate exceeded planned hours which was required due to the number of patient observations levels and high sickness absence.

The workforce plan is set at 30.79 WTE but usage increased to 34.56 WTE in order to maintain safe levels.

Ward 4 Newsam Centre (Adult acute mental health male)
The RN fill rate was under the agreed range for September and October and within range for November. The HSW fill rate during these months exceeded planned hours in response to 5 RN vacancies, maternity leave and sickness absence. Managing increased observation levels was also a contributory factor.

The workforce plan is set at 23.35 WTE and whilst usage has fluctuated it has averaged at 23.43 WTE.

Ward 5 Newsam Centre (Locked rehabilitation and recovery)
In September and October 2015 this ward was within range though in November the RN fill rate exceeded planned hours. The increased use of RN hours was attributed to filling in HSW vacancies which have now been recruited to.

The workforce plan is set at WTE 27.69 but have usage of 23.56 WTE.

Ward 1 the Mount (OPS dementia female)
The RN fill rate was within range whilst the HSW fill rate was high. Whilst this ward met the RN fill rate they also had RN vacancies and maternity leave. Short term sickness, observation levels and the reopening of 3 beds were also contributory factors.

The workforce plan is set at WTE 23.14 but the ward has consistently used more at WTE 26.55 in order to maintain safe levels.

Ward 2 The Mount (OPS dementia male)
The RN fill rate was within range whilst the HSW fill rate was high. Two beds were reopened on this ward which took the required numbers of staff above those budgeted for in addition to increased observation levels.

The workforce plan is set at WTE 26.24 but the ward has consistently used more at WTE 29.6 in order to maintain safe levels.

Ward 3 The Mount (OPS mental health male)
In September and October 2015 The RN fill rate was below planned levels whilst the HSW fill rate was high. In November 2015 the ward staffing was within range. This ward had RN's unavailable due to vacancies and long term sick leave with these shifts covered by HSW's. The acuity level of a mixed client group (Dementia and Functional) also impacted on staffing requirements.

The workforce plan is set at WTE 21.08 and whilst there has been some fluctuation it has averaged WTE 21.24.

Ward 4 The Mount (OPS mental health female)
In September and October 2015 the RN fill rate was under the planned hours and within range in November 2015. The HSW fill rate has been high mainly due to backfilling five Band 5 vacancies, a career break, maternity leave and long term sick leave and two HSW vacancies This ward also has a high amount of escort duties and a mixed client group.

The workforce plan is set at WTE 21.08, with usage at 22.01 WTE in order to maintain safe levels.

Asket House Inpatient unit (Rehabilitation and recovery)
This unit was within range and did not report any concerns.

The workforce plan is set at WTE 26.86 whilst it has fluctuated usage is at 26.80 WTE.

Specialist and Learning Disabilities Care Group

Bluebell Ward (Forensic female mental health)
Whilst the RN fill rate was within range the HSW fill rate was consistently high and this was attributed to long term sickness, redeployment of RN's to other wards and RN's acting up to other positions.. This ward has also reported an increase of incidents on the ward requiring patients to be on 'eyesight observations'. Shifts are predominantly running on x1 RN per shift.

The workforce plan is set at WTE 19.22 but usage is at 22.69 WTE in order to maintain safe levels.

Riverfields (Forensic low secure male mental health treatment, continuing care and rehabilitation).
The RN and HSW fill rate has been low with the exception of November 2015 during the day where the HSW fill rate was high. The low fill rate is attributed to maternity leave and secondment and x1 vacancy.

The workforce plan is set at WTE 18.87 and has been consistently below this at 17.33 WTE.

Rose Ward (Forensic low secure female assessment, treatment and rehabilitation)
In September and November 2015 the RN fill rate was within range whilst in October 2015 usage exceeded the planned hours. The HSW fill rate has remained consistently high. This ward has four Band 5 vacancies and prolonged periods of increased observation levels requiring additional staffing to maintain safety.
The workforce plan is set at WTE 19.92 however usage is at 34.54 WTE due to the clinical need.

Westerdale (Forensic low secure male mental health admissions, assessment and rehabilitation)
In September and October 2015 the RN fill rate has been low whilst the HSW fill rate has been consistently high in response to filling a high number of vacant RN posts.

The workforce plan is set at WTE 18.81 and usage at 20.90 WTE.

YCPM (WARD 40 LGI Liaison psychiatry)
This ward was within range and did not report any concerns though it was carrying vacancies and two beds were temporarily closed.

The workforce plan is set at WTE 20.46 and usage at14.27 WTE.

Ward 2 Newsam Centre (Forensic assessment and treatment male)
The RN fill rate was within range whilst the HSW fill rate was consistently high as they were being used to backfill 3 RN vacancies and 4 HSW vacancies. Maternity leave, long term sick leave, observations and escort duties also contributed to the shortfall.
The workforce plan is set at WTE 19.06 and usage at 22.64 WTE.

Ward 2 Newsam Centre (Forensic female)
In September and October 2015 the RN fill rate was low but within during November 2015. The HSW fill rate has been consistently high in response to filling vacant RN posts and covering sickness and maternity leave. Two shifts were covered by the Clinical Team Manager (5/10/15) and the Band 6 forensic night coordinator (22/10/15) due to the shortage of RNs.

The workforce plan is set at WTE 18.87 and usage at 20.03 WTE to maintain safe levels.

Ward 3 Newsam Centre (Treatment and recovery)
In September and October 2015 the RN fill rate was low though within range in November 2015.The HSW fill rate was consistently high as they were used to cover vacant RN posts.

The workforce plan is set at WTE 19.06 and is currently at 18.85 WTE.

Ward 6 Newsam Centre (Eating disorders)
In September 2015 the RN fill rate was within range and rose to higher than planned in October and November 2015. The HSW fill rate was also generally higher than planned with the exception of November 2015. There was an increase in use of bank and agency RN's in response to RN vacancies and maternity leave to ensure that there were a minimum of 2 RN's on day duties and 1 RN minimum on night duties. Preceptorship, maternity leave and observation levels are also contributory factors to the overfill.

The workforce plan is set at WTE 18.91 and usage 19.58 WTE.

Ward 5 Mount (Perinatal)
In September and October 2015 the RN fill rate was low whilst the November RN fill rate was within range. The HSW fill rate was consistently high due to covering RN vacancies.

The workforce plan is set at WTE 16.12 and usage at 15.63 WTE.

Parkside Lodge (LD acute assessment and treatment)
In September 2015 the RN fill rate was low but in October and November 2015 was within range. The HSW fill rate was within range with the exception of being low in September 2015. There were 4 RN vacancies and the HSW fill was reduced for a limited period in response to patient occupancy.

The workforce plan is set at WTE 32.55 and usage at 28.19 WTE.

2 Woodland Square (LD respite for complex physical health)
In September 2015 the RN fill rate was low but within range during October and November 2015.The HSW fill rate was within range in September 2015 and low during October and November 2015. The underfill was due to sickness absence.

The workforce plan is set at WTE 13.64 and usage at 11.43 WTE.

3 Woodland Square (LD continuing care and rehabilitation / health respite)
In September 2015 the RN fill rate was low but within range in October and November 2015. The HSW fill rate was within range in October 2015 but higher in September and November 2015 where they were being used to backfill vacant RN posts.

The workforce plan is set at WTE 15.19 and usage at 15.54 WTE.

Mill Lodge (CAHMS)
In September and October 2015 the RN fill rate was within range though higher in November 2015. The HSW fill rate was also higher in response to high acuity related to observation levels. The ward was reliant on the use of bank and agency staff to cover this period as there was insufficient substantive staff to manage safety levels.

The workforce plan is set at WTE 27.69 and usage at 33.17 WTE in order to maintain safe levels.

4. Conclusion

The report shows that approximately 30% of the wards in the Leeds and Specialist Care Services were below their planned staffing levels, in two wards this was due to lower bed occupancy. The majority of wards reported higher than planned exceptions due to a number of variables including vacancies, sickness and increased levels of clinical need. This demonstrates that the escalation procedure was responsive to the additional need, however, the report does not show what effect the increase numbers had on the ratio of permanent to bank and agency staff or newly qualified to experienced staff. Whilst the Trust has managed to increase actual numbers where necessary it would be helpful to develop a better qualitative method to determine if the wards are safe and therapeutic.

5. Next steps

In response to NHS England's new mental health staffing framework LYPFT set up its own working group with the aim of standardising our approach to calculating staffing numbers by looking at the key variables that affect demand in each clinical area. . Data collection has now been completed across a 3 month period from the

test areas. This is enabling us to work towards a more structured approach at understanding what inpatient wards are using extra staff for and whether this has been reflected / understood in the workforce plans.

The data will be used to develop a more sensitive and valid safe staffing tool by examining a range of relevant variables other than simply the numeric measure used under the current reporting system. For example it will include observations levels, incidents, vacancy rates, skill mix, and proportion of bank and agency staff use and the number of newly Registered Nurses in teams undergoing Preceptorship.

Work is now in progress to standardise the reporting and recording of acuity to ensure a fit for purpose draft tool is in place ready for testing by the end of January 2016. This data can then be taken to the April 2016 workforce plans.

The work of this group is to be presented to care group risk forums to ensure local engagement, ownership and understanding of the contributory factors.

We continue to collaborate with other mental health trusts from the Yorkshire and Humber region together with the University of Leeds to help develop this work.

The Trust is also taking forward a major recruitment campaign to address the current vacancies. The first event is scheduled to take place on the 28th January 2015 in Leeds. The Trust has received a very positive response to this event from both unqualified and qualified nurses.

6. Recommendations

- Receive the report, note the contents and acknowledge the limitations of the current methodology.
- Discuss any issues raised by the content

Leeds and York Partnership NHS
NHS Foundation Trust

AGENDA ITEM

18

LEEDS AND YORK PARTNERSHIP NHS FOUNDATION TRUST

MEETING OF THE BOARD OF DIRECTORS

PAPER TITLE:	Complaints Summary Report		
DATE OF MEETING:	28 January 2016	**CATEGORY OF PAPER** (please tick relevant box)	
LEAD DIRECTOR:	Anthony Deery, Director of Nursing	**STRATEGIC:**	
PAPER AUTHOR:	Clare Blackburn, Head of PALS & Complaints	**GOVERNANCE:**	✓
		INFORMATION:	

IMPACT ON THE TRUST'S STRATEGIC GOALS (please tick relevant box)		
G1	People achieve their agreed goals for improving health and improving lives	✓
G2	People experience safe care	✓
G3	People have a positive experience of their care and support	✓
IMPACT ON THE TRUST'S STRATEGIC OBJECTIVES (please tick relevant box)		
SO1	We provide excellent quality, evidence-based, safe care that involves people and promotes recovery and wellbeing	
SO2	We work with partners and local communities to improve health and lives	✓
SO3	We value and develop our workforce and those supporting us	
SO4	We provide efficient and sustainable services	
SO5	We govern our Trust effectively and meet our regulatory requirements	✓

STATUS OF PAPER	✓
To be taken in the public session (Part A)	✓
To be taken in private session (Part B) - If the paper is to be taken in the private session please indicate which criterion is applicable:	
Legal advice relating to legal proceedings (actual or possible)	
Negotiations in respect of employee relations where they are of a confidential nature	
Procurement processes and contract negotiations	
Information relating to identifiable individuals or groups of individuals	
Matters exempt under the Freedom of Information Act (quote section number)	

SUMMARY:

This report provides activity and performance information about complaints and PALS for December 2015.

RECOMMENDATIONS:

The Board is asked to note the following key points:

- In September five complaint responses were overdue. We have not had so many overdue complaints since June and are actively developing an improved escalation process to address this.

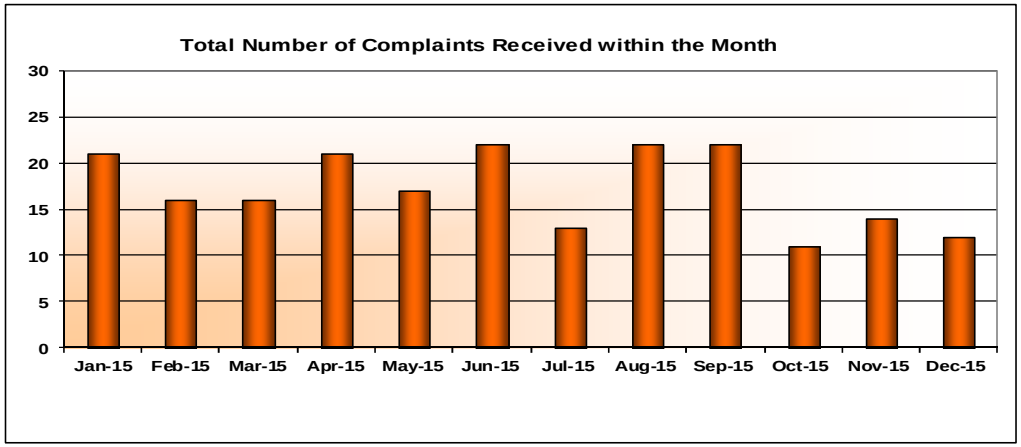
- We continue to have a strong focus on learning from adverse events; and themes from complaints are reported to each Care Group for their actions. A 'Learning to Improve' Group has now also been established as part of our governance arrangements. This group considers information related to complaints, claims, serious incidents, CQC MHA visits and safeguarding; to identify themes, trends, or cross-cutting issues. This report will be presented to Care Services Strategic Management Group as a working document for agreement of areas that require further investigation or action.

- Trends and themes identified, together with agreed actions to be taken and any learning, will then be incorporated into an updated report which will be received by Quality Committee twice yearly. The report to Quality Committee is intended to provide assurance that we are identifying and addressing areas of concern; and that organisational learning is taking place.

PALS and Complaints Summary Report: January 2016 (based on December 2015 data)

This report provides data on activity and performance information about complaints and PALS for December 2015.

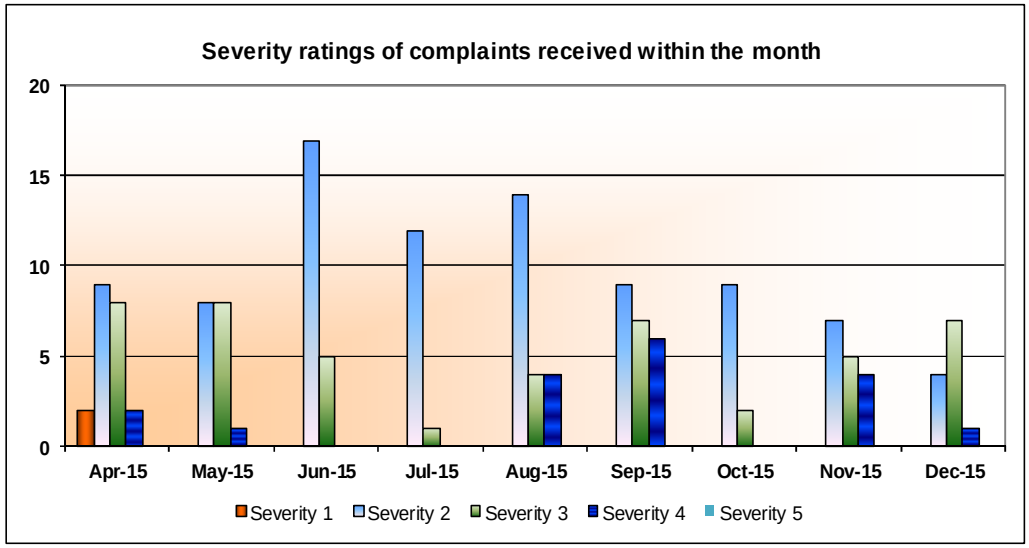
1. Total number of complaints received within the month



In December 2015, the Trust received 12 formal complaints, 75% of which related to the Leeds Care Group.

A weekly complaints tracker is sent to Care Groups, providing a summary of open complaints with timeframes for completion. The complaints team pro-actively monitors progress to ensure complaints are on track to achieve timeframes. Extension of timescales can only be granted once the complainant and the PALS, Complaints & Claims Manager have agreed the reasons for an extension; and an appropriate extension period.

2. Severity Ratings of complaints received within the month



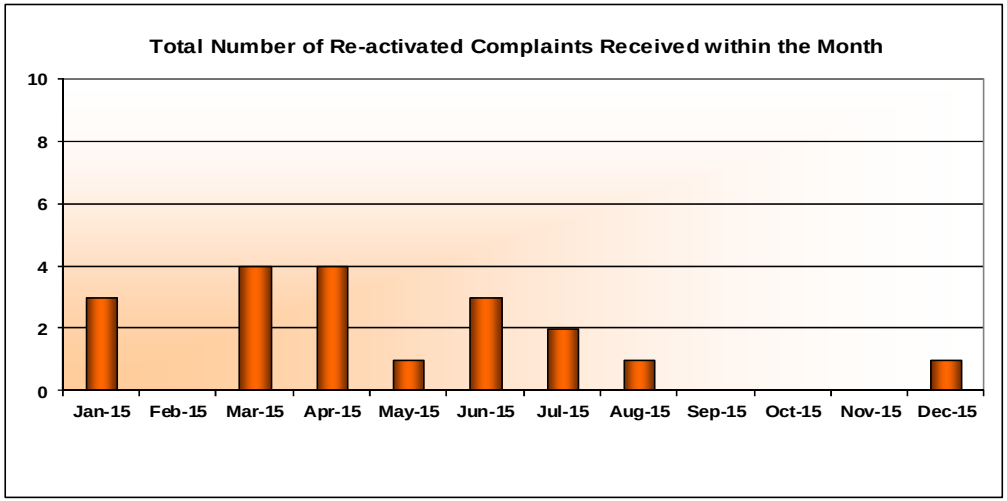
Of the complaints received in December 2015, one was rated as Severity 4, alleging poor care.

Investigations into the Severity 4 complaints reported in the October Board Report have now concluded; two were upheld; three partly upheld.

One upheld severity 4 complaint related to an IG breach, wherein a clinic letter was incorrectly addressed and sent to the complainants neighbour. Corrective actions have been implemented.

The second upheld complaint related to care provision in a York unit. Actions identified have been handed over to the new provider organisation.

3. Total number of re-activated complaints received within the month

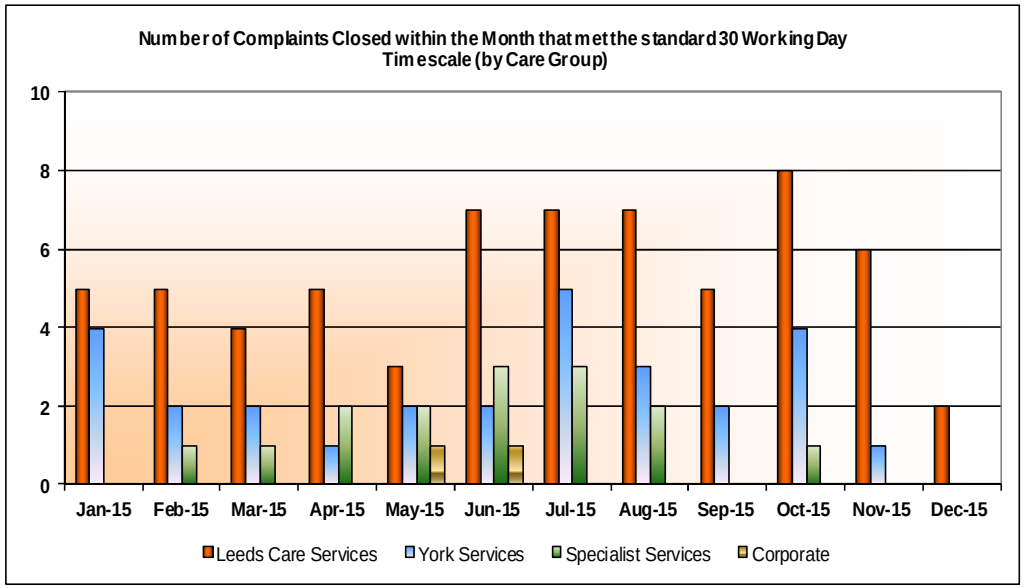


One re-activated complaint was received in December 2015:

- The complainant expressed dissatisfaction with their response as they felt the investigation had misinterpreted their concerns. The complainant wanted to fully understand why their partner was left under their supervision after being sectioned and deemed not fit to be at home.

The service is currently re-investigating this issue.

4. Number of complaints closed within the month that met the standard 30 working day timescale (by Care Group)



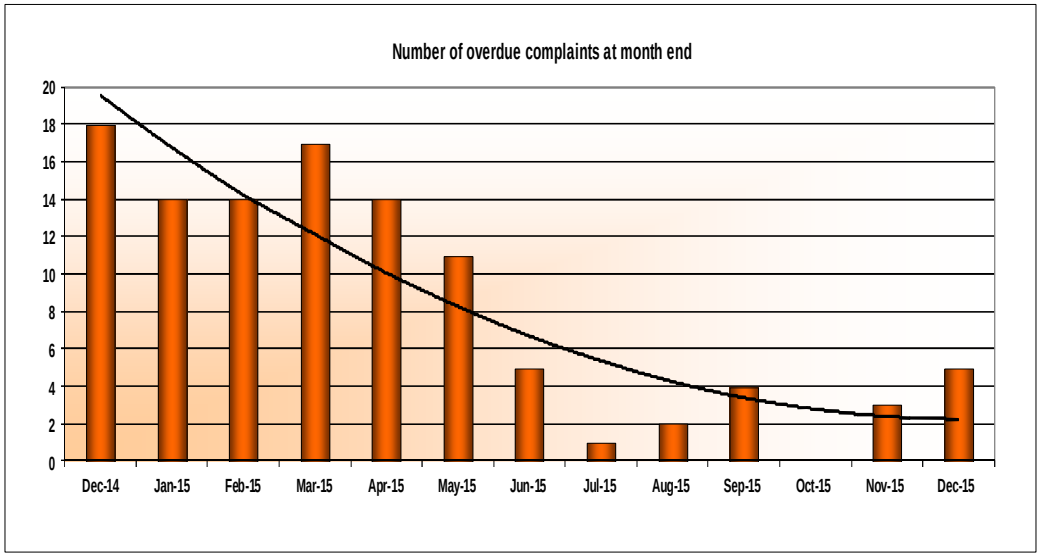
Of the three complaints closed in December 2015, two were responded to within the standard 30 working day timescale.

One complaint response was overdue by four working days. The delay was attributed to additional information being sought from the PALS, Complaints & Claims Manager by the investigator in order to fully support the final response letter.

The weekly complaints tracker which is sent to each Associate Director provides a summary of open complaints for their Care Group, with timeframes for completion. In addition the PALS, Complaints & Claims Manager emails investigators of open complaints each week, routinely drawing their attention to any deadlines approaching in the next two weeks.

An escalation process is currently under development (see section 5 below).

5. Number of complaints overdue at month end



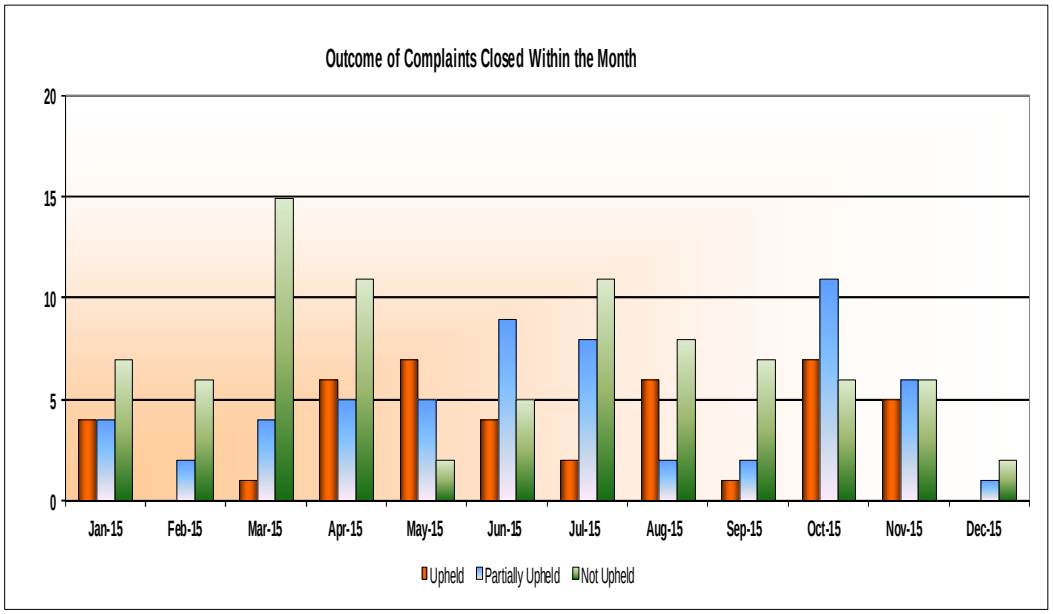
As of 5 January 2016, there were five overdue complaints.

Two relate to Specialist Services and at that time were overdue by 31 working days and 27 working days respectively.

The Leeds care group had three overdue complaints, overdue by two, six and seven working days. These have since been completed.

The Complaints team continually prompt investigators and Associate Directors for progress updates on all complaints; but there are still occasions when capacity issues within care services result in delays. The Head of Clinical Governance has asked for a new, more robust escalation process to be developed, to ensure that Executive Directors are routinely alerted to forthcoming delays at an appropriate time, to enable intervention.

6. Outcome of complaints closed within the month



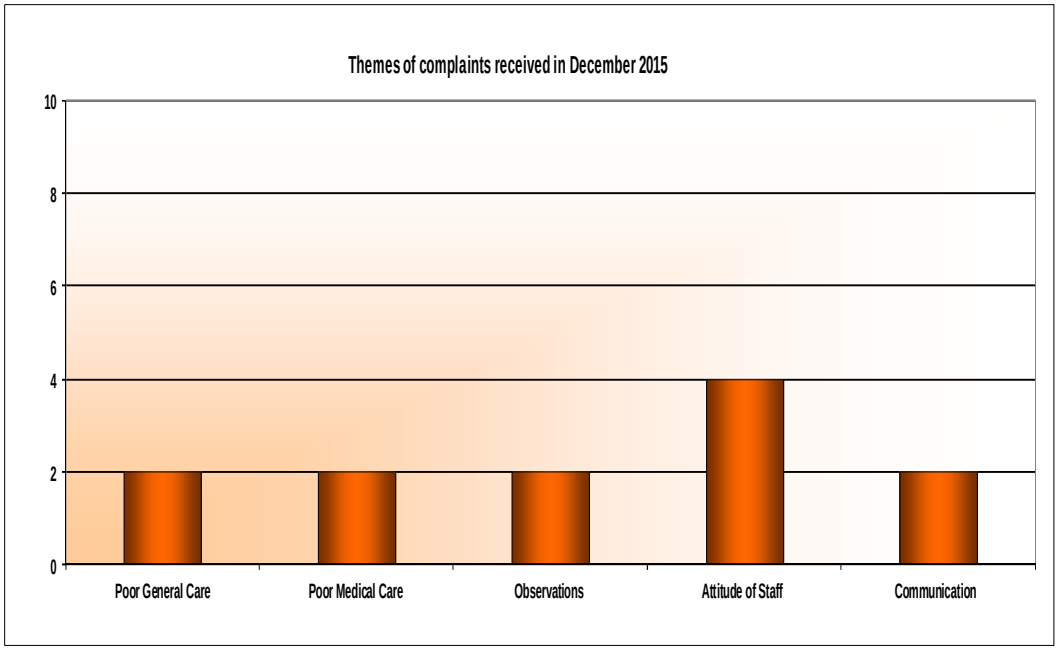
Of the three complaints closed during December 2015, one was partly upheld and two were not upheld.

The partly upheld complaint related to the complainant not receiving documentation in a timely manner.

The Complaints team has established a robust process to ensure actions arising from complaints are identified and completed. Before approving a final draft complaint response, the PALS, Complaints & Claims Manager checks that all issues raised have been fully responded to; and that actions identified are robust and proportionate. All complaint actions are discussed within Care Group Risk Forums. The PALS, Complaints & Claims Manager attends these meetings to provide updates and to answer any queries in relation to complaints.

Care Group Risk Forums are the owners of their action plans, with the Complaints Team monitoring actions to completion.

7. Themes of complaints received within the month



The main subject of complaints received in December 2015 related to 'attitude of staff' (33%).

Themes from complaints are reported to each Care Group, via the CLIP (Complaints, Litigation, Incident and PALS) report, for their actions. A 'Learning to Improve' Group has now been established as part of our governance arrangements. This group receives the CLIP reports and also considers additional information related to: complaints; claims; serious incidents (SIs); CQC MHA visits; and safeguarding.

Outcomes from this group are reviewed and brought together in a 6 monthly report, identifying themes, trends, or cross-cutting issues. This report will be presented to Care Services Strategic Management Group (CSSMG) as a working document for discussion and refinement of areas that require further investigation or action. CSSMG will then agree actions to be taken.

Trends and themes identified, together with agreed actions to be taken and any learning, will then be incorporated into an updated report which will be received by Quality Committee twice yearly. The report to Quality Committee is intended to provide assurance that we are identifying and addressing areas of concern; and that organisational learning is taking place.

8. Complaints targets and key performance indicators

Nationally, there is a requirement for all complaints received to be acknowledged within three working days, which we routinely meet. However, one acknowledgement letter was missed during the month of December 2015. This was due to an administrative error which the PALS, Complaints & Claims manager has addressed.

There is no national target for response times to complainants. NHS Trusts set their own timeframes for responding, with a range of standards in those procedures we have reviewed between 25 working days and 45 working days. The Local Authority Social Services and NHS Complaints Regulations 2009 state that a complaint "should be sent within the relevant period" and the relevant period means "*six months commencing on the day on which the complaint was received*". The Trust's internal target is for final responses to be sent to the complainant within 30 working days, unless a tailored response time has been agreed with the complainant.

9. Training

Complaints Management training is now offered across the Trust and sessions are scheduled for the next six months. We have included some elements from the 'Putting the Patient First – Communication and Customer Care' workshop in the Complaints Management Training Package, such as perception and communication, patient experiences and basic customer service.

10. Learning from complaints

Feedback from complainants is actively pursued and each response letter is accompanied by a feedback form, with a self-addressed envelope. The format of the complaints feedback questionnaire has been revised in line with national best practice. Since April 2015, 18 responses have been received. Feedback broadly indicates that complaint responses are easy to understand; however 39% of responses to date indicated a lack of confidence that the Trust will learn from the complaint. This compares to an October position where we had received 11 responses and 45% indicated a lack of confidence. Improving feedback remains a key priority for the PALS & Complaints Manager and we plan to explore alternative means of seeking feedback.

In December 2015, the Parliamentary and Health Services Ombudsman (PHSO) published 'Breaking Down the Barriers', which explores issues that older people often experience when making a complaint about a public service. The report concludes that older people can find it hard to know how to raise a concern or a complaint and feel less confident to push for what they need. Numbers of complaints received which relate to LYPFT older people's services are low compared to those which relate to adult services; this does not necessarily indicate a causal link; however we are taking additional steps to ensure that older people are supported when they wish to complain. This will include holding surgeries in key sites; and visiting clinical areas around the Trust to speak to service users, carers and relatives to talk about their experiences. In addition, an article on how to make a complaint will be in the February 2016 edition of Imagine.

The PALS, Complaints & Claims Manager and the Head of Patient Experience will be attending a workshop in February 2016, hosted by NHS England and the PHSO, to develop a model survey to measure complainants' experiences of complaints systems across health and social care bodies. It builds on the "My Experience" report published by the PHSO, the Local Government Ombudsman and Healthwatch England in 2014. As part of the survey development process, NHS England and the PHSO are consulting with key stakeholders on the design, content and methodology of the survey. The Trust's involvement in the workshop is important to ensure that the survey meets the needs of our service users and that it is fit for purpose across a wide range of settings.

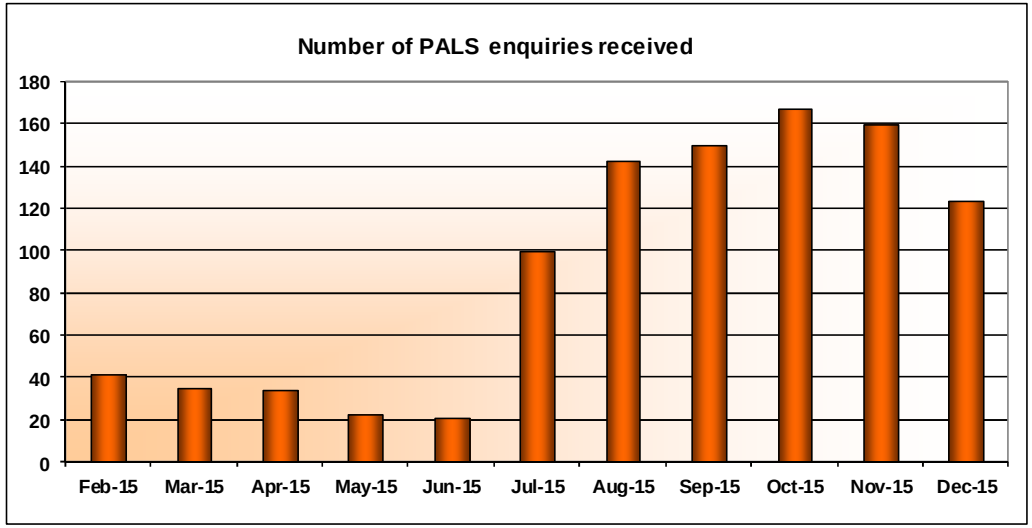
11. Internal Audit Reports

Two recent Internal Audit reports are have dealt with complaints issues:

- *Complaints* report, issued in March 2015. All actions arising from this audit have now been completed. A re-audit has now been undertaken and we are delighted to report that the overall level of assurance is now 'significant'. A number of further improvement actions have been identified, mainly relating to process timescales and storage of complaints investigation information, which are currently underway.

- *Learning to Improve* report, issued in April 2015. All actions arising from this audit have now been completed; and a follow-up audit has been undertaken. The overall level of assurance is now 'significant', with no outstanding actions relating to complaints.

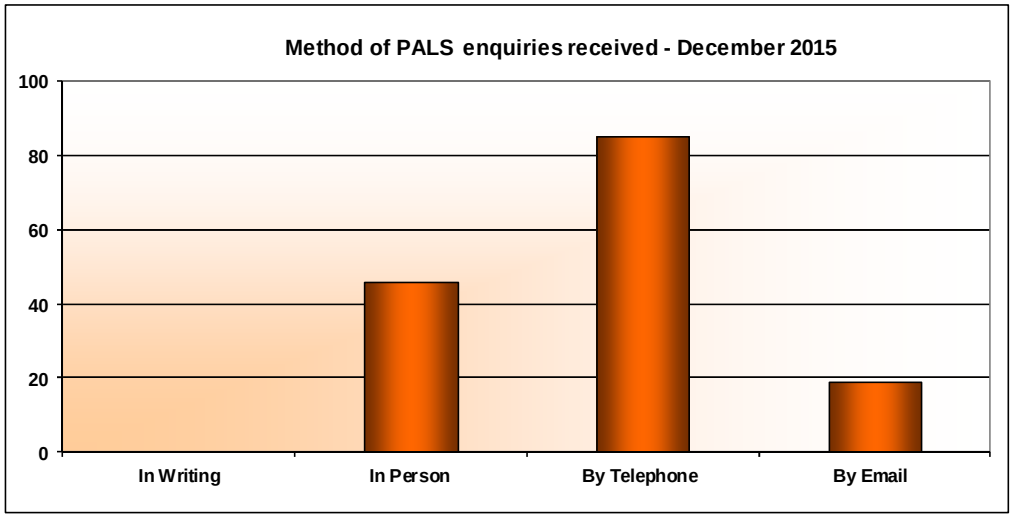
12. Number of PALS enquiries received



During December 2015, records indicate that there were 124 PALS enquiries. The reduction in enquiries is possibly due to the Christmas and New Year period.

One person accounted for 15% of PALS activity during December 2015, with another two people accounting for a further 6% of activity.

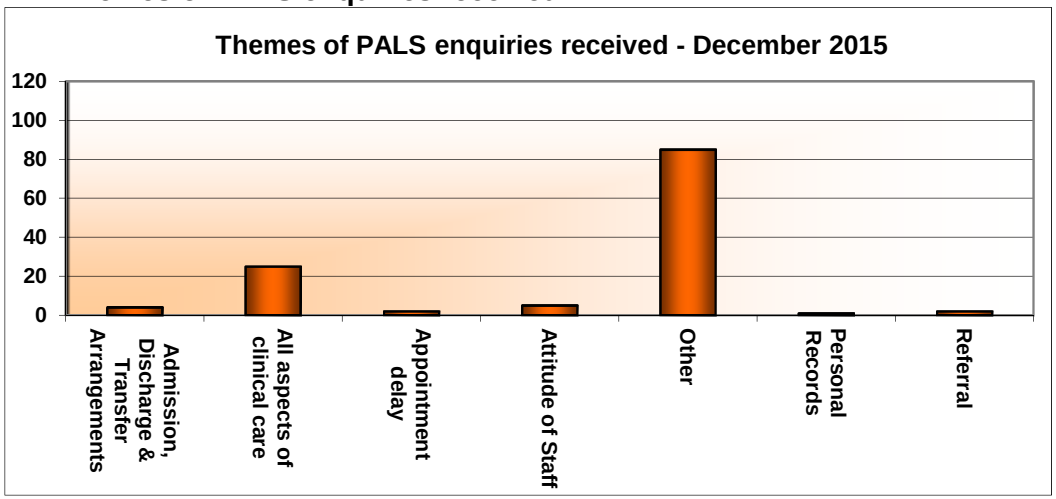
13. Method of PALS enquiries received



Of the 124 PALS enquiries recorded in December 2015, 57% were made by telephone.

The PALS team have started visiting other clinical areas across the Trust in order to raise the profile of the team. This will be evaluated at the end of Quarter 4 2015/16

14. Themes of PALS enquiries received



Of the 124 PALS enquiries recorded in December 2015, 68% were categorised as 'other'. Enquiries that make up the "other" category include: callers wanting telephone numbers for third party agencies; information on the referral process; arranging meetings with ward staff; and general chats with regards to their health.

The PALS team liaise directly with services as soon as issues are raised to secure speedy resolution. As part of our review of data collection and reporting we will develop a methodology for routinely capturing whether PALS contacts are meeting service user requirements.

Of the 124 enquiries, three resulted in a formal complaint.

Leeds and York Partnership NHS
NHS Foundation Trust

AGENDA ITEM

19

LEEDS AND YORK PARTNERSHIP NHS FOUNDATION TRUST

MEETING OF THE BOARD OF DIRECTORS

PAPER TITLE:	Serious Untoward Incidents Update and Lessons Learnt following the Trust Incident Review Group meetings held:		
DATE OF MEETING:	28 January 2016	**CATEGORY OF PAPER** (please tick relevant box)	
LEAD DIRECTOR:	Jim Isherwood - Medical Director	**STRATEGIC:**	
PAPER AUTHOR:	Samantha Marshall - Serious Incident Administrator/Legal Support Manager	**GOVERNANCE:**	✓
		INFORMATION:	

IMPACT ON THE TRUST'S STRATEGIC GOALS (please tick relevant box)		
G1	People achieve their agreed goals for improving health and improving lives	✓
G2	People experience safe care	✓
G3	People have a positive experience of their care and support	✓
IMPACT ON THE TRUST'S STRATEGIC OBJECTIVES (please tick relevant box)		
SO1	We provide excellent quality, evidence-based, safe care that involves people and promotes recovery and wellbeing	✓
SO2	We work with partners and local communities to improve health and lives	
SO3	We value and develop our workforce and those supporting us	
SO4	We provide efficient and sustainable services	✓
SO5	We govern our Trust effectively and meet our regulatory requirements	✓

STATUS OF PAPER	✓
To be taken in the public session (Part A)	✓
To be taken in private session (Part B) - If the paper is to be taken in the private session please indicate which criterion is applicable:	
Legal advice relating to legal proceedings (actual or possible)	
Negotiations in respect of employee relations where they are of a confidential nature	
Procurement processes and contract negotiations	
Information relating to identifiable individuals or groups of individuals	✓
Matters exempt under the Freedom of Information Act (quote section number)	

Leeds and York Partnership NHS
NHS Foundation Trust

SUMMARY:

The attached paper is a briefing for the Board of Directors following the Trust Incident Review Group meetings held 11/11/15, 09/12/15 & 13/01/16.

The report is broken down as below:

PART A – Serious Untoward Incidents Update following the meetings held on the 11/11/15, 09/12/15, 13/01/16.

PART B – Serious Untoward Incidents Lessons Learnt following the meeting held on the 11/11/15, 09/12/15, 13/01/16.

RECOMMENDATIONS:

- Note the content of the report.
- Be assured that the actions in respect of the lessons learnt are being progressed appropriately through the committee (or organisation).

Leeds and York Partnership NHS
NHS Foundation Trust

Leeds and York Partnership NHS Foundation Trust
Following the Trust Incident Review Group Meeting Held: 11/11/15, 09/12/15, 13/01/16

Part A: Serious Untoward Incidents Update

improving health, improving lives

1 Purpose

The purpose of this paper is to provide the Board with information relating to new incidents that are subsequently categorised as Serious Untoward Incidents (SUI).

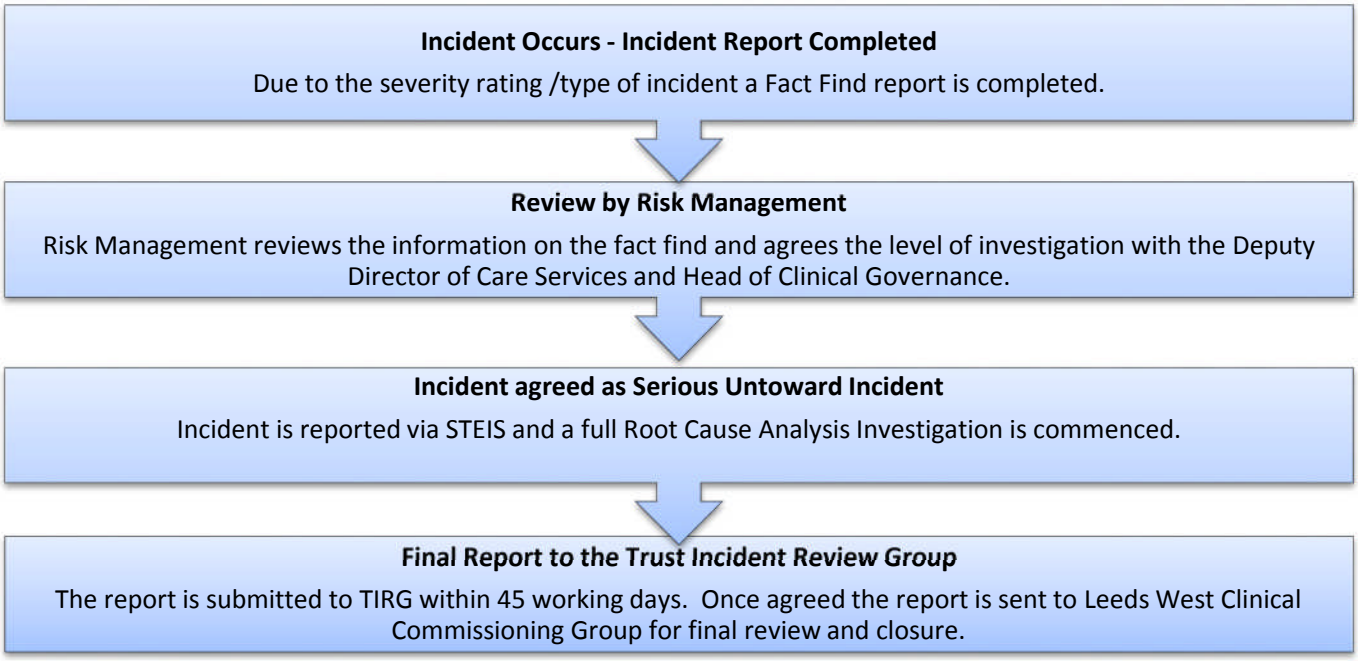
2 Executive Summary

The paper details the following information:

- TABLE 1 – Breakdown of Serious Untoward Incidents – Oct, Nov, Dec 2015
- TABLE 2 – Overview of Serious Untoward Incidents by Directorate – Oct, Nov, Dec 2015
- TABLE 3 – Number of Final reports of STEIS (Strategic Executive Information System) incidents submitted to TIRG within 12 week
- TABLE 4 – Schedule of cases to be presented to Trust Incident Review Group

3 Background

The following table shows a brief flow of action: from incident occurring to presentation at the Trust Incident Review Group (TIRG).



All incidents that are agreed as Serious Untoward Incidents and STEIS reported are presented at TIRG.

Following review of the fact find information, a Root Cause Analysis Investigation can be required even though the incident is not STEIS reported. In these cases the report is presented to TIRG at the discretion of the Care Group and TIRG Chair.

TABLE 1 – Breakdown of Serious Untoward Incidents (SUI)

	Leeds Care Group	Specialist and LD Care Group	Across Both Care Groups	TOTAL
NUMBER OF INCIDENTS REPORTED VIA STEIS OCTOBER 2015	4	0	0	4
NUMBER OF INCIDENTS REPORTED VIA STEIS NOVEMBER 2015	1	0	0	1
NUMBER OF INCIDENTS REPORTED VIA STEIS DECEMBER 2015	3	0	1	4

TABLE 2 – Overview of SUI's by Care Group

Care Group	Incident Date	Incident Type	Incident Number	Severity Rating	Service
Leeds	02/10/2015	**Unexpected Death**	WEBINC-9421	5	SSE CMHT
Leeds	06/10/2015	**Fall from height**	WEBINC-9460	4	SSE CMHT
Leeds	07/10/2015	**Fall – Fracture***	WEBINC-9501	3	W4 The Mount
Leeds	24/10/2015	**Serious assault**	WEBINC-9908	4	ENE CMHT
Leeds	05/11/2015	**Attempted Suicide**	WEBINC-10230	5	Liaison Psychiatry for Older People
Leeds	07/08/2015	**Death – Hanging** **NB reported to LYPFT 01/12/15**	WEBINC-10825	5	Millfield CMHT
Leeds	01/12/2015	**Death – Hanging**	WEBINC-11010	5	Psychology & Psychotherapy
Leeds	11/12/2015	**In-patient death**	WEBINC-11135	5	W4 The Mount
Leeds/Specialist	17/12/2015	**Unlawful Detention – 14 patients**	Various	3	Becklin, Newsam, Clifton, CTO

Please Note: *Falls resulting in a fractured hip requiring surgery require a concise report and presentation to the Care Group.

TABLE 3–Number of Final reports of STEIS incidents submitted to TIRG within 12 week

Period: Feb 15 – Jan 16	Leeds Care Group	Specialist and LD Care Group	York North Yorkshire Care Group	TOTAL
NUMBER OF REPORTS DUE FOR THIS PERIOD Feb 15 – Jan 16	28	3	15	46
NUMBER OF REPORTS SUBMITTED ON DUE DATE (Aim 100%)	1 (3 %)	0 (0 %)	1 (7 %)	2 (4 %)
OVERDUE 1 MONTH	1	0	1	2
OVERDUE 2 MONTH	7	1	2	10
OVERDUE 3 MONTH	4	0	3	7
OVERDUE 4 MONTH	3	0	2	5
OVERDUE 5 MONTHS +	2	1	1	4
NUMBER OF REPORTS STILL OUTSTANDING FOR THIS PERIOD Feb 15 – Jan 16	10	1	5	16
TOTAL NUMBER OF REPORTS FOR THE CARE GROUP IN PROGRESS INCLUDING THOSE OUTSTANDING	23	1	5	29

TABLE 4 – Schedule of cases to be presented to Trust Incident Review Group

Incident Date	Care Group	Incident	STEIS	Ref	Investigator	*60 Working Days	Care Group Incident Review Group	TIRG
23/10/2014	Leeds	Assault SU to SU	36402	17-14.15	Robert Mann – reallocated Claire Paul 07/01/16	14/01/2015		26/01/16
28/11/2014	Specialist/LD	Self-Harm	39944	30-14.15	Caroline Dada	12/02/2015	Complete	Report to be submitted for Director sign off by prior to submission to CCG during January 2016
03/02/2015	York	Unexpected Death	4687	36-14.15	Anthony Atkins	13/04/2015	07/01/16	13/01/16 am
17/03/2015	York	Death - Overdose	10358	43-14.15	Brian Coupe	26/05/2015	07/01/16	13/01/16 pm
21/04/2015	Leeds	Death - Hanging	14449	05-15.16	Jayne Hawkins	26/06/2015	12/01/16	22/01/16
05/05/2015	Leeds	Death - Hanging	15990	06-15.16	Neil McAdam	09/07/2015	15/12/15	13/01/16 am
05/06/2015	York	Death - Hanging	20764	11-15.16	Beverley Hunter	08/09/2015	07/01/16	13/01/16 pm
24/07/2015	Leeds	Death - Drowning	25244	12-15.16	Pam Mareya	21/10/2015	15/12/15	13/01/16 pm
08/08/2015	York	Escape/Aggression	26578	15-15.16	Andy Weir	03/11/2015	Complete	Report to be submitted for Director sign off by prior to submission to CCG during January 2016
13/08/2015	York	Death - Hanging	27362	16-15.16	Eddie Devine/Steven Dilks	10/11/2015	TBC	26/01/16
20/08/2015	Leeds	Death - ligature	27912	17-15.16	Kim Bunton	16/11/2015	12/01/16	26/01/16
22/08/2015	York	Death	28068	18-15.16	Eddie Devine/Steven Dilks	17/11/2015	TBC	26/01/16

01/09/2015	Leeds	Death - Hanging	29056	20-15.16	Gail Longley	27/11/2015	05/01/16	13/01/16 pm
19/09/2015	Leeds	Death - Hanging	30711	24-15.16	Jayne Littlewood	15/12/2015	05/01/16	13/01/16 am
02/10/2015	Leeds	Unexpected Death	31823	23-15.16	Maureen Cushley	30/12/2015	05/01/16	13/01/16 am
06/10/2015	Leeds	Fall from height	32085	25-15.16	Alison Gordon	04/01/2016	05/01/16	22/01/16
24/10/2015	Leeds	Serious Assault	33854	27-15.16	Judith Barnes	21/01/2016	12/01/16	22/01/16
05/11/2015	Leeds	Unexpected Death	35769	28-15.16	Eve Townsley	11/02/2016	12/01/16	22/01/16
01/12/2015	Leeds	Death - hanging	37290	29-15.16	Jim Woolhouse	29/02/2016	TBC	10/02/16
01/12/2015	Leeds	Death - hanging	37503	30-15.16	Nicky Needham	02/03/2016	TBC	10/02/16
11/12/2015	Leeds	In patient death	38239	31-15.16	TBC	10/03/2016	TBC	09/03/16
17/12/2015	Leeds/Specialist	Unlawful Detention - 14 patients	39277	32-15.16	Audit Investigation	21/03/2016	TBC	09/03/16

Following the Trust Incident Review Group Meeting Held: 11/11/15, 09/12/15, 13/01/16

Part B: Serious Untoward Incidents Lessons Learnt

1 Purpose

- Summary of lessons learnt from Serious Untoward Incidents.
- Sharing of good practice highlighted from reports.
- Conclusions of any thematic reviews undertaken.
- Results of any trend analyses.
- Summary of major actions that have been implemented.

2 Executive Summary

Learning from experience is critical to the delivery of safe and effective services in the NHS. To avoid repeating mistakes organisations need to recognise and learn from them, to ensure that the lessons are communicated and shared and that plans for improving safety are formulated and acted upon. The findings and learning from any adverse event within the Trust may have relevance and valuable learning for the local team and also other teams and services. This paper outlines the identified lessons learnt following the Trust Incident Review Group meeting 11/11/15, 09/12/15, 13/01/16

3 Background

The purpose of the Trust Incident Review Group is to review the investigation reports to ensure that all serious untoward incidents have been investigated thoroughly, to agree recommendations and action plans that are relevant and achievable, to oversee the implementation of those action plans and to identify trends and patterns of untoward incidents that may require further investigation.

This activity supports LYPFT to be an organisation with a memory, to assist learning from incidents and to continue the drive towards safer therapeutic care for all service users.

Findings from the meetings held: 11/11/15, 09/12/15, 13/01/16

11 Serious Incident Review reports were discussed and signed off by group at these meetings with the following findings agreed:

Root Causes	**2**
Contributory Factors	**2**
Incidental Findings	**30**
Family Questions	**1**

4 Outline of Lessons Learnt from Serious Untoward Incidents

Leave Planning

A report highlighted the case of a male informal patient, with a serious mental health problem, subject to a restrictive regime who was suddenly allowed on unescorted leave with no noticeable decision making process – this incident could have led to his death.

TIRG agreed that Root Causes were evident within this review:

1. The Team did not adequately consider the circumstances of the patient, his leave plan and the parameters of his leave including the agreed return.
2. The Consultant did not consider the patients circumstances or history when agreeing his leave. The decision was made on his current legal status rather that the clinical circumstances.

As the Doctor concerned is no longer a member of our Trust, the issues highlighted within recommendation 2 were passed to the responsible Officer for TEWV by Dr Isherwood. .

TIRG considered whether this was an isolated incident for this Team/ward or wider spread. It was agreed that the Clinical Director and Matron in the York Care Group be tasked with undertaking an examination of the decision making within the team, particularly around leave.

Contact with family

The family of a service user advised that they were very present with the care of the service user when he was receiving inpatient care but felt excluded when the care moved to community services.

In order to address this issue a baseline assessment of the Triangle of Care across the community locality teams in the Leeds care group is in progress.
Following this an action plan will be developed to improve the implementation of Triangle of Care.
All clinical staff are to complete both Clinical Risk training (Mandatory) and Suicide Response training. The Leeds Care Group are considering if the suicide response training should be made mandatory for all clinical staff as both of these training packages emphasise the need to involve family and carers in the Service Users care.

Risk Management

The more recent FACE assessments for a service user undertaken on a Ward

and the discharge FACE risk recorded low apparent risk (1) but outlined ongoing suicide/self-harm as an area for intervention in the management plan. It was unclear whether an adjusted higher rating on the ward discharge FACE risk regards suicide would have altered the ICS assessor's or the care coordinator's decisions to discharge without further input.

The group discussed whether the issues around risk management were handed over and if this was a contributory factor for an incident resulting in a death – would we have done things differently if we had handed over this information?

The group concluded the following: *Although we can't conclude this is a contributory factor, it is of a significant concern and requires a major action around the Trust in risk management especially around the transition a service users' care across teams.*

The following actions were agreed in relation to this issue:

1. For the care group to review care plans (including risk management plans) used in the inpatient and ICS services.
2. Clinical Team Manager's to discuss this lesson learnt in team meetings and individual supervision.

National Confidential Inquiry in Homicides and Suicides (NCISH)

A small working group of LYPFT and CCG staff convened and reviewed the findings of the NCISH review. An action plan was developed and provided to TIRG for information:

Action Plan following NCISH review.docx

Appointment of Investigators

Two full time RCA (Root Cause Analysis) investigators will be employed by the Trust. This appointment will alleviate the huge burden on clinical staff to complete the investigations.

Back log of reports

We are currently under pressure to catch up with the completion of our outstanding Serious Incident reports from the CCG. At the Leeds North CCG Quality meeting a proposal to clear the back log by March/April was refused and an amended timescale of by end of Jan 2016 was agreed.

Consider the wider picture

A report highlighted that staff had missed the opportunity to consider the wider picture and had that occurred (through extended assessment) better information would have been available. The myths about a service user's historical behaviour would have been clarified and the new riskier actions would have been brought to the fore. As this information was not gained the service user did not get into the right part of the service for his needs.

The following are in progress to address this issue:

- Circulation of a lessons learnt to highlight that it is not just about involving family/carers - staff should check that they feel they have been involved thus giving them further opportunity to express their views.

- Clinical Risk Training being rolled out covers the involvement of the family, the triangle of care talks about carers and other network involvement – when generating a safety plan it identifies other resources and namely family/friends to further inform the plan.

Knowing our service users

A Serious Incident Review encouraged lots of debate regarding missed opportunities.

On reflection it was felt that there was lots of historical evidence to support that this pattern was normal for the service user. The CPN working with him considered his needs very specifically and in a very thoughtful way, there was lots of evidence of changes based on the service user's preferences and good engagement.

Crisis Assessment Service

The group had a robust discussion regarding a report detailing the contact between a service user and members of staff who had seen him when he attended at the Becklin Centre out of hours.

Lessons need to be learned from this incident and a reflective team session was recommended by TIRG with the following to be discussed and addressed:

A. Rationale – as the team were busy this led to the service user receiving no level of assessment. Should this occur again there must be reasoning on the order of priority. Within this case there was no evidence to support that the options given to the service user were reasonable.
B. If we are unable to offer a safe service – we need to offer other resources i.e. contact ALPS etc.

5 Areas of Good Practice

Multi-Agency Working

Within a Serious Incident Review there was evidence of significant multi-agency working:

- Evidence of good joint working between Community Support Worker and Social Worker.
- Evidence of the provision of individualised care from Touchstone in adapting a care plan to account for a service user's needs and preferences.

Care & Compassion

Within a review the Lead Investigator was particularly impressed by the care and compassion demonstrated by a Community Support Worker as he spoke about the service user, the therapeutic relationship that they had and the care that was provided.

Positive Developments

Some positive developments and good practice have been noted following the incident:

- Changes to the use of the SAMP review stickers which have been withdrawn with a more detailed assessment of risk being utilised.
- Introduction of the of the 'Purposeful Inpatient Admissions' (PIPA) board.

Service User Engagement

A member of staff was tenacious in her attempts to engage the service user in the community. She met with him prior to his discharge and persisted in encouraging him to allow the team (CMHT) to be involved in his aftercare. She asked the Police to conduct a Welfare Check when all attempts to contact the service user proved fruitless. Police reported that he was 'fit and well'. Unfortunately, the service user was adamant that he did not want CMHT involvement.

Second Look Clinic

A service user received an assessment from the Consultant Psychiatrist at the "second look" clinic. This clinic was set up specifically by the Consultant Psychiatrist to provide support for colleagues through the availability of a

second opinion and to enable service users to be reviewed by a psychiatrist rather than refer on the case to avoid multiple assessments.

Recommendations

The Board is requested to:

- Note the content of the report
- Be assured that the actions taken in respect of the lessons learnt are being progressed appropriately through the organisation.

GLOSSARY OF DEFINITIONS

The following definitions are of relevance to this document:

Definition	Meaning
ASPIRE	Leeds Early Intervention in Psychosis (EIP) Service. They work with young people who are experiencing early signs of psychosis.
Case Conference	Meeting to discuss complex cases that are very serious or have a multi-agency aspect and that may include criminal offences and possible organisational failures.
CPA	Care Pathway Approach
CPN	Community Psychiatric Nurse
CCG	Clinical Commissioning Group (replaced PCT's)
DBS	The Disclosure and Barring Service (DBS) helps employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable groups, including children. It replaces the Criminal Records Bureau (CRB) and Independent Safeguarding Authority (ISA). DBS is an executive non-departmental public body, sponsored by the Home Office.
ICS	Intensive Community Services
Incident	For the purpose of the Trust's incident reporting system, an incident is defined as: - *'Any event, untoward or unusual, which is a deviation from the normal pattern of activity or therapeutic well-being or smooth running of the workplace (e.g. ward/ department, client's home, etc.), which involves service users and/or staff and/or visitors, and which may adversely affect their health and/or safety and/or welfare and/or confidentiality then or later'.*
LYPFT	Leeds and York Partnerships Foundation Trust
MDT	Multi-Disciplinary Team - A group composed of members with varied but complimentary experience, qualifications, and skills that contribute to the achievement of the specific objectives.
NCISH	The National Confidential Inquiry into Suicide and Homicide by people

	with mental illness
OBSERVATION	Observation and engagement is a key clinical activity requiring a commitment from all health care staff, through a shared approach, involving assessment, care planning, risk management, clinical review and evaluation. Types of observations: General, Intermittent, Within Eyesight and Within Arm's
PARIS	Electronic patient information record system.
RCA	Root Cause Analysis.
Risk	A risk is characterised by both the likelihood/probability of harm or information security breach actually occurring (e.g. low, medium or high) and the impact/severity of the harm (e.g. slight injury, major injury, death). The level of risk to health increases with the impact/severity of the hazard and the duration and frequency of exposure to the hazard.
SAMP	Safety Assessment and Management Plan
Section 17 Leave	Section 17of the Mental Health Act 1983 makes provision for patients who are liable to be detained under various other sections of the Act to be granted leave of absence. Section 17 applies to patients who are detained under ss.2, 3, 37, or 47 of the Act.
Serious Untoward Incident (SUI)	A serious untoward incident is defined as *'any accident or incident where a service user, member of staff (including those in the community), or member of the public suffers serious injury, major permanent harm or unexpected death, (or the risk of death or injury), on hospital, other health service premises or other premises where health care is provided, or where actions of health services staff are likely to cause significant concern'.*
STEIS	Strategic Executive Information System This is the Trust's mechanism for reporting serious untoward incidents to the Clinical Commissioning Group.
TIRG	Trust Incident Review Group
MEWS	Modified Early Warning System
CAMHS	Child and Adolescent Mental Health Services

CQUINN	Commissioning for Quality and Innovation
MIND	Organisation that provides advice and support to empower anyone experiencing a mental health problem. They campaign to improve services, raise awareness and promote understanding.

Leeds and York Partnership NHS
NHS Foundation Trust

AGENDA ITEM

20.

LEEDS AND YORK PARTNERSHIP NHS FOUNDATION TRUST

BOARD OF DIRECTORS

PAPER TITLE:	Vale of York post transaction report		
DATE OF MEETING:	28 January 2016	**CATEGORY OF PAPER** (please tick relevant box)	
LEAD DIRECTOR:	Dawn Hanwell, Chief Financial Officer	**STRATEGIC:**	
PAPER AUTHOR:	Andrew Walsh	**GOVERNANCE:**	✓
		INFORMATION:	✓

IMPACT ON THE TRUST'S STRATEGIC GOALS (please tick relevant box)		
G1	People achieve their agreed goals for improving health and improving lives	
G2	People experience safe care	
G3	People have a positive experience of their care and support	
IMPACT ON THE TRUST'S STRATEGIC OBJECTIVES (please tick relevant box)		
SO1	We provide excellent quality, evidence-based, safe care that involves people and promotes recovery and wellbeing	
SO2	We work with partners and local communities to improve health and lives	
SO3	We value and develop our workforce and those supporting us	
SO4	We provide efficient and sustainable services	✓
SO5	We govern our Trust effectively and meet our regulatory requirements	

SUMMARY:

This report provides an update and assessment of the consequential effects following the NHS Vale of York (VoY) decommissioning of services from the Trust. This is from a financial, regulatory/legal and residual risk perspective.

RECOMMENDATIONS:

The Board of Directors is asked to:-

- Accept this report as final closure, post the decommissioning transaction.
- Note the residual risks, which be reported as appropriate if they become material for the Board.

Leeds and York Partnership NHS
NHS Foundation Trust

BOARD OF DIRECTORS – 28 JANUARY 2016

Vale of York – post transaction report – January 2016

1. The Purpose

This report is an assessment of the consequential effects following the Vale of York decommissioning of services from the Trust, as at 30th September 2015. This is from a financial, regulatory/legal and residual risk perspective.

2. Background

At the September 2015 Board a report was given on the actions in place to safely support the decommissioning of mental health and learning disability services from LYPFT and their transfer to TEWV. A risk register was in place at that time. This was in advance of the subsequent action from the CQC requiring all regulated activity to be removed from Bootham Park Hospital as at midnight on 30th September. Regrettably therefore services were handed over in formal Business Continuity mode (which was stepped down at the point of transfer).

The material issues post transaction relate to:

- Residual liabilities for any on-going legal claims by staff or service users for issues arising whilst LYPFT was the contracted provider (and employer) i.e. 1 February 2012 – 30 September 2015.
- Agreement in principle to provide support services to the new provider, Tees, Esk and Wear Valleys NHS Foundation Trust (TEWV) for a period post transfer; principally Information Technology and Pharmacy as well as the transition of various supplies related services.
- Agreement in principle to co-operate with TEWV in the management of medical training rotations as well as medical on-call cover.
- Requirement to meet regulatory actions by the Care Quality Commission (CQC); some of which wholly or partly related to operations in VoY services.
- Requirement to co-operate with the current Judicial Review into the decision to close Bootham Park Hospital to regulated activities.

3. Finance

The financial impact of the loss of contract has previously been discussed, and is relatively neutral in the short term. LYPFT and TEWV have worked cooperatively to ensure as smooth a transition as possible and this work has progressed well. Work is on-going to finalise the transfer of associated charitable funds, as well as the sale/transfer of various York specific assets. Principle ICT will be transferred at the point of the demise of the current ICT service. A non-recurrent cash benefit is anticipated at the end of the financial year for the sale price of the depreciated value of assets being transferred. There an no other outstanding finance specific issues.

4. Claims

LYPFT remains fully liable for its actions during its tenure in York and claims from service users and staff. it is anticipated that the number of live claims relating to VoY services will dissipate to a negligible level over the next several months.

- **Clinical negligence** - The nature of claims against LYPFT means that they tend to be resolved relatively quickly. Any issues resulting in Coroner's Inquests may take significantly longer to conclude. Currently, there are 8 open inquests relating to VoY services; none requiring a jury.

  All new claims relating to LYPFT's tenure in VoY services will be managed by TEWV, as they now employ the relevant staff. Any liability will pass back to LYPFT via our membership of the NHS Litigation Authority. We are aware of only 2 new claims since the 30th September 2015.

  LYPFT will continue to manage any claims and complaints open on or prior to the 30 September 2015 until their natural conclusion.

- **Employer Liability** – potential claims relating to VoY services can be categorised as follows:
  - Ordinary claims – grievances, personal injury etc; at the point of transfer these were at a normal operational level, and are expected to dissipate naturally over the next few months.
  - Transfer (TUPE) related claims – employers have specific legal obligations to consult staff when there is a prospective TUPE transfer. LYPFT made every endeavour to correctly identify the relevant transferring staff, but there remains a residual risk that staff might object to having been transferred or indeed staff retained in LYPFT may claim that they should have been transferred. Only one issue has arisen since the point of transfer and this is expected to be resolved within the current financial year.

5. Service Level Agreements with TEWV

There are three areas where LYPFT and TEWV have agreed in principle to drafting Service Level Agreements (SLAs) but have not formally executed these yet. They relate to Information and Communication Technology (ICT), pharmacy and medical cover. The status of the main agreements is as follows:

- **ICT** - TEWV was not in a position to deliver its ICT directly; to facilitate the safe transfer of services LYPFT agreed to provide an ICT function to TEWV on a time limited basis; this relationship is expected to end on or about the end of the current financial year[1]. The service is operating effectively.

- **Pharmacy** – LYPFT currently runs pharmacy services in York across LYPFT (specialist), TEWV and The Retreat (including subordinate entities).It is cost efficient and clinically effective model. TEWV is satisfied with the quality of service and it is operating effectively. They have not confirmed a long term view of the service model.

[1] It is possible that TEWV will request a short extension of the SLA in whole or in part; this may be very limited e.g. maintaining data line contracts on their behalf while new agreements are put in place with suppliers.

- **Medical cover** – this covers two separate but related arrangements:

    - Consultant on call cover – a reciprocal arrangement whereby LYPFT and TEWV's senior medical staff provide reciprocal and mutually beneficial support. It does not incur cost to either party unless the actions of one party cause the other excess cost.

    - Core trainees – whereby TEWV, as the larger trust in VoY, manages the core trainee rota for doctors in training on behalf of both trusts. TEWV will recharge all reasonable costs to LYPFT in proportion to its share of the rota. In the event whereby either party causes the other an excessive cost (for example, by management action causing a banding increase across the entire rota) then the offending party must compensate the other. All arrangements are currently operating effectively.

6. CQC Action Plans

The CQC formally assessed LYPFT in late 2014 and formally reported in January 2015. The overall rating of the trust was "requires improvement". Although the majority of the CQC's concerns related to VoY commissioned services, the rating will remain the same until the CQC formally re-inspects LYPFT's remaining services. In the meantime we continue to comply with and report to the CQC on the residual, relevant action plans.

7. Judicial Review

Subsequent to LYPFT cessation of service provision in VoY we have received notice that a former service user is seeking a judicial review, specifically with regard to the decision making processes regarding the closure of Bootham Park Hospital. VoY CCG, the CQC and TEWV are cited as defendants in the proceedings (with City of York Council and NHS Property Services Limited named as interested parties).

A judicial review is a legal mechanism whereby a person affected by the decision of a public body(ies) can seek a legal review of the lawfulness of a decision. LYPFT is cooperating with the process and is taking appropriate legal advice. The process in currently paused until the 29 January 2016; it is not known whether the process will progress beyond this date.

8. Conclusion

Notwithstanding the business continuity issues in the last week prior to transfer, all services were decommissioned and transferred to TEWV. Where on- going services are in place between the providers these are working effectively. The majority of risks originally identified on the demobilisation risk register have been mitigated or transferred to TEWV. Appendix 1 provides an update and the new areas of risk that have been identified, which will be formally added to the Trust's relevant risk registers. The primary new risk relates to any untoward reputational impact linked to the potential judicial review. This could also incur significant management input and costs for legal support.

9. Recommendation

The Board of Directors is asked to:-

- Accept this report as final closure, post the decommissioning transaction
- Note the residual risks, which will be reported as appropriate if they become material for the Board.

Dawn Hanwell
Chief Financial Officer January 2016

Appendix
York and North Yorkshire Demobilisation Residual Risks Version 3.0 - 21/01/2016 - AJ and LP review (Changes from version 2 in red**)**

No	Risk	Type/s	Impacts	Cause/s	Mitigations	Likelihood	Impact	Rating	Further Treatment eg Business Continuity arrangements
1	Increased clinical risks due to inpatient services remaining in areas with significant ligature anchor points, compromised observation due to no vision panels and poor lines of sight for longer length of time than originally set out.	Transferred to TEWV							
1a *	Burnout and exhaustion of clinical staff proactively managing anchor point risks on wards	Transferred to TEWV							
2	Inpatient and other clinical environments are at risk of not being maintained to a good enough standard.	Transferred to TEWV							
3	Poor quality of clinical records available during the transfer period and following transfer.	**No longer an LYPFT risk as this now sits with TEWV.**							
4	Costs, complexity and implications for LYPFT accountability in reporting TEWV performance for York and NY services beyond 1 October 2015.	ITC	Governance Reputation	If the transferring services remain on LYPFT's version of PARIS, reporting of compliance, performance, contractual and regulatory information will have to be achieved through an on-going arrangement between LYPFT and TEWV		3	2	**Moderate**	On-going - Formal SLA will be needed to clarify responsibilities and process. Has this now happened and if so what has been impact on likelihood score?

Appendix

No	Risk	Type/s	Impacts	Cause/s	Mitigations	Likelihood	Impact	Rating	Further Treatment eg Business Continuity arrangements
5	Out of hours contacts will have to go via LYPFT switchboard leading to a risk of confused response to emergencies occurring out of hours. (see also 17)	ITC	Patient safety Service continuity Emergency response	Transferred services will remain on LYPFT landline numbers post transfer given time taken for new lines being put into buildings and the status of listed buildings	All partners could be informed that a TEWV number in one of their existing buildings is the out of hours contact for York and NY services.	2	2	**Low**	On-going – has this been managed? **LYPFT on call have been erroneously contacted by York TEWV staff out of hours**
6	Impaired connectivity to PARIS for clinical staff and hence delays in updating care records.	**This is now a TEWV risk**							
7	Impaired .access to electronically delivered diagnostic results.	Transferred to TEWV							
8	Disrupted and impaired response to serious incident processes.	ITC Workforce	Governance Statutory duties	1. Interface and data transfer issues between DATIX system and TEWV systems 2. Staff required for reviews, attendance at inquests etc will work in different organisations.	York staff are being advised to not get involved in work on non-York SIs.	3	2	**Moderate**	Have we assessed any requirements for cross organisation liaison with any cases and if so what is new assessment of likelihood?
9	Difficulties in maintaining safe staffing levels in York and NY services	Transferred to TEWV							

Appendix

No	Risk	Type/s	Impacts	Cause/s	Mitigations	Likelihood	Impact	Rating	Further Treatment eg Business Continuity arrangements
10	Inadequate out of hours and on-call medical cover/ response.	Workforce	Patient safety Service resilience and continuity	1. Operational uncertainties regarding on-call and out of hours given cross Trust rotas. 2. Critical mass for effective consultant on call in retained LYPFT services – especially in Forensics.		1	4	**Moderate**	SLA process near completion reducing this risk significantly.
11	Negative impact on clinical care caused by low staff morale.	Transferred to TEWV							
12	Maintaining safe staffing on remaining LYPFT services in York & NY.	Transferred to TEWV							
13	Risk of an inadequate, overly complicated or excessively costly Pharmacy arrangement.	Operations	Patient safety Clinical effectiveness Finance	Possible loss of specialist MH pharmacy service and impact on both remaining LYPFT services and NY&Y services at TEWV.		1	2	**Low**	SLA process nearing completion – service is operating effectively.
14	Quality improvement Plan works do not get progressed impacting on clinical quality	Transferred to TEWV							
15	Failure to deliver CQC action plan	Transfer to TEWV – however do we need a new risk about reputational damage if TEWV declare areas previously certified as complete non-compliant?							
16	Care pathways/ service delivery will be disrupted.	Transfer to TEWV							

Appendix

No	Risk	Type/s	Impacts	Cause/s	Mitigations	Likelihood	Impact	Rating	Further Treatment eg Business Continuity arrangements
17	Impaired management on-call arrangements	Operations	Patient safety Service continuity Emergency response	Residual services in York do not have the critical mass to continue York specific on-call system – reliance on Leeds will add delay and lack of local knowledge in any response.		2	3	**Moderate**	Work is still required to ensure this system is effective in York. Initial mitigation in place using Forensic staff on call at 1st (manager) on call level.
18	Impaired handover of responsibility for services to TEWV.	**Transfer to TEWV**							
19	Existing SLAs may be rendered non-tenable.	Financials	Clinical effectiveness Service continuity	Loss of a significant business portion may mean existing SLAs either require renegotiation and higher unit costs or become non-tenable leading to problems deliver parts of our services.		2	2	Moderate	The Firstcare costs have reduced with reduced head count. The Occupational Health contract with SWYFT may need further assessment going forward regarding viability. Discussed with Lindsay Jensen.
20	Remaining York services may suffer adverse funding impacts.	Transfer to TEWV							
21	Impaired service provision to Leeds/ NHS England.	Financials	Governance and regulation Reputation Financials	The Trust, due to pressures of transfer, may not fully engage with existing commissioners and other partners such as Leeds Council regarding the developments for remaining services.		2	3	**Moderate**	Relationship with the Leeds CCG is improving as the Trust is able to devote more management time to working with them**.**
22	Compulsory training targets will not be achieved.	Transfer to TEWV							

Appendix

No	Risk	Type/s	Impacts	Cause/s	Mitigations	Likelihood	Impact	Rating	Further Treatment eg Business Continuity arrangements
23	Lack of admin provision will compromise the ability of services to operate.	Transfer to TEWV							

Possible new risks

1. Reputational damage from proposed enquiries into Bootham closure ie the current Judicial Review action
2. Mental health act non-compliance cases

Both the above have been agree as needing to be assessed and recorded on the Trust's corporate risk register – responsibility Director of Nursing

3. Impact on morale regarding remaining York staff coupled with proposed name change of the Trust
4. CAMHS given tier 3 is in TEWV and Tier 4 in LYPFT – does this introduce any risk into care pathways?

Both the above have been accepted by the Chief Operating Officer who will liaise with the Associate Director of Specialist and Learning Disability Services so that they are recoded on their directorate risk register

Leeds and York Partnership NHS
NHS Foundation Trust

AGENDA ITEM
21

LEEDS AND YORK PARTNERSHIP NHS FOUNDATION TRUST

MEETING OF THE BOARD OF DIRECTORS

PAPER TITLE:	Re-appointment of Mental Health Act Managers		
DATE OF MEETING:	28 January 2016	**CATEGORY OF PAPER** (please tick relevant box)	
LEAD DIRECTOR:	Anthony Deery Director of Nursing	**STRATEGIC:**	
PAPER AUTHOR:	Gill Walton Mental Health Legislation Manager	**GOVERNANCE:**	✓
		INFORMATION:	

IMPACT ON THE TRUST'S STRATEGIC GOALS (please tick relevant box)		
G1	People achieve their agreed goals for improving health and improving lives	✓
G2	People experience safe care	✓
G3	People have a positive experience of their care and support	✓
IMPACT ON THE TRUST'S STRATEGIC OBJECTIVES (please tick relevant box)		
SO1	We provide excellent quality, evidence-based, safe care that involves people and promotes recovery and wellbeing	✓
SO2	We work with partners and local communities to improve health and lives	
SO3	We value and develop our workforce and those supporting us	
SO4	We provide efficient and sustainable services	
SO5	We govern our Trust effectively and meet our regulatory requirements	✓

STATUS OF PAPER	✓
To be taken in the public session (Part A)	✓
To be taken in private session (Part B) - If the paper is to be taken in the private session please indicate which criterion is applicable:	
Legal advice relating to legal proceedings (actual or possible)	
Negotiations in respect of employee relations where they are of a confidential nature	
Procurement processes and contract negotiations	
Information relating to identifiable individuals or groups of individuals	
Matters exempt under the Freedom of Information Act (quote section number)	

Leeds and York Partnership NHS
NHS Foundation Trust

SUMMARY:

This paper lists the Mental Health Act Managers (MHAMs) who are proposed for appointment by the Board of Directors for a second term of three years commencing 1 February 2016.

RECOMMENDATIONS:

The Board of Directors is asked to approve the re-appointment of the following Mental Health Act Managers for a further term of 3 years, commencing on 1 February 2016 in accordance with the terms agreed at the meeting of the Board of Directors in September 2012:

Nasar Ali Ahmed	James Morgan
Judith Devine	Claire Morris
Lorna James	Niccola Swan
Peter Jones	Thomas White

The re-appointment of the above MHAMs will support the Trust in continuing to fulfil its responsibilities in regard to the review of detention and community treatment orders and also the induction and continued mentoring of new MHAMs.

Leeds and York Partnership NHS
NHS Foundation Trust

AGENDA ITEM

21.1

LEEDS AND YORK PARTNERSHIP NHS FOUNDATION TRUST

MEETING OF THE BOARD OF DIRECTORS

PAPER TITLE:	Mental Health Act Managers' Reimbursement for non-executive directors		
DATE OF MEETING:	28 January 2016	**CATEGORY OF PAPER** (please tick relevant box)	
LEAD DIRECTOR:	Frank Griffiths, Chair of the Trust	**STRATEGIC:**	
PAPER AUTHOR:	Cath Hill, Head of Corporate Governance	**GOVERNANCE:**	✓
		INFORMATION:	

IMPACT ON THE TRUST'S STRATEGIC GOALS (please tick relevant box) ✓		
G1	People achieve their agreed goals for improving health and improving lives	✓
G2	People experience safe care	✓
G3	People have a positive experience of their care and support	✓
IMPACT ON THE TRUST'S STRATEGIC OBJECTIVES (please tick relevant box) ✓		
SO1	We provide excellent quality, evidence-based, safe care that involves people and promotes recovery and wellbeing	
SO2	We work with partners and local communities to improve health and lives	
SO3	We value and develop our workforce and those supporting us	
SO4	We provide efficient and sustainable services	
SO5	We govern our Trust effectively and meet our regulatory requirements	✓

STATUS OF PAPER	✓
To be taken in the public session (Part A)	✓
To be taken in private session (Part B) - If the paper is to be taken in the private session please indicate which criterion is applicable:	
Legal advice relating to legal proceedings (actual or possible)	
Negotiations in respect of employee relations where they are of a confidential nature	
Procurement processes and contract negotiations	
Information relating to identifiable individuals or groups of individuals	
Other – not yet a public document	
Matters exempt under the Freedom of Information Act (quote section number)	

Leeds and York Partnership NHS
NHS Foundation Trust

SUMMARY:

At a recent meeting of the Remuneration Committee a question was asked as to why there were different rates for reimbursing mileage expenses (differences between volunteer Mental Health Act Managers and non-executive directors carrying out Mental Health Act Mangers' duties).

This matter was reviewed and resolved; mileage rates for voluntary mental health act managers is set at 45p per mile (which is below the HRMC threshold for tax), but non-executive directors carrying out Mental Health Act Manager duties are paid for any mileage incurred at 56p per mile, which is the normal Trust mileage rate (in line with Trust staff) and is the amount paid to non-executive directors for any other journeys they incur.

This disparity in mileage rates then raised the question as to whether non-executive directors who are carrying out the duties of a Mental Health Act Manager should receive the £60 half-day rate for time provided for hearings etc. and £80 full-day training/study rate.

Having considered the matter carefully the Chair of the Trust took 'chair's action' and decided that the payment of £60 and £80 payment rates would not be made to non-executive directors carrying out Mental Health Act Manager's duties on the basis that carrying out these duties is set out within the role description for a non-executive director and as such falls within their normal duties.

RECOMMENDATIONS:

The Board is asked to note and endorse the Chair's action.

Leeds and York Partnership NHS
NHS Foundation Trust

AGENDA ITEM

22

LEEDS AND YORK PARTNERSHIP NHS FOUNDATION TRUST

MEETING OF THE BOARD OF DIRECTORS

PAPER TITLE:	Update on the well-led governance review		
DATE OF MEETING:	28 January 2016	**CATEGORY OF PAPER** (please tick relevant box)	
LEAD DIRECTOR:	Anthony Deery, Director of Nursing	**STRATEGIC:**	
PAPER AUTHOR:	Cath Hill, Head of Corporate Governance	**GOVERNANCE:**	✓
		INFORMATION:	

IMPACT ON THE TRUST'S STRATEGIC GOALS (please tick relevant box) ✓		
G1	People achieve their agreed goals for improving health and improving lives	✓
G2	People experience safe care	✓
G3	People have a positive experience of their care and support	✓
IMPACT ON THE TRUST'S STRATEGIC OBJECTIVES (please tick relevant box) ✓		
SO1	We provide excellent quality, evidence-based, safe care that involves people and promotes recovery and wellbeing	
SO2	We work with partners and local communities to improve health and lives	
SO3	We value and develop our workforce and those supporting us	
SO4	We provide efficient and sustainable services	
SO5	We govern our Trust effectively and meet our regulatory requirements	✓

STATUS OF PAPER	✓
To be taken in the public session (Part A)	✓
To be taken in private session (Part B) - If the paper is to be taken in the private session please indicate which criterion is applicable:	
Legal advice relating to legal proceedings (actual or possible)	
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Procurement processes and contract negotiations	
Information relating to identifiable individuals or groups of individuals	
Other – not yet a public document	
Matters exempt under the Freedom of Information Act (quote section number)	

Leeds and York Partnership NHS
NHS Foundation Trust

SUMMARY:

The Board is reminded that it has agreed for a well-led governance review to take place in the first quarter of 2016/17.

The review will be carried out by an external company and will have a number of stages to it. See the diagram on the attached taken from the Well-led Framework Guidance.

The Board is asked to note that at stage three there is a requirement for the reviewers to include Board observations, focus groups and interviews with internal and external stakeholders.

The review is expected to be concluded in April 2016 with a report to the Board to follow this. The observations of committees will take place during April which is when many of the Board sub-committees will meet. With regard to the interviews with internal and external stakeholders, these will be determined by the external reviewers, but will include members of the Board. It is therefore requested that directors make themselves available for interviews and stakeholder meetings as necessary.

The tender document for the external reviewer is being prepared and will be out to tender very shortly. Once this is concluded and the preferred bidder chosen the work of scoping out the review and determining dates and timeframes will then take place.

RECOMMENDATIONS:

The Board of Directors is asked to note the progress and to note that members of the Board will be required for stakeholder meetings and interviews as necessary.

Leeds and York Partnership NHS
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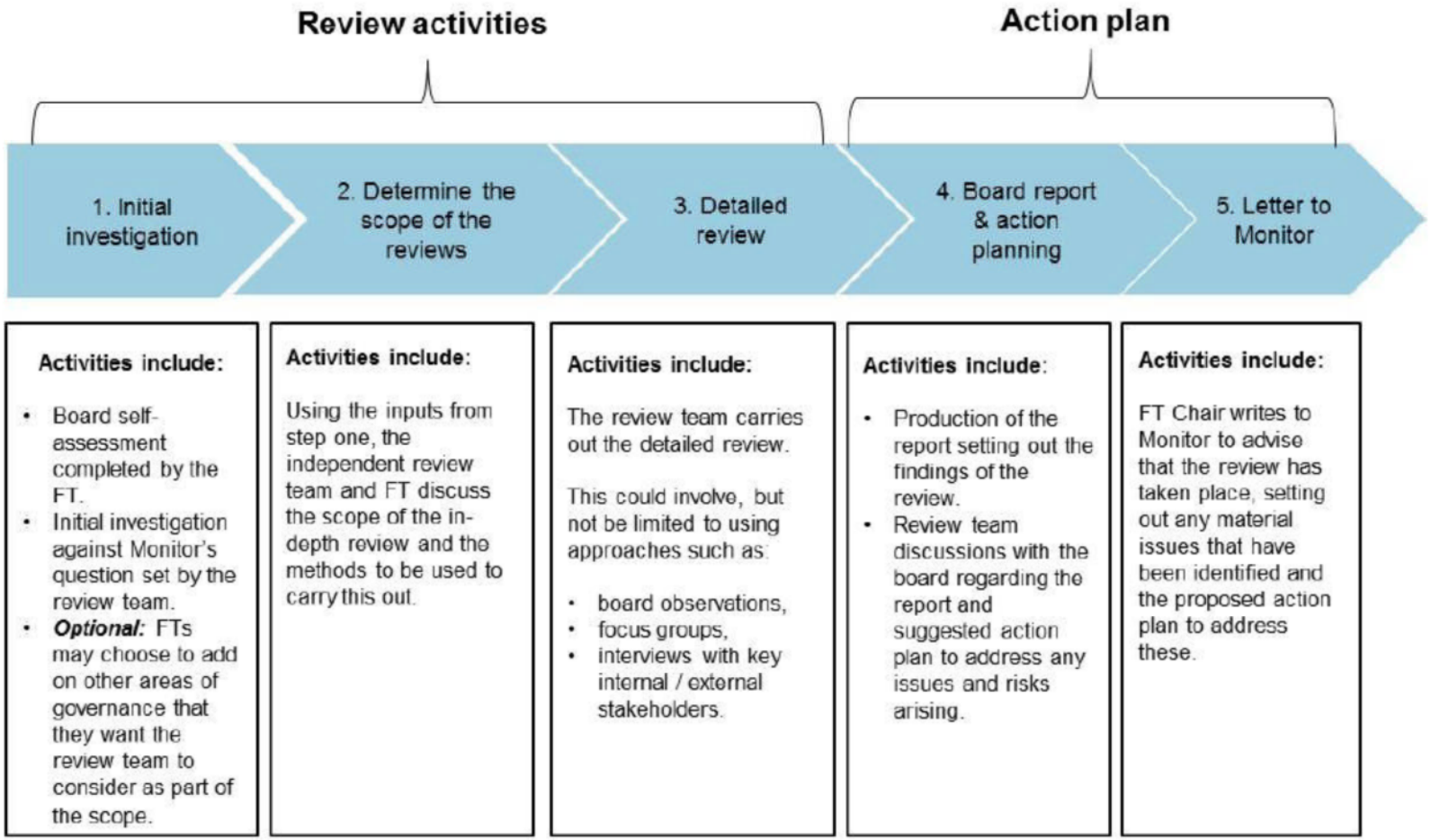

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Leeds and York Partnership NHS
NHS Foundation Trust

AGENDA ITEM

24

LEEDS AND YORK PARTNERSHIP NHS FOUNDATION TRUST

MEETING OF THE BOARD OF DIRECTORS

PAPER TITLE:	Chief Executive' s Report		
DATE OF MEETING:	28 January 2016	**CATEGORY OF PAPER** (please tick relevant box)	
LEAD DIRECTOR:	Jill Copeland Interim Chief Executive	**STRATEGIC:**	
PAPER AUTHOR:	Jill Copeland Interim Chief Executive	**GOVERNANCE:**	
		INFORMATION:	✓

IMPACT ON THE TRUST'S STRATEGIC GOALS (please tick relevant box)		
G1	People achieve their agreed goals for improving health and improving lives	✓
G2	People experience safe care	✓
G3	People have a positive experience of their care and support	✓
IMPACT ON THE TRUST'S STRATEGIC OBJECTIVES (please tick relevant box)		
SO1	We provide excellent quality, evidence-based, safe care that involves people and promotes recovery and wellbeing	✓
SO2	We work with partners and local communities to improve health and lives	✓
SO3	We value and develop our workforce and those supporting us	✓
SO4	We provide efficient and sustainable services	✓
SO5	We govern our Trust effectively and meet our regulatory requirements	✓

STATUS OF PAPER	
To be taken in the public session (Part A)	✓
To be taken in private session (Part B) - If the paper is to be taken in the private session please indicate which criterion is applicable:	
Legal advice relating to legal proceedings (actual or possible)	
Negotiations in respect of employee relations where they are of a confidential nature	
Procurement processes and contract negotiations	
Information relating to identifiable individuals or groups of individuals	
Matters exempt under the Freedom of Information Act (quote section number)	

SUMMARY:

This paper provides a short report from the Interim Chief Executive on local and national developments.

The report covers five issues:

1. Executive Team developments, decisions and priorities
2. NHS planning guidance
3. Five Year Forward View: new models of care
4. Transforming care for people with learning disabilities
5. NHS fraud case

RECOMMENDATIONS:
Members of the Board of Directors are asked to note this report for information.

Chief Executive's Report

1. Introduction

This paper provides a short report on Trust developments (including decisions of the Executive Team); and national and local developments.

2. Executive Team developments, decisions and priorities

The Executive Team (ET) met in its new (interim) form on 5 January to consider our strategic direction, our priorities for 2016, and how we can work most effectively to deliver these. We agreed that we need to make progress quickly on a number of important areas, include achieving greater clarity about the strategic direction for the Trust. These priority areas are set out for the Board's approval in the paper 'Operational Plan Priorities for 2016/17'.

On 12 January we met for the first time as an 'Extended ET' with clinical directors, associate directors, deputy directors and other senior leaders who report to executive directors. The main areas for discussion were appraisals; memory clinic waiting times; and out of area placements. The signs are that this approach will give us a greater focus across care services and corporate directorates on the main areas for performance improvement; and facilitate better shared ownership of and solutions to problems.

In the business part of our 12 January ET meeting, we agreed:

- To invest in better pharmacy support out of hours and during the weekends to facilitate seven day working and timely discharge from inpatient services.
- A new approach to staff engagement, including face-to-face listening events with me and Executive Directors over the next few months; using Crowdsourcing technology to get lots of people involved in shaping our priorities and strategy; regular CE Start the Week blogs; and a monthly Trust Brief to be cascaded through teams with a 'feedback loop' to get two way communications flowing through the organisation.
- To commission an external consultant to undertake one-to-one interviews with key stakeholders to give us a better understanding of our current reputation; and invest in short-term additional communications support to promote the Trust externally.

One of our main priorities is to fill staff vacancies, particularly in nursing. We are currently undertaking a major recruitment drive, with an assessment centre scheduled for 28 January. So far we have had over 400 applications for the available roles.

3. NHS planning guidance

The NHS planning guidance 'Delivering the Forward View: NHS planning guidance 2016/17 – 2020/21' was published in December. Two of the nine 'must do' requirements in the planning guidance are specific to LYPFT services:

- Achieve and maintain the two new mental health access standards: more than 50 percent of people experiencing a first episode of psychosis will commence treatment with a NICE approved care package within two weeks of referral; 75 percent of people with common mental health conditions referred to the Improved

Access to Psychological Therapies (IAPT) programme will be treated within six weeks of referral, with 95 percent treated within 18 weeks. Continue to meet a dementia diagnosis rate of at least two-thirds of the estimated number of people with dementia. (Number 7)

- Deliver actions set out in local plans to transform care for people with learning disabilities, including implementing enhanced community provision, reducing inpatient capacity, and rolling out care and treatment reviews in line with published policy. (Number 8)

There is also a requirement to improve mental health services in line with the Mental Health Taskforce report, which has yet to be published.

The requirements for delivering organisational operational plans for 2016/17 and longer-term, 'place-based' sustainability and transformation plans are set out in the Board paper 'Operational Plan Priorities for 2016/17'.

4. Five Year Forward View: new models of care

We have been working closely with the three clinical commissioning groups (CCGs) in Leeds to develop integrated models of care in response to the Five Year Forward View. These multispecialty community provider (MCP) models see services wrapped around federations of GP practices, building on the existing integrated neighbourhood teams. The Trust is at the forefront of these developments, and we see them as critical to achieving parity of esteem for our service users.

To further the pace and scale of integration for Leeds, the three CCGs have commissioned a short piece of work to explore the contractual models available for commissioning integrated models of care, with a specific focus on community services and the implications of different commissioning models for the current provider landscape. This work will be reported to the Health and Social Care Partnership Executive (comprising NHS and local authority chief officers) in March.

To deliver the new multi-specialty community provider model, we have proposed to Leeds Community Healthcare that we explore the benefits of merging our organisations. We believe this would ensure a strong provider of community services in Leeds; make it easier to provide the governance and culture needed to develop the new integrated ways of working; and deliver significant financial savings. I have recently discussed these issues with Tom Riordan, chief executive of Leeds City Council; and stressed our commitment to providing 'place-based' care for the Leeds population.

5. Transforming care for people with learning disabilities

The national programme 'Transforming Care for People with Learning Disabilities' is driving system-wide change to improve services for people with learning disabilities (LD) and/or autism who have a mental illness or who display behaviour that challenges services. The drive to implement this is already having a significant effect on service user pathways and flows locally; and is reflected in NHS England specialised commissioning plans to accelerate discharge and reduce secure LD inpatient beds by approximately 50% nationally. Local 'Transforming Care Partnerships' are designed to reduce the current fractured commissioning arrangements that exist, by bringing together the CCGs, local authority and NHS England specialised commissioners. The partnership in Leeds is being led by Leeds North CCG and is currently being established. Recently, I met the Chief

Officer of Leeds North CCG and have been given assurances that the Trust will be well represented in the local partnership group.

6. NHS fraud case

Neil Wood and three accomplices, who had been found guilty of money laundering and a £3.5m NHS fraud against LYPFT, Leeds Community Healthcare Trust and NHS England, were sentenced at Leeds Crown Court for a total of over 10 years on 8 January 2016. The sentencings followed a lengthy investigation led by police, and supported by NHS Protect and HMRC. Neil Wood was a senior manager at the Trust until March 2013, and he also worked with Leeds Community Healthcare Trust before moving to NHS England.

The fraud committed against this Trust and other parts of the NHS by one of its own staff members is reprehensible. However I am confident that this was an isolated case and that it had no adverse impact on patient care or front line services. The NHS cannot operate without being able to trust its own staff. Neil Wood and his associates chose to abuse their positions and the trust that was placed in them.

Whilst we had a range of financial controls in place when Neil Wood was employed by the Trust, they were not being followed properly in this instance. We have since taken steps to address this and invested significantly in strengthening our procurement procedures and audit processes to make sure this type of crime cannot happen again.

We have worked closely with NHS Protect and West Yorkshire Police to support their investigations and learn lessons from what happened. Now that the trial has concluded, we are looking at the evidence that was presented to see if we can learn any further lessons from what took place. The Audit Committee will provide assurance to the Board of Directors that the Trust has taken appropriate and timely action in response to this learning.

Jill Copeland
Interim Chief Executive
19 January 2016

Leeds and York Partnership NHS
NHS Foundation Trust

AGENDA ITEM
26

LEEDS AND YORK PARTNERSHIP NHS FOUNDATION TRUST

MEETING OF THE BOARD OF DIRECTORS

PAPER TITLE:	Minutes of the Council of Governors' meeting held on the 9 September 2015, and the 18 November 2015		
DATE OF MEETING:	28 January 2016	**CATEGORY OF PAPER** (please tick relevant box)	
LEAD DIRECTOR:	Frank Griffiths – Chair of the Trust	**STRATEGIC:**	
PAPER AUTHOR:	Cath Hill – Head of Corporate Governance	**GOVERNANCE:**	
		INFORMATION:	✓

IMPACT ON THE TRUST'S STRATEGIC GOALS (please tick relevant box)		
G1	People achieve their agreed goals for improving health and improving lives	✓
G2	People experience safe care	✓
G3	People have a positive experience of their care and support	✓
IMPACT ON THE TRUST'S STRATEGIC OBJECTIVES (please tick relevant box)		
SO1	We provide excellent quality, evidence-based, safe care that involves people and promotes recovery and wellbeing	
SO2	We work with partners and local communities to improve health and lives	
SO3	We value and develop our workforce and those supporting us	
SO4	We provide efficient and sustainable services	
SO5	We govern our Trust effectively and meet our regulatory requirements	✓

STATUS OF PAPER	✓
To be taken in the public session (Part A)	✓
To be taken in private session (Part B) - If the paper is to be taken in the private session please indicate which criterion is applicable **(actions are pertaining to items previously discussed in private)**.	
Legal advice relating to legal proceedings (actual or possible)	
Negotiations in respect of employee relations where they are of a confidential nature	
Procurement processes and contract negotiations	
Information relating to identifiable individuals or groups of individuals	
Matters exempt under the Freedom of Information Act (quote section number)	

Leeds and York Partnership NHS
NHS Foundation Trust

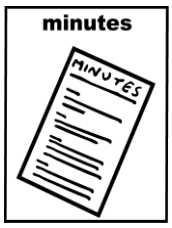
SUMMARY:

The papers presented here are the Minutes of the Council of Governors' Meetings held on the 9 September 2015 and the 18 November 2015.

RECOMMENDATIONS:

The Board of Directors is asked to:

- Receive the Minutes of the Council of Governors' Meetings that was held on the 9 September 2015, and the 18 November 2015 and note them for information.



LEEDS AND YORK PARTNERSHIP NHS FOUNDATION TRUST

Minutes of the Public Meeting of the Council of Governors held on Wednesday 9 September 2015, in the Duchess of Hamilton Suite, National Railway Museum, Leeman Road, YO26 4XJ

PRESENT:				
		Frank Griffiths – Chair of the Trust		
		Public Governors		**Service User Governors**
		Philip Jones		Claire Woodham (Lead Governor)
		Richard Brown		Becky Oxley
		Niccola Swan		Ann Shuter
		James Morgan		
		Jo Sharpe		
		Steve Howarth		**Staff Governors**
		David Smith		Dominik Klinikowski
				Gary Matfin
				Ruth Grant
				Heather Simpson
		Carer Governors		
		Julia Raven		**Appointed Governors**
		Andrew Johnson		Ant Hanlon
		Andy Bottomley		Colin Clark
				Cllr Helen Douglas
				Cllr Josie Jarosz

IN ATTENDANCE:	
	Chris Butler, Chief Executive
	Jill Copeland, Chief Operating Officer and Deputy Chief Executive
	Margaret Sentamu, Non-executive Director
	Keith Woodhouse, Non-executive Director
	Gill Taylor, Non-executive Director
	Anthony Deery, Director of Nursing
	Cath Hill, Head of Corporate Governance / Trust Board Secretary
	Keisha Allen-Dowuona, Governance Officer (minutes)

		Action
15/069	**Welcome and Introductions** (agenda item 1) The Chair opened the public session of the meeting at 14:15 and welcomed everyone.	
15/070	**Apologies** (agenda item 2) Apologies were received from Maria Trainer (Service user governor, Leeds); Alan Procter (Carer governor, Leeds) and Carol-Ann Reed (Appointed governor, Tenfold).	
15/071	**Changes to any declaration of interests and declaration of any conflicts of interest in respect of agenda Items** (agenda item 3.1) No governor present at the meeting indicated a change to their declared interests. Ms Swan noted that an item relating to Health Watch Leeds was referenced in the agenda papers and informed the Council that she is a board member of this organisation. The Council noted that no other governor present at the meeting declared a conflict of interest in respect of any item on the agenda.	
15/072	**Opportunity to Receive Comments or Questions from Members of the Public** (agenda item 4) There were no questions from members of the public.	
15/073	**Minutes of the Public Meeting held on 15 July 2015** (agenda item 5.1)	
	The minutes of the public Council of Governors' meeting held on 15 July 2015 were **agreed** as an accurate record.	
15/074	**Matters arising – Update on the complaint to Monitor** (agenda item 6) The chair deferred this time noted that it would be taken as part of agenda item 8, the Chair's report.	

15/075	**Cumulative actions outstanding from previous Council of Governors' meetings** (agenda item 7) Mrs Hill presented the action log which showed those actions agreed by the Council at previous meetings; those that had been recently completed; and those that were still outstanding. Mrs Hill advised the Council that following the meeting, the chair's PA (Julie Wortley-Froggett) will contact each member of the Council to arrange their appraisals with Mr Griffiths.	
	The Council of Governors **noted** the actions outstanding from previous meetings and was **assured** of progress.	
15/076	**Chair's Report** (agenda item 8) Mr Griffiths presented the Chair's Report. He advised the Council of the concerns he had raised with the Secretary of State for Health and Monitor. Mr Griffiths explained that he had received a letter in response to his concerns from the Secretary of State and noted his dissatisfaction with the reply and asked for the response letter to be circulated to members of the Council. Mr Griffiths reminded Council members that they were sent a copy of the letter that he submitted to the new joint Chair of Monitor, Mr Ed Smith; noting that the organisation will be merging with the Trust Development Agency and is to be renamed as NHS Improvement. Mr Griffiths noted that he is as yet to receive a reply from Mr Smith to the letter that was sent on the 24 August 2015. With regard to the safe transfer of services, Mr Griffiths advised the Council that the matter is still in hand and that the situation at Bootham Park Hospital remains high on the Board of Directors' agenda. Mr Griffiths asked Mr Deery to update the Council with respect to the inspection from the Care Quality Commission (CQC). Mr Deery advised the Council that the CQC had arrived at Bootham Park Hospital earlier in the day to conduct an unannounced compliance inspection, specifically looking at the safety domain. Mr Deery noted that they had visited ward six, which is the older peoples' assessment ward and also that a CQC estates advisor was with the team and that they will be inspecting wards one and two the	**CH**

following day. Mr Deery speculated on the reason for their visit noting that this was perhaps due to the slippage related to the compliance actions around the estates improvements at Bootham Park Hospital, prior to the services transferring to Tees, Esk and Wear Valleys NHS Foundation Trust (TEWV).

Mr Griffiths advised the Council that Mr Butler had drafted a letter to Monitor setting out the Trust's concerns about the tender process; noting in particular he was dissatisfied with the response received.

With regard to his report overall Mr Griffiths invited questions from the Council of Governors.

Mr Howarth referred to the letter to the Secretary of State for Health noting that it had highlighted to him issues around patient safety and that it was discourteous of Mr Hunt to not directly address this issue. Mr Howarth asked whether there was anything that could be done to achieve a better response.

Mr Morgan asked about the financial cost for the refurbishment of Bootham Park Hospital, noting that the Trust had undertaken refurbishments on the site prior to the tendering process and questioned whether the Trust will be reimbursed or compensated for the costs incurred.

Mr Griffiths suggested that had Monitor conducted a proper review of the tender process it would have concluded that there were questions to answer in respect of the bidding process. Mr Griffiths explained that both Trusts had spent a significant amount of money to undertake this exercise and this perhaps was not a best use of public funds.

Mr Butler responded to the question about patient safety and about the cost of the bid noting that regardless of the tender process there were various duties the Trust had to undertake to ensure safe, effective services for services users and carers. Mr Butler explained that money had been used to employ extra staff within the services and that this presented a good use of the Trust's income. Mr Butler referred to the tendering process as an example of poor use of the Trust money; however, he noted that both the Trust and TEWV had both incurred costs associate with this process and that the internal market uses money that should be better used in the direct care of service users.

In respect of the Trust's financial position, Mr Butler advised the

	Council that the reason for the surplus is to ensure the Trust is in a good financial position to respond to service users' needs within the medium and long term. With regard to the Annual Members' Meeting, Mr Butler advised the Council that he will be setting out in detail the Trust's achievements, particularly within the city of York. Ms Sharpe noted that she represents one of the York constituencies and asked what the Trust's plans are for York going forward. Mr Griffiths informed the Council that the Board of Directors will be discussing a potential change of name for the Trust at its forthcoming meeting. He also spoke about the continuing partner relationships with organisations in York. Mr Griffiths informed the Council that if there are any further updates with respect to this matter that he will ensure the Council is notified of these. Mr Griffiths then advised the Council of the recent changes to the membership of the Council of Governors, in particular, Annie Dransfield, Laura Phipp and Jackie Ainsley-Stringer who had all stepped down. Mr Griffiths also welcomed Cllr Josie Jarosz to her first meeting of the Council, noting that she is the newly appointed governor for Leeds City Council.	
	The Council **received** the Chair's Report and **noted** the content.	
15/077	**Non-executive director presentation about performance** (agenda item 9.1) Mrs Margaret Sentamu presented the Performance Report to the Council and drew attention to the new format of the report. Mrs Sentamu advised members of the Council that if they had any feedback with respect to the format to let Mr Deery know through Mrs Hill. Mrs Sentamu drew attention to the key areas of concern which she and the other non-executive directors have held the executive directors to account for. With regard to the section in the report on safety, Mrs Sentamu focused on seven-day follow-ups explaining to the governors some of the valid reasons as to why this target had not been met in the York services. With regard to the 'effective' section Mrs Sentamu focused on the target for clustering noting that	

	the Trust is not meeting its target in respect of this but that the Trust is not out-with performance nationally. With regard to the 'responsive' section, Mrs Sentamu reported that members of the Board have benefited from hearing stories from service users noting that this has been incorporated into the Board's schedule for the day. Ms Sentamu suggested that having the stories come to the Council of Governors could also be very useful in understanding service user experience. Mrs Sentamu then drew attention to the 'well-led' section and informed the Council that a high percentage of staff had completed their appraisals this year. Mrs Sentamu informed the Council that she had questioned the executives as to whether the problems concerning the completion of appraisals were being addressed and that she had been advised that by July 2016 the backlog of appraisals would have been completed. Mr Griffiths invited the Council to discuss the report. Mr Johnson sought confirmation as to whether the contract with FirstCare would be reviewed and what the plans are for reporting on sickness absence after the end of the contract. Mr Butler advised the Council that the Trust had contracted out sickness absence reporting to FirstCare in order to improve reporting and monitoring processes. Mr Butler informed the Council that the Executive Team had decided to extend the contract to the end of March 2016 in order to fully evaluate the system. Mrs Sentamu drew attention to page 3 of the report, noting there was a reporting inaccuracy in that the report shows a figure of 97.4% relating to 'harm free care' which should show 98.3%. Mrs Sentamu noted that this represents no significant change in this regard. With respect to safer staffing, Ms Sentamu advised the Council that the figure of 92% of wards not meeting the target was an internally set target and as such is not something monitored in this was externally. She noted that there are a number of possible reasons as to why a ward might not reach its planned staffing level and as such the table itself didn't necessarily show a true picture. Mr Butler also added that there is no nationally agreed position relating to what safer staffing looks like but that Jane Cunning, the chief nurse from NHS England will be conducting a review of safer staffing levels. Mr Howarth noted that the target should not look	

	only at safer staffing but it should also look at therapeutic staffing. He also noted that from the financial report that the Trust has a high surplus whilst at the same time it has a high number of staff vacancies. Mr Griffiths advised the Council that there is a national problem with regard to recruiting qualified staff and that just having a surplus will not guarantee that staff can be found to recruit. Mr Griffiths indicated that there is much work ongoing in the Trust around recruitment. Ms Sharpe indicated that a recruitment panel for medical staff which she was due to attend had to be cancelled due to a lack of candidates. Mr Griffiths noted the difficulties in attracting candidates, in particular medical staff, and asked that Dr Isherwood be invited to attend the next Council meeting to discuss the recruitment and retention of medical staff. Mrs Simpson suggested that the report could benefit from including a model which explains what is considered a safe level of staffing. She agreed that there is a problem nationally regarding the recruitment of nurses and asked what the Trust was doing to attract qualified staff. Mrs Simpson also advised the Council that earlier in the week it had been brought to her attention that no graduate from York had applied for the vacant posts within the Trust. Mr Butler noted that all the graduates from the York courses had applied to the private sector. Mr Griffiths noted these comments and those from Ms Sharpe about the recruitment to medical posts. Mr Klinikowski suggested that the reason for the lack of recruitment into posts may be due to the quality of the adverts on the NHS Jobs website. Mr Griffiths noted his comments and asked that this is drawn to the attention of the Workforce Development team. Mrs Swan commented on the report noting her appreciation for this being more concise; however, she noted a number of areas that could be added to the report. Mrs Sawn noted that under the effective care heading there was only one item and suggested other information could be added to this section, possibly around CMHT's caseloads; under the responsive care heading information about the Trust's ability to respond to service users' in crisis could be included; the number of service users that are being transferred out of area, including how many service users are being transferred within a given period or the number of nights are away from the area. Miss Woodham drew attention to Page 8 of the report noting that she was pleased that service users' stories are being included. She spoke about her experience with respect to the CMHT service and	**JI** **CH**

	noted the need to ensure that the quality of care provided is improved. Mr Butler considered the Council's concern regarding the difficulty of recruiting nurses and indicated some of the reasons as to why this might be. Ms Copeland also advised that HR is reviewing how the recruitment process can be speeded up and that discussions have been undertaken around implementing a more central system of recruitment. With regard to the retention of staff, Ms Copeland assured the Council that she and Mr Deery had met with ward managers to discuss a strategy for nursing including the career progression of nurses within the Trust. Ms Copeland advised the Council that the Director of Nursing is committed to implementing a nursing strategy which will set out new roles that could be attractive to nurses. With regard to CMHTs, Ms Copeland indicated that generally the quality of care in CMHTs is very good and had received a positive report as part of the CQC inspection last year. However, Ms Copeland noted that staff within the CMHT service are experiencing high levels of caseloads and don't always have the time to provide the level of service they would like, she also confirmed there had been some complaints from service users about the service. Mr Griffiths thanked Mrs Sentamu for her report to the Council and noted the comments provided by governors and executive directors in respect of the format and content of the report.	
	The Council of Governors **received** the report, **noted** its content.	
15/078	**Patient Experience Report** (agenda item 9.2) Ms Sentamu introduced the Patient Experience Report noting that the Trust routinely seeks feedback from service users, with the aim of better understanding the experience of service users in order to directly influence how the Trust improves its services. Ms Swan asked whether non-executive directors (NEDs) have had the opportunity to review any individuals' complaints. Mrs Hill advised the Council that the CLIP report has information relating to complaints and that this is reported to the Quality Committee which has two NEDs on it. Ms Sentamu also explained that the Audit Committee had reviewed a batch of complaints, in particular a	

	complaint about the quality of food provided by the Trust.	
	The Council of Governors **considered** the contents of the Patient Experience Report and **confirmed** that it supports the work undertaken to date and is assured that progress was being made.	
15/079	**Trust Incident Review Group, Lessons Learnt Report** (agenda item 9.3) Ms Sentamu presented the Trust Incident Review Group, Lessons Learnt Report noting that the issues in the report are discussed on a monthly basis to the Board of Directors. In response to comments from governors about the content of the report Mr Griffiths acknowledged that some of the information could be upsetting. For this reason, Mr Griffiths requested that Dr Isherwood present the report at the next Council meeting.	**CH/JI**
	The Council of Governors **received** and **noted** content of the report.	
15/080	**Presentation by the auditors on the findings from the audit of the Annual Report and Accounts 2014/15 and the Quality Report 2014/15** (agenda item 10) Mr Fenton presented the Trust's Annual Report and Accounts 2014/15 and the Quality Report 2014/15 to the Council. He discussed the summary of findings from audit of the financial statements and the audit of the quality report; the challenges ahead; and the next steps for 2015/16. Mr Fenton advised the Council that the Trust had received a 'clean' audit opinion and that this was consistent with the audits carried out in 2012/13 and 2013/14 and. He also reported a higher surplus than planned for the year. The Council discussed the length of time PricewaterhouseCoopers had been the auditors for the Trust. It asked about the tender process for appointing the Trust's external auditors. Mr Fenton responded by stating that PricewaterhouseCoopers has been appointed by the Trust for 11 years in total. The Council asked how	

	it could be assured that the auditors remained independent. Mrs Hill assured the Council that even though the contract was with the same firm the audit team had been refreshed frequently. The Council received the Annual Report and Accounts 2014/15 and the Quality Report 2014/15.	
	The Council of governors **received assurance** on the audit findings and the auditors' reports on the Trust's Annual Report and Accounts 2014/15 and the Quality Report 2014/15.	
15/081	**Update on membership and engagement events** (agenda item 11) Mr Howorth presented the update report on membership and engagement to the Council of Governors noting that this had been presented for information. He reported that engagement-related work and membership recruitment is continuously being reviewed and that his team welcomes any comments from governors as to how the report might provide more useful information. Mr Howorth also drew attention to the proposed membership campaign themes for 2016, noting that this would be discussed at the forthcoming Annual Members' Day. Cllr Douglas noted that the schedule didn't show any events in York. Mr Howorth apologised for this and agreed to look into it.	**AH**
	The Council **noted** and **received** the Membership and Engagement Report.	
15/082	**Proposals for the remit of the Membership and Development Committee** (agenda item 12) Mr Griffiths informed the Council that the format of the Membership and Development Committee is to be reviewed. He noted that some of the meetings in 2015 had been cancelled due to them not being quorate. Mr Griffiths indicated that a report would be presented to the next Council meeting setting out in more detail the changes and proposals going forward.	

	Mr Griffiths then invited Mr Howorth to outline some of new arrangements that had been considered. Mr Howorth indicated that one positive aspect of his role is to invite service users to attend Board of Directors' meetings to share their personal stories and that it had been suggested that this would be good to share these stories with the Council of Governors. To achieve this he proposed there to be an event, at least three times a year, to which governors and non-executive directors would be invited, where they could meet with service users who could talk to them about their experiences. Mr Howorth noted that this would allow governors to engage with service users more closely and understand some of the issues and where necessary use this to inform the issues raised with the non-executive directors. The Council welcomed this approach.	
	The Council **noted** and **received** the verbal update with respect to restructuring the remit of the Membership and Development Committee.	
15/083	**Minutes of the meeting of the Board of Directors held 18 June 2015** (agenda item 13)	
	The Council **noted** and **received** the minutes of the public meetings of the Board of Directors for information.	
15/084	**Any other business** (agenda item 14) There were no items of other business.	
15/085	**Question / comments from Members of the Public** (agenda item 15) There were no questions from the public.	

The chair of the meeting closed the public meeting of the Council of Governors of Leeds and York Partnership NHS Foundation Trust at 16:00 and thanked governors and members of the public for their attendance.

(PUBLIC MEETING)
Meeting held 9 September 2015

MINUTE	ACTION SUMMARY (PUBLIC MEETING)	LEAD
15/076	**Chair's Report** (agenda item 8) Mr Griffiths explained that he had received a letter in response to his concerns from the Secretary of State and noted his dissatisfaction with the reply and asked for the response letter to be circulated to members of the Council. Mr Griffiths reminded Council members that they were sent a copy of the letter that he submitted to the new joint Chair of Monitor, Mr Ed Smith; noting that the organisation will be merging with the Trust Development Agency and is to be renamed as NHS Improvement. Mr Griffiths noted that he is as yet to receive a reply from Mr Smith to the letter that was sent on the 24 August 2015. Mr Griffiths indicated that he will ensure a copy of this is circulated to members of the Council when it is received.	**CH** **CH**
15/077	**Non-executive director presentation about performance** (agenda item 9.1) Mr Griffiths indicated that there is much work ongoing in the Trust around recruitment. Ms Sharpe indicated that a recruitment panel for medical staff which she was due to attend had to be cancelled due to a lack of candidates. Mr Griffiths noted the difficulties in attracting candidates, in particular medical staff, and asked that Dr Isherwood be invited to attend the next Council meeting to discuss the recruitment and retention of medical staff. Mr Klinikowski suggested that the reason for the lack of recruitment into posts may be due to the quality of the adverts on the NHS Jobs website. Mr Griffiths noted his comments and asked that this is drawn to the attention of the Workforce Development team.	**JI** **CH**

MINUTE	ACTION SUMMARY (PUBLIC MEETING)	LEAD
15/079	**Trust Incident Review Group, Lessons Learnt Report** (agenda item 9.3) In response to comments from governors about the content of the report Mr Griffiths acknowledged that some of the information could be upsetting. For this reason, Mr Griffiths requested that Dr Isherwood present the report at the next Council meeting.	**CH/JI**
15/081	**Update on membership and engagement events** (agenda item 11) Cllr Douglas noted that the schedule didn't show any events in York. Mr Howorth apologised for this and agreed to look into it.	**AH**

LEEDS AND YORK PARTNERSHIP NHS FOUNDATION TRUST

Minutes of the Public Meeting of the Council of Governors held on Wednesday 18 November 2015, in the Large Function Room, St George's Centre, Great George Street, Leeds, LS1 3BR

	PRESENT:	
	Frank Griffiths – Chair of the Trust	
	Public Governors	**Staff Governors**
	Philip Jones	Dominik Klinikowski
	Richard Brown	Ruth Grant
	Niccola Swan	Andrew Johnson
	Jo Sharpe	
	Steve Howarth	**Appointed Governors**
		Colin Clark
	Carer Governors	Cllr Josie Jarosz
	Andy Bottomley	Carol-Ann Reed
	Alan Procter	
	Service User Governors	
	Claire Woodham (Lead Governor)	
	Ann Shuter	
	Maria Trainer	
IN ATTENDANCE:		
	Chris Butler, Chief Executive	
	Dawn Hanwell, Chief Financial Officer	
	Anthony Deery, Director of Nursing	
	Susan Tyler, Director of Workforce Development	
	Jim Isherwood, Medical Director	
	Jill Copeland, Chief Operating Officer and Deputy Chief Executive	
	Margaret Sentamu, Non-executive Director	
	Julie Tankard, Non-executive Director	
	Keith Woodhouse, Non-executive Director	
	Julie Wortley-Froggett, Executive Assistant to the Chair and Chief Executive	
	Sam Marshall, Serious Incident Administration/Legal Support Manager (minutes)	

		Action
15/082	**Welcome and Introductions** (agenda item 1) The Chair opened the public session of the meeting at 14:15, introducing Mrs Sam Marshall to the governors and thanking her for attending to minute the meeting. The Chair noted the apologies of Mrs Cath Hill advising the governors that due to personal reasons she was unable to attend. The group extended their very best wishes to Mrs Hill and her husband. The Chair advised the following preliminary items: • Resignation of a governor – Mr Griffiths noted that Mr David Smith had tendered his resignation advising that due to changes in his obligations at work he felt unable to fulfil his role of governor. • Change to agenda item 10 – a replacement to the paper previously circulated was tabled. The tabled version of the report provided a more succinct summary of the original paper.	
15/083	**Apologies** (agenda item 2) Apologies were received from the following governors: • James Morgan • Becky Oxley • Ant Hanlon • Cllr Helen Douglas.	
15/084	**Changes to any declaration of interests and declaration of any conflicts of interest in respect of agenda Items** (agenda item 3) No governor present at the meeting indicated a change to their declared interests; neither did any governor raise a conflict in respect of any agenda item.	

15/085	**Opportunity to Receive Comments or Questions from Members of the Public** (agenda item 4) There were no questions from members of the public. The Chair advised he would revisit this question again at the end of the meeting.	
15/086	**Minutes of the Public Meeting held on 9 September 2015** (agenda item 5.1) Mr Andrew Johnson noted a material inaccuracy – the minutes have him listed as a Carer Governor when he is a Staff Governor. The Chair advised this would be amended.	
	The minutes of the public Council of Governors' meeting held on 9 September 2015 were **agreed** as an accurate record subject to the requested amendment.	
15/087	**Matters arising** (agenda item 6) The Chair introduced Ms Jill Copeland to present a brief to the governors regarding the prison healthcare contract. Ms Copeland advised that the Council had previously received a presentation, delivered by Mr Andy Weir, on prison healthcare and she would like to provide an update following this. Ms Copeland advised the Council that unfortunately the tender placed in conjunction with Leeds Community Healthcare (LCH) had not been successful. Ms Copeland further commented that the LYPFT/LCH tender had scored better than the preferred provider across all elements of quality, however, we had been beaten on price and the points awarded for the presentation aspect of the tender. Ms Copeland reported that Care UK, an independent sector provider, had been awarded the contract of £370,000 with effect from the 1 April 2016 and that 9 Trust staff will be transferred across to the new service provider. Ms Copeland commented that it was a very disappointing outcome for the Trust as this was an important part of our work. The Council was advised that LCH had challenged the outcome of	

	the tender which has not been successful. Ms Copeland informed that we have been advised that other existing providers had also lost on the same grounds and have therefore suggested that a joint challenge is submitted to Monitor.	
	The Council of Governors **noted** the update and was **assured** it would be advised of any developments	
15/088	**Difficulty in recruiting medical staff** (agenda item 6.1) Dr Jim Isherwood began his presentation by advising the Council that there is a national shortage of doctors and detailing the various reasons for this, namely: • A high proportion of doctors are female and either work part-time or retire early • The UK is no longer seen as an attractive place to work – we now export doctors • Psychiatry is seen as an unpopular speciality compared to others • It is difficult to recruit within specialist services • There is competition from private providers. It is no longer the case that the Mental Health Act Officer status allows doctors to retire at 55. Dr Isherwood advised the Council of what the Trust is doing about this issue including: • It is heavily involved in education and have links with two universities • Every year the Trust runs a summer school • A mentoring scheme is provided • There are placements for sixth form students • There are two training schemes for junior doctor. The Council was advised that recruitment is high on the agenda; however, more work must be done to market the attributes of the Trust to make it more attractive and appealing to applicants, noting that this is something which is discussed by the Consultants Group. The Council was assured that the Medical Directorate's current priority is to define what we mean by being an ideal employer to help support recruitment in the future.	

	Ms Sharpe advised the Council that she would be sitting on an interview panel over the next two days but that there was only one candidate for each post. She asked whether there is a similar uptake in other trusts. Dr Isherwood confirmed that our Trust is in a no worse position than any other trust but that we need to attract more applicants. Mr Bottomley asked if the Trust should be competing with the private sector and offering similar incentives. Dr Isherwood responded by advising that the NHS is a training organisation and we expect doctors to also have a management role. He noted that there are a lot of disadvantages to working in the private sector such as not been able to obtain an NHS pension, however, he advised the Trust is considering introducing a premium for hard to fill roles. The Chair added that the Board is also looking very closely at the wider recruitment issues for other staff groups within the Trust. Mr Griffiths thanked Dr Isherwood for his presentation.	
	The Council **received** a verbal report from Dr Isherwood.	
15/089	**Cumulative actions outstanding from previous Council of Governors' meetings** (agenda item 7) The Chair advised the Council that the report was there for information.	
	The Council of Governors **noted** the actions outstanding from previous meetings and was **assured** of progress.	
15/090	**Chair's Report** (agenda item 8) Mr Griffiths presented the Chair's Report. He advised that there was an inaccuracy within his report noting that on page 3 of the report it showed that he had not been present at the Council of Governors' meeting held on the 9 September 2016. He confirmed he had been there and asked for the document to be amended. The Chair then highlighted the following items of note from the	**CH**

	report: • The extension of the appointment of Dr Gill Taylor as the Senior Independent Director (SID) noting that this will be extended until the end of her appointment as a non-executive director in February 2017. • An update on the Operational plan 2015/16 and the summary provided by Ms Copeland within the report. Mr Griffiths invited questions from the Council of Governors, none were received.	
	The Council **received** the Chair's Report and **noted** the content.	
15/091	**Shaping the future of health and social care provision in Leeds** (agenda item 9) Mr Butler presented the report to the Council. He drew the Council's attention to the fact that we are already in year two of the Five-Year Forward View and that here is a great deal of financial pressure in the NHS and social care system. In support of this Mr Butler advised the Council that the gap in funding across the health and social care sector in Leeds is judged to be £800 million, and noted that although the government's Five-Year Forward View sets out a number of options organisations need to move towards a solution much quicker than outlined in the document. The Council was advised that Section 4 of the paper sets out an option for the integration of services across the health sector alongside a change in the way "back office" and management functions are provided. Mr Butler continued by advising the Council that Section 5 sets out how we will make this happen. He also noted that he and the Chair had recently had some off-line conversations with partners in Leeds Community Healthcare about how we can bring our work together at a clinical level. Mr Butler paused at this juncture for questions. The Chair commented that these important developments come at a time of change within government and the healthcare sector and that	

	the Trust needs to explore all possible options. He noted that this initiative had provoked a positive response and assured the Council that any issues will come to them for discussion and agreement as any future plans are defined as this would be classed as a significant transaction. Ms Jo Sharpe asked whether we had already opened any dialogue with commissioners. Mr Butler indicated that there are three Clinical Commissioning Groups in Leeds each of which has a particular contract portfolio. Mr Butler drew the Councils attention to work already in progress with the CCG, complimentary to that set out within the report which is to examine and set out future Commissioner landscape; and appraise provider settings. Mr Butler advised the Council that it is hoped and expected that the reports for these two pieces of work will be available at the end of calendar year. Mr Klinikowski asked at what point does it stop being a merger and become an acquisition. He noted that at some stage there would be an overlap of jobs in the two organisations and a decision to make as to who remains in these duplicated posts. Mr Butler commented that the reality if we linked with LCH it would be a merger by acquisition and that there are management of change procedures in place designed to deal with issues such as this. Mr Howarth asked what will stop Care UK from cherry picking the community services. Mr Butler responded that this would be up to the Leeds Commissioners and that there is nothing stopping them from tendering out the community services. Mr Butler indicated that at the moment the Leeds commissioners are keen to work collaboratively with current providers. Mr Johnson asked if there are examples of any similar merges. Mr Butler advised that there are none recently. There are some examples including York when community services moved across into the Teaching Hospital and both where managed completely separately. Mr Butler confirmed that our approach is very different; first and foremost we want to improve and develop services rather than move them around. Mr Butler was thanked for his report and presentation.	

	The Council of Governors **noted** the strategic direction for services in Leeds.	
15/092	**Non-executive director presentation about performance** (agenda item 10) Mr Keith Woodhouse advised the Council that it was very important for him to come to this meeting and talk to them. He advised he has been with the Trust for five years and has been reflecting on what had changed within these years and if he had delivered what is expected of him. Mr Woodhouse stated that the views he was going to express were his own and not those of the Executive Team, the Chair or his non-executive director colleagues. Mr Woodhouse firstly considered - what has changed, what's got better and what's got worse, he reported that there are still a lot of issues around today that were reported five years ago. Mr Woodhouse informed that when he first started at the Trust he was very impressed and can remember attending meetings about recovery and transformation. Other issues which were reported at that time were low staff morale, disconnect with the Board, IT issues and ongoing problems with training and appraisals etc. Mr Woodhouse reported that although there had been significant improvements in some areas he was sorry to say these all remained issues five years later. Mr Woodhouse advised the Council that he gets his views from the performance report, visits to sites, his involvement with the Mental Health Act meetings and talking with staff. Mr Woodhouse commented that whilst doing the site visits, the energy and commitment from staff was very positive. He further reported that it is clear that staff are close to the maximum they can deliver; there is a big issue with the number of staff vacancies; problems with staffing and in some cases bed availability. Within community services, Mr Woodhouse reported that staff were at breaking point and had recently closed admissions within forensic services. He also noted that service users are reporting less consultation and involvement with own care, Mr Woodhouse commented that this was a major step backwards.	

Regarding the Bootham site, Mr Woodhouse stated that it was interesting that different perspectives can be gained from the same facts and noted the Trust's accountability when we look at things like ligature points.

He reported that the incident when one of our service users took her own life using a curtain hook had bothered him personally. He advised the Council that we had been responsible for the service three years prior to the incident and had been assured that the ligature points had been removed. Reports have been commissioned and produced however Mr Woodhouse stated that the lessons learned are not clear and nobody appears to have been held responsible or accountable. Mr Woodhouse reported that he felt personally responsible and had now decided to make it public as he had given the organisation 12 months to consider what action it should take.

Mr Woodhouse stated that reputation had been discussed a lot lately and the recent CQC visits had sent a shock wave through the organisation. He acknowledged that action had been taken but asked why the Trust has to have external visits to inform us of what we should already be doing.

The Council was informed that the CQC also visit the Trust on a more recent basis to look at issues such as those in relation to the Mental Health Act. Mr Woodhouse noted that these are considered and then discussed in the Mental Health Legislation Committee meetings. Mr Woodhouse commented that the same issues had been coming up time-after-time and therefore someone had been appointed with the specific duty of looking at these across the organisation. He noted that this was a positive step.

Mr Woodhouse spoke about the duty of the Board. He informed the Council that the key role of the Board is to:

- Manage fiscal viability, and asked if we over manage our finances
- Professional and strong engagement with staff, noting that there is still a disconnect
- Identify and manage of key risks
- Putting service users at the centre of everything, noting that there is evidence that this is not happening
- Protecting the reputation of the Trust, noting that this is critical
- Taking responsibility; being open and honest.

	Mr Woodhouse stated that the directors are paid to deliver outcomes; the non-Executive Directors are there to receive assurance and hold the executive's to account. Mr Woodhouse advised that he did not think the directors had been able to deliver what he expects. He further commented that the non-executive directors have done a good job overall in identifying the risks but they have not properly held people to account as nothing has changed and this is not satisfactory. Finally, Mr Woodhouse asked was what next. He commented that the governors have a unique opportunity in the next few months as a number of people will be stepping down and the governors' influence will be key. Mr Woodhouse urged the Council of Governors to take the opportunity to stand back and determine what they need for this organisation and ensure that the recruitment of the next Chair and the next board are done in the way they want. Mr Woodhouse apologised if he had offended anyone and stated he would resign if the governors requested. Mr Griffiths invited the Council to discuss the performance report, advising that a number of points raised by Mr Woodhouse would be picked up later in the agenda including the financial aspects by Dawn Hanwell. Mr Howarth thanked Mr Woodhouse for a very candid expression of his views and advised that the views expressed echoed how he felt and what he had seen over the last couple of years as a governor. Mr Howarth commented that sadly these were not just issues for our Trust, but are endemic in the NHS, he reported that staff feel a disconnect and do not feel heard or listened to and asked what can be done to make changes in this regard. Ms Woodham thanked Mr Woodhouse for making a candid and brave statement. She asked how the Board can be confident in any assurance received that an area is safe. Ms Woodham commented that whilst Mr Woodhouse had indicated that the Board is responsible for ensuring safety she personally feels morally responsible for holding the non-executive directors to account and ensure the right questions are asked. Ms Woodham further commented on safer staffing suggesting that the practice of nurses having to act up is not appropriate and needs to be reviewed.	

	Ms Sharpe commented that part of the role of a governor is to be assured that there is adequate and healthy challenge within the Board team; therefore she thanked Mr Woodhouse for his contributions. Mr Jones commented on the presentation of the report and noted that the governors receive a lot of papers; however, the reports are not always helpful and more could be done to condense the information rather than it being over simplified. Mr Griffiths commented that all the information received is also available in the information submitted to the Board and that the papers to the Council are condensed into digestible reports, but noted that this time extra information had been included in the agenda pack which is not normally there. He also noted Mr Jones comments about being able to track over time the progress and noted that the trajectory is upwards although some matters had taken a long time to progress. Mr Bottomley noted that non-executive directors are appointed by the governors to support and challenge. He then posed the question as to whether the Board knows who is responsible for the perennial issues which do not improve or get dealt with and whether they can be held to account. Mr Griffiths advised the Council that they are known but that we are not here to point the finger at individuals we are here to address the problems. Mrs Swan advised the Council that she was also previously on the Board as a non-executive director and noted that so many people are working hard to address these issues. However she echoed Mr Woodhouse's point about the duration of some of the challenges noting that whilst the trajectory is going in the right direction it is going very slowly. Mrs Swan commented that more importantly we still don't know the impact we are having on the people we are working with and whether we are enabling their recovery. Mrs Swan stated that the level of staff vacancies is extremely worrying and there is also a concern at the number of staff who are on sick leave. Mrs Swan asked what the Board of Directors is doing to address these issues and whether the right steps are being taken to address this. Mr Howarth echoed the points of Mrs Swan and further commented that language is a very powerful tool and one bit of language that has crept in is "safe staffing levels". Mr Howarth remarked that nobody talks about "therapeutic staffing levels" and that we need to move back to this notion. Mr Griffiths commented that the safer staffing initiative was introduced by the Secretary of State and alone is a	

	meaningless statistic and agreed that there must be a distinction between safer and effective. Miss Grant asked if there was an opportunity for a back to the floor programme for senior staff to look at the impact of decisions made and implemented. With regard to vacancies she noted that people are moving out of the Trust to join an agency. Mr Procter noted that he preferred the full report; other members of the Council supported this suggestion. Mr Procter also raised some concerns about the environment at Bootham Park Hospital. Mr Johnson commended Mr Woodhouse for his useful report and commented that it was good to hear the notion of recovery again and outlined his experience in the clinical area where he works. Mr Howarth noted that Mr Woodhouse had said that he would resign if the governors wanted this. He said that on a personal level he would not want to see this. Mr Griffiths noted that this was not a proposal before the Council and as such was not an issue for consideration. The Council thanked Mr Woodhouse for his presentation.	
	The Council of Governors **received** the report, **noted** its content.	
15/093	**Patient Experience Report** (agenda item 10.2) Mr Deery introduced the Patient Experience Report noting that the paper reports information from a number of different sources, namely: complaints, litigation, incidents and PALS activity. He indicated that all this information is brought together, analysed and then taken back out to the clinical teams to effect change and aid improvement.	
	The Council of Governors **received** the paper and **noted** its contents.	
15/094	**Highlights from the 2015 Mental Health Community Service User Survey** (agenda item 10.3)	

Mr Deery presented the paper to the Council of Governors advising that the survey had been conducted by Quality Health. Mr Deery further commented that there are areas highlighted which require improvement including care planning.

Mrs Swan noted that we don't need to do anymore analysis as we know what is needed; namely the right staff working in the right areas. Mr Deery commented that he agreed that the root cause is the number of staff vacancies which in turn puts pressure on the clinical team.

The Chair requested that Mrs Susan Tyler update the governors on the staffing initiatives.

Mrs Tyler advised the Council that at the moment we have 100 vacancies for registered mental health nurses. She noted that this figure had been building up over the last few years and that in some areas there is a higher than average turnover rate.

Mrs Tyler reported that we have had significant success within recruiting from the student cohort; however, quite a few nurses have then moved to the private sector. She indicated that incentive schemes may be something that we look at going forward however it is not the only answer.

Mrs Tyler then outlined the following change in approach to address the vacancy situation:

- A three-stage bulk recruitment approach will begin with the first event being held in January 2016 which will move away from recruiting nurses post by post. She also noted that two more events will be held: one in the summer/one in the winter.

- Higher education providers noting that discussions are taking place with Health Education England to look at what else can we do to improve the situation.

Mrs Tyler reported that we are really focusing our attention on improving the experience of staff.

Miss Grant asked if non-health support workers would be able to be seconded to nurse training. Mrs Tyler replied that nationally this needs to be looked at as there is a huge untapped resource. She noted that this will be on the recruitment agenda moving forward.

ST

	Mrs Tyler advised that she will provide a report to the next meeting informing how successful the event in January 2016 has been and how many staff had been recruited. Mrs Tyler responded to a question from Ms Woodham by advising that the Trust does have training for those wanting to be a band 4 Health Support Worker. The Chair provided the Council with a couple of observations: • Regarding the recruitment problem, Mr Griffiths stated that this is a problem in Leeds and a crisis in England. The policy of pay freezes has not helped and is irrational given the need to recruit and fill the job vacancies • Regarding the quality dimension Mr Griffiths advised that when he spoke with colleagues last year to receive the verbal outcome of the CQC visit – the feedback was very positive and full of compliments, however, the written report highlighted that the main issue was Bootham and if not for this building we would have had a report that was not about requiring improvement but detailing a good service. Mr Griffiths commented that comparatively speaking we are doing a whole lot better than elsewhere and we must look at all the positives within the Trust to aid recruitment.	**ST**
	The Council of Governors **noted** the contents of the paper and received **assurance** regarding the progress of the actions.	
15/095	**Trust Incident Review Group, Lessons Learnt Report** (agenda item 10.4) Dr Isherwood presented the Trust Incident Review Group, Lessons Learnt Report noting that the report was in respect of the meetings held in August and September. Dr Isherwood advised that we have slipped behind slightly in being up to date in the timeliness of report completion and that this is due to various reasons however the process is extremely thorough. Dr Isherwood noted that one of the things TIRG has discovered is that we can shortcut any delays where there is a disagreement by bringing the report to the group for discussion and approval. Dr Isherwood the drew attention to the main points in the reported	

	including the NCISH Review; the new environmental assessments have been introduced by Mr Deery; and the Clinical Risk Management training being delivered across the Trust. Mr Howarth commented that on the report an incident identified as a serious near miss doesn't tell us what this incident type is. Mrs Marshall confirmed that this incident was the near miss of a fatality. Mr Griffiths highlighted that the use of words is hugely important when for instance talking about somebody taking their own life. Dr Isherwood confirmed that we can only refer to a death as a suicide when the Coroners conclusion has been recorded as such – this of course is very important especially to the family.	
	The Council of Governors **received** and **noted** content of the report.	
15/096	**Financial Performance – forecast surplus, what the causes of this are and what the plans are to use it** (agenda item 10.5) Mrs Hanwell made the following observations to inform the Council: • That services ar encouraged to spend all of their budget, but that some of the reason for the surplus is that there is a difficulty in recruitment • There is money held back in the contingency reserve each year to manage risk and deal with things that require financing • We are in a diminishing number of organisations, as we have cash in the bank, but that we are highly indebted to PFI estate. Mr Bottomley asked what the Trust spends the surplus on. Mrs Hanwell outlined some of the things that the Trust spends its surplus on. Mrs Hanwell advised that with regard to the PFI debt we have no right to buy out, but that there is work in hand to look at a number of options and be creative and reduce this amount. Ms Woodham commented that as we are in a surplus what can we do to put our Trust in the best position? Mrs Swan further commented that it would be very interesting to know what the contingency gets used for. Mrs Hanwell advised she would be more than happy to share what the contingency is spent on.	

	The Council of Governors **noted** the contents of the report.	
15/097	**Draft minutes from the Appointments and Remuneration Committee meeting held 22 October 2015** (agenda item 11) Ms Woodham requested that the Council note the following from the minutes:	
	• Appointment of the Deputy Chair – Margaret Sentamu is not able to take up this position at the moment therefore Steven Wrigley-Howe will continue as the deputy until the end of his term of office Feb 2016. At that point Mrs Sentamu will be invited take up the position • Two NED's will be reaching the end of their term: Julie Tankard and Steven Wrigley-Howe. The skill-set for the forthcoming NED vacancies as identified by the Nominations Committee were supported.	
	The Council **received** the minutes and **assurance** that the committee is working within its Terms of Reference.	
15/098	**Extension of the appointment of Steven Wrigley-Howe** (agenda item 11.1) Ms Woodham advised that Steven Wrigley-Howe will come to the end of his term of office on 5 February 2016. Due to a mismatch of the end of office date and the date of the Council of Governors meeting, at which the appointment to the vacancy will be considered, the Council was requested to ratify an 11 day extension. All Council members agreed.	
	The Council **agreed** to the recommendation set out in the paper.	

15/099	**Appointment of the Deputy Chair of the Trust** (agenda item 11.2) 1. The Council agreed that Mr Wrigley-Howe remain as Deputy Chair until the end of Feb 2016. 2. The Council agreed that Margaret Sentamu will be requested to take on the Deputy Chair role when Mr Wrigley-Howe steps down.	
	The Council **agreed** to the recommendation set out in the paper.	
15/100	**Proposal to dissolve the Membership and Development Committee and agree how the work will be dealt with in the future** (agenda item 12) The Council of Governors reviewed the paper with the following action: 1. Agreed to dissolve the Membership and Development Committee as a formal committee of the Council of Governors. 2. Agreed with how the work will be dealt with in the future (as table 1) 3. Agreed to the “in my shoes” events.	
	The Council **agreed** to the recommendation set out in the paper.	

15/101	**Change in the name of the Trust** (agenda item 13) The Council reviewed the paper and were requested to note and support the change. Mr Klinikowski commented that he had an issue with the renaming as it could be construed as distancing ourselves from York and also commented that it would be a very expensive exercise to make the change. Mr Griffiths noted that with regards to York, it is very important to note that were it not for the work carried out by the Trust there would be no place of safety, no street triage, no new premise for the inpatient CAMHS service. Mr Griffiths felt we should remember that we were a success in York and achieved a lot and should be proud of that. Mr Klinikowski's comments were noted by the Council.	
15/102	**Minutes of the meeting of the Board of Directors held 30 July and 17 September 2015** (agenda item 14)	
	The Council **noted** and **received** the minutes of the public meetings of the Board of Directors for information.	
15/103	**Draft minutes from the Annual Members' Meeting held 22 September 2015** (agenda item 15)	
	The Council **noted** and **received** the minutes of the Annual Members meeting for information.	
15/104	**Membership Report** (agenda item 16)	
	The Council **noted** and **received** the Membership Report.	

15/105	**Any other business** (agenda item 17) • The governors were reminded of the forthcoming Strategy Committee meeting which will take place on 10 December 2015. The meeting will be held in Training Room 3 at The Becklin Centre between 10am and 12pm. This is an open invitation. • Appraisal packs were circulated to the Council members. Mr Griffiths advised that all will be contacted via email regarding dates. • Mr Johnson voiced his concern regarding the internal systems in relation to the criminal trial in progress against a former employee. Mr Griffiths confirmed that a full internal audit will take place once the trial has finished and that this would be received by the Audit Committee. Mrs Tyler updated the Council that we expect an outcome by 27 November 2015. Mr Griffiths advised that we will be aware of the financial situation upon the Judges' ruling regarding the recovery of costs. • Mr Klinikowski thanked the Executive Team for recognising the hard work of staff as detailed in the staff briefing circulated in November 2015. Mr Klinikowski further commented that staff will be happy to receive a little extra at Christmas, however, the briefing also detailed the increment pay progression and unfreezing for Band 8c and upward. He asked if this would have an impact on cost improvement plans for pay and recruitment and asked this money have been used in a different way. Mrs Tyler responded by advising that as we are in a better position financially this year we can afford to do this and that it doesn't detract from cost improvement, Mrs Tyler further commented that the full details of how much it cost was in a public board meeting paper. Mr Klinikowski advised he had raised it due to the dissatisfaction expressed by lower band staff. Mr Griffiths noted Mr Klinikowski's comments.	

15/106	**Question / comments from Members of the Public** (agenda item 18) There were no questions from the public.	

The chair of the meeting closed the public meeting of the Council of Governors of Leeds and York Partnership NHS Foundation Trust at 16:35 and thanked governors and members of the public for their attendance.

COUNCIL OF GOVERNORS' ACTION SUMMARY
(PUBLIC MEETING)
Meeting held 18 November 2015

MINUTE	ACTION SUMMARY (PUBLIC MEETING)	LEAD
15/090	**Chair's Report** Mr Griffiths presented the Chair's Report. He advised that he had found a material inaccuracy within his report – on page 3 of the report it suggests that he was not present at the Council of Governors' meeting held on the 09th Sept – he confirmed he was there and will ensure this document is amended.	**CH**
15/094	**Highlights from the 2015 Mental Health Community Service User Survey** Mrs Tyler advised that she will provide a report to the next meeting informing how successful the event in January 2016 has been and how many staff have been recruited.	**ST**