LEEDS AND YORK PARTNERSHIP NHS FOUNDATION TRUST

PUBLIC MEETING OF THE BOARD OF DIRECTORS
will be held at 10.45 on Thursday 31 March 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 28 January 2016 (enclosure)	**FG**
5	**Matters arising**	
6	**Actions outstanding from the public meetings of the Board of Directors** (enclosure)	**CH**
PART A - STRATEGIC ITEMS		
7	**Draft Operational Plan 2016/17** (enclosure)	**LP**
	7.1 Financial Plan 2016/17 (enclosure)	**DH**
8	**Name of the Trust** (enclosure)	**ST**
PART B – GOVERNANCE ITEMS		
9	**Integrated Quality and Performance Report update (Triggers to Board)** (enclosure)	**AD**
10	**Safe staffing** (enclosure)	**AD**
11	**Complaints summary report** (enclosure)	**AD**
12	**Strategic Risk Register** (enclosure)	**AD**
13	**2015 staff survey results** (enclosure)	**ST**
14	**Public declaration of readiness regarding a major incident** (enclosure)	**DH**
15	**IG Toolkit declaration** (enclosure)	**DH**
16	**Board Assurance Framework 2015/16** (enclosure)	**JC**
17	**Revised Terms of Reference for the Nominations Committee** (enclosure)	**FG**
PART C – FOR INFORMATION ITEMS		
18	**Chair's report** (verbal)	**FG**

19	**Chief Executive's report** (enclosure)	**JC**
20	**Use of the Trust's seal** (verbal)	**FG**
21	**Draft minutes from the 17 December 2015 Infection Prevention and Control and Medical Devices meeting** (enclosure)	**AD**
22	**Draft minutes from the 14 January 2016 Mental Health Legislation Committee meeting** (enclosure)	**SWH**
23	**Draft minutes from the 19 January 2016 Audit Committee meeting** (enclosure)	**JT**
24	**Draft minutes from the 21 January 2016 Quality Committee** (enclosure)	**CT**
25	**Draft minutes from the 27 January 2016 Finance and Business Committee meeting** (enclosure)	**GT**
26	**Draft minutes from the 16 February 2016 Council of Governors' meeting** (enclosure)	**FG**
27	**Leeds Safeguarding Adults Board Annual Report 2014/15** (enclosure)	**AD**
28	**Any other business**	**FG**
29	**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 28 April 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 28 January 2016 in Meeting Room 1&2 at Trust Headquarters, 2150 Century Way, Thorpe Park, Leeds LS15 8ZB

Board Members		Apologies	Voting Members
Ms J Copeland	Interim Chief Executive		✓
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 L Parkinson	Interim Chief Operating Officer		✓
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 members 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.	
16/001	**Apologies for absence** (agenda item 1) Apologies were received from Mrs Sentamu, non-executive director.	
16/002	**Declaration of change in directors' interests and any conflict of interests in respect of agenda items** (agenda item 2) It was noted by the Board that there were no changes advised by any director in respect of their declarations of interest. In regard to conflicts in any agenda item Mr Wrigley-Howe and Mr Woodhouse declared a conflict in agenda item 21.1, Mental Health Act Manager's Remuneration. It was noted that no other director present at the meeting had any conflict of interest in respect of any agenda item to be discussed.	

16/003 **Opportunity to receive comments / questions from members of the public** (agenda item 3)

Mr Mason a member of the public noted his dissatisfaction as to the outcome of the tender process in respect of the services in York. He then suggested that the Trust might like to look at the possibility of becoming an organisation that could "turn-around" failing organisations. Mr Griffiths noted Mr Mason's comments and asked for this to be responded to under agenda item 20.

16/004 **Minutes of the meeting held on 29 October 2015** (agenda item 4.1)

The minutes of the meeting held on 29 October 2015 were **received** and **agreed** as a true record.

16/005 **Matters arising** (agenda item 5)

There were no matters arising.

16/006 **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 195 Mrs Hill noted that a paper had been presented to the Finance and Business Committee which had covered this item and asked that this now be removed as a separate Board action as the chair of the committee would escalate to the Board any matter where it was felt necessary. It was agreed to remove this item.

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

16/007 **Operational Plan Priorities for 2016/17** (agenda item 7)

Ms Copeland presented a paper which set out the requirements of the NHS planning guidance for 2016/17 and proposed the priorities that will form the basis of the Operational Plan for 2016/17. Ms Copeland advised the Board that the NHS 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).

With regard to the operational plan Ms Copeland noted that the Executive

Team had done some initial work to identify four priorities for delivery in 2016/17. Ms Copeland then drew the Board's attention to the draft high level action plan which set out what needs to be achieved both by March 2016 and during 2016/17 to deliver the proposed priorities. Ms Copeland noted that this would form the basis of the draft Operational Plan for 2016/17.

Ms Copeland indicated that once the priorities and high level action plan had been agreed by the Board this would be used to engage with staff in the organisation to ensure they are clear as to the focus of the work during 2016/17. Ms Copeland also noted that by agreeing these priorities it would allow the Board to be clear as to the things that staff in the Trust will be working towards and to recognise that if there are other things that individuals would like to do the priorities set out in the Operational Plan must take precedence.

Ms Copeland advised the Board about the Sustainability and Transformation Plan (STP) noting that this is a West Yorkshire plan, of which the 'place-based' plan for Leeds would be a sub-set. Ms Copeland then briefly outlined the governance arrangements for developing the 'place-based' plan.

With regard to the financial aspects of the STP Mrs Hanwell firstly advised the Board of the recent additional correspondence received from Monitor setting out clear expectations with regard to the financial planning framework. Mrs Hanwell explained that there is an expectation that individual trusts will contribute to achieving a balanced aggregate financial position in the sector and that all providers had been given an income and expenditure control total. Mrs Hanwell reported that for this Trust this was £3.2m.

Mr Wrigley-Howe asked if the mandating of a control total had been challenged from a legal perspective. Mrs Hanwell noted that whilst foundation trusts have a range of freedoms they are still part of the NHS and subject to department directives such as this. Mr Griffiths noted that NHS Providers were taking forward the issue of mandating a control total on foundation trusts.

Prof Thompson suggested that the Board recognises the potential for a major policy shift after 2016/17 in respect of the imposition of the control total. Prof Thompson also noted the importance in linking quality improvement to the financial plan, indicating that this is something that the Quality Committee would be looking at. Mrs Hanwell noted that the current view is that this change in policy was a one-off request to bring the NHS back to balance.

Mrs Tankard asked about the calculation of the control total and whether there is an intention for the Department to claw back the surplus cash in the future. Mrs Hanwell noted that Directors of Finance had been briefed on how the control total had been calculated and she explained what the prevailing view was as to any possible changes in the future, however, she noted that it was not clear at this point in time.

Mr Woodhouse noted that the paper setting out the Operational Plan priorities was very informative and contained a number of initiatives that had been discussed many times in the past. Mr Woodhouse noted that in his view there were a lot of actions and suggested that consideration be given to focussing on a few important things to ensure these are delivered.

With regard to staff engagement Prof Thompson noted the references to ensuring that staff are more engaged and asked how this would be measured. Mrs Tyler outlined the measures in place, including staff surveys, which would allow the Board to understand how engaged staff are.

Dr Taylor noted her disappointment that there had been a policy shift and that it had been found necessary to mandate a control total on NHS organisations and also that this had been brought into play at such a late point in developing the financial plan. Dr Taylor also noted that at the Finance and Business Committee meeting it had reviewed the forecast financial plan and had also considered the Cost Improvement Plans (CIPs) within that. She supported the importance of considering the impact of the CIPs on quality noting that under the current financial constraints could be quite large.

Dr Taylor made a number of suggestions as to how the plan could be strengthened which were noted by Ms Copeland along with the suggestions made by other Board members.

The Board of Directors **noted** the timelines and process for delivery of the Operational Plan and Sustainability and Transformation Plan and **agreed** the proposed priorities and the draft high level action plan that will form the basis of the Operational Plan for 2016/17.

16/008 **Operational plan implementation quarter 3 report for 2015/16** (agenda item 8)

Mrs Parkinson presented a report which provided a summary of the Trust's progress with the measures in the five-year strategy; schemes in the Operational Plan for 2015 to 2017; and the strategically significant projects monitored via the Programme Management Office.

Mrs Parkinson noted that this was the third report of 2015/16 which seeks to provide an overall summary of progress against each of the schemes in the 2015/17 two-year Operational Plan and also with strategy milestones, and which highlights any areas of underperformance. Mrs Parkinson noted that individual programmes of work are being closely supported, monitored and reported upon via the Programme Management Office.

Dr Taylor asked about measures pertaining to service users receiving financial advice or benefits advice noting that this was an important matter for service users and was currently showing a 'red' rating. Dr Taylor asked for a report to come back to the Board setting out how this service is provided by the Trust and what is being done to achieve the target measure. Mrs Parkinson set out the actions being taken by the Trust, noting that a targeted piece of work is being led by Caroline Bamford. Ms Copeland also noted that there is a strand of work in the 2016/17 Operational Plan around recovery, and that financial advice is an important part of this. Ms Copeland asked for this to be referenced specifically in the report which would ensure that this strand of work was reported on. Dr Taylor was happy with this response.

Mr Woodhouse asked about the trigger to Board events noting that the report was showing 14 cases. Mr Deery explained the work in progress and that potentially there are more cases to report to the Board in a future report. Mr Deery indicated that there would be a report on the up-to-date position to the next Mental Health Legislation Committee and an update report back to the Board. **AD**

The Board **noted** the progress made against the Operational Plan priorities and strategy measures at the end of quarter three 2015/16; and **confirmed** that they are assured of progress being made to address areas for improvement, having questioned any areas of concern.

16/009 **Simulation modelling of Mental Health Services** (agenda item 9)

Mrs Parkinson presented a paper to the Board which set out the results of a simulation modelling project carried out by Mental Health Strategies for the Trust. She noted that the scope for the project was those services provided by the Trust for adults of all ages registered or resident within the city of Leeds and also services provided to people with dementia and related disorders. Mrs Parkinson advised the Board that the report would assist in assessing the current and future inpatient bed numbers and models of care delivery. She noted that this had been received at the last Board workshop and had also been received by governors at their Strategy Committee meeting.

Mrs Parkinson then outlined some of the main findings from the modelling. The Board received the report. It discussed some of its findings and possible scenarios. It also recognised the importance of its findings in planning services in the future, but noted that there needs to be consideration as to how the different scenarios will affect the quality of services.

The Board **noted** the content of this report and **considered** the action being taken in relation to the findings.

16/010 **Code of Conduct for Directors** (agenda item 10)

Mrs Hill presented a proposed Code of Conduct for Directors, noting that the document before the Board had been consulted on and then briefly outlined the process undertaken. Mrs Hill asked the Board to ratify the document before it and to agree that each member of the Board would sign a copy by the 5 February 2016.

Mr Woodhouse noted that he had written to the chairman and non-executive directors outside of the meeting on a number of points pertaining to the content of the Code, to which he had received a response. He then referred in particular to strengthening the Code by including a route by which executive and non-executive directors could raise issues or concerns with the Council of Governors. Members of the Board felt that this was not appropriate for a Code

of Conduct and that it was adequately covered in the various governance structures.

Mr Woodhouse also raised the matter of communicating with governors suggesting there is the possibility for members of the Board to provide a truthful, yet not full answer to any question from a governor. He suggested that something should be included to address the possibility of this. Mrs Tankard indicated that in her view this was adequately addressed in the Code in Section 5.1. She also referred to the dialogue which takes place with governors in various forums and the open and honest way in which this takes place. Prof Thompson noted the legal and professional duty to be candid which is placed on staff and members of the Board.

The Board **ratified** the Code of Conduct as presented and **agreed** that each Board member would sign a copy by the 5 February 2016.

16/011 **Memorandum of Understanding between the Chair of the Trust and the Interim Chief Executive** (agenda item 11)

Mrs Hill presented the memorandum of understanding between the Chair of the Trust and the newly appointed Interim Chief Executive, noting that the requirement to have such a document is set out in the Code of Governance.

She noted that the version before the Board had been updated to take account of some minor changes in the governance structure and also noted that this was due to be signed by Mr Griffiths and Ms Copeland.

The Board **received** the memorandum of understanding and **agreed** that it correctly reflects the roles of the Chair and Interim Chief Executive. The Board also **noted** that this is due to be signed by both parties and a copy of the document held on file by the Head of Corporate Governance.

16/012 **Verbal report from the chair of the Audit Committee for the meeting held 19 January 2016** (agenda item 12)

As chair of the Audit Committee Mrs Tankard presented the key points of discussion at the meeting held on 19 January 2016, including:

- The external auditors' plan for the year-end audit of the accounts noting the key points to be audited
- A report from the external auditors in respect of cyber security, noting that a report on how the Trust is addressing this risk would be going to the Finance and Business Committee in due course
- Internal audit reports in respect of:
    - The administration of detainees under the Mental Health Act, and outlined the findings and the actions that will be taken by the organisation to address this particular issue; noting in particular that one finding showed that the case-load for Mental Health

Officers in this Trust was much higher than in others
- Complaints, noting that whilst there had been significant progress made in regard to the complaints process, there was still some more work to be done
- Safer staffing, which highlighted issues with data collection and calculation, noting that assurances had been received and that this had now been fully addressed. Mr Deery assured the Board that the Safer Staffing report presented to this meeting was now correct
- Compulsory training, noting that the report had provided a favourable view of the compulsory training programme in place and had showed that this Trust is not an outlier in comparison to other Trust's; however Mrs Tankard noted that this Trust had set higher internal targets than many other Trust's.

Mr Griffiths noted that the Audit Committee had touched on the matter of fraud and linked to this the closure of the recent ongoing fraud case. Mr Griffiths referenced the considerable contribution staff had made in supporting the investigation and the time they had spent in court in assisting with the prosecution of those found guilty of the crime. He wished to record the Board's gratitude to those members of staff, and in particular to Mr Dave Gaunt.

The Board **received** and **noted** the verbal report in respect of the Audit Committee meeting held 19 January 2016.

16/013 **Minutes of the Audit Committee for the meeting held 19 October 2015** (agenda item 12.1)

The minutes of the Audit Committee were **received** and the content **noted**.

16/014 **Verbal report from the chair of the Finance and Business Committee for the meeting held 27 January 2016** (agenda item 13)

As chair of the Finance and Business Committee Dr Taylor presented the key points of discussion at the meeting held on 27 January 2016, including:

- The financial position at the end of quarter 3, noting that this is on plan with a projected surplus of a £2.5m at the end of the year
- Contract income and the risks around some of those contracts, noting that there are processes in place to help mitigate these
- The control total imposed on the Trust, noting that this would be discussed further in the private meeting. Dr Taylor assured the Board as to the rigour around the assumptions made and conclusions drawn
- Reference costing and the clustering of payments, noting that this had shown that the Trust is approximately 12% more expensive than other Trusts. Dr Taylor advised the Board that this had raised a number of issues for consideration
- Clinical contract update noting that this report had looked at not only

current but likely income streams for the future. Dr Taylor noted that this was a very useful report as it had highlighted areas of volatility
- The Commercial Procurement Collaborative noting that this is now providing added value and a good income stream
- The business case for mHabitat noting that this would be coming back to the Finance and Business Committee with more detail about the governance arrangements and impact for the Trust's Board.

The Board **received** and **noted** the verbal report in respect of the Finance and Business Committee meeting held 27 January 2016.

16/015 **Minutes of the Finance and Business Committee meeting held 19 October 2015** (agenda item 13.1)

The minutes of the Finance and Business Committee were **received** and the content **noted**.

16/016 **Verbal report from the chair of the Quality Committee for the meetings held 17 December 2015 and 21 January 2016** (agenda item 14)

As chair of the Quality Committee Prof Thompson presented the key points of discussion at the meeting held on 17 December 2015 and 21 January 2016.

Prof Thompson noted that the December meeting had been used to discuss one main strategic item and that this time it had focussed on the fundamentals of care. Prof Thompson noted that a further report on this would come back to the April meeting and would include what individuals can do within their sphere of accountability to support the priorities identified. Prof Thompson noted that the discussion had highlighted a priority around the capacity of clinicians.

With regard to the meeting held on the 21 January 2016, Prof Thompson noted the main points discussed including:

- Maintenance in the Leeds sites, noting that there needs to be focus on this matter to ensure sites are and continue to be safe for service users. Ms Copeland noted that estates is a high priority as detailed in the Operational Plan for both this year and 2016/17
- Clinical audit and the way in which this can be used to best effect throughout the organisation, noting that the committee had fully supported the work of the department in ensuring meaningful audits are well supported throughout the Trust and that staff are empowered to take part
- How the Board is sighted on strategic workforce issues, noting that this would be something that could be discussed at a Board workshop.

The Board **received** and **noted** the verbal report in respect of the Quality Committee meetings held 17 December 2015 and 21 January 2016

16/017 **Minutes of the Quality Committee meeting held 17 December 2015** (agenda item 14.1)

The minutes of the Quality Committee were **received** and the content **noted**.

16/018 **Verbal report from the chair of the Mental Health Legislation Committee for the meeting held 14 January 2016** (agenda item 15)

As chair of the Mental Health Legislation Committee Mr Wrigley-Howe presented the key points of discussion at the meeting held on 14 January 2016, including:

- The application of the Mental Health Act, noting that the committee had discussed this matter in detail, and that the issue was not around clinical judgement, but the way in which the paperwork had been completed. In addition to this Mr Wrigley-Howe noted that the committee had looked at the impact on service users and the way in which they had been supported as a result of the incorrect application
- Ethnicity and the application of the Mental Health Act.

The Board **received** and **noted** the verbal report in respect of the Mental Health Legislation Committee meeting held 14 January 2016.

16/019 **Integrated quality and performance report and quarter 3 monitoring returns/self-certification** (agenda item 16)

Mr Deery presented the quarter 3 report noting in particular performance in respect of those items rated 'red'.

In respect of performance around bed occupancy and delayed transfers of care Mr Deery explained that there was an incongruence in these two measures noting that the Monitor target for delayed transfers of care was reported as 'green' because this target is measured in a very specific way, but that the target for bed occupancy is reported as 'red' because this is a process measurement. The Board understood and accepted his explanation for the difference.

Regarding the 'triggers to Board', Mr Deery informed the Board that a number of un-lawful detentions had been reported to the Board on the advice that these detentions were potentially challengeable. Mr Deery noted that the paperwork surrounding these 14 cases was found to be defective and as such the solicitors had advised that the Trust should discharge these individuals. Mr Deery advised the Board that of the 14 service users discharged 7 were re-

detained 3 remained informally and 2 were placed on a Community Treatment Order. Mr Deery assured the Board that each one had been re-assessed and the right action taken and that the individuals concerned had been advised and informed of the complaints procedure and given information as to how to access an independent advocate.

Mr Deery informed the Board that the checks in respect of the administration of the Mental Health Act were continuing, which would also include Community Treatment Orders and that a report would be brought back to the Board at a later date. **AD**

Prof Thompson asked about the Mental Health Payment System and the number of service users that had been clustered expressing concern at the downward trajectory and the impact this could have on the Trust's financial position. Mrs Hanwell advised the Board that this is an important indicator of how well the Trust is doing in stratifying service users into clusters, but was not a concern in terms of financial risk and that a dialogue was ongoing with the commissioners as to how the mechanistic process could be used in the future. The Board also acknowledged the need to ensure that any process put in place is clinically validated.

Mrs Tankard asked about memory services and why performance was poor in respect of this and whether there was a different way of delivering this service. Mrs Parkinson explained that a new model is being discussed with the commissioners which will be fundamental to how the memory service will be taken forward in the future.

Mr Wrigley-Howe asked about the trend for appraisals in corporate services and also noted that the turnover rate in this area had increased significantly and asked if there was any correlation. Mrs Tyler explained that the turnover rate was high as this included the recently transferred York services and that the next report will show a more up-to-date, normalised position for the Trust.

With regard to financial performance Mrs Hanwell advised the Board that the Trust is on track with the plan and has a risk rating of 4 and that the Board should be assured in confirming the position to Monitor.

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.

16/020 **Safe staffing report** (agenda item 17)

Mr Deery presented the Safe Staffing report and indicated that all the matters in the Internal Audit Report had now been addressed. Mr Deery also noted that the report in its current format included only the information which is required by NHS England and that the next report will reflect the work being carried out in the Trust to look at the key variables that affect safe care which will give the Board a better understanding of whether the wards are safe.

With regard to community services Mr Deery indicated that there was work currently ongoing which is seeking to provide assurance as to safe levels in this area, and that this information would be added to the report at a later date.

Dr Taylor asked if the new style report would pick up subtleties around bed occupancy levels. Mr Deery indicated that this was being looked at in relation to this report.

The Board **received** the Safe Staffing report and **noted** the content. It was also noted that a new-style report would be produced for the next meeting.

16/021 **Complaints summary report** (agenda item 18)

Mr Deery presented the complaints summary report and drew attention to the progress being made with complaints management. He also noted that the recent internal audit report had given 'significant assurance' in respect of the process. However, Mr Deery indicated that there were still a few issues with response times but that the issues had been identified and were being addressed. Mr Deery reported that a lot of work had been done in respect of taking the findings and lessons learnt back into care services in order to ensure these are embedded.

With regard to the Parliamentary and Health Services Ombudsman (PHSO) publication 'Breaking Down the Barriers' which reported on issues that older people often experience when making a complaint about a public service, Mr Deery reported that the findings from this report had found that the number of complaints from older people were low in the Trust and that a piece of work had been started to look at better engagement with this group of service users.

With regard to staff attitude, which is cited as one of the main reasons for a complaint, Mr Deery advised the Board that a number of workshops would be held for staff to address matters of 'customer care'.

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

16/022 **Serious untoward incidents update and lessons learnt following the Trust Incident Review Group (TIRG) meeting held: 9 September and 12 October 2015** (agenda item 19)

Dr Isherwood presented the report and drew attention to the data which shows the progress with the back-log of cases, noting that an additional meeting of TIRG had been convened to help with receiving reports in a timely manner.

Dr Isherwood drew attention to the work being carried out to look at the findings from the NCISH report. Dr Isherwood noted that Alice Cole-King had attended a training day in the Trust and had commended the clinical risk management training being provided. Dr Isherwood also advised the Board that he would be re-writing the Clinical Risk Management policy to make it more relevant and easier to use.

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

16/023 **Vale of York post-transaction outcome report** (agenda item 20)

Mrs Hanwell presented the report noting that the decommissioning of services had not been the choice of the Trust and that it had had to react to the process imposed by the loss of the tender. Mrs Hanwell assured the Board that everything possible had been done to ensure services were transferred in a safe and appropriate way.

With regard to the residual issues outlined in the paper Mrs Hanwell noted that there were now only a few matters outstanding and that there is a good operational working relationship with TEWV where there is a need to work together.

With regard to the Judicial Review Mrs Hanwell noted that there is a potential for reputational risk. Mrs Hanwell provided a brief update on the timescales for this review and also noted that there is the possibility that the Trust will be struck out of the process.

Mrs Hanwell noted Mr Mason's comments about taking on other services and advised that this could only be done in the context of the commissioning framework and was therefore outside of the control of the Trust. Ms Copeland supported Mrs Hanwell's comments noting that it was not possible to aggressively look for other services.

The Board **received** the outcome report and **noted** the contents.

16/024	**Re-appointment of Mental Health Act managers** (agenda item 21) The Board received a paper setting out those Mental Health Act Managers who had been recommended for re-appointment. Having considered this the Board agreed that Nasar Ali Ahmed, Judith Devine, Lorna James, Peter Jones, James Morgan, Claire Morris, Niccola Swan and Thomas White would be re-appointed as Mental Health Act Managers.
	The Board **considered** and **approved** the re appointment of the Mental Health Act Managers as set out in the paper.
16/025	**Mental Health Act Managers' remuneration** (agenda item 21.1) Mr Griffiths advised the Board that he had taken 'chair's action' and decided that the payment of £60 and £80 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.
	The Board **noted** and **endorsed** the Chair's action.
16/026	**Update on the Well-led Governance Review** (agenda item 22) Mr Deery advised the Board that this is work in progress and it was expected that the review will be carried out during April with the draft report being presented at a Board workshop for consideration.
	The Board **received** and **noted** the update in respect of the well-led review.
16/027	**Chair's report** (agenda item 23) Mr Griffiths confirmed that Mr Butler had now resigned as the Chief Executive and had taken up the position as the Interim Chief Executive at North Essex Partnership NHS Foundation Trust. The Board thanked Mr Butler for his time at the Trust.
	The Board **received** and **noted** the Chair's report.

16/028	**Chief Executive's report** (agenda item 24) Ms Copeland presented her report and advised the Board that a meeting had taken place with Thea Stein, the Chief Executive of Leeds Community Healthcare noting that this had provided an open exchange of views and that it had been agreed a small meeting of the Chairs, Chief Executives and a number of NEDs would take place to discuss the matter further. Ms Copeland felt that this would be helpful in moving the matter forward.
	The Board **received** and **noted** the Chief Executive's report.
16/029	**Use of the Trust's seal** (agenda item 25)
	The Board **noted** that the Trust seal had not been used since the last meeting.
16/030	**Minutes from the Council of Governors' meeting held 9 September and 18 November 2015** (agenda item 26)
	The Board **received** and **noted** the minutes from the Council of Governors' meetings.
16/031	**Any Other Business** (agenda item 27) There were no items of other business.
16/032	**Further Questions or Comments from the Public** (agenda item 28) There were no further questions from members of the public.

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 12:15 and thanked members of the Board and members of the public for attending.

BOARD OF DIRECTORS' ACTION SUMMARY
(PUBLIC MEETING)
Meeting held Thursday 28 January 2016

FOR INFORMATION ONLY
SEE CUMULATIVE ACTION LOG FOR DETAILED INFORMATION

MINUTE	ACTION SUMMARY (PUBLIC MEETING – PART A)	LEAD DIRECTOR
16/008	**Operational plan implementation quarter 3 report for 2015/16** (agenda item 8) Mr Woodhouse asked about the trigger to Board events noting that the report was showing 14 cases. Mr Deery explained the work in progress and that potentially there are more cases to report in a future report. Mr Deery indicated that there would be a report on the up-to-date position to the next Mental Health Legislation Committee with an update report back to the Board.	**AD**
16/019	**Integrated quality and performance report and quarter 3 monitoring returns/self-certification** (agenda item 16) Mr Deery informed the Board that the checks in respect of the administration of the Mental Health Act were continuing, which would also include Community Treatment Orders and that a report would be brought back to the Board at a later date.	**AD**

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:	31 March 2016
LEAD DIRECTOR: (name and title)	Cath Hill – Head of Corporate Governance
PAPER AUTHOR: (name and title)	Cath Hill – Head of Corporate Governance

CATEGORY OF PAPER (please tick relevant box) ✓ (This will link to the relevant section on the agenda)					
Strategic		Governance	✓	Information	

THIS PAPER SUPPORTS THE TRUST'S STRATEGIC GOAL/S (please tick relevant box/s)		✓
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	✓
THIS PAPER SUPPORTS THE TRUST'S STRATEGIC OBJECTIVE/S (please tick relevant box/s)		✓
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 (please tick relevant box/s)		✓
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)		

SUMMARY DETAILS OF THE PAPER	
Purpose of paper	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 so items are returned 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.
What are the key points and key issues the Board needs to focus on	The actions as outlined in the attached paper.
What is the Board being asked to consider	The Board is also asked to note the governance pathway for Board actions and to be assured that actions are progressing as requested.
What is the impact on the quality of care	The Board is ultimately responsible for all aspects of the quality of care and completing Board actions as requested supports that work.
What are the benefits and risks for the Trust	There are none to specifically draw to the attention of the Board.
What are the resource implications	There are none linked directly to the report on actions.
Next steps following this paper being presented to the Board	The action log is not only received by the Board of Directors at each of its meetings but is also reported to the 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.
What are the reputational implications and how will these be addressed	There are none linked directly to the report on actions.
Do the recommendations in this paper have any impact upon the requirements of the protected groups identified by the Equality Act? * If yes what action has been taken to mitigate this?	No
What public / service user / staff / governor involvement has there been	There are none linked directly to the report on actions.

Leeds and York Partnership NHS
NHS Foundation Trust

Previous meetings where this report has been considered (including date)	Executive Team meeting.

RECOMMENDATION **(This report is being provided to the Board for)** (please tick relevant box/s): ✓							
Assurance	✓	**Discussion**	✓	**Decision**		**Information only**	✓
Provide details of what you want the Board to do:							
The Board is asked to note the actions from previous Board meetings and to be assured of progress seeking further clarification as necessary.							

*** EQUALITY ACT 2010**

The Trust has a duty under the Equality Act 2010 to have due regard to the need to eliminate unlawful discrimination, advance equality of opportunity and foster good relations between people from different groups. In relation to the issues set out in this paper, consideration has been given to the impact that the recommendations might have on these requirements and on the nine protected groups identified by the Act (age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion and belief, gender and sexual orientation).

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. Further work now needs to be done to dovetail the estates strategy to the needs of the clinical strategy with the estates strategy expected to be discussed by the Board in the November 2016 workshop	

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**	April 2016		
196	**16/008 (January 2016)**	**Operational plan implementation quarter 3 report for 2015/16** (agenda item 8) Mr Woodhouse asked about the trigger to Board events noting that the report was showing 14 cases. Mr Deery explained the work in progress and that potentially there are more cases to report in a future report. Mr Deery indicated that there would be a report on the up-to-dated position to the next Mental Health Legislation Committee with an update report back to the Board.	**Anthony Deery**	March 2016	This has been included on the March public agenda	
197	**16/019 (January 2016)**	**Integrated quality and performance report and quarter 3 monitoring returns/self-certification** (agenda item 16) Mr Deery informed the Board that the checks in respect of the administration of the Mental Health Act were continuing, which would also include Community Treatment Orders and that a report would be brought back to the Board.	**Anthony Deery**	April 2016		

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:	Draft Operational Plan 2016/17
DATE OF MEETING:	31 March 2016
LEAD DIRECTOR: (name and title)	Lynn Parkinson - Interim Chief Operating Officer
PAPER AUTHOR: (name and title)	Richard Wall - Associate Director Strategy and Partnerships

CATEGORY OF PAPER (please tick relevant box) ✓ (This will link to the relevant section on the agenda)					
Strategic	✓	Governance		Information	

THIS PAPER SUPPORTS THE TRUST'S STRATEGIC GOAL/S (please tick relevant box/s)		✓
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	✓
THIS PAPER SUPPORTS THE TRUST'S STRATEGIC OBJECTIVE/S (please tick relevant box/s)		✓
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 (please tick relevant box/s)	✓
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)	

SUMMARY DETAILS OF THE PAPER	
Purpose of paper	This is the public version of the 2016/17 Operational Plan as required by NHS Improvement (Monitor). Whilst following the requirements of the NHS Improvement guidance on the production of the Plan, the public version omits business sensitive information pertaining primarily to finance, while expanding information related to the Trusts priorities.
What are the key points and key issues the Board needs to focus on	The Board should focus on the priorities as set out within this public version.
What is the Board being asked to consider	The public version of the Plan is expected to be submitted to NHS Improvement on the 11th April for eventual publication on their website. The Board is being asked to approve the content as provided.
What is the impact on the quality of care	This is part of the Trusts Operational Plan submission for the year and is integral to quality of care.
What are the benefits and risks for the Trust	The Operating Plan Is the organisations Plan for the upcoming year. It is developed from a combination of staff involvement in business planning, a consideration of national and local policy, and the need to demonstrate workforce, quality and financial requirements are met.
What are the resource implications	The Operating Plan Is the organisations Plan for the upcoming year. It is developed from a combination of staff involvement in business planning, a consideration of national and local policy, and the need to demonstrate workforce, quality and financial requirements are met.
Next steps following this paper being presented to the Board	Following Board approval the paper will be submitted to NHS Improvement
What are the reputational implications and how will these be addressed	The Operating Plan Is the organisations Plan for the upcoming year. Two Plans are developed, one for NHS Improvement which is private, and the other a public version which has more focused information on the priorities we will be implementing throughout the year.
Do the recommendations in this paper have any impact upon the requirements of the protected groups identified by the Equality Act? * If yes what action has been taken to mitigate this?	Yes – those groups represent our core customer/service user base and as such the Operational Plan is focused on meeting the needs and supporting the service users and carers we work with.
What public / service user / staff / governor involvement has there been	The priorities have been developed as part of an extensive programme of engagement led by the Chief Executive

Previous meetings where this report has been considered (including date)	This paper went to ET on the 15th March 2016 and was amended to include more detail on meeting the needs of service users and the inclusion of the 3 key points we are aiming to achieve from the CQC visit.

RECOMMENDATION **(This report is being provided to the Board for)** (please tick relevant box/s): ✓							
Assurance		**Discussion**		**Decision**	✓	**Information only**	
Provide details of what you want the Board to do:							
The Board is asked to: Approve the public version of the Plan for submission to NHS Improvement.							

*** EQUALITY ACT 2010**

The Trust has a duty under the Equality Act 2010 to have due regard to the need to eliminate unlawful discrimination, advance equality of opportunity and foster good relations between people from different groups. In relation to the issues set out in this paper, consideration has been given to the impact that the recommendations might have on these requirements and on the nine protected groups identified by the Act (age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion and belief, gender and sexual orientation).

Leeds and York Partnership NHS
NHS Foundation Trust

PUBLIC VERSION

Draft Operational Plan for 2016-17

Leeds & York Partnership NHS Foundation Trust

Operational Plan for year ending 31 March 2017

This document completed by (and Monitor queries to be directed to):

Name	Jill Copeland
Job Title	**Interim Chief Executive Officer**
e-mail address	jillcopeland@nhs.net
Tel. no. for contact	
Date	

The attached Operational Plan is intended to reflect the Trust's business plan over the next year. Information included herein should accurately reflect the strategic and operational plans agreed by the Trust Board.

In signing below, the Trust is confirming that:

- **The Operational Plan is an accurate reflection of the current shared vision of the Trust Board having had regard to the views of the Council of Governors and is underpinned by the strategic plan;**
- **The Operational Plan has been subject to at least the same level of Trust Board scrutiny as any of the Trust's other internal business and strategy plans;**
- **The Operational Plan is consistent with the Trust's internal operational plans and provides a comprehensive overview of all key factors relevant to the delivery of these plans; and**
- **All plans discussed and any numbers quoted in the Operational Plan directly relate to the Trust's financial template submission.**

Approved on behalf of the Board of Directors by:

Name: Mr Frank Griffiths *(Chair)*	Signature:

Approved on behalf of the Board of Directors by:

Name: Ms Jill Copeland Butler *(Chief Executive)*	Signature:

Approved on behalf of the Board of Directors by:

Name: Mrs Dawn Hanwell *(Chief Financial Officer)*	Signature:

Draft Operational Plan for 2016-17

1. Our Strategic Intent

Our strategic intent set out in our Trust Strategy (2013-2018), five-year Strategic Plan (2014-2019) and two-year Operational Plan (2014-2016) was fully aligned with national policy at the time of writing. Since that time a number of significant developments have affected this intent, these include the publication and emerging implications of the 5 Year Forward View, and the contract loss of general mental health and learning disability services commissioned by the Vale of York CCG. The loss, while not materially affecting our financial position, has however led to a substantial review and reflection on the long term future for the Trust and how we work differently with partners local to Leeds, and across a wider geographic area.

In September 2015 the Board of Directors took time to review and consider the NHS Five Year Forward View, the Dalton Review and the evidence base, opportunities, and options that proposed new models of care present. The Board highlighted the need to initiate more formal partnership arrangements to scope out and identify joint service development work-streams and the potential sharing of corporate functions. The intention being that this would support the development of integrated business plans, including models of integrated physical and mental health services at the neighbourhood/primary care level**.**

The Leeds health and social care economy consists of 3 CCGs, one local authority, ourselves, a large acute hospital Trust and a community Trust, who are committed to working together. A revised citywide Health and Wellbeing strategy is currently being consulted on which will provide the foundation for the development of a citywide Sustainability and Transformation Plan that better reflects how new models of care will be implemented. The Board has recommended that we should support this work at two levels: one being extensive work with GP practices and partners to lead and build a multispecialty community provider model that integrates mental and physical healthcare within an enhanced primary care model of service; the second being closer working with the community Trust in the pursuit of creating a single prime provider to support new models of care.

We believe our strong financial position, our strengths of multi-agency and multi-disciplinary care planning, our well-developed relationships with the third sector, and our ability to implement transformational change is a tremendous asset to the city. Leading and participating in the development of new health and social care systems could lead to a fundamental change in how the needs of those with long term conditions, who are often the most vulnerable, are supported and managed.

2. Our Priorities for 2016/17

Our objective over the 2016/17 planning period is to make greater progress towards improving the quality, safety and outcomes of our services. While we are continuing to focus on the priorities underpinning our 2015-2017 Operational Plan, we have found 2015/16 to be a particularly challenging year. In Leeds referrals from primary care into our secondary mental health services have increased in excess of 13% over the last year. Furthermore delayed discharges across Older People's services are creating real pressures for all partners in the local health and social care economy.

2015/16 has been a significant year of project and programme initiation, new improvement initiatives, and service developments across the Trust. The street triage prototype has successfully expanded to a 24 hour service with referrals accepted from both the Police and Ambulance service. The

Rehabilitation and Recovery service became fully operational this financial year and has made a measurable difference to those experiencing long term mental health issues, reducing inpatient stays and increasing community support. We proudly launched a new Memory Support and Liaison service that we developed in partnership with the Alzheimer's Society. A new perinatal model of service was developed and implemented while the success of our Autism Diagnostic and ADHD service has led to a further expansion. We were successful in our bid to be part of a new multi-agency Addictions model that became operational in 2015/16, while in line with national specifications we have redeveloped and extended our Offender Personality Disorder service.

People who use our services, their families and their carers expect us to provide excellent care, treatment and support. They want us to work with them in the spirit of hope for their improved wellbeing and recovery; to help them maintain good mental and physical health; and to support them to achieve the best quality of life that they can. We can only support people to improve their health and lives by making sure that every contact and intervention helps them move towards achievable goals for their health and wellbeing. We will work with people to help them set out the goals that are important to them; and make sure that our services and those of partner organisations work together to support people to achieve their goals.

People who use our services often do so at a point in their lives when they are feeling vulnerable. They rely on our highly trained staff to provide care and treatment that is not only effective, but also safe. Safety can cover many areas, such as helping people to manage their conditions at home so they can avoid admission to hospital; giving people information to help them understand the side-effects of drug treatments; and supporting people's leave of absence from hospital to encourage recovery. There are many things that can make a real difference to someone's experience of their care and support, such as the friendliness and compassion shown by our staff; being treated with respect and dignity; the quality of food in our hospitals; and how involved people feel in agreeing their care plans. All of these things, and more, can contribute to people's chances of re-ablement, recovery and improve quality of life.

In January 2016 the Board considered our priorities for 2016/17 which would not only continue to improve the outcomes we deliver for service users, but also begin to provide a foundation in which we developed our new Trust strategy. These are built on much of the feedback from service users, stakeholders and staff we canvassed and also on the implications and opportunities presented by the 5 Year Forward View and more recently through the 5 Year Forward View for Mental Health. They are focused on three key deliverables the Board has agreed as priorities for 2016/17;

1 Support and engage 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. All of our staff are committed to improving the quality of care we provide, while improving the outcomes we deliver for service users. To do this well, our clinical and professional staff need time to develop trusting relationships with service users and carers. This means quickly recruiting more staff, particularly nurses, to fill vacancies, and in helping all of our staff do their jobs efficiently. We want to make sure the Trust is a good place to work with opportunities for career progression; that we have listened to staff and will be significantly improving our clinical information system; and we will be implementing further time-saving technological solutions. We know that providing staff with good information and time will help improve outcomes for service users and carers.

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 care we deliver for service users.

2 Meet CQC fundamental standards and improve quality through learning

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. We are also focusing attention on delivering much-needed improvements to the physical environment, by improving our processes now so that estates and facilities issues get dealt with quickly and efficiently, for the benefit of service users and staff. 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.

We have been notified that we will receive a full comprehensive CQC inspection week commencing the 11 July 2016. This full inspection presents us with three big opportunities:

a. It will demonstrate the high quality of our services to the people we serve
b. It will give you, our staff, the recognition and the ratings you deserve
c. It enables the Trust to illustrate our journey from requires improvement to good, and in some areas, outstanding, which we should all be aspiring to.

3 Work with partners to 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 an approach to the 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 set out how we are responding to the Five Year Forward View and what part we will play in the design and development of the local Sustainability and Transformation Plan. 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 provide integrated health and social care for older people.

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. 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.

3. Our approach to quality planning

A focus on safety and quality has always been central to everything we do at Leeds and York Partnership NHS Foundation Trust. We are committed to ensuring that we consistently deliver high quality services for our service users with a focus on the following domains:

- Patient Safety
- Clinical Effectiveness
- Patient Experience

We have been notified that we will receive a full comprehensive CQC inspection week commencing the 11 July 2016. This full inspection presents us with a great opportunity to improve our ratings, as a Trust and for the individual service areas, and to showcase all the great work and innovations that have taken place since the inspectors were last here.

The Trust is currently registered without conditions with the Care Quality Commission (CQC), with a rating of 'Requires Improvement'. The Trust has a robust action plan in place to address this. Key challenges include providing ongoing systematic evidence of quality improvement in regard to the fundamental standards of care alongside the challenge to deliver CIP savings and financial constraints within the health and social care economy. Within this context we aim to;

- Improve and embed quality assurance processes and systems throughout the Trust ensuring the Board has a clear line of sight from Board to Ward;
- Improve and embed information systems and quality metrics to demonstrate that all targets and indicators are being reported accurately;
- Improve the quality of the patient experience through improving the environment, particularly the mental health units;
- Improve the risk management processes that support the effective operations of the Trust; and
- Develop a culture in the organisation that has a clear focus on quality improvement with a well-supported satisfied workforce who would recommend our services to family and friends.

3.1 Approach to quality improvement

Our approach to quality improvement is designed to ensure both national and local requirements are achieved and our service users receive high quality care in line with the expectations of the NHS constitution and those set by both professional and service regulators.

Following publication of the CQC Inspection report in January 2015 the Trust received a 'Requires Improvement' rating. We were required to take action in respect of the following 5 regulations:

- Suitability and safety of the building
- Staffing

- Supporting workers
- Care and welfare
- Complaints

Overseen by the Trust's CQC Fundamental Standards Group, chaired by the Director of Nursing, Professions and Quality, completion of the action plan is now at an advanced stage and we are moving to continuous compliance. To support this we have established a programme of Quality Reviews with a specific focus on Fundamental Standards.

Our quality priorities for 2016/17 are;

- Compliance with CQC Fundamental Standards
- Reduce out of area placements
- Recruitment and retention
- Improve Mental Health Act Administration

The top three risks associated with the delivery of these priorities are

- Recruitment retention
- Budgetary Constraints
- Estates issues

3.2 The Well Led Framework

Under Monitor's 'Risk Assessment Framework' NHS foundation trusts are expected to carry out an external review of their governance every three years. The Board of Directors have agreed that the Trust would commission an external governance review using the Well-led Framework. This is currently in progress and we anticipate a report in the spring of 2016, the findings of which will help prepare the Trust for the planned CQC inspection in July 2016.

Trust will also take forward further work as part of its 'Sign up to safety' commitment. These plans include:

- The further development of the 'Learning to Improve' methodology including the roll out of clinical risk training
- A review of the Clinical Risk Assessment Policy and tools
- Implementation of any recommendations made following our Internal audit report
- A review of our risk management function and the serious incident investigation process.

In line with the Association of Medical Royal Colleges' guidance the Trust has a clear policy on the named responsible clinician for patients, their named nurse in inpatient services and keyworker in community services.

3.3 Seven Day Services

To support our services users on a 24 hour, seven day basis we have developed a number of services to enable this to happen. These include:

- Street triage
- Crisis Assessment Unit
- Liaison psychiatry in A&E
- Single Point of Access

We are working closely with commissioners and neighbouring trusts to implement new urgent/emergency/crisis care model in line with commissioner plans and Mental Health Urgent Care Vanguard.

We plan to complete a review of learning disability services and implement changes agreed with commissioners (includes community services; assessment and treatment; respite and local response to Transforming Care) including the implementation of a seven day in-house extended pharmacy service.

4. Our approach to workforce planning

In developing our workforce plans we have identified four key priorities that support the 2016/17 Operating Plan and the organisations' longer term strategic intent. These include a focus on Recruitment and Retention, Staff Engagement, Improving the Quality and Performance of our Staff, and in Promoting our Trust and the work we do. Each of these programmes are linked and take a multifaceted approach to workforce planning. We believe that our staff are our greatest resource and we need them to be the ambassadors for the organisation. Staff engagement processes and a focus on performance and support are key to this, while our marketing of the Trust as a forward thinking and progressive organisation is an important part of setting ourselves out as an employer of choice.

4.1 Recruitment

Like many Trusts across the country we have difficulty in recruiting to some nursing and consultant posts which not only affects the quality of service provision but increases reliance on bank and agency staffing. Following an organisation wide review of vacancies and processes we embarked on a new approach to recruitment. The Trust held an all-day recruitment assessment centre event in January, which is the first one of three assessment centre style events to help increase the intake of health support workers and nurses, streamline the process so its quicker and easier (for recruiting managers and candidates alike) and provide a more structured approach to recruitment which will include more promotion and advertising.

Developing partnerships with training providers, Universities, job centre plus, local communities, and third sector partners are all either planned or underway for 2016/17 to secure future talent and recruitment pipelines. Additionally the newly developed Leeds Academic Health Partnership, which brings together, the NHS, Leeds City Council, and the Universities, is considering how it can best support new models of care, and the new workforce requirements of the future.

We know that the future of healthcare provision and how we are configured and work with partners will be an important part of achieving improved service user outcomes and in being responsive to new models of care. In 2016 /17 we will be increasing workforce planning expertise across the Trust by adopting the Calderdale framework as the tool to support service re-design and the development of new integrated roles. We will be implementing an Enhanced Utilisation of Apprenticeships framework, while improving work on talent management /succession planning, and ensuring our recruitment processes are inclusive and equitable to attract candidates from diverse groups

4.2 Reward, Retention and Recognition

Our reward, retention and recognition strategy is being developed to reward flexibility and achievement in our staff. It will be based on proactive promotion of the Trust through improved analysis of turnover data and exit questionnaires. Robust development programmes will be in place for all grades; utilising Health Education England funding for bands 1-4, and internal leadership/management development programmes for bands 4 – 8 which will include leadership

academy programmes where appropriate. The use of recruitment and retention payments to attract hard to fill posts will be considered when required.

This is supported by a focus on the health and wellbeing of our staff where we are building on and further developing a co-ordinated and proactive approach to managing and reducing stress in the workplace. This will include the continued promotion of locally owned health and wellbeing initiatives, and in increasing middle and junior manager's competency in proactively managing stress, increasing performance and motivation. Supporting staff and managers to manage change and uncertainty through resilience training and support is a key competency, while we intend to pilot the use of a health coaching model to work with managers to support staff health and wellbeing.

4.3 Staff Engagement

Our Organisational Development Framework is aimed at improving engagement with our staff and creating a foundation in which cultural change can support strategic developments and new service models. Adopting a workforce engagement approach to the Trust strategy refresh will be central to its success and we are currently reviewing all of the techniques we use to engage with staff. Utilising crowd sourcing technology, establishing a behavioural and performance management framework linked to Trust values, and developing skills to deliver trust-wide and local engagement are all seen as key enablers to how we develop our long term strategy.

4.4 Improving the Quality and Performance of our Staff

Improving the quality and performance of our staff is a key objective for 2016/17. This will be supported by an employee charter that will highlight what we expect of our employees and how we will support them to provide the best care they can. The charter will be inclusive of a Trust Behavioural framework implemented across all grades, and will utilise the Healthcare Leadership Model (HLM) for leadership competencies and re-define behaviours for Bands 1-4.

We know that the implications of the 5 Year Forward View will require our staff to work differently. We also know that it is the strength of our staff and their ability to be resilient, engaged, and forward thinking in their approach to new developments that will lead how this organisation is perceived and leads in the future. The Behavioural framework will be used to embed values and behaviours in policies and HR processes, including appraisal and induction. It will be utilised in conjunction with our talent management matrix and succession planning, and will further enable inclusive frameworks that support our Workforce Race Equality Scheme (WRES) and other diverse groups.

4.5 Promoting our Trust

Attracting new talent and recruits to the Trust is as much about our processes as it is about our reputation. Our communications strategy will build on the staff engagement work we are initiating with the intention of creating a resilient forward thinking culture within our staffing teams. Brand and visual identity, public relations, and how we market ourselves and our capabilities is an important part of our approach. A new Intranet and website is scheduled to be launched in 2016 which will further enhance our identity.

4.6 Quality and Safety Metrics

All CiPs which impact on our workforce go through a robust quality impact assessment process managed through our Project Management office to identify any risks to patient safety, patient experience and clinical effectiveness and outcomes which are then scrutinised and signed off by the Medical Director and Director of Nursing before full sign off by the Board.

A safe-staffing task and finish group has been established to identify what metrics should contribute to defining whether or not a unit is being resourced to meet the needs of the service. The following metrics have been identified by the Trust as paramount in determining the above:

- Staffing demand (WTE) identified by clinical leads for inpatient areas against the actual worked hours by clinical staff (WTE).
- The percentage of the worked hours that have been allocated to Bank and Agency.
- The percentage skill mix of registered and unregistered staff.
- The percentage of newly qualified staff operating on the unit.
- The percentage vacancy factor on the unit.

5. Our approach to financial planning

The Trust is in a relatively strong financial position as measured by the regulatory metrics. It has a robust and clear approach to maintaining the balance between financial discipline and delivering our agreed quality and service objectives each year. This approach underpins the overall financial strategy which seeks to ensure sufficient surpluses are delivered to support the sustainability and medium term investment requirements of the Trust, having regard for the regulatory requirements. The Trusts recurrent underlying income and expenditure position is broadly breakeven. The financial sustainability is supported by a robust cash and liquidity position, although the Trust has a significant amount of long term debt linked to its PFI scheme. Our financial plan broadly complies with the overall national planning guidance and expectations.

The trust starting point for 2016/17 was to ensure the minimum 2% national efficiency requirement could be met. Given the level of service change that the organisation has already delivered there is a much more fundamental shift in care models (in conjunction with primary care) required to take this significantly further. The efficiencies being planned cover areas that are referred to in Lord Carters report whilst recognising this is not specifically aimed at non acute trusts at this point. These include:-

- Workforce efficiencies, linked to known improvements needed in the use of e-rostering and management of non- productive time. This will also impact on the use of agency staff and the Trust anticipates being complaint with overall volume and caps, with exception at this point in some medical staffing areas.

- Estate management review, improved space utilisation (specifically in PFI assets, although there is an assumed capital impact to deliver), and asset disposals.

- Overall better procurement (the Trust hosts the North of England Collaborative Procurement Hub which adds value to our own procurement strategy.

In addition to the areas above the Trust is now beginning to actively explore more collaborative/shared services opportunities with partners in Leeds (as part of the Sustainability and Transformation Plan work)

Overall the Trust is sustainable in the short/medium term but will continue to seek to drive efficiencies which may increase its surplus only where these do not detrimentally impact on care.

Leeds and York Partnership NHS
NHS Foundation Trust

AGENDA ITEM
7.1

LEEDS AND YORK PARTNERSHIP NHS FOUNDATION TRUST

MEETING OF THE BOARD OF DIRECTORS

PAPER TITLE:	Financial Plan 2016/17
DATE OF MEETING:	31 March 2016
LEAD DIRECTOR: (name and title)	Dawn Hanwell - Chief Financial Officer and Deputy Interim Chief Executive
PAPER AUTHOR: (name and title)	David Brewin - Assistant Director of Finance

CATEGORY OF PAPER (please tick relevant box) ✓ (This will link to the relevant section on the agenda)					
Strategic	✓	Governance		Information	

THIS PAPER SUPPORTS THE TRUST'S STRATEGIC GOAL/S (please tick relevant box/s)		✓
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	
THIS PAPER SUPPORTS THE TRUST'S STRATEGIC OBJECTIVE/S (please tick relevant box/s)		✓
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 (please tick relevant box/s)	✓
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 DETAILS OF THE PAPER	
Purpose of paper	Provide Board with an overview of the financial plan 2016/ 17, for ratification and incorporation into the operational plan submission to Monitor (NHS Improvement).
What are the key points and key issues the Board needs to focus on	The Trust is not able to plan to achieve the financial control total set at £3.2 million surplus. The Trust plan of £1million includes a number of risks :- a level of unidentified cost improvement plans, vacancy factor requirement, slippage on reserves, no contingency reserve, potential for on- going pressure of acute out of area treatments (unbudgeted) . The £1m is a stretching target but should be deliverable non- recurrently. The compliance impact is on the financial sustainability risk rating, as the Trust will be deemed to "under- perform" against the externally imposed control total. The forecast rating is therefore a 3. The capital plan is optimistic but it is considered appropriate to ensure optimum flexibility.
What is the Board being asked to consider	The Board is being asked to consider and ratify the financial plan, recognising some inherent risks in terms of regulatory compliance. It is not anticipated that the financial performance will generate any interventionist actions from the regulator. The finance and business committee will be closely monitoring and assuring on the in- year performance, risk profile and mitigations.
What is the impact on the quality of care	The plan has been agreed to ensure no detrimental impact on current quality of care and all relevant cost improvement schemes have been quality impact assessed. This will be monitored via the quality committee
What are the benefits and risks for the Trust	The main risk is further deterioration and under performance, leading to regulatory action. There are strong controls in place to mitigate risks in year.
What are the resource implications	N/A, this paper identifies all available resources for the organisation in 2016/17.
Next steps following this paper being presented to the Board	Following agreement, some further updates to the financial wording of the operational plan section will be required before submission and the formal templates will be populated using the information contained in this report.
What are the reputational implications and how will these be addressed	Strong financial management and good financial standing is a key element of a well led organisation and supports the reputation of the Trust. No further action is required at this stage.

Do the recommendations in this paper have any impact upon the requirements of the protected groups identified by the Equality Act? * If yes what action has been taken to mitigate this?	No impact.
What public / service user / staff / governor involvement has there been	The financial planning process has adhered to the approved governance processes. Further detailed scrutiny of the detailed risks is still to be considered by the April finance and business committee. Due to externally imposed timeframes the plan needs approval before 31st March
Previous meetings where this report has been considered (including date)	As above

RECOMMENDATION (This report is being provided to the Board for) (please tick relevant box/s): ✓							
Assurance	✓	**Discussion**	✓	**Decision**	✓	**Information only**	
Provide details of what you want the Board to do:							
The Board is asked to: review the declaration, be assured regarding point (b) and consider the merits of initiating work to develop an automated cascade system (point a).							

*** EQUALITY ACT 2010**

The Trust has a duty under the Equality Act 2010 to have due regard to the need to eliminate unlawful discrimination, advance equality of opportunity and foster good relations between people from different groups. In relation to the issues set out in this paper, consideration has been given to the impact that the recommendations might have on these requirements and on the nine protected groups identified by the Act (age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion and belief, gender and sexual orientation).

Leeds and York Partnership NHS
NHS Foundation Trust

BOARD OF DIRECTORS– 31 MARCH 2016

FINANCIAL PLAN - 2016/17

1. The Purpose

This report provides the Board with the 2016/17 financial plan for approval, as required for submission to Monitor. This final version has not been assessed by the Finance and Business Committee but builds on the draft that was scrutinised by the committee in January. There has been very little change but the risk profile of the plan will require further scrutiny at the April committee.

2. Background

The Trust is required to produce a one year financial plan for Monitor. A draft financial plan was submitted on 8th February and a final submission is required on 11thth April alongside a one year operational plan.

This Trust has been given a control total of £3.2m surplus. This is because the calculation has not taken into account all the non-recurrent factors in 2015/16 forecast outturn. The Trust has been in detailed discussion with Monitor but they are formally still requiring the Trust to achieve £3.2m surplus, although acknowledge this currently is not achievable. This is consistent with the Board of Directors view and agreement at January Board. This is recognising that the underlying roll forward position is recurrent income and expenditure balance not recurrent surplus. The £1 million internally agreed target surplus is still considered a significant stretch.

3. Income and Expenditure Position

Table 1 below shows a summary of the planned income and expenditure position for 2016/17, generating a surplus of £1m.

Table 1

Income & Expenditure Plan	2016/17 £'000
Clinical Income	127,197
Other Operating Income	20,465
Total Income	**147,662**
Employee Expenses	-109,675
Other Expenses	-32,818
Total Expenses	**-142,493**
EBITDA	**5,169**
Non- Operating Income	205
Non- Operating Expenses	-4,374
NET SURPLUS	**1,000**

The 2016/17 financial plans reflect:-

- Cost inflation of £3.4m, broadly in line with the 3.1% uplift for pay and price inflation, including changes to employer national insurance costs.
- Tariff inflation of 1.1% (£1.3m) across all baseline clinical income contracts, in accordance with planning.
- Identified Cost Improvement Plans (CIPs) and revenue generation of £2.5m (1.8%).
- Unidentified CIPs to meet the national 2% CIP expectation (£0.21m) plus 0.5% CIP stretch (£0.77m).
- CQUIN maintained at 2.5% (£2.7m) of contract income and achieved in full.
- Reserves set aside of £1.6m, which includes £1m non recurrent.
- No separate unallocated contingency reserve is available for in year pressures.
- £1.02m non recurrent run rate/vacancy/turnover reduction.
- No adult and older acute overflow out of area cost.

Key contract negotiations are underway and nearing completion. The Trust remains on a block contract with Leeds CCGs. Leeds CCGs allocations are favourable (3.1% increase in 16/17), however, they are noting significant pressures particularly with acute care contracts. No additional recurrent investment is reflected in the plan for 2016/17 and it is also unlikely they will allocate their 1% non-recurrent allocation at the start of the year.

Specialist commissioner allocations have risen 7%, but linked to high cost drugs and treatments. Specialist commissioners have identified £0.5m to support a reduction in gender waiting times. CAMHS tier 4 may be retendered in 16/17 with possible recurrent changes from 17/18, therefore no change reflected in plan.

4. Cost Improvement Plans

The national efficiency target at 2% is lower than expected and deemed deliverable. The Trust has identified schemes to the value of £2.5m, recognising at this point some slippage from 15/16 schemes will not be reinstated. The identified schemes have been quality impact assessment.

Overall 1.8% against 2% target has been identified. In addition, the plan reflects unidentified CIPs to meet the national 2% CIP expectation (£0.21m) plus 0.5% CIP stretch (£0.77m).

For planning purposes we are required to risk assess delivery, and currently have identified £0.77m as high as summarised in Appendix 1.

5. Capital

A summary of the capital programme and disposal assumptions is shown in table 2 below. A detailed analysis of each scheme is shown in appendix 2. This has not been reassessed since the draft plan. It still therefore reflects an optimistic profile of spend, given the uncertainty and external decisions which may impact on spend during the year.

Due to national capital constraints it is anticipated that all provider plans will come under more scrutiny and there is a clear signal that alignment with clinical strategies is essential (as expected). It may even be likely that the Trust may be required to reduce its capital expenditure in year if schemes are not pre committed.

Table 2

Capital Programme	2016/17 Total £000's
Estates Operational	200
IT Operational	394
Estates strategic	2,342
IT Strategic	1,787
Contingency	500
Total Capital Programme	**5,223**

Disposal Programme	2016/17 Total £000's
Malham House	(500)
Total Disposal Programme	**(500)**

6. Financial Sustainability Risk Rating (FSRR) 2016-17

On the assumption that the Trust will be given a control total of £3.2m and performance managed against this, the risk rating will inevitably deteriorate. This is because the Trust will always fail against the variance from plan (income and expenditure margin). Overall if the Trust is able to maintain at least a £242k surplus it will maintain a rating of 3. Deterioration to a FSRR of 2 would occur automatically below this point.

Table 3 below demonstrates a FSRR of 3 based on achieving a £1m surplus.

Table 3

Financial Sustainability Risk Rating (FSRR)	Score Metric	Planned Rating
Capital Service Capacity	1.6	2
Liquidity (days)	82	4
I&E Margin rating	0.68%	3
I&E Margin Variance rating	-1.50%	2
Overall FSRR		**3**

Rating Criteria			
4	**3**	**2**	**1**
2.5	1.75	1.25	<1.25
0	-7	-14	<-14
1%	0%	-1%	<=-1%
0%	-1%	-2%	<=-2%

7. Conclusion

The financial plan for 2016/17 has been constructed to support the organisation in delivering its objectives, and also recognises the national perspective and challenge to stretch its plans to maximise surplus.

The Trust is not able to plan to achieve the financial control total set at £3.2 million surplus. The Trust plan of £1million includes a number of risks :

- A level of unidentified cost improvement plans
- Vacancy factor requirement
- Slippage on reserves
- No contingency reserve
- Potential ongoing pressure of acute out of area treatments (unbudgeted)

The £1million planned surplus is a stretching target but should be deliverable non-recurrently. The compliance impact is based on the financial sustainability risk rating, as the Trust will be deemed to "under- perform" against the externally imposed control total. The forecast rating is therefore a 3.
Recurrently the Trust is challenged in delivering income and expenditure surpluses. The retained cash from prior year surpluses does support the position, but as previously noted the Trust has significant long term debt on its balance sheet and also has potential extensive commitments which will consume significant cash through strategic investment in estate and IT.

8. Recommendation

The Board of Directors are asked to:-

- Consider the financial plan for 2016/17, including the issues and risks identified.

- Approve the financial plan for submission which identifies a £1 million surplus.

Appendix 1

Cost Improvements & Revenue Generation	Total £000's	Risk rating		
		High £000's	Medium £000's	Low £000's
Pay	2,043	500	211	1,332
Non pay	1,039	267	-	772
Total CIP	**3,082**	**767**	**211**	**2,104**
Revenue Generation	440	-	-	440
Total	**3,522**	**767**	**211**	**2,544**

Status:	Total £000's	High £000's	Medium £000's	Low £000's
Fully developed	1,994			1,994
Plans in progress	550			550
Opportunity	-			
Unidentified	978	767	211	
Total	**3,522**	**767**	**211**	**2,544**

Appendix 2

2016/17 Draft Capital Programme	Total 16/17 £000's
OPERATIONAL PROGRAMME	
Estates	
Health & Safety / Fire	100
Life Cycle Commitments	100
Sub Total estates	**200**
IT	
IT Network Infrastructure	225
IT-Voice Telecoms Network E Directory	39
PC Replacement Programme	130
Virtual Desktop Build	23
Public WiFi Deployment	15
MDM - Additional HW/SW	38
Standard Smartphones - phase 1	75
Cisco Unified Comms/Presence	19
Webfiltering	60
Remote support system	11
Sub Total IT	**634**
Total Operational Programme	**834**
STRATEGIC DEVELOPMENTS	
Estates	
Estates Strategy Refresh contingency	500
Pharmacy - single site	250
St Marys Hospital	175
Dementia Care At The Mount	120
LD In-Patient Reprovision	(0)
YCPM Re-Location	1,297
Sub Total Estates	**2,342**
IT	
E-Pharmacy	250
E-Expenses	13
Thinkpads - Transformation	34
Big Hand Voice Recognition	75
Document Management	238
Integration System	75
Replacement PAS	525
Remote Access	338
Sub Total IT	**1,547**
Total Strategic Developments	**3,889**
Contingency	500
Grand Total	**5,223**

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:	Name of the Trust
DATE OF MEETING:	31 March 2016
LEAD DIRECTOR: (name and title)	Susan Tyler - Director of Workforce and Development
PAPER AUTHOR: (name and title)	Oliver Tipper - Head of Communications

CATEGORY OF PAPER (please tick relevant box) ✓ (This will link to the relevant section on the agenda)					
Strategic	✓	Governance		Information	

THIS PAPER SUPPORTS THE TRUST'S STRATEGIC GOAL/S (please tick relevant box/s)		✓
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	
THIS PAPER SUPPORTS THE TRUST'S STRATEGIC OBJECTIVE/S (please tick relevant box/s)		✓
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 (please tick relevant box/s)	✓
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 DETAILS OF THE PAPER	
Purpose of paper	This paper summarises the outcome of a consultation with staff, stakeholders, members and the public on the Trust's proposal to change its name to Leeds Partnership NHS Foundation Trust. It also includes some feedback on the impact of name change from key support services across the Trust.
What are the key points and key issues the Board needs to focus on	Whilst over 50% of people who responded to the consultation were in favour of name change, members of the Executive Team are recommending not to pursue name change at this time so the Trust can focus on its forthcoming CQC inspection. There are also issues around a further change that might be required if the Trust was to merge/change as part of system wide transformation.
What is the Board being asked to consider	The Board is being asked to agree not to progress with name change for reasons outlined.
What is the impact on the quality of care	There would be an indirect impact due to resource required to facilitate name change within support services i.e. updating patient information, disruption to email inboxes, risk to financial and purchasing systems etc
What are the benefits and risks for the Trust	<u>Benefits of name change</u> Reduced confusion for service users Clearer name with focus on locally commissioned services <u>Risks</u> Disaffection of staff based in York Reduction of geographical influence Internal distraction Brand confusion amongst key stakeholders during name change and in the period leading to CQC inspection Impact and reduced capacity in support services

What are the resource implications	The main resources required would be to update all branded collateral e.g. patient information, website, intranet, signage, livery etc. This would take many months leading to brand confusion and, including in house and outsourcing costs, could exceed £50,000. Other significant areas include: • IT – issue with LYPFT generic inboxes • Estates – signage, changing postal addresses of buildings • Finance – changing bank account and supplier details requires a number of staff hours to complete • Supplies – increased number of requests of ordering new ID badges, lanyards, uniforms etc.
Next steps following this paper being presented to the Board	<u>If Board decide not to progress:</u> A message would be drafted from the chief executive to inform all staff of the decision and the reasons for this. <u>If the Board decide to progress;</u> A project plan would need to be put in place with identified resources allocated to facilitate the name change. A project group would be formed to manage the process. A similar group has already come together twice to examine the impact.
What are the reputational implications and how will these be addressed	Our reputation with staff and stakeholders in York would be adversely affected. A significant number of respondents to the consultation expressed dissatisfaction due to cost implications.
Do the recommendations in this paper have any impact upon the requirements of the protected groups identified by the Equality Act? * If yes what action has been taken to mitigate this?	No
What public / service user / staff / governor involvement has there been	Governors have received two papers on this and have given feedback both in their Council of Governors meetings and via the consultation. Staff, members, service users, stakeholders and public have given feedback via consultation.

Leeds and York Partnership NHS
NHS Foundation Trust

Previous meetings where this report has been considered (including date)	Trust Board: September 2015 Council of Governors: November 2015 and February 2016

RECOMMENDATION (This report is being provided to the Board for) (please tick relevant box/s): ✓							
Assurance		**Discussion**		**Decision**	✓	**Information only**	
Provide details of what you want the Board to do:							
The Board is asked to note the content of this paper and agree not to progress with name change as recommended by the Executive Team.							

*** EQUALITY ACT 2010**

The Trust has a duty under the Equality Act 2010 to have due regard to the need to eliminate unlawful discrimination, advance equality of opportunity and foster good relations between people from different groups. In relation to the issues set out in this paper, consideration has been given to the impact that the recommendations might have on these requirements and on the nine protected groups identified by the Act (age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion and belief, gender and sexual orientation).

1. Background

At the Board of Directors' meeting held on 17 September it was agreed that the name of the Trust should be changed from Leeds and York Partnership NHS Foundation Trust and revert back to Leeds Partnership NHS Foundation Trust.

This decision was taken to reflect the loss of the contract for providing services within the Vale of York. The Board discussed the services which are still provided from York-based premises. It was noted that some of these are patch-wide services and are not restricted to only treating service users who reside on the Vale of York region. As such it was felt to be less confusing for current and prospective service users and partners to take 'York' out of the name.

Since the Board took this decision in September, the Trust's Head of Communications has been in contact with the NHS Identity Team, which represents the Department of Health and NHS England on matters of naming and branding of NHS Trusts. Their Head of Brand has given feedback on the Trust's proposed name change.

In summary:

The proposed new name met the principles for naming NHS organisations that are set out in the NHS Identity Guidelines.

NHS Identity urged caution before proceeding due to issues around:

- Geographical representation both now and going forward,
- Changing an organisational name being both costly and time consuming, and
- Local accountability – could we justify a change at this time? Issues around cost, impact and future proofing etc.

In reference to the final point, NHS Identity directed the Trust to provide evidence of engagement with stakeholders and members before it would consider the name change further.

In January 2016, the Trust launched a consultation with staff, members, stakeholders, service users and the public, the results of which are summarised in Section 2.

Impact assessment
The Trust's Head of Communications, formed a small Task and Finish group mainly consisting of support services senior managers to investigate the impact of name change on the organisation. Whilst there is an incomplete picture from this exercise, there is some useful evidence to present as part of this work, which is summarised in Section 3.

2. Consultation

Following the direction from NHS Identity, the Trust's Head of Communications working with the Trust's membership engagement office launched a two week consultation on 20 January. The consultation was targeted at all 18,000 members, Trust staff, external stakeholders (NHS, local authority, third sector, Healthwatch etc.) and service users using the online survey tool Survey Monkey and by writing to all Trust members for whom we did not have email addresses.

The survey was anonymous and people were asked to respond to three questions:

> Q1. Are you in favour or against us changing our name to Leeds Partnership NHS Foundation Trust?
>
> Q2. Following your answer to question 1, can you tell us more about why you are either in favour or against our name change?
>
> Q3. Tell us a bit more about yourself i.e. are you staff, service user, member, stakeholder etc.

Summary of findings

A total of 693 people took part in the online survey and eight people wrote directly to the Trust to express their views.

In response to question 1, over 50% of respondents were in favour. See table below.

Are you in favour or against us changing our name to Leeds Partnership NHS Foundation Trust?		
Answer Options	**Response Percent**	**Response Count**
I am strongly in favour of it	24.7%	171
I am in favour of it	32.0%	222
I am neither in favour nor against it	16.6%	115
I am against it	12.4%	86
I am strongly against it	14.3%	99
	answered question	**693**

In response to question 2, 573 people provided written responses. Key themes in the narrative responses can be summarised as follows:

<u>Those in support</u>
"Makes sense"
"Less confusing"

"Seems appropriate"
"Logical"

Against
"Cost implications"
"Waste of public money"
"Unnecessary"
"Disregard for remaining services and staff in York"

In direct correspondence, there was support for the name change from commissioners and health scrutiny committee members. A senior figure of a local NHS partner expressed disapproval.

Regarding the profile of respondents (question 3), the majority of respondents were staff (56.6%) followed by members (23.7%), service users or carers (13.9%) and interested members of the public (10.5%).

3. Operational impact of a of name change

The Head of Communications set up a task and finish group of key staff to look at the implications, cost and actions required to implement a name change across the Trust. This group met in January and February.

Membership included representatives from

- Corporate Governance
- Clinical Governance
- Human Resources
- IT
- Estates
- Finance
- Supplies
- Clinical services

An impact assessment was shared with all colleagues. Unfortunately not all were completed in time to be included in this board paper. The key issues identified against the impact of name change that were captured during meetings are summarised below:

Communications

- Service information materials – all service information material would need to be replaced which would be a significant resourcing issue. There would also be a lot of wastage

- Brand confusion – as the name change would be phased in and not done quickly, there would be a lot of old and outdated information across the Trust whilst new information was produced.

- Branding and references to old name – e.g. letters, website, intranet, printed materials

- Website domain name – new one would need to be registered with the Health and Social Care Information Centre and implemented by a technical web support agency

- Logo change – production of new corporate style guide, toolkit of templates etc.

Corporate Governance

- Monitor will need to issue a new Licence for the Trust. This is a legal document which authorises us to operate.

- The Trust will need to change and approve a new constitution

Clinical Governance

- Promotional material and resources used by the Complaints, PALS and membership departments to be replaced e.g. leaflets, stands, T-shirts, etc.

- Policies and procedures will need to be reviewed by document authors for references to York – this will not just be about changing the name, because there was also some variation in procedures across Leeds and York.

- Register name change with CQC – processing name change with regulators.

- Notify NRLS, Datix, EHO, MHRA, MES, Quality Health

IM&T

- RGD organisational name

- Name change in NHSmail – main issue is generic and shared email accounts as NHSmail will not allow the same name to be used twice i.e. it will not allow accounts to revert back from 'LYPFT' to 'LPFT'.

- Device labelling, e.g. informing Dell suppliers

- PARIS letters

- Big hand letter templates
- Digital certificates, e.g. security certificates
- Software licences

Human Resources

- Workforce and HR Systems need to be changed to reflect new name i.e. ESR, E-rostering, NHS Jobs and Firstcare
- External agencies and partners such as the DBS, Workplace Options and Occupational Health etc. need to be informed and updated
- Documentation, recruitment information and new employment contracts all need to reflect change
- Contracts
- Registered bodies, e.g. DBS
- Licences
- Procedures

Estates and supplies

- External and internal signage
- Vehicle signage
- ID badges and lanyards
- Uniforms and clothing
- Correspondence change – register new postal address for all premises

Finance

- Banking – need to inform Government Banking Service and other accounts of the new legal name. This will mean updating a lot of bank mandates to make them legally sound.

- Stationery – e.g. cheque books, petty cash books. These will flow from the new bank account but there could be a business continuity issue. For example, if a unit does not have enough cash in petty cash.

- There is a risk in not sorting it all out in one go. For example, getting all the mandates done but not having the stationery, e.g. not having the right cheque book

- SBS – e.g. billing arrangements, ordering supplies

- Payroll

- legal status with Charity Commission

4. Recent developments and risks

Since embarking on the name change process, new developments have come to light which present new risks to the organisation and may impact on the Board's decision on whether to proceed with name change. These include:

- CQC Inspection – organisation needs to be focused on preparations for inspection week commencing 11 July 2016

- Potential change to organisational and configuration within Leeds which could lead to a further requirement to change the Trust name. This would be viewed poorly by stakeholders (including NHS Identity) and could adversely affect our reputation.

- Strategy refresh – the Trust is embarking on a refresh of its five year strategy to conclude in July 2016. This would prompt the organisation to think about a rebrand with new mission, vision, values etc.

- The ET have considered the risks highlighted in this paper and in the light of the impending CQC inspection have recommended that no change should be made to the name of the Trust at the current time.

5. Conclusion

The Board is asked to note the content of this paper and agree not to progress with name change as recommended by the Executive Team.

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:	Trigger to Board Events: update on defective Mental Health Act detentions and Community Treatment Orders (CTOs)
DATE OF MEETING:	31 March 2016
LEAD DIRECTOR: (name and title)	Anthony Deery - Director of Nursing, Professions and Quality
PAPER AUTHOR: (name and title)	Melanie Hird - Head of Clinical Governance

CATEGORY OF PAPER (please tick relevant box) ✓ (This will link to the relevant section on the agenda)					
Strategic		Governance	✓	Information	

THIS PAPER SUPPORTS THE TRUST'S STRATEGIC GOAL/S (please tick relevant box/s)		✓
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	
THIS PAPER SUPPORTS THE TRUST'S STRATEGIC OBJECTIVE/S (please tick relevant box/s)		✓
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 (please tick relevant box/s)		✓
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)		

SUMMARY DETAILS OF THE PAPER	
Purpose of paper	This paper provides an updated report on the findings of the recent audit of in-patient detentions and Community Treatment Orders (CTOs). An initial report on this issue was presented to the Board of Directors in January 2016. At this time, the audit of the inpatient sample had been completed, but the CTO audit was still underway. The CTO audit has now fully concluded and findings can be reported in full.
What are the key points and key issues the Board needs to focus on	The clinical audit sample, drawn at 9th November 2015, was 403 patients. In total, 14 inpatient detentions and 22 CTOs have now been found to be fundamentally defective. Corrective action has been taken to address all issues. We have taken note of detailed legal advice received from Hempson's solicitors in determining necessary action. A comprehensive action plan has been developed in response to these issues and is shown at **Appendix 1**. Progress against the action plan will be monitored by the Mental Health Legislation Operational Steering Group, with summary reports to the CQC Fundamental Standards Group and Mental Health Legislation Committee.
What is the Board being asked to consider	The Board is asked to consider the findings from the audits and the content of the responsive action plan.
What is the impact on the quality of care	Actions identified will ensure that all involved parties can learn from this issue and that systems and processes are made much more robust, preventing any recurrence of future systemic issues and significantly reducing the likelihood of future isolated incidents.
What are the benefits and risks for the Trust	The benefit of the work undertaken is to provide assurance that we are applying mental health law in line with the Act and the Code of Practice.
What are the resource implications	Potential for future claims against the Trust.

Next steps following this paper being presented to the Board	Action plan will be fully implemented. Progress against the action plan will be monitored by the Mental Health Legislation Operational Steering Group, with summary reports to the CQC Fundamental Standards Group and Mental Health Legislation Committee.
What are the reputational implications and how will these be addressed	The Trust has already responded to media enquiries in this respect and it is likely that a future article will be published. Our Communications Team are fully aware of the issues that have arisen and have provided briefings on the context. A key message is that there is no reason to believe that any affected patients should not have been detained, that the issues all relate to documentation.
Do the recommendations in this paper have any impact upon the requirements of the protected groups identified by the Equality Act? * If yes what action has been taken to mitigate this?	No
What public / service user / staff / governor involvement has there been	Affected staff have been kept informed.
Previous meetings where this report has been considered (including date)	An initial report on this issue was presented to the Mental Health Legislation Committee on 14th January 2016 and it was reported to the Board of Directors in January 2016. It was reported to the Trust Incident Review Group in March 2016.

RECOMMENDATION (This report is being provided to the Board for) (please tick relevant box/s): ✓							
Assurance	✓	**Discussion**		**Decision**		**Information only**	
Provide details of what you want the Board to do:							
The Board of Directors is asked to note the findings from the audits and confirm that it is assured by the responsive action plan.							

*** EQUALITY ACT 2010**

The Trust has a duty under the Equality Act 2010 to have due regard to the need to eliminate unlawful discrimination, advance equality of opportunity and foster good relations between people from different groups. In relation to the issues set out in this paper, consideration has been given to the impact that the recommendations might have on these requirements and on the nine protected groups identified by the Act (age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion and belief, gender and sexual orientation).

Leeds and York Partnership NHS
NHS Foundation Trust

Trigger to Board Events: update on defective Mental Health Act detentions and Community Treatment Orders (CTOs).

1. Summary

This paper provides an updated report on the findings of the recent audit of in-patient Mental Health Act detentions and Community Treatment Orders (CTOs).

An initial report on this issue was presented to the Mental Health Legislation Committee on 14th January 2016 and it was reported to the Board of Directors in January 2016. At this time, the audit of the inpatient sample had been completed, but the CTO audit was still underway. The CTO audit has now fully concluded and final findings can be reported in full.

A comprehensive action plan has been developed in response to these issues and is shown at **Appendix 1**. Progress against the action plan will be monitored by the Mental Health Legislation Operational Steering Group, with summary reports to the CQC Fundamental Standards Group and Mental Health Legislation Committee.

2. Background

On 1st October 2015, following a tendering process for mental health and learning disability services commissioned by the Vale of York Clinical Commissioning Group, the Trust transferred its Vale of York services to Tees, Esk and Wear Valleys NHS Foundation Trust (TEWV).

Shortly after service transfer, TEWV informed us that it had audited the records of those patients transferred who were subject to the Mental Health Act (MHA); and discovered a number of cases where they felt that MHA processes had not been followed fully and the detentions/CTOs were unsafe. TEWV responded by taking the corrective actions that they deemed necessary, including discharging a number of transferred patients from detention.

The issues raised by TEWV all related to MHA documentation in the former York care group; however we considered it essential to ascertain whether there were systemic failings. A number of actions were therefore set in train, including:

- A full clinical audit of the records of all Trust patients subject to the MHA.
- A review by our Internal Auditors of the MHA administration system and processes.

This paper sets out the final findings of the audits, and our full responsive action plan.

3. The clinical audit

The Trust's Clinical Audit and Effectiveness Team were commissioned to undertake a priority audit. The identified audit sample was as follows:

- All detained inpatients and all patients subject to a Community Treatment Order (CTO) at noon on 9th November 2015.

The audit sample size was 403 patients[1].

Analysis of the inpatient records was completed by end of December 2015; however full analysis of the CTO records proved time-consuming and only concluded in mid-March. Current periods of continuous detention often date back a number of years and the files are highly complex.

This stage of the audit involved not only the Clinical Audit and Effectiveness Team; but also significant follow-up work from the Mental Health Legislation Team and Health Records staff. All documentation relating to the current period of continuous detention needed to be reviewed; therefore searches of archived records were also required.

As the audit has progressed, corrective action has been taken to address issues as they have been identified. We have taken note of detailed legal advice received from Hempson's solicitors in determining necessary action.

4. Clinical audit summary of findings

Numbers of detentions found to be fundamentally defective or challengeable are shown below. In all other cases, no issues or minor rectifiable errors only, were identified.

Inpatients files audited	**272**
Fundamentally defective detentions	14
Challengeable detentions	8

CTOs files audited	**131**
Fundamentally defective detentions	22
Challengeable detentions	19

Where inpatient detentions were found to be fundamentally defective, Responsible Clinicians explained the situation to the patient, apologised and discharged the section. Of the 14 in-patients, outcomes were as follows:

- 8 patients were assessed and re-detained;
- 1 patient was assessed for re-detention but their nearest relative objected;
- 3 patients agreed to remain in hospital informally;
- 2 patients had already been discharged from hospital to CTO at this point.

[1] Initially this was calculated as 410; however the Clinical Audit final report confirmed that the actual number of records in scope was 403.

A follow-up letter of explanation and apology was sent to each service user affected, together with contact details for further advice and a complaints leaflet.

The same process was followed for CTOs, except for the process of discharging the patient where the CTO was found to be fundamentally defective. The Mental Health Act Code of Practice guidance states that there are no provisions in the Act for CTOs to be rectified once made; and that significant errors or inadequacies may render patients' CTOs invalid. In light of this guidance we have taken the view that where fundamental defects in CTOs are found, this effectively invalidates the CTO. The Act provides no formal mechanism to deal with this for CTOs, therefore Consultants have explained what has happened and that the person is no longer subject to the restriction. A follow-up letter of explanation and apology has been sent to each patient affected, together with contact details for further advice and a complaints leaflet.

In number of cases (for inpatient detentions and CTOs), legal advice was that the detention or restriction was not likely to be considered as unlawful, but was open to challenge. A letter of explanation and apology has also been sent to each of these patients, together with contact details for further advice and a complaints leaflet.

In all cases we have ensured that patients have support from their advocate or solicitor as appropriate; and offered to inform their carers.

5. The internal audit

To supplement the review by Clinical Audit, the Trust's Internal Auditors were asked to undertake a review of the systems and processes in place to administer the MHA in relation to patients detained under the provisions of the Act and the Code of Practice 2015.

Overall the review found Limited Assurance regarding the effectiveness of the processes in place to ensure compliance with the requirements of the Mental Health Act 1983: Code of Practice 2015.

A number of recommendations have been made to strengthen the existing processes in place and to provide guidance on the introduction of additional controls. Implementation of these recommendations will strengthen the control environment and support the Trust with future compliance with mental health legislation.

The primary points identified were in relation to how PARIS is used to support the processes, the need for regular audit of case files, relationships between the MHL team and clinicians, and the resources in place to carry out the administration of detainees and patients subject to Community Treatment Orders. Recommendations were accepted and actions agreed.

6. Actions and Next Steps Plan

Our full responsive action plan, incorporating actions to respond to both audits, is shown at **Appendix 1**.

We have reported this as a serious incident and informed our commissioners in December 2015. An update to the Strategic Executive Information System (STEIS) report has been submitted to commissioners in March 2016.

The 14 defective detentions found during the in-patient audit were reported as 'Trigger to Board' events for December 2015. The defective CTOs will be reported as 'Trigger to Board' events for March 2016 (reported in April performance report).

We have notified Monitor and the CQC.

We have notified NHSLA about the potential for emerging claims.

All clinical teams and all Responsible Clinicians have been notified of the issues and the actions required to fully comply with the MHA and Code of Practice.

A Trust-wide Lessons Learned bulletin has been circulated.

7. Recommendations

The Board of Directors is asked to note the findings from the audits and confirm that it is assured by the responsive action plan.

Melanie Hird
Head of Clinical Governance
March 2016

Mental Health Legislation full action plan, incorporating all recommendations from Clinical and Internal Audits

	Action	Lead	Progress	Timescale
1.	Following the audit of inpatient detention records, ensure that where a detention is identified as 'fundamentally defective', the patient is discharged from section and the RC takes the following actions: 1. Inform the patient that this has occurred. 2. Consider whether the patient may be treated informally or whether it is necessary to use the MHA. 3. If use of MHA is necessary then arrange immediate detention under s 5(2) and make arrangements for a MHA assessment with a view to applying for detention under the Act (eg s3) 4. Document the decision in the notes. 5. Inform the patient of the decision and apologise for the error.	Mental Health Legislation Team	**COMPLETE**	December 2015
2.	Write to all affected patients to explain and apologise, include a copy of the Trust's complaints leaflet, advise that the patient may wish to discuss the matter with their own legal advisor or advocate. Offer to provide their nearest relative with a copy of the letter. Provide a contact name for further support. Copy this letter to care coordinator or nurse in charge of inpatient ward, as appropriate.	Head of Clinical Governance	**COMPLETE**	December 2015
3.	Request that Care Coordinators for all affected patients further follow up and ensure that patients have support from their advocate or solicitor as appropriate. Repeat the offer to inform carers.	Mental Health Legislation Clinical Development Manager	**COMPLETE**	05/02/16
4.	Review the process notes provided to the Mental Health Legislation Officers and update to ensure they fully cover the new duties transferred from	Mental Health Legislation		31/03/2016

	Action	Lead	Progress	Timescale
	Medical Records and emphasise the requirements of the Mental Health Act 1983 Code of Practice 2015.	Administration Team Leader		
5.	Review how a full set of MHA records can be consistently recorded in PARIS so as to enable timely and proactive reporting on compliance with the MHA and Code of Practice.	Information Team developing proposal as a priority area of work.		31/03/2016
6.	Those who are required to provide reports and attend hearings must be reminded of their responsibilities under the Mental Health Act 1983 (the clinical audit report found that only 25% of Section 3 documents scrutinised could evidence an AMHP report). The professional responsibilities and standards should be agreed and communicated to key stakeholders.	Head of Clinical Governance	Letter written to lead Approved Mental Health Professional 25/02/16 – will be a matter arising at the next meeting of the Mental Health Legislation Operational Steering Group	31/03/2016
7.	The Trust should develop an effective and timely process for the escalation of incidents where Responsible Clinicians are not complying with the submission times for reports and the provision of the dates they are available to attend hearings.	Mental Health Legislation Clinical Development Manager and Associate Medical Director for Mental Health Legislation.		31/03/2016
8.	A system for the regular audit of patients' files will be developed that includes:	Mental Health Legislation		31/03/2016

	Action	Lead	Progress	Timescale
	• Checking the required documentation is on file. • Ensuring the documentation on file is fully and correctly completed. This will be via a monthly random sample check of files by the MHL Team and will be included in the revised process notes.	Administration Team Leader		
9.	An annual documentation check will be included in the annual Clinical Audit plan.	Head of Clinical Audit	**COMPLETE**	31/03/2016
10.	Mental Health Legislation agreed as a priority clinical audit topic for the Trust from 2016/17.	Head of Clinical Audit	**COMPLETE**	31/03/2016
11.	A schedule of training will be developed for Mental Health Legislation Officers in respect of the roles and responsibilities including review of MHL provisions.	Mental Health Legislation Administration Team Leader		31/03/2016
12.	Clinicians' induction will include contact details and information about the administrative role of the Mental Health Legislation team to ensure they are aware of the administrative duties of their role.	Mental Health Legislation Administration Team Leader		31/03/2016
13.	The duties and responsibilities of the Mental Health Legislation Officers will be reviewed in the context of the available resources to confirm that the current staffing levels are sufficient to effectively deliver the requirements of the Mental Health Act 1983 and the Code of Practice 2015.	Head of Clinical Governance	**COMPLETE**	31/12/2015
14.	Circulate 'Lessons Learned' bulletin to raise awareness of the issues across the Trust.	Head of Clinical Governance	**COMPLETE**	05/02/16
15.	Identify whether further training or development is required to prevent	Medical Director	Discussed at the	29/02/16

	Action	Lead	Progress	Timescale
	recurrence of issues identified through the clinical and internal audits.	Leeds City Council lead AMHP	medical revalidation and appraisal committee - a recommendation will be made to all doctors who currently manage patients under the provisions of the Act (either in hospital or the community) to reflect on the findings of the audit (so that they might do what they can to prevent authority for detention lapsing inadvertently) and to include these reflections in their own appraisals.	

	Action	Lead	Progress	Timescale
			Letter sent to lead AMHP 25/02/16 – will be a matter arising at the next meeting of the MHLOSG.	
16.	Following the audit of Community Treatment Orders, ensure that where a detention is identified as 'fundamentally defective', action is taken to inform the patient that this has occurred and ensure they have an appropriate support package in place.	Mental Health Legislation Team	**COMPLETE**	29/02/16
17.	Write to all affected CTO patients to explain and apologise, include a copy of the Trust's complaints leaflet, advise that the patient may wish to discuss the matter with their own legal advisor or advocate. Offer to provide their nearest relative with a copy of the letter. Provide a contact name for further support. Copy this letter to care coordinator.	Head of Clinical Governance	**COMPLETE**	29/02/16
18.	Request that Care Coordinators for all affected patients further follow up and ensure that patients have support from their advocate or solicitor as appropriate. Repeat the offer to inform carers.	Mental Health Legislation Clinical Development Manager	**COMPLETE**	29/02/16
19.	Provide all wards with a supply of original (pink) detention papers, with details of how to repeat order, and clear instruction that photocopies are no longer acceptable. Ensure this is reflected in MHL team process notes.	Mental Health Legislation Team	Documents have been ordered.	31/03/2016

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:	Safer staffing
DATE OF MEETING:	31 March 2016
LEAD DIRECTOR: (name and title)	Anthony Deery - Director of Nursing, Professions and Quality
PAPER AUTHOR: (name and title)	Linda Rose - Assistant Director of Nursing / Professional Lead.

CATEGORY OF PAPER (please tick relevant box) ✓ (This will link to the relevant section on the agenda)					
Strategic		Governance	✓	Information	

THIS PAPER SUPPORTS THE TRUST'S STRATEGIC GOAL/S (please tick relevant box/s)		✓
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	
THIS PAPER SUPPORTS THE TRUST'S STRATEGIC OBJECTIVE/S (please tick relevant box/s)		✓
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 (please tick relevant box/s)	✓
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 DETAILS OF THE PAPER	
Purpose of paper	The purpose of this report is to provide information about the Trust's actual against planned ward staffing levels in line with the national requirement for all NHS Trusts to publish information about the number of Registered nurses (RN) and Health support workers (HSW) on duty per shift.
What are the key points and key issues the Board needs to focus on	Those wards where actual staffing numbers do not meet planned levels and the actions being taken to mitigate this.
What is the Board being asked to consider	The content of the exception reports whilst acknowledging that current methodology is limited, development work is in progress locally and nationally.
What is the impact on the quality of care	Low numbers of available regular staff and a high dependency on bank/agency staff is costly and can have a significant impact on patients in terms of the relational element of their care.
What are the benefits and risks for the Trust	This report enables the Trust to clearly identify where our staffing challenges are and put plans in place to make improvements.
What are the resource implications	N/A
Next steps following this paper being presented to the Board	Safer staffing task and finish group will continue to develop the data into a tool that can be used to scrutinise local management of staffing. The display of safer staffing information for patients and the public will be randomly accuracy checked over the next 3 months. This report will be shared with care group risk forums to ensure local understanding and ownership of staffing issues.
What are the reputational implications and how will these be addressed	Risk of sub-standard care delivery due to poor staffing levels addressed by monitoring provision monthly
Do the recommendations in this paper have any impact upon the requirements of the protected groups identified by the Equality Act? * If yes what action has been taken to mitigate this?	No

Leeds and York Partnership NHS
NHS Foundation Trust

What public / service user / staff / governor involvement has there been	This matter is discussed at our regular local care groups supported by the HR colleagues.
Previous meetings where this report has been considered (including date)	This report has been considered by the Executive team.

RECOMMENDATION **(This report is being provided to the Board for)** (please tick relevant box/s): ✓							
Assurance	✓	**Discussion**	✓	**Decision**		**Information only**	

The Board is asked to:

- Receive the report, note the contents and acknowledge the limitations of the current methodology and plans to address these
- Discuss any issues raised by the content

*** EQUALITY ACT 2010**

The Trust has a duty under the Equality Act 2010 to have due regard to the need to eliminate unlawful discrimination, advance equality of opportunity and foster good relations between people from different groups. In relation to the issues set out in this paper, consideration has been given to the impact that the recommendations might have on these requirements and on the nine protected groups identified by the Act (age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion and belief, gender and sexual orientation).

Leeds and York Partnership NHS
NHS Foundation Trust

Report to the Board of Directors

31st March 2016

Safer Staffing

December 2015 and January 2016

1. Background

Since March 2014, all NHS Trusts are required to publish information about the number of Registered nurses (RN) and Health support workers (HSW) on duty per shift.

The initiative is part of the response to the Francis Report and follows the publication of guidance by the National Quality Board. Publishing monthly information about our staffing levels enables us to clearly identify where our staffing challenges are and put plans in place to make improvements.

Staffing levels are published monthly on our website and our Board of Directors receive a report that incorporates monthly information about those wards where actual staffing numbers do not meet planned levels.

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 **(Appendices A & B)** for the period December 2015 to January 2016.

3. Updates

3.1. The Crisis Assessment Unit (CAU), Leeds, is not included in this report but has now successfully been configured and the data for this unit will feature from February 2016.

3.2. On the 15th March 2016 Internal Audit conducted their review of the data collection process for the Safe-Staffing Unify report. This is the information that is gathered from Healthroster, processed and submitted to NHS England. A formal outcome from the review will be delivered in due course but the early indications from the auditor was that they were "very satisfied" with the process and audit checks conducted by the e-Rostering team.

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.

Exception reporting for December 2015 to January 2016

4.1 Leeds Mental Health Care Group

Ward 1 Becklin Centre (Adult acute mental health female service)
Skill mix has been adjusted throughout December and January to replace Registered Nurse (RN) vacancies with regular Health support workers (HSW). This ward also reports an increase in acuity explained as observations and using extra staff to support ECT as a care intervention.

RN staffing is affected currently by 4 RN vacancies on this ward, one RN band 6 secondment to ward 5 Becklin for three months and one RN on long term sick leave.

Ward 3 Becklin Centre (Adult acute mental health male) Skill mix has been adjusted throughout December and January to replace RN vacancies with regular HSW's. Acuity on this ward has also been explained as having a protracted period of more than average eyesight/arm's length observations.

Ward 4 Becklin Centre (Adult acute mental health male) This ward's staffing is affected currently by 4 RN vacancies and 2 HSW vacancies. In addition, there has been an increase in RN sickness and the ward has been using additional HSW support to provide the care of a patient with dementia.

Ward 5 Becklin Centre (Adult acute mental health female service)
-See appendices A and B.

This ward is a member of the safer staffing task and finish group.
It had an 11% vacancy factor, 3.4 staff, in December which rose to a 13% vacancy factor, 4.2 staff, in January. Skill-mix is the main contributory factor to the under fill which has been adjusted to make up for the shortfall in RN hours. Observation hours haven't been particularly high, though alongside escorting patients off the ward has required additional HSW usage.

The appendix for December and January shows that Ward 5 has continued to operate below its required hours for the majority of both months. Whilst the skill mix is currently on track, nearly a third of duties are covered by bank / agency and nearly a quarter of available RN's are Preceptees. Mitigation is by loan of a band 6 RN who is currently on secondment for a period of 3 months to provide nursing leadership support to this team.

Ward 1 Newsam Centre (Psychiatric intensive care unit) This ward reports experiencing high acuity in terms of patients who require within eyesight observations. They have on average had up to 3 patients on this level who at times have required 2 nurses. In staffing terms this means that they have required 4 staff per hour to perform observations for 3 patients. At present there is 1 RN vacancy and 1 RN on long term sick leave. A HSW has recently been appointed and is awaiting a start date.

Ward 4 Newsam Centre (Adult acute mental health male)A high level of RN sickness during December necessitated the need to backfill these duties with HSW's. There are also 2 RN vacancies.

Ward 5 Newsam Centre (Locked rehabilitation and recovery) During December this ward exceeded its RN fill to cover a shortfall in unavailable HSW hours due to annual leave and vacancies which have now been filled. In January there were 2 RN vacancies.

Ward 1 The Mount (OPS dementia female)
This ward continues to have 1 RN vacancy. The high use of HSW hours is in relation to a service user on 2 to 1 observations and the ward has also been affected by staff sickness. An additional x3 beds were opened last year and staffing has been adjusted outside of the roster template to accommodate an increase in safe staffing levels.

Ward 2 The Mount (OPS dementia male)
This ward reports higher HSW fill rates due to high acuity in relation to providing within eyesight observations.

Ward 3 The Mount (OPS mental health male)
-See appendices A and B.

This ward is a member of the safer staffing task and finish group.
It raised no exceptions during December and January.

The appendix shows that during December the ward operated over its planned hours for at least half of the month. During January it operated below its required hours for five days but for was within range for the majority of the month.

The data shows that skill mix was compromised and a quarter of its hours were filled by bank and agency staff. The ward currently has a 10% vacancy factor, 2.7 staff.

Observations weren't a particular factor during this period, however, 2 RN Preceptees were being inducted during this period and when on night duty this has an impact on RN staffing numbers. Preceptees supernumery status has also prompted additional HSW cover and this is reflected in the adjusted skill mix.

Ward 4 The Mount (OPS mental health female)
This ward was in range in December and had a slightly higher HSW fill rate at night in January. This was in response to enhanced personal care needs and observation interventions. It is more significant at night where rostered numbers are lower.

Asket House Inpatient Unit (Rehabilitation and recovery)
This unit raised no exceptions during December and January.

Exception reporting for December 2015 to January 2016

4.2 Specialist and Learning Disabilities Care Group

Bluebell Ward (Forensic female mental health)
This ward is budgeted for 2 RNs per shift but is running generally on 1 RN and 3 HSWs due to recruitment issues. A higher percentage of HSWs are being used to maintain safe staffing levels.

Riverfields (Forensic low secure male mental health treatment, continuing care and rehabilitation).
This ward has 1 RN vacancy and 1 RN on maternity leave. The HSW fill rate at night is consistently low due to the plan in place that alternates an extra HSW member of staff between Riverfields and Westerdale. This is considered clinically safe. In addition, little annual leave was taken by HSWs in January.

Rose Ward (Forensic low secure female assessment, treatment and rehabilitation)
This ward reports 5 RN vacancies and 1 RN on maternity leave. The low number of available regular staff is having a significant impact on service users in terms of the relational element of their care.

The ward heavily depends upon bank/agency staff. In terms of quality, using a high amount of bank staff can become a contributory factor in terms of escalation of service user risk behaviour which in turn results in increased nursing observations. As mitigation, Bluebell ward temporarily loaned a band 5 nurse to Rose ward and they are also using overtime in addition to bank and agency to provide safe staffing cover.

Westerdale (Forensic low secure male mental health admissions, assessment and rehabilitation)
-See appendices A and B.

This ward is a member of the safer staffing task and finish group.
Whilst the appendix shows that it has a 6% vacancy factor,1.3 staff, the skill mix is in the red as RN hours are backfilled with HSWs and nearly a quarter of the wards RNs are Preceptees. The ward consistently operated over its planned hours and a huge

contributory factor in acuity is observation at 686.53 hours in December and 705.08 hours over the month of January.

YCPM (WARD 40 LGI Liaison psychiatry)
-See appendices A and B.

This ward is a member of the safer staffing task and finish group.
There were no exceptions to report in December and the January report shows a low fill rate for HSW's during the day where they are currently carrying vacancies.

In December and January the appendix shows that this ward has consistently operated below its required hours for the whole of both months. It has a current vacancy factor of 22%, 6.3 staff. There are no issues with skill mix or Preceptees.

Ward 2 Newsam Centre (Forensic assessment and treatment male)
This ward has used a slightly higher HSW fill rate as it used backfill to cover 2 RN vacancies and 2 HSW vacancies. Sickness absence, maternity leave and a short period of within eyesight observation were also contributory factors. Activity levels occurred as planned.

Ward 2 Newsam Centre (Forensic female)
This ward reports a high use of HSWs during December in response to nursing a patient on 2:1 observations. In January the low RN fill rate is affected by sickness and maternity leave. This ward shows as having no RN on duty on the 4th January 2016; however this was covered by the CTM.

Ward 3 Newsam Centre (Treatment and recovery)
This ward raised no exceptions during December and January.

Ward 6 Newsam Centre (Eating disorders)
This ward reports an overfill of RN staffing during the night in December as they are providing second cover to Preceptees who cannot take charge. The under fill of HSW's is also reflected by adjusted skill mix as RN's had the additional responsibility of providing immediate life support (ILS) cover as a rotational duty.

This ward has 3 RN vacancies, 1 RN on maternity leave and 2 HSW vacancies. Patient observation levels are also a contributory factor to an overfill of HSW's during January.

Ward 5 Mount (Perinatal) - see appendix
-See appendices A and B.

This ward is a member of the safer staffing task and finish group.
During December and January, HSW's were used to backfill vacant RN shifts. Sickness absence was also a contributory factor.

Backfill has been provided by substantive HSW's and regular agency HSW's who are familiar with the unit and patients.

Two RN posts were recently recruited into but one of the post holders who initially accepted has now declined the offer.

The appendix shows that in December, this ward consistently operated over its planned hours with a similar picture in January using bank staff to cover nearly a third of its duties. The data also shows a 0.1 vacancy factor which contradicts the information provided by local exception reporting of 2.4 vacant RN posts.

Having scrutinized the data further, this rota combines 3 services and it makes dashboard information for safer staffing work complicated. This information will need to be split for future reporting as 3 RNs on the rota are Leeds community and regional outreach staff and should not be included in the ward staffing.

Parkside Lodge (LD acute assessment and treatment)-see appendix
-See appendices A and B.

This unit is a member of the safer staffing task and finish group.
It was within range in December and during January had a low HSW fill rate.

Lower than planned staffing levels were in response to a reduced number of patients requiring care during this period. Staff were also encouraged to use their annual leave prior to the new financial year.

The appendix shows that this unit consistently operated below its required hours for nearly all of its duties nearly a third of its duties were covered by bank and agency staff. The unit has a 17.8% vacancy factor which is reflected in its reasons for additional duties.

2 Woodland Square (LD respite for complex physical health)
The planned hours for HSW's are low in response to sickness absence.

3 Woodland Square (LD continuing care and rehabilitation / health respite)
During December the HSW fill rate is over planned hours in response to managing patients with complex presentations and individual support needs. Less staff were required in January due to having a reduced number of patients. The unit was safely staffed.

Mill Lodge (CAHMS)
This unit is showing an overfill of HSWs in response to a high number of patients requiring within eyesight observations during December. Further contributory factors were sickness absence and 1 RN vacancy.

5. Conclusion

We continue to work to understand and address the reasons why, at times, actual staffing levels do not meet the planned requirement. We know that one of the most common breaches is in relation to being unable to fill RN shift requests and RNs are often being replaced with HSWs as adjusted skill mix.

6. Next steps

Recruitment issues continue to present a challenge in reaching required levels staff. In mitigation, we are carrying out further planned recruitment exercises for registered nurses and health support workers. The recruitment of newly registered staff will require monitoring as over recruiting could pose a risk to retention as good quality support from experienced staff is a known requirement for this group in already pressured clinical areas.

The next recruitment event will be in April 2016. As part of this approach we are also using contemporary methods such as social media to attract the rightly skilled staff.

The safer staffing task and finish group continues to use local data to monitor staffing issues and enhance the decision making of safe staffing levels. We are currently using this local data to understand our acuity issues and are testing out this tool in six of our inpatient areas. In addition to local work we will continue to contribute to national work with Yorkshire and Humber and Leeds University.

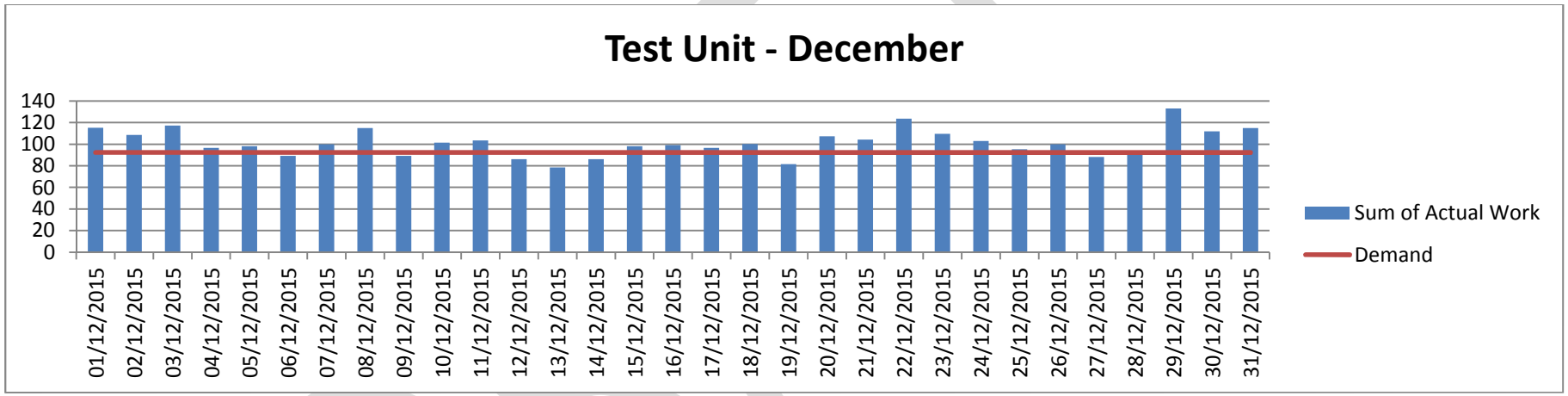
We are also required to display information for patients and visitors in all of our wards that shows the planned and actual staffing available at the start of every shift. Over the next 3 months we will test whether this happens robustly.

7. Recommendations

- Receive the report, note the contents and acknowledge the limitations of the current methodology.
- Discuss any issues raised by the content

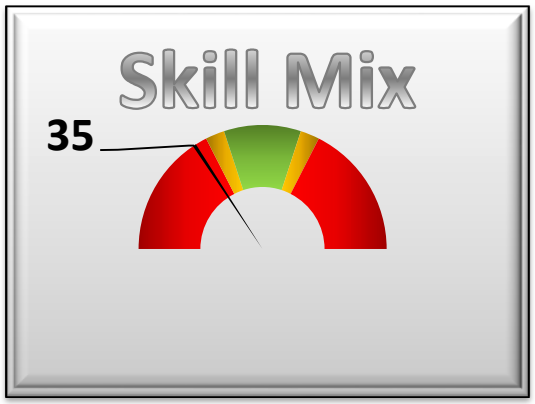
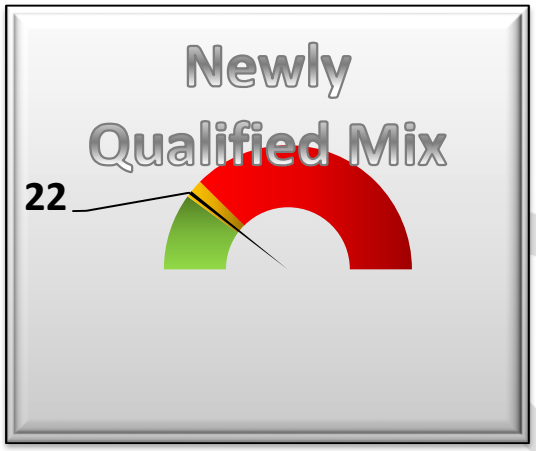
New Metrics:

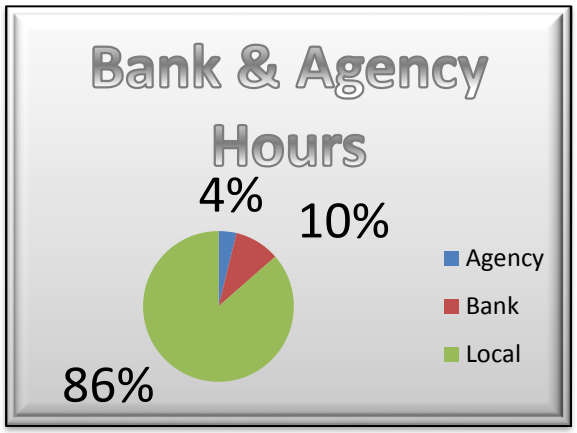
As part of the Safe-Staffing Task and Finish group a number of metrics were discussed with clinical colleagues to define what safe staffing should look like in Mental Health Trusts. These metrics are described below.



The table demonstrates:
The combined RN and HCA hours per day – Blue Bar against the total RN and HCA hours required per day – Red Line

The metric is designed to demonstrate whether the unit is staffing the agreed/budgeted daily demand on the unit.

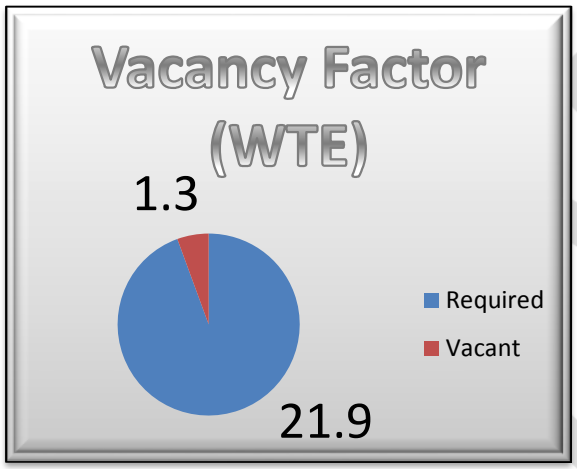
	**Skill Mix –** The percentage of RN/HCA in post on the unit over that roster period. Poor skill mix on the unit can mean that the unit has too few Registered Nurses available or too few HCA's available to support services users. Each unit should have a balanced overview for the acuity type on that unit.
	**Newly Qualified Mix –** The percentage of Newly Qualified RN's in post on the unit over the roster period. Too many Newly Qualified staff may present a risk to service users due to a lack of experience on the unit and no availability to complete preceptorships effectively.



Bank and Agency hours –

The percentage of hours fulfilled by Substantive, Bank or Agency.

Ideally units should be staffed with a high percentage of substantive staff for the purposes of continuity of care and familiarity with the unit/local procedures. Whilst high levels of temporary staffing does not directly mean that the unit is unsafe it should be included in our safety metrics.



Vacancy Factor -

Indicates the number of vacancies the unit is carrying in the RN and HCA grade types.

High vacancy factors on the unit may lead to the inability to staff the unit adequately and a reliance on temporary staffing.

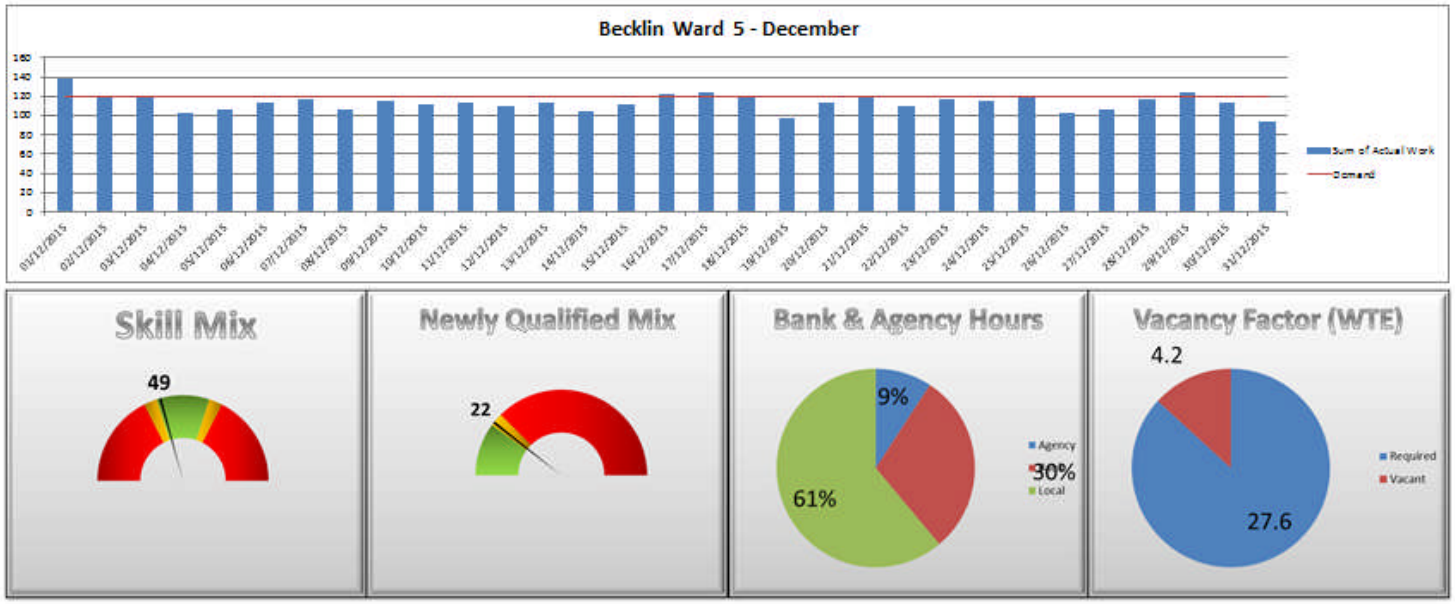
December – Appendices A

Becklin Ward 5

Staff Group	Bank & Agency Hours
Agency	324.50
Bank	1045.50
Local	2151.67
Grand Total	**3521.67**

Status	Vacancy Factor (WTE)
In post	23.4
Required	27.6
Vacant	4.2

Row Labels	Sum of Additional Duty Hours
Adjusted Skill Mix	244
Escort	37
Observation	44.5
Unknown	23
Vacancy	125
Grand Total	**473.5**

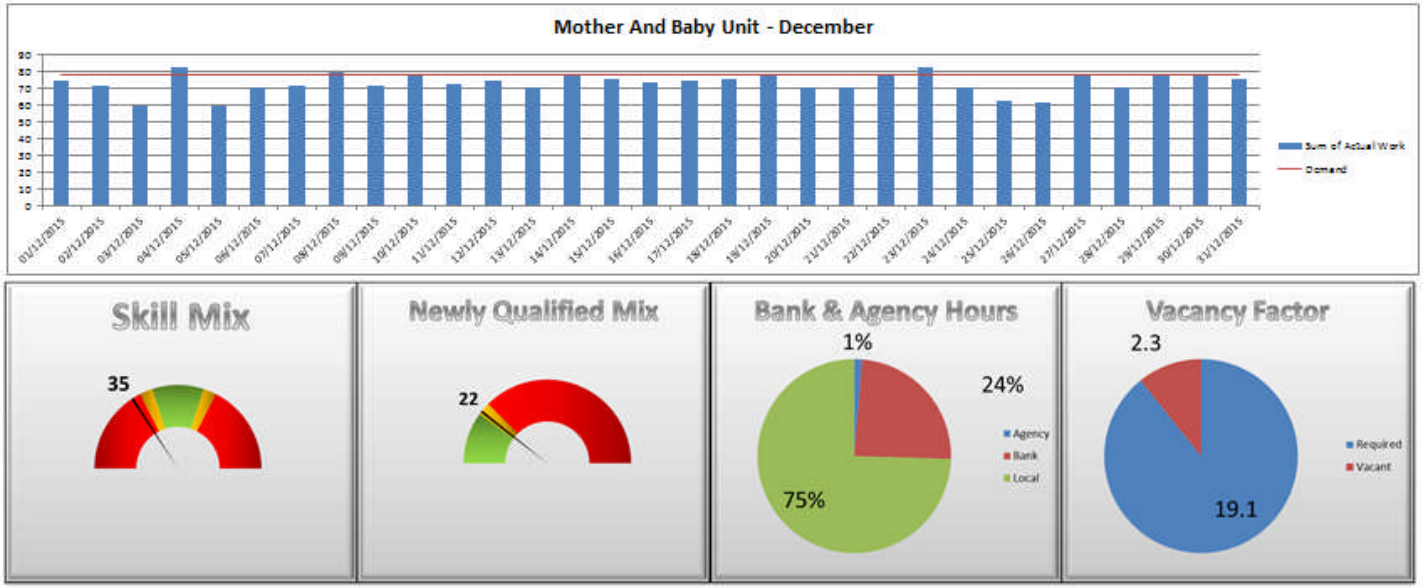


Mother and Baby Unit

Staff Group	Bank & Agency Hours
Agency	41
Bank	753.5
Local	2323.25
Grand Total	**3117.75**

Status	Vacancy Factor
In post	16.8
Required	19.1
Vacant	2.3

Additional Duty Reason	Sum of Work Time
Adjusted Skill Mix	375
Vacancy	84.5
Grand Total	**459.5**

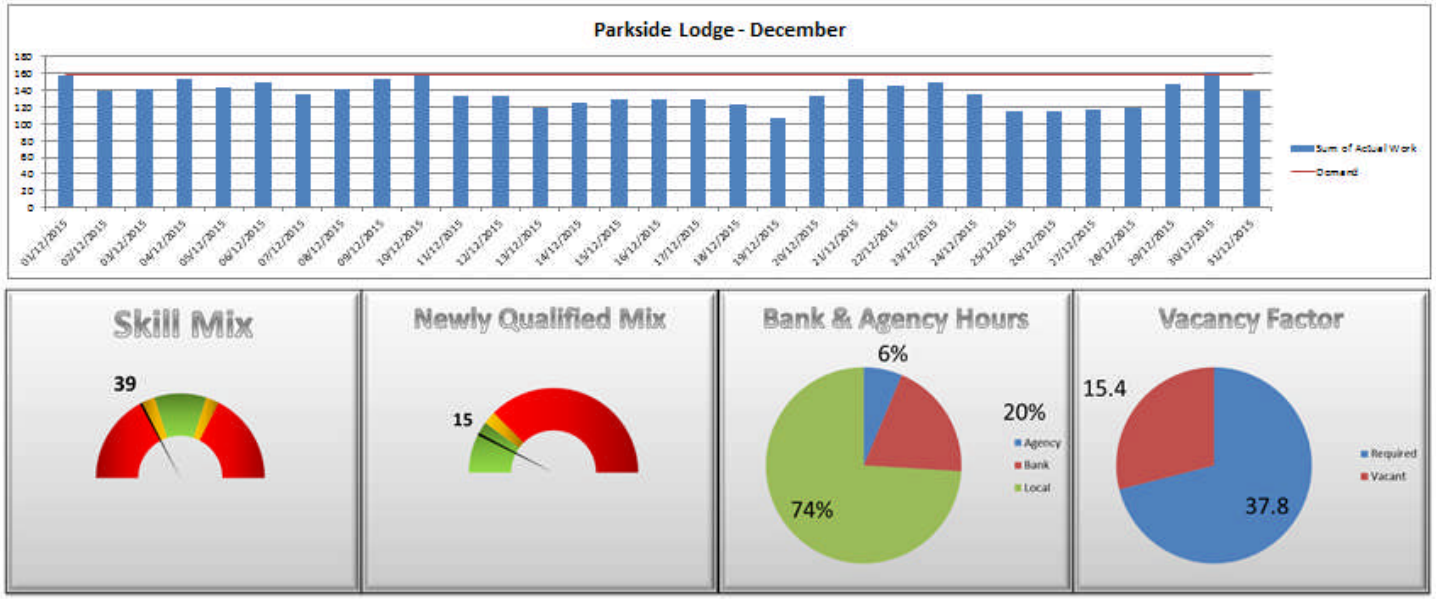


Parkside Lodge

Staff Group	Bank & Agency Hours
Agency	284
Bank	871
Local	3293.5
Grand Total	**4448.5**

Status	Vacancy Factor
In post	22.4
Required	37.8
Vacant	15.4

Additional Duty Reason	Sum of Work Time
Adjusted Skill Mix	105
Vacancy	100.5
Grand Total	**205.5**

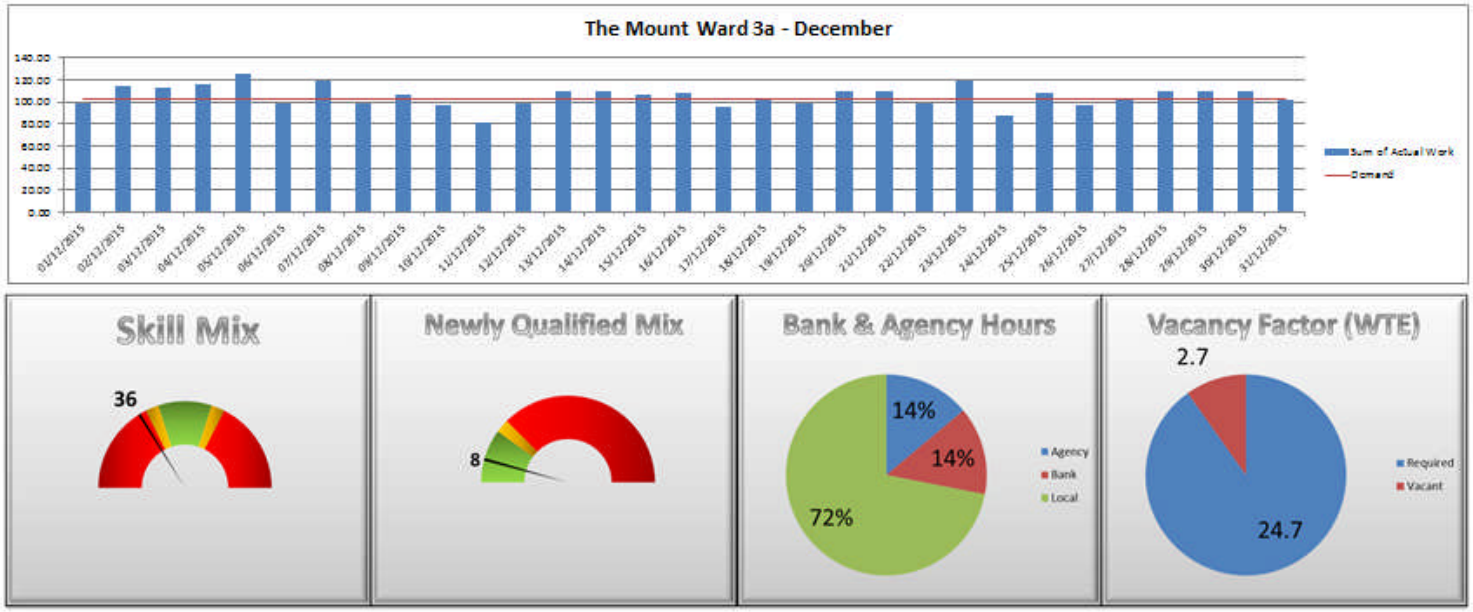


The Mount Ward 3a

Staff Group	Bank & Agency Hours
Agency	454.08
Bank	462.25
Local	2347.33
Grand Total	**3263.67**

Status	Vacancy Factor (WTE)
In post	22
Required	24.7
Vacant	2.7

Row Labels	Additional Duty Hours
Adjusted Skill Mix	175
Observation	66
Using up staff hours	50.5
Vacancy	21.5
Grand Total	**313**

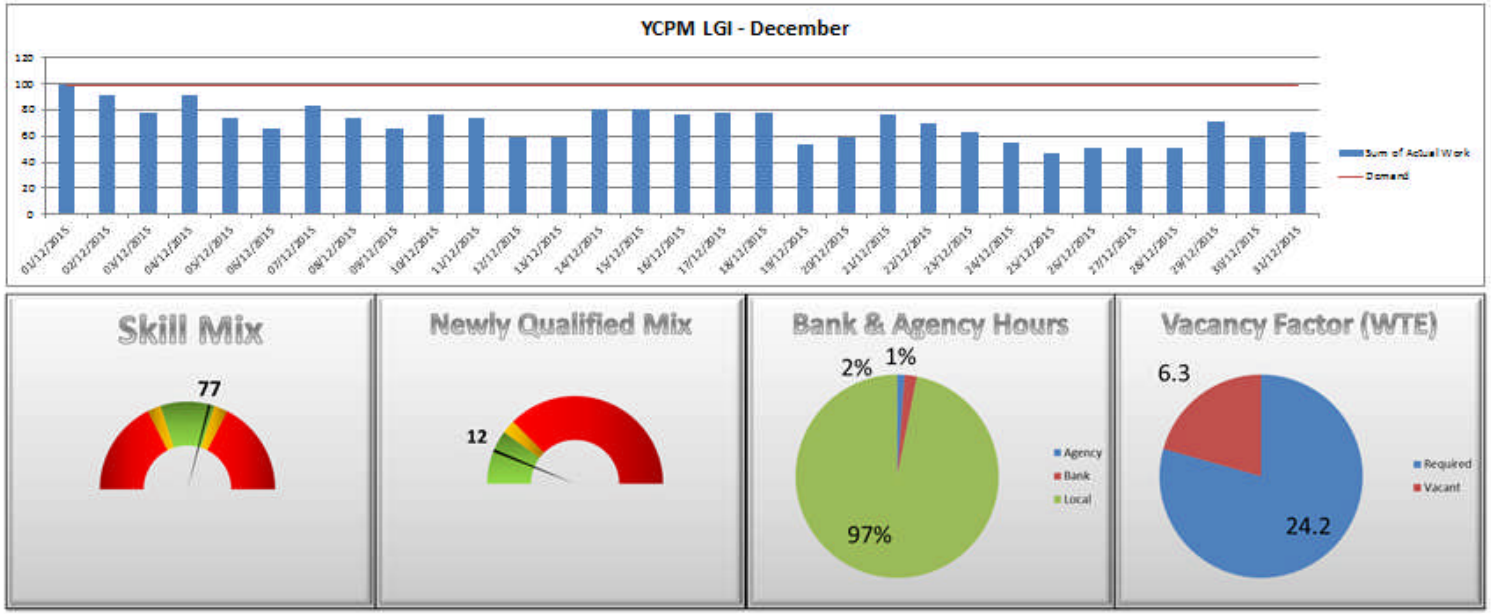


YCPM LGI

Staff Group	Bank & Agency Hours
Agency	25.5
Bank	42
Local	2086.25
Grand Total	**2153.75**

Status	Vacancy Factor (WTE)
In post	17.3
Required	24.2
Vacant	6.3

Row Labels	Sum of Work Time
Adjusted Skill M	24
Using up staff hc	37.5
Grand Total	**61.5**

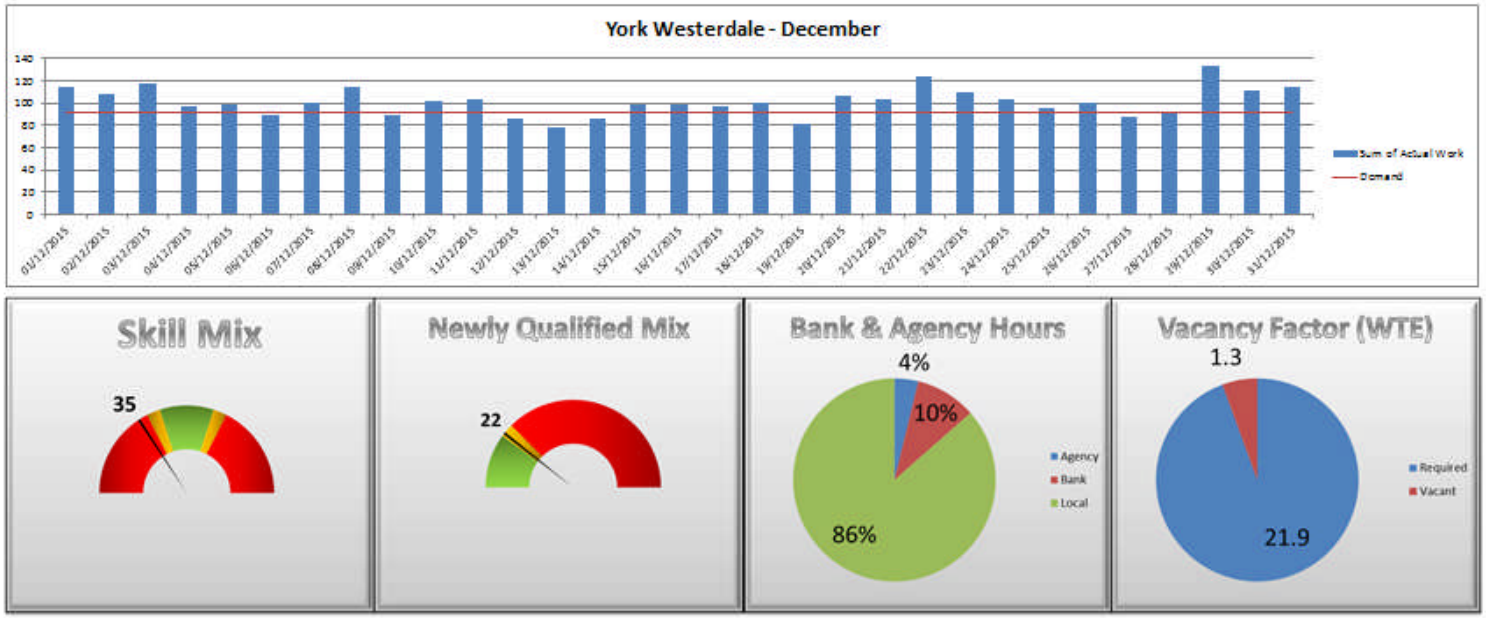


YORK WESTERDALE

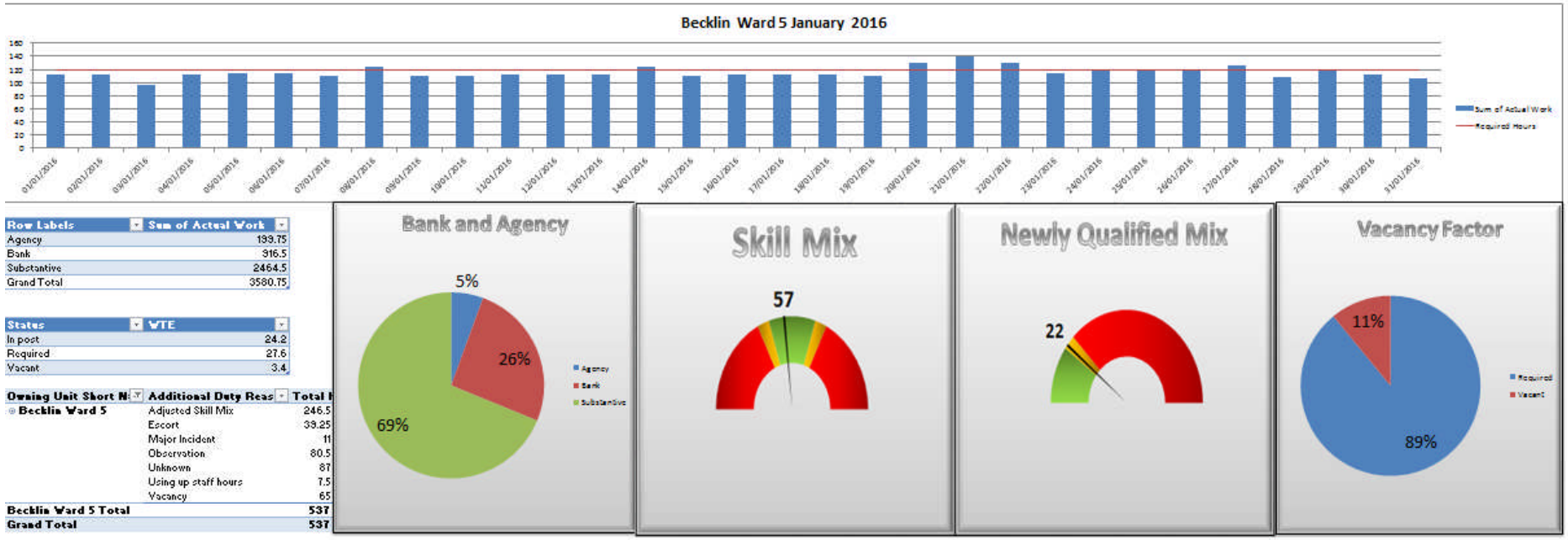
Staff Group	Bank & Agency Hours
Agency	113.45
Bank	306.32
Local	2717.27
Grand Total	**3143.03**

Status	Vacancy Factor (WTE)
In post	20.6
Required	21.9
Vacant	1.3

Row Labels	Sum of Work Time
Observation	686.5333333
Using up staff hc	22.5
Vacancy	33.21666667
Grand Total	**742.25**



January – Appendices B
Becklin Ward 5

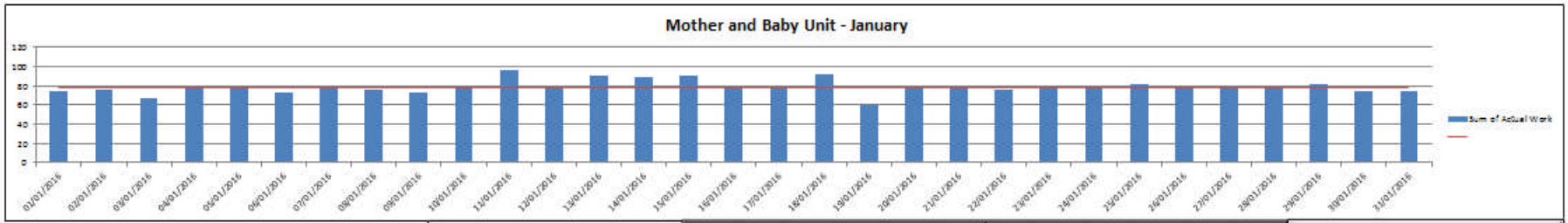


Row Labels	Sum of Actual Work
Agency	199.75
Bank	916.5
Substantive	2464.5
Grand Total	3580.75

Status	WTE
In post	24.2
Required	27.6
Vacant	3.4

Owning Unit Short N	Additional Duty Reas	Total
Becklin Ward 5	Adjusted Skill Mix	246.5
	Escort	39.25
	Major Incident	11
	Observation	80.5
	Unknown	87
	Using up staff hours	7.5
	Vacancy	65
Becklin Ward 5 Total		537
Grand Total		537

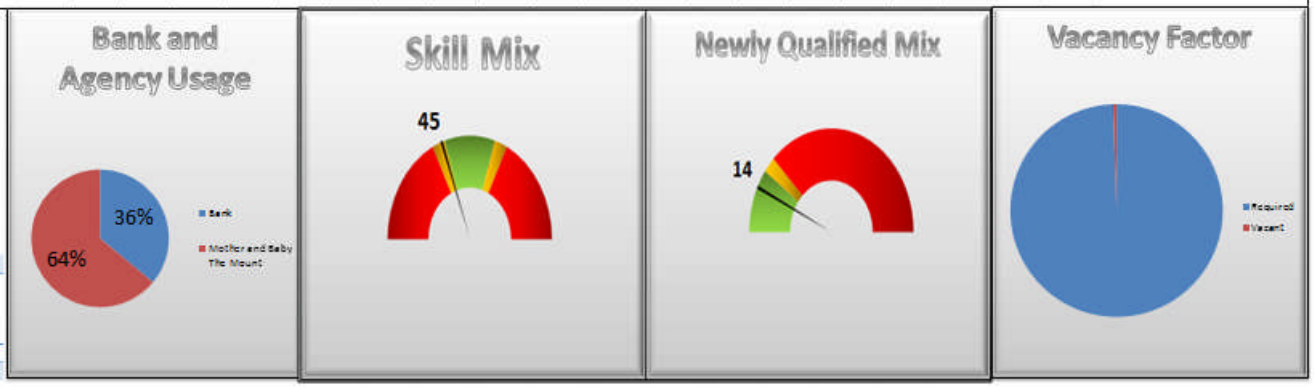
Mother and Baby Unit



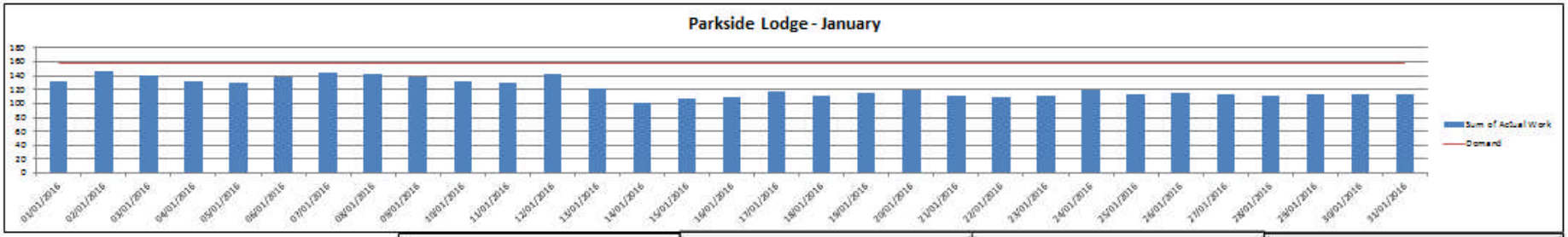
Row Labels	Sum of Actual Work
Bank	879
Mother and Baby The Mou	1561.833333
Grand Total	2440.833333

Status	WTE
In post	19.2
Required	19.1
Vacant	-0.1

Owning Unit Short	Additional Duty Reason	Total Hours
Mother and Baby TI	Adjusted Skill Mix	490.5
	Escort	6.5
	Observation	44.5
	Vacancy	87.5
Mother and Baby The Mount Total		629
Grand Total		629



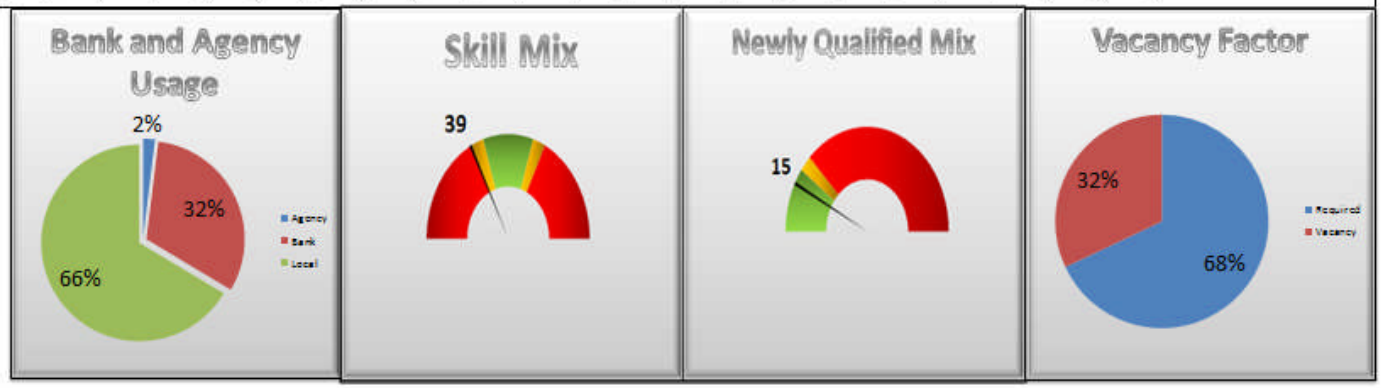
Parkside Lodge



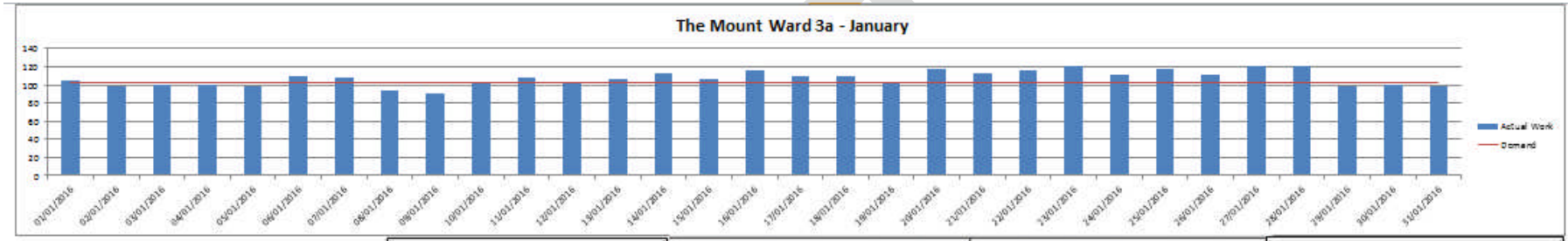
Row Labels	Sum of Actual Work
Agency	73.5
Bank	1199
Local	2517
Grand Total	**3789.5**

States	WTE
In post	20
Required	37.8
Vacancy	17.8

Owning Unit Short N	Additional D	Total Hours
Parkside Lodge	Adjusted Skill Mix	15
	Major Incident	15
	Vacancy	7.5
Parkside Lodge Total		**37.5**
Grand Total		**37.5**



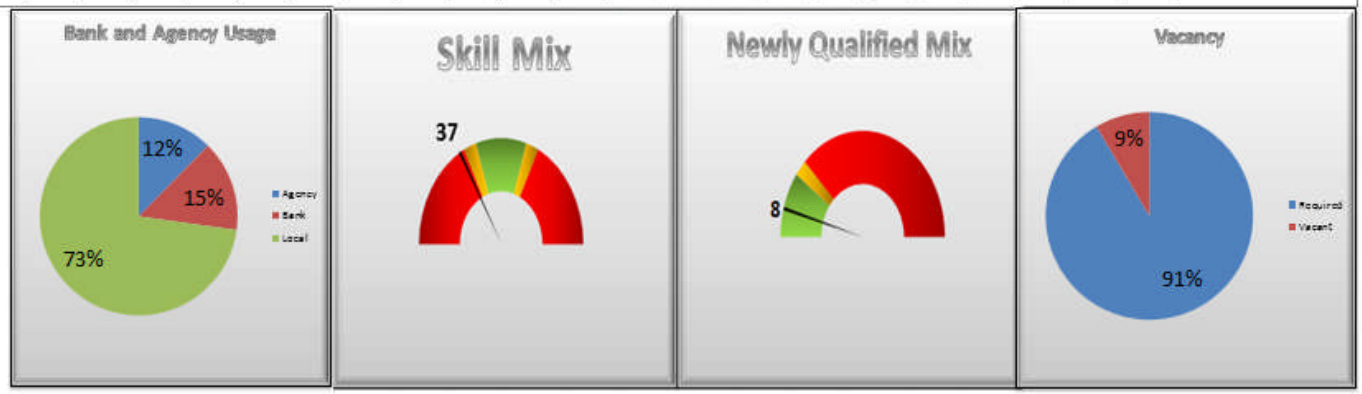
The Mount Ward 3a



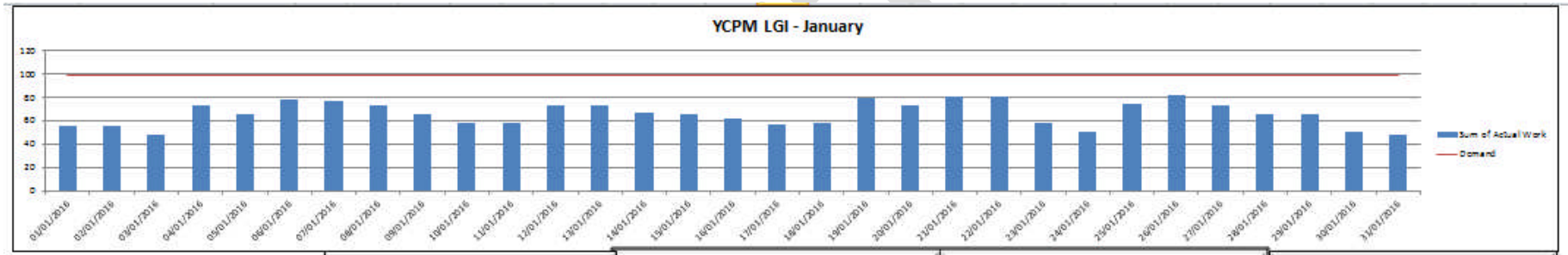
Row Lab	Sum of Actual Work
Agency	411.4166667
Bank	493.75
Local	2421.666667
Grand Tc	3326.833333

States	WTE
In post	22.4
Required	24.7
Vacant	2.3

Owni	Additional Duty Reason	Total Hours
The Mc	Adjusted Skill Mix	173.33
	Observation	117.50
	Unknown	7.50
	Using up staff hours	18.00
	Vacancy	22.00
The Mount Ward 3a Total		338.33
Grand Total		338.33



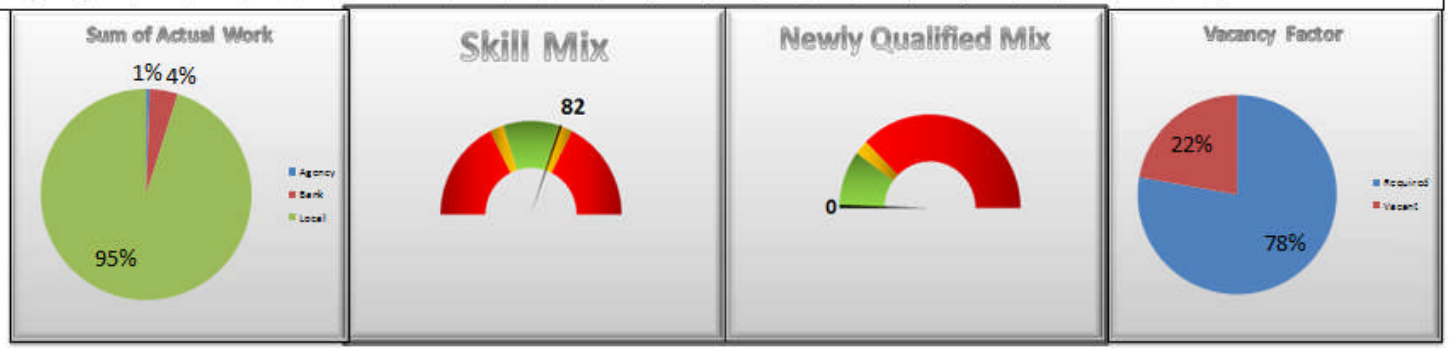
YCPM LGI



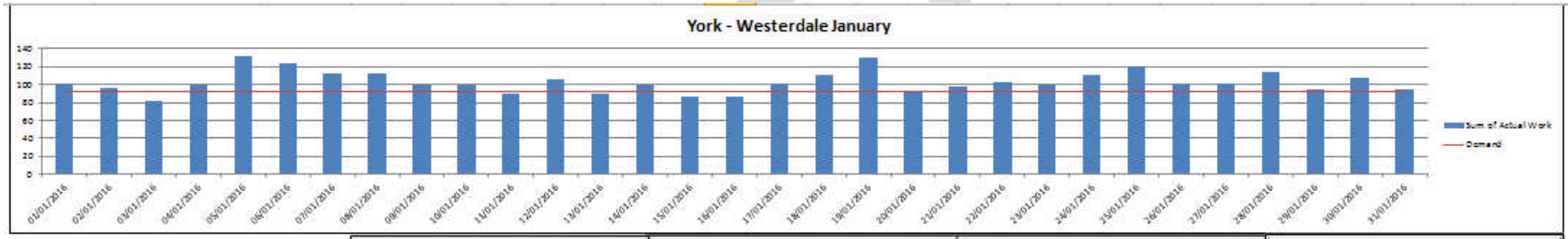
Row Lab	Sum of Actual Work
Agency	11.5
Bank	88.5
Local	1947.333333
Grand Tc	2047.333333

States	WTE
In post	17.3
Required	24.2
Vacant	6.9

Owning	Additional Duty	Total Hours
YCPM	Using up staff hours	30.00
	Vacancy	7.50
YCPM LGI Total		37.50
Grand Total		37.50



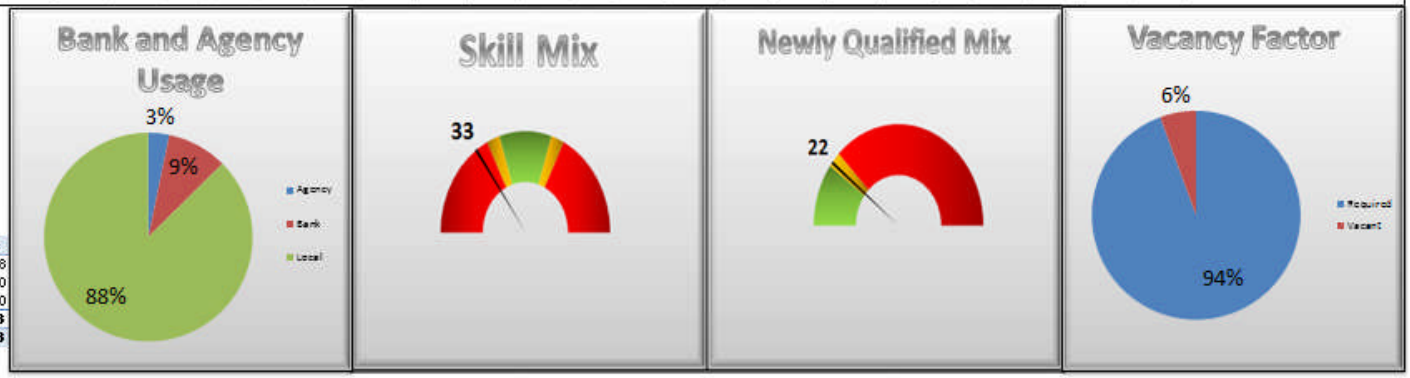
York Westerdale



Row Labels	Sum of Actual Work
Agency	103.30
Bank	298.93
Local	2794.57
Grand Total	**3196.80**

Status	WTE
In post	20.6
Required	21.9
Vacant	1.3

Owning U	Additional Duty Reasc	Total Hours
York - We	Observation	705.08
	Using up staff hours	7.50
	Vacancy	7.50
York - Westerdale Total		**720.08**
Grand Total		**720.08**



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:	Complaints summary report
DATE OF MEETING:	31 March 2016
LEAD DIRECTOR: (name and title)	Anthony Deery - Director of Nursing, Professions and Quality
PAPER AUTHOR: (name and title)	Clare Blackburn - PALS, Complaints & Claims Manager

CATEGORY OF PAPER (please tick relevant box) ✓ (This will link to the relevant section on the agenda)					
Strategic		Governance	✓	Information	

THIS PAPER SUPPORTS THE TRUST'S STRATEGIC GOAL/S (please tick relevant box/s)		✓
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	✓
THIS PAPER SUPPORTS THE TRUST'S STRATEGIC OBJECTIVE/S (please tick relevant box/s)		✓
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 (please tick relevant box/s)	✓
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 DETAILS OF THE PAPER	
Purpose of paper	The report provides activity and performance information about complaints and PALS for received during February 2016.
What are the key points and key issues the Board needs to focus on	Complaints management has improved significantly over the last year and the two recent Internal Audit reports dealing with complaints issues both now report significant assurance. Complaints Management training has now been running since May 2015, with a total of eight training sessions being delivered to date. A further five training sessions have been scheduled for 2016. Uptake of training continues to rise and a total number of 74 staff have now been trained. Training is evaluated after each session with positive comments being received: In March 2016, we will be holding the first panel made up of people with lived experience of using mental health services, to quality assess a random (anonymised) selection of final response letters which have been sent out. The aim of bringing together this panel is to improve the quality of our complaints responses.
What is the Board being asked to consider	To be assured that there are continuing improvements with Complaints and PALS.
What is the impact on the quality of care	Complaints are a key source of feedback and we use information from complaints to improve the quality of our services.
What are the benefits and risks for the Trust	Good complaints management helps us to demonstrate that we are responsive and care about providing high quality services.
What are the resource implications	None
Next steps following this paper being presented to the Board	None
What are the reputational implications and how will these be addressed	None
Do the recommendations in this paper have any impact upon the requirements of the protected groups identified by the Equality Act? * If yes what action has been taken to mitigate this?	No
What public / service user / staff / governor involvement	Complaints Management is a key means by which we measure service user experience.

has there been	Service users will be involved in the first panel invited to quality assess a random selection of final response letters (anonymised) which have been sent out.
Previous meetings where this report has been considered (including date)	The Board of Directors receives a report on complaints at each meeting.

RECOMMENDATION (This report is being provided to the Board for) (please tick relevant box/s): ✓							
Assurance	✓	**Discussion**		**Decision**		**Information only**	

Provide details of what you want the Board to do:

The Board is asked to:

- Receive and note the improvement initiatives highlighted within the report.

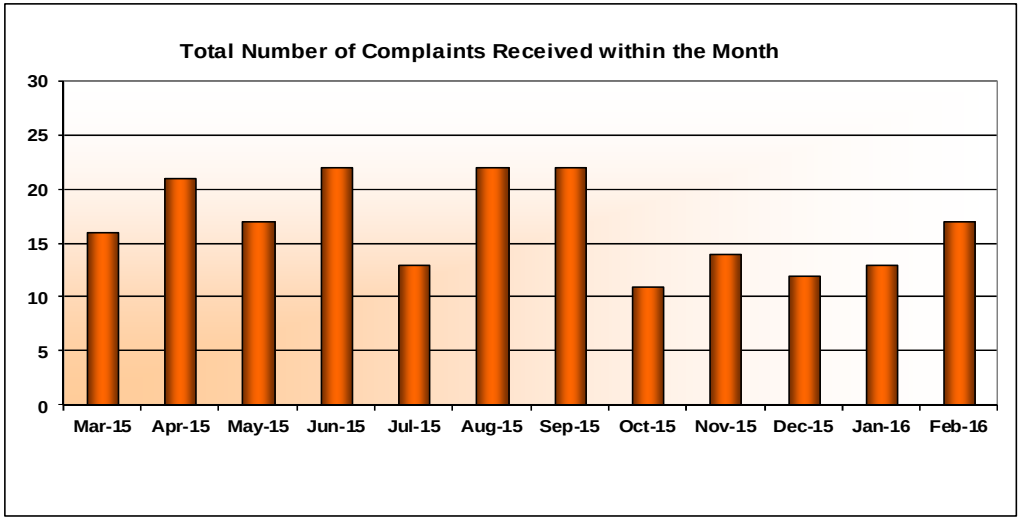
*** EQUALITY ACT 2010**

The Trust has a duty under the Equality Act 2010 to have due regard to the need to eliminate unlawful discrimination, advance equality of opportunity and foster good relations between people from different groups. In relation to the issues set out in this paper, consideration has been given to the impact that the recommendations might have on these requirements and on the nine protected groups identified by the Act (age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion and belief, gender and sexual orientation).

PALS and Complaints Summary Report: March 2016 (based on February 2016 data)

This report provides data on activity and performance information about complaints and PALS for February 2016.

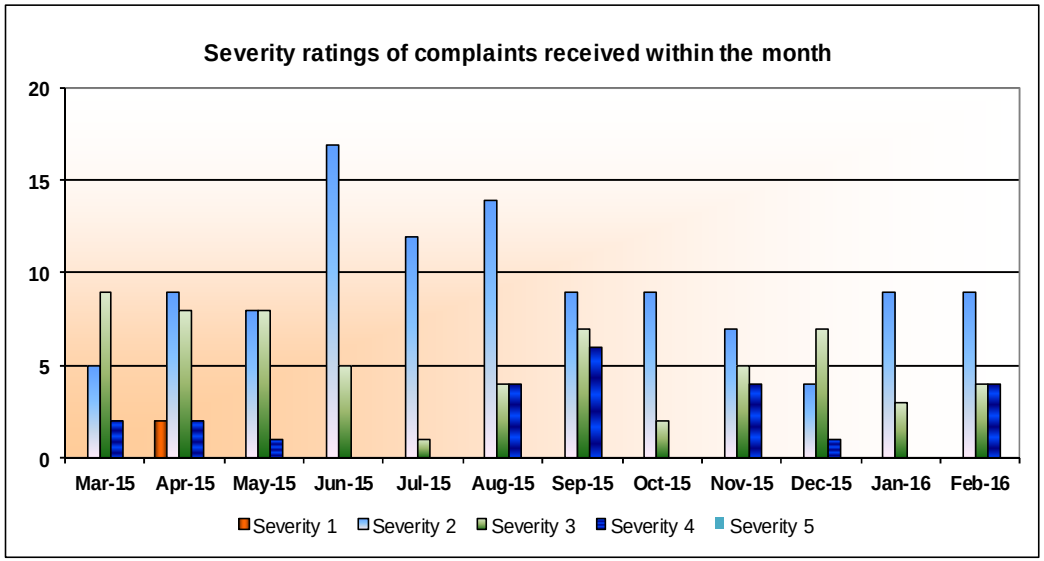
1. Total number of complaints received within the month



In February 2016, the Trust received 17 formal complaints, of which 76% 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



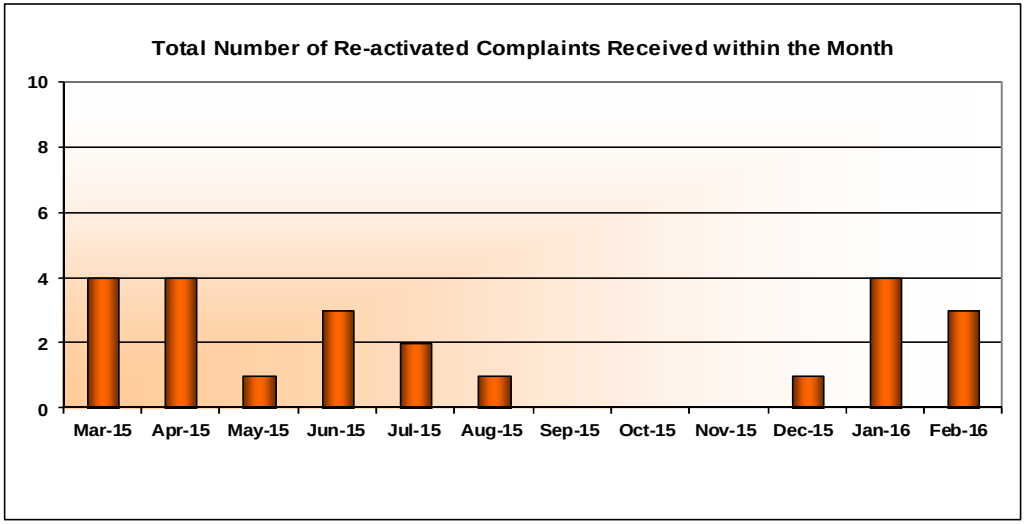
There were four complaints received in February 2016 which were rated as Severity 4.

- One complainant was concerned about their detention under the Mental Health Act 1983.
- The relative of a deceased service user is unhappy with the care and treatment provided whilst they were under the care of the Trust.
- The wife of a service user alleges that poor care and treatment was provided and cites a lack of communication from staff.
- One complainant alleges poor care and treatment from the Trust which has damaged them physically, emotionally and sexually.

There were no Severity 4 complaints received in January 2016.

Investigations into the Severity 4 complaint reported in the January 2016 Board Report (relating to poor care following discharge from the Newsam Centre) have now concluded, with the outcome being 'partially upheld'. Poor care was not identified; however staff did not provide the patient with relevant information about advocacy services, so recommendations for improvement have been made.

3. Total number of re-activated complaints received within the month



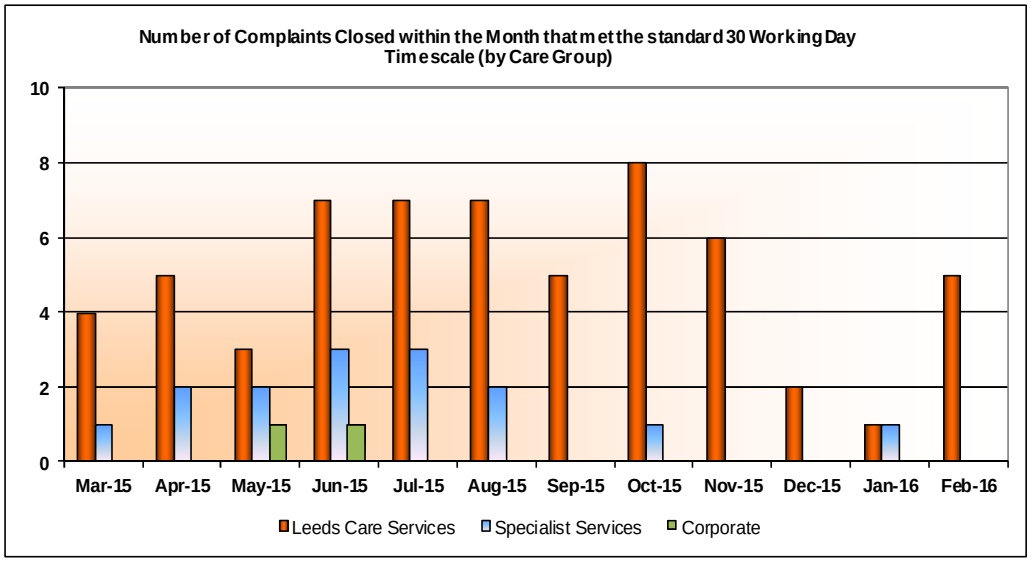
Three re-activated complaints were received in February 2016, all from patients who are currently receiving care from the Trust.

- One complainant felt that the investigation into their concerns had been inadequate and the responses provided by the Trust were ambiguous.
- One complainant does not believe that a robust investigation was carried out into the concerns they had raised. They believe there are some discrepancies with the response letter.
- One complainant requested a re-investigation into some of the concerns they had raised as they believed they had not been addressed fully.

All re-activated complaints are currently under re-investigation.

All final responses are quality assessed by the Associate Director and the PALS, Complaints & Claims Manager before being sent for final approval by the Interim Chief Executive.

4. Number of complaints closed within the month that met the standard 30 working day timescale (by Care Group)

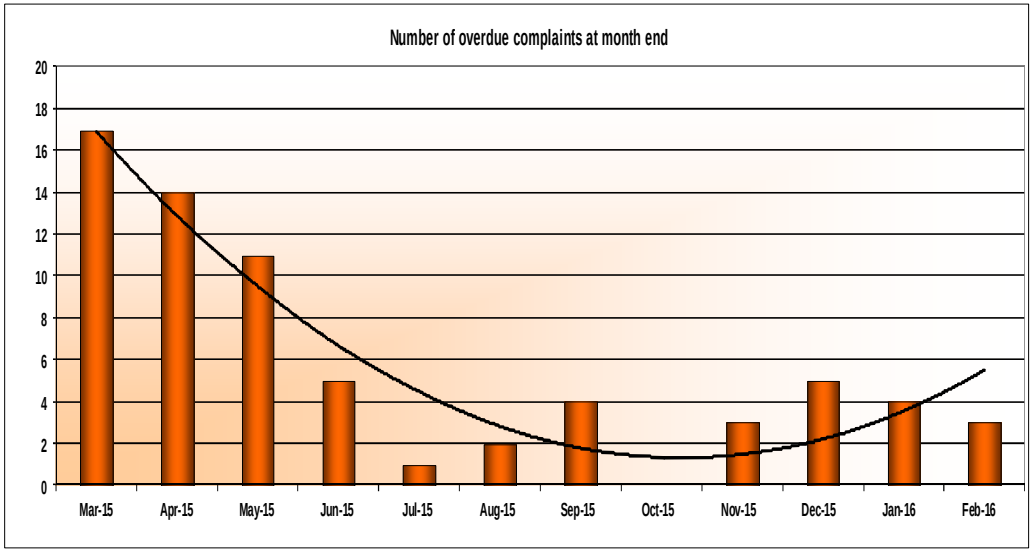


Of the seven complaints closed in February 2016, five were responded to within the standard 30 working day timescale. One complaint had a revised timescale with the full agreement of the complainant.

One complaint response was overdue by nine working days. The delay was with the complaint investigator when sending the draft response to the Associate Director for approval.

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 e-mails investigators of open complaints each week, routinely drawing their attention to any deadlines approaching in the next two weeks.

5. Number of complaints overdue at month end

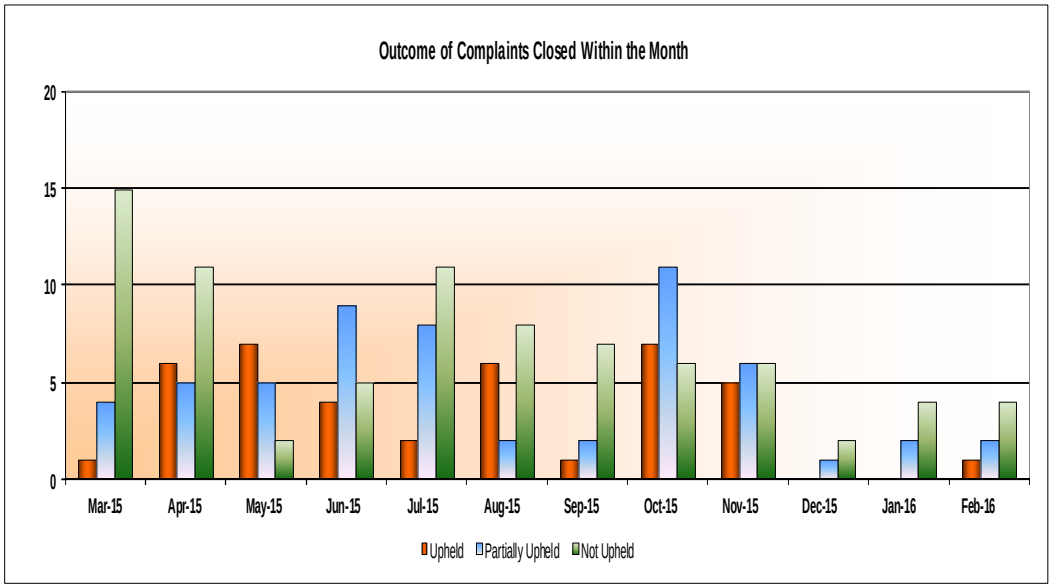


As of 11 March 2016, there are three overdue complaints all of which relate to the Leeds Care Group. The three complaints are overdue by 5, 2 and 18 working days respectively.

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.

A meeting is planned to explore how the Complaints Management Team may be able to provide more support to the Associate Directors, with the aim of reducing the number of overdue complaint responses.

6. Outcome of complaints closed within the month



Of the seven complaints closed during February 2016, one was upheld, two were partly upheld and four were not upheld.

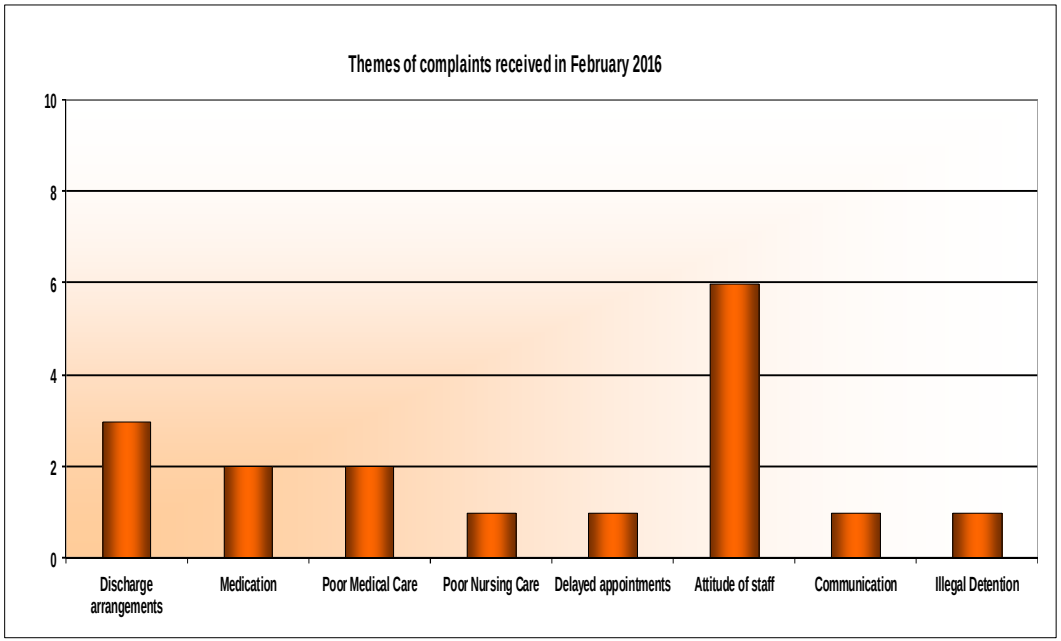
The upheld and partly upheld complaints relate to:

- Staff had failed to make appropriate checks to ensure a service user had returned to the ward safely. No harm was caused.
- Member of staff had not taken the time to understand the service user's condition and there was a lack of structure to the clinical sessions held.
- Poor communication left the service user feeling they had not been listened to.

A robust process is in place 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. 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 February 2016 related to 'attitude of staff' (35%). These categories are devised by NHS England for reporting purposes, we are concerned that they are very broad and plan to do some work to make them more specific to support learning and improvement

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 been established as part of our governance arrangements. This group receives the CLIP reports and also considers actions arising from: 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 is 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 then agrees areas for focused improvement action.

Trends and themes identified, together with agreed areas for focused improvement action and any learning, are then incorporated into an updated report to 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.

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.

Complaints Management training has now been in place since May 2015, with a total of eight training sessions having been delivered to date. A further five training sessions have been scheduled for 2016. Uptake of training continues to rise and a total number of 74 staff have now been trained. Training is evaluated after each session with positive comments being received (reproduced as written):

- *"The course was excellently presented, and the human element of our service was always brought to the forefront."*
- *"Very helpful information training given in easily understanding in terms of being able to put into clinical practice. Trainers warm and friendly and made it an enjoyable experience."*
- *"Thank you interesting and enjoyable day The discussions were interesting and I have learnt a lot."*
- *"Excellent comprehensive training Thank you!"*

- 89% of attendees felt that the topics covered in the training course helped them to understand the complaints process better.
- 93% of attendees felt that the content of the training course was organised and easy to follow.
- 92% of attendees felt that they were able to participate in the training and make a contribution

Names of those attending the training are forwarded to the Associate Directors to assist with capacity planning for investigations.

Feedback from the training has highlighted a need for additional "customer service" training for front-line support staff (band 2 and 3). In response, the PALS, Complaints & Claims Manager and the Head of Patient Experience are planning a training course to be provided to this group of staff over the next few months.

10. Learning from complaints

In March 2016, we will be holding the first panel made up of people with lived experience of mental health services, who will quality assess a random selection of final response letters (anonymised). This is a significant new development, aiming to improve the quality of complaints responses.

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, 19 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.

The PALS, Complaints & Claims Manager and the Head of Patient Experience attended a workshop in February 2016, hosted by NHS England. The workshop was aimed at developing 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 Picker Institute 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 Mental Health and Learning Disability service users and that it is fit for purpose across our wide range of settings. The next step is for the Picker Institute to evaluate the survey with key stakeholders, followed by a second round of consultation.

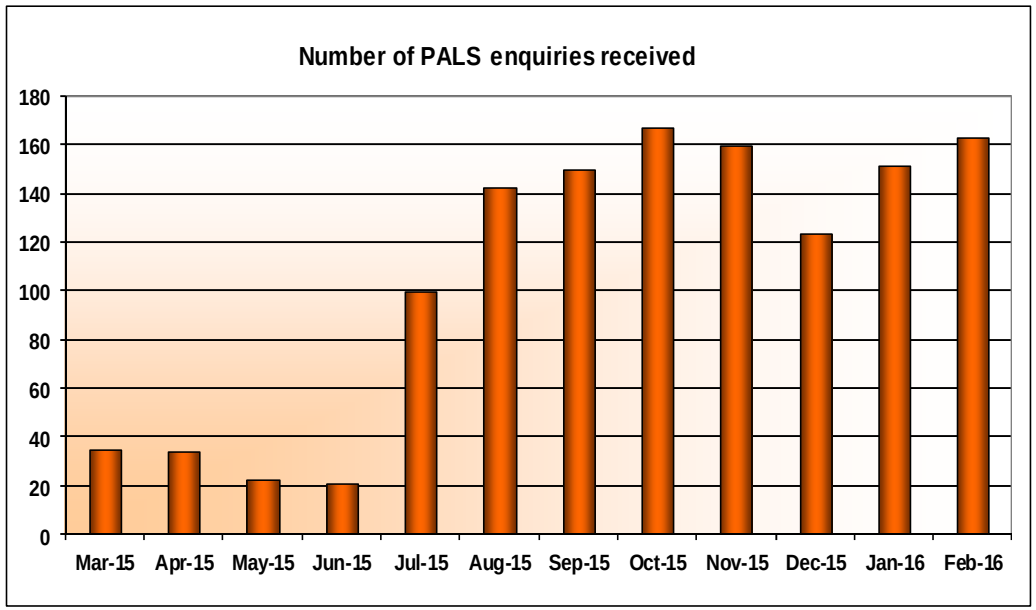
11. Internal Audit Reports

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.

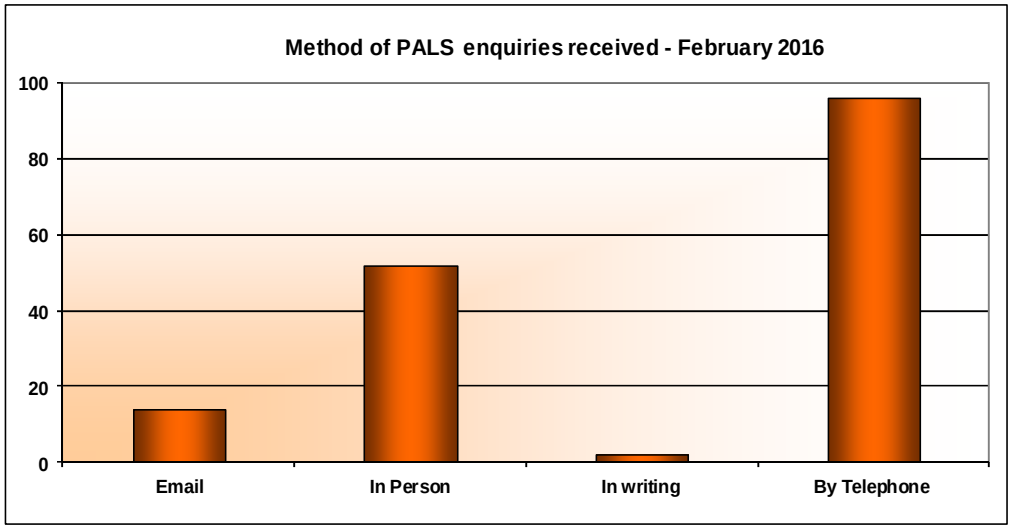
12. Number of PALS enquiries received



During February 2016, records indicate that there were 163 PALS enquiries.

One person accounted for 12% of PALS activity during February 2016.

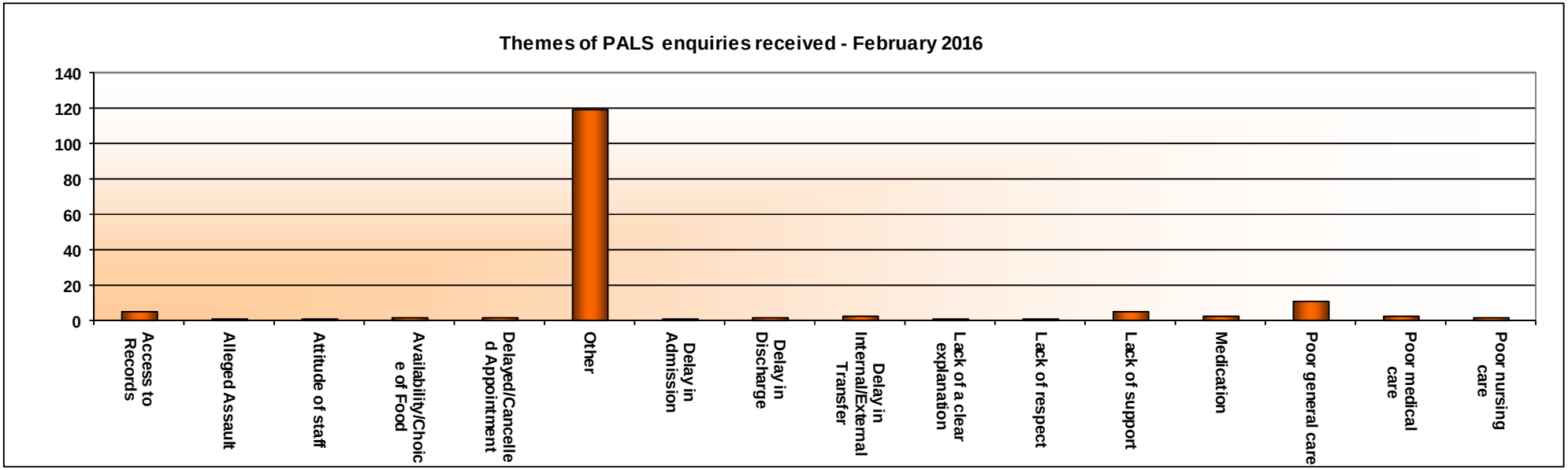
13. Method of PALS enquiries received



Of the 164 PALS enquiries recorded in February 2016, 59% were made by telephone.

The PALS team are continuing to visit 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 164 PALS enquiries recorded in February 2016, 73% 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 164 enquiries, six resulted in a formal complaint.

Leeds and York Partnership NHS
NHS Foundation Trust

AGENDA ITEM
12

LEEDS AND YORK PARTNERSHIP NHS FOUNDATION TRUST

MEETING OF THE BOARD OF DIRECTORS

PAPER TITLE:	Strategic Risk Register
DATE OF MEETING:	31 March 2016
LEAD DIRECTOR: (name and title)	Anthony Deery - Director of Nursing, Professions and Quality
PAPER AUTHOR: (name and title)	Melanie Hird - Head of Clinical Governance

CATEGORY OF PAPER (please tick relevant box) ✓ (This will link to the relevant section on the agenda)					
Strategic		Governance	✓	Information	

THIS PAPER SUPPORTS THE TRUST'S STRATEGIC GOAL/S (please tick relevant box/s)		✓
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	
THIS PAPER SUPPORTS THE TRUST'S STRATEGIC OBJECTIVE/S (please tick relevant box/s)		✓
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 (please tick relevant box/s)		✓
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 DETAILS OF THE PAPER	
Purpose of paper	This paper sets out the Trust's Strategic Risk Register.
What are the key points and key issues the Board needs to focus on	The Board of Directors is asked to consider these risks, which have been identified as the Trust's key risks to the achievement of its strategic objectives.
What is the Board being asked to consider	Does the Board have a shared view on our main risks and does this risk register represent all strategic risks? Are control measures and actions sufficient?
What is the impact on the quality of care	N/a
What are the benefits and risks for the Trust	N/a
What are the resource implications	N/a
Next steps following this paper being presented to the Board	The Strategic Risk Register has been submitted to CQC as part of the initial data request.
What are the reputational implications and how will these be addressed	N/a
Do the recommendations in this paper have any impact upon the requirements of the protected groups identified by the Equality Act? * If yes what action has been taken to mitigate this?	No
What public / service user / staff / governor involvement has there been	N/a
Previous meetings where this report has been considered (including date)	Strategic risks are discussed by the Executive Team at least monthly and new strategic risks must be approved by Executive Directors. The strategic risk register is submitted quarterly to the Trust Board as part of the Operational Plan Implementation Quarterly Report.

RECOMMENDATION **(This report is being provided to the Board for)** (please tick relevant box/s): ✓							
Assurance	✓	**Discussion**		**Decision**		**Information only**	

The Board is asked to:

Receive that Strategic Risk Register;
Be assured that this register represents the key risks to achieving the Trust's strategic objectives;
Be assured that controls and actions in place are sufficient to control and manage the risks.

*** EQUALITY ACT 2010**

The Trust has a duty under the Equality Act 2010 to have due regard to the need to eliminate unlawful discrimination, advance equality of opportunity and foster good relations between people from different groups. In relation to the issues set out in this paper, consideration has been given to the impact that the recommendations might have on these requirements and on the nine protected groups identified by the Act (age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion and belief, gender and sexual orientation).

STRATEGIC RISK REGISTER

ID	Care Group	Title	Description	Controls in place	Risk level (initial)	Risk level (Interim)	Risk level (Residual)	Synopsis
2	Professions and Quality - Corporate	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 a audit action tracker.	High Risk	High Risk	Moderate Risk	Evidence has been requested for all CQC actions that support the declared completion level ie complete or partial.
								Some actions are still not complete - compulsory training, YCPM long term solution and NHS PS working arrangements for repairs. For all other items documentary evidence is being secured, reviewed for adequacy which then gives assurance that actions declared as complete are indeed complete. Any items that have not had evidence submitted are being chased up via CQC fundamental standards meetings and currently in CQC inspection preparation meetings. This is being led by the Director of Nursing, Professions and Quality. We are currently at 95% in terms of submitted evidence.
105	Health Informatics Services (Finance)	Cyber Attack	The danger of a cyber attack to the Trust's ICT infrastructure through malitious hacking or system virus infection.	The ICT infrastructure has firewalls,vius prtection sotware and e-mail protection systems that are continually updated to prevent attack. A working programme to improve our awareness and response to threats is in progress.	High Risk	High Risk	Moderate Risk	CIO leading a review of current systems and processes with Head of Networks, Head of Service Delivery and Head of IG using a template provided by BT. Output will be a targeted action plan focused on areas of highest risk to a Cyber attack.
3	Finance - Corporate	Deterioration in financial standing of Trust	Potential inability to maintain a strong financial position in context of - increasing demand (and a largely fixed block contract, with out of area responsibility being soley with the Trust) - uncertainty of potential tender processes(mainly specialist services) - commissioner and local authority funding positions and wider system	Good working relationships established with commissioners 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. Oversight by Finance and Business Committee: in relation to financial and clinical impact of tenders, in the context of the overall sustainability of the organisation.	Extreme Risk	High Risk	Moderate Risk	Work stream to design and agree with commissioners a reporting framework to demonstrate quality and outcomes, incorporating mental health cluster profile reporting, linked to changing funding mechanism in 17/18

ID	Care Group	Title	Description	Controls in place	Risk level (initial)	Risk level (Interim)	Risk level (Residual)	Synopsis
			pressures, requiring Trust to potentially absord unfunded service developments. - capability to deliver further on going efficiencies. All of the above could impact on the on-going financial performance of the Trust.	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. (led and including executive directors) Partnership working arrangements in Leeds, to ensure strategic influence is maintained on how resources are distributed and management of system wide risks (including city wide Director of Finance forum, Partnership Executive Group) Cost Improvement plans developed to be robust and subject to clinical impact assessment. Contingency reserve held centrally to mitigate against financial pressures, and robust approvals process to access funding Senior management involvement in the development of realistic and achievable CQUINs and KPIs. Growth Strategy developed to provide a basis for assessing growth opportunities. Robust budgetary control framework and budget holder training in place Financial modelling and forward forecasting in place to identify risks early				
								Longer term savings plans to be developed and agreed (as part of wider system planning through Sustainability and Transformation plan).
								Work-stream to address variation in bed occupancy and length of stay to mitigate out of area risks
								Developing risk share arrangements with commissioners to manage demand.
								Develop service line management and detailed benchmarking analysis to understand cost profile of services to inform financial strategy
115	Professions and Quality - Corporate	Fundamentally Defective Detentions	Failings in systems and processes have arisen and the Trust is currently not assured of the legality of detentions/ restrictions under the Mental Health Act.	A full clinical and internal audit has taken place and action plans have been developed. Progress against the action plan is monitored by the Mental Health Legislation Operational Steering Group, with summary reports to the CQC fundamental standards group and Mental Health Legislation committee.	Extreme Risk	Extreme Risk	Moderate Risk	Please refer to MHL Audit Plan

ID	Care Group	Title	Description	Controls in place	Risk level (initial)	Risk level (Interim)	Risk level (Residual)	Synopsis
								Following the audit of inpatient detention records, ensure that where a detention is identified as 'fundamentally defective', the patient is discharged from section and the RC takes the following actions: 1. Inform the patient that this has occurred. 2. Consider whether the patient may be treated informally or whether it is necessary to use the MHA. 3. If use of MHA is necessary then arrange immediate detention under s 5(2) and make arrangements for a MHA assessment with a view to applying for detention under the Act (eg s3) 4. Document the decision in the notes. 5. Inform the patient of the decision and apologise for the error.
								Write to all affected patients to explain and apologise, include a copy of the Trust's complaints leaflet, advise that the patient may wish to discuss the matter with their own legal advisor or advocate. Offer to provide their nearest relative with a copy of the letter. Provide a contact name for further support. Copy this letter to care coordinator or nurse in charge of inpatient ward, as appropriate.
								Request that Care Coordinators for all affected patients further follow up and ensure that patients have support from their advocate or solicitor as appropriate. Repeat the offer to inform carers.
								Review the process notes provided to the Mental Health Legislation Officers and update to ensure they fully cover the new duties transferred from Medical Records and emphasise the requirements of the Mental Health Act 1983 Code of Practice 2015.
								Work with Informatics to review how a full set of MHA records can be consistently recorded in PARIS so as to enable timely and proactive reporting on compliance with the MHA and Code of Practice.
								Those who are required to provide reports and attend hearings must be reminded of their responsibilities under the Mental Health Act 1983.
								The Trust should develop an effective and timely process for the escalation of incidents where Responsible Clinicians are not complying with the submission times for reports and the provision of the dates they are available to attend hearings.

ID	Care Group	Title	Description	Controls in place	Risk level (initial)	Risk level (Interim)	Risk level (Residual)	Synopsis
								A system for the regular audit of patients' files will be developed that includes: • Checking the required documentation is on file. • Ensuring the documentation on file is fully and correctly completed. This will be via a monthly random sample check of files by the MHL Team and will be included in the revised process notes.
								An annual MHA documentation check will be included in the annual Clinical Audit plan.
								A schedule of training will be developed for Mental Health Legislation Officers in respect of the roles and responsibilities including review of MHL provisions.
								Clinicians' induction will include contact details and information about the administrative role of the Mental Health Legislation team to ensure they are aware of the administrative duties of their role.
								The duties and responsibilities of the Mental Health Legislation Officers will be reviewed in the context of the available resources to confirm that the current staffing levels are sufficient to effectively deliver the requirements of the Mental Health Act 1983 and the Code of Practice 2015.
								Circulate 'Lessons Learned' bulletin to raise awareness of the issues across the Trust.
								Identify whether further training or development is required to prevent recurrence of issues identified through the clinical and internal audits.
								Following the audit of Community Treatment Orders, ensure that where a detention is identified as 'fundamentally defective', the patient is discharged from CTO and the RC takes action to inform the patient that this has occurred and ensure they have an appropriate support package in place.
								Write to all affected CTO patients to explain and apologise, include a copy of the Trust's complaints leaflet, advise that the patient may wish to discuss the matter with their own legal advisor or advocate. Offer to provide their nearest relative with a copy of the letter. Provide a contact name for further support. Copy this letter to care coordinator.

ID	Care Group	Title	Description	Controls in place	Risk level (initial)	Risk level (Interim)	Risk level (Residual)	Synopsis
								Request that Care Coordinators for all affected patients further follow up and ensure that patients have support from their advocate or solicitor as appropriate. Repeat the offer to inform carers.
								Provide all wards with a supply of original (pink) detention papers, with details of how to repeat order, and clear instruction that photocopies are no longer acceptable. Ensure this is reflected in MHL team process notes.
96	Leeds Mental Health Care Group	High percentage of beds occupied by patients clinically fit for discharge	Service users cannot be discharged in a timely way due to reduction in local authority budgets and availability of suitable placements 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. Review of S75 underway with Leeds City Council. The purposeful inpatient admission process has been implemented on all inpt acute ward and is being rolled out to older peoples wards	Extreme Risk	Extreme Risk	High Risk	The attached document details the actions identified to mitigate and control this risks, these are monitored through the Inpatient Bed Management Improvement Project.
128	Finance - Corporate	Inability to agree long term estate strategy and optimum use of estate	The use of estate is constrained by lack of clear clinical strategy for some services, potential tender changes/risks and lack of commissioner strategy/intent. (main services affected are Leaning Disability, Forensic CAMHS, Perinatal, Personality Disordeer, Yorkshire Centre for Psychological Medicine).This is impacting the development of long term estate strategy and	A number of business cases are already in devleopment Commissioner discussions progressing specifically with regard to LD Partnership arrangements being developed re CAHMS with LCH	High Risk	High Risk	Moderate Risk	Work on going in care services to define and agree clinical priorities aligned to commissioner intent, workshop to agree with Board of Directors

ID	Care Group	Title	Description	Controls in place	Risk level (initial)	Risk level (Interim)	Risk level (Residual)	Synopsis
			business cases for key changes required.					
								Work on going working with care services to refresh estate strategy linked to emerging clinical priorities
58	Clinical Services (for Risk Management Dept use Only)	Increasing number of vacancies in Care Services	High number of vacancies in Care Services (Clinical staff)	The ability to use bank and agency staff. Detailed recruitment plan supported by Executive Team (ET). ET have approved extra resources - achieving recruitment plan Care Groups also have this risk identified on their register. Care Services Strategic Management Group (CSSMG)will receive regular updates on actions.	Extreme Risk	Extreme Risk	High Risk	Leeds care group to ensure this is included on their risk register
								York care group to ensure this is included on their risk register
								Specialist and Learning Disability services to ensure this is included on their risk register
9	Facilities (Finance)	Providing services from premises that are not in direct ownership of Trust	The majority of operational estate is not under the direct ownership/control of the Trust and is managed through contract/lease arrangements with third parties.(NHS Property services and Equitix). There is risk of unacceptable delays in executing identified environmental changes and also responsiveness to maintenance requests if these contracts are not robustly managed and process are not clearly understood by all parties involved (3 way relationships exist with sub contracting arrangements between property owners, maintenance providers and Trust staff)	Appropriately trained staff managing risks clinically. Health and safety inspections. Ligature anchor point audits supported by risk assessments Operational estate group overseeing risk assessments to determine works required. Responsive maintenance process managed by monthly meetings with third party suppliers Site management escalation to third party suppliersuitability for admission. Formal partntnership working with PFI partners Working arrangements with NHS Property Services Ltd, improving but under review due to further organisational restucture.	Extreme Risk	Extreme Risk	Moderate Risk	Group to review ALL processes linked to reactive and planned maintenance including ligature assessment process, and change request process to determine best practive document lean approach and embed - all to be delivered by 30th June 2016
								New robust lease arrangements to be negoatiated with NHSPS and their third party maintenance supplier MITIE.

ID	Care Group	Title	Description	Controls in place	Risk level (initial)	Risk level (Interim)	Risk level (Residual)	Synopsis
								Negoatiate change/improvements to contract with Equitix , including market testing of elements of service
5	Workforce Development	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 Continuous Improvement (CI) 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. Review of OD cohort to support innovation and change. Delivery of appropriate Leadership and Management interventions/development programmes aligned to specific change requirements. Continued dialogue with HEE about new roles and skills requirements Working in colloboration with partners across Leeds on City Wide transformation Project	High Risk	High Risk	Moderate Risk	Workforce Directorate supporting CI Leads to identify impact of change on workforce and to design appropriate interventions to manage consequence. Skill gap analysis to be included as reviews and changes occur
								Review of job descriptions to ensure skill requirements are fully reflected and updated following any redesign of service
								Funding is being sought to improve specialist clinical skills in Community teams

ID	Care Group	Title	Description	Controls in place	Risk level (initial)	Risk level (Interim)	Risk level (Residual)	Synopsis
								Vocational skills programme for bands 1-4 including care certificate for unqualifed health support workers
								Funding received to train staff to deliver the Calderdale Framework a workforce palnning tool from May 2016 to develop workforce planning and re-design skills to support new models of care
								Use of crowd sourcing technology to improve staff engagement and communication to support changes programmes
								New models of care will rely more on the use of technology and mobile technology to ensure smarter and agile working to increase patient contacts and outcomes. Staff need to be trained and supported to use these technologies taking account of learning styles and organisational demographics.

Leeds and York Partnership NHS
NHS Foundation Trust

AGENDA ITEM

13

LEEDS AND YORK PARTNERSHIP NHS FOUNDATION TRUST

MEETING OF THE BOARD OF DIRECTORS

PAPER TITLE:	2015 staff survey results
DATE OF MEETING:	31 March 2016
LEAD DIRECTOR: (name and title)	Susan Tyler - Director of Workforce Development
PAPER AUTHOR: (name and title)	Angela Earnshaw - Head of Learning and Organisational Development

CATEGORY OF PAPER (please tick relevant box) ✓ (This will link to the relevant section on the agenda)					
Strategic		Governance	✓	Information	

THIS PAPER SUPPORTS THE TRUST'S STRATEGIC GOAL/S (please tick relevant box/s)		✓
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	
THIS PAPER SUPPORTS THE TRUST'S STRATEGIC OBJECTIVE/S (please tick relevant box/s)		✓
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 (please tick relevant box/s)	✓
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 DETAILS OF THE PAPER	
Purpose of paper	The purpose of this report is to provide a summary of the main points from the outcome of the 2015 survey for The Leeds and York Partnership NHS Foundation Trust. The results were made public on 23rd February 2016 when NHS England published the feedback reports for all Trusts in England.
What are the key points and key issues the Board needs to focus on	A comprehensive communications campaign was utilised before and during the survey to promote the survey and ensure as many staff as possible were encouraged to participate. The official sample size for was 2,670, which represents a full census of all staff working in the Trust. The response rate to the survey was 47%, which is average for mental health/learning disability trusts in England. The outcome of the 2015 survey presents a mixed picture for the Trust with some significant improvements particularly in job-related responses but with many scores either static or declining since last year. The results highlight some key areas that require attention, particularly, managers, health and wellbeing, effectiveness of appraisals and training and patient feedback. The survey provides an overall indicator of staff engagement for the Trust, the Trust score of 3.65 is below average when compared to other mental health/learning disability trusts in England. Overall results for 2015 show that more of the 32 key findings fall into the amber (average) category and the green (better than average scores) have decreased. Staff motivation at work and the percentage of staff experiencing physical violence from patients, relatives or public in the last 12 months, are recurring themes emerging from recent staff surveys and where the Trust results indicate these are still key areas for attention. Analysis the Trust 2015 survey results has been undertaken to identify whether responses indicated any notable variances or themes for equality groups. As in 2014, variances in responses between men and women and people from different age groups were highlighted, but again no discernible patterns were identified. Overall responses from staff with a disability were less positive than the Trust average.

	The Trust Workforce Development Strategy contains six staff survey measures and milestones. The 2015 results indicate mixed performance against these milestones, 2 have been achieved, staff feel their role makes a difference to patients and percentage of staff suffering from work related stress. The survey also provides data in respect of key finding 1, which utilises the questions from the Staff Friends and Family Test, "Staff Recommendation of the Trust as a place to work or receive treatment". The 2015 results show a marginally declining position on the 2014 survey.
What is the Board being asked to consider	The 2015 survey results, demonstrate how the Trust results compare to other mental health and learning disability Trusts and how this informs key actions to deliver improvements and change for staff.
What is the impact on the quality of care	There is strong evidence that in the NHS levels of workforce engagement impact on the quality of care provided by NHS staff. The staff survey results provide information on what is important to staff to enable the Trust to listen and act to deliver improvements and change on the key issues highlighted in the survey results.
What are the benefits and risks for the Trust	Benefits of acting on staff feedback received from the staff survey are:- • Improved staff engagement • Improved motivation and job satisfaction • Improved health and wellbeing • Delivery of quality and safe services to service users • Improved recruitment and retention of staff Risks of not acting on staff feedback received from the staff survey are:- • Staff continue to be less engaged • Staff feel they cannot be involved with and influence change that affects their working lives • Improvements in quality of care and safety of services are negatively impacted • Trust vision and strategic goals are not fully delivered as staff remain disengaged.
What are the resource implications	Improvements and change arising from the staff survey are delivered from existing resources.

Next steps following this paper being presented to the Board	The 2015 survey results confirm the following as the Trust bottom ranking scores and therefore the areas for focus and change in 2016/17:- • Staff motivation at work • Percentage of staff experiencing violent incidents from patients, relatives or the public • Recognition and value of staff by managers and organisaiton • Percentage of staff witnessing potentially harmful errors, near misses or incidents in the last month • Staff satisfaction with level of responsibility and involvement During March and April 2016 the Trust Interim Chief Executive and other directors are holding a number of staff listening events across key Trust locations. The listening events will enable greater understanding of staff issues raised by staff and survey results. Following this, the Trust will identify key actions for 2016 to impact on the key areas of concern. The data provided by Quality Health highlights the directorates and staff groups where local actions are required to target areas of poor response. A review of the Your Voice Counts Programme will take place in May 2016, at the Trust Leadership Forum, to establish if this is a useful mechanism to continue to impact on staff survey indicators.
What are the reputational implications and how will these be addressed	Staff are key ambassadors for the Trust and their feedback and views strongly impact on Trust reputation. The staff Friends and Family Test, which is included in the annual staff survey is a key measure for this.
Do the recommendations in this paper have any impact upon the requirements of the protected groups identified by the Equality Act? * If yes what action has been taken to mitigate this?	No
What public / service user / staff / governor involvement has there been	Staff governors have been involved in the Your Voice Counts Ideas Implementation Groups

Leeds and York Partnership NHS
NHS Foundation Trust

Previous meetings where this report has been considered (including date)	None

RECOMMENDATION **(This report is being provided to the Board for)** (please tick relevant box/s): ✓							
Assurance		**Discussion**		**Decision**		**Information only**	
Provide details of what you want the Board to do:							
The Board is asked to: note the outcome of the 2015 Staff Survey results, and the next steps identified on page 9 of the report.							

*** EQUALITY ACT 2010**

The Trust has a duty under the Equality Act 2010 to have due regard to the need to eliminate unlawful discrimination, advance equality of opportunity and foster good relations between people from different groups. In relation to the issues set out in this paper, consideration has been given to the impact that the recommendations might have on these requirements and on the nine protected groups identified by the Act (age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion and belief, gender and sexual orientation).

Leeds and York Partnership NHS
NHS Foundation Trust

Board of Directors Meeting 31 March 2016

NHS Staff Survey 2015

1. Introduction

The purpose of this report is to provide a summary of the main points from the outcome of the 2015 survey for The Leeds and York Partnership NHS Foundation Trust. The results were made public on 23rd February 2016 when NHS England published the feedback reports for all Trusts in England.

2. Background

In October and November 2015, the 13th NHS staff survey was undertaken which was designed to collect the views of staff about their work and the healthcare organisation they work for. The overall aim of the survey is to gather information that will help improve the working lives of NHS staff and so provide better care for patients.

It should be noted that the questionnaire, key findings and benchmarking groups have all undergone substantial revision since the 2014 staff survey and as a result for some key findings there is no direct comparison of previous years' results available. The detailed content of the questionnaire has been summarised and presented in the form of 32 key findings. These key findings are structured around four of the seven pledges to staff in the NHS Constitution which was published in March 2013, plus three additional themes as follows:-

- Staff Pledge 1: To provide all staff with clear roles and responsibilities and rewarding jobs for teams and individuals that make a difference to patients, their families and carers and communities.

- Staff Pledge 2: To provide all staff with personal development, access to appropriate training for their jobs and line management support to enable them to fulfil their potential.

- Staff Pledge 3: To provide support and opportunities for staff to maintain their health, well-being and safety.

- Staff Pledge 4: To engage staff in decisions that affect them and the services they provide, individually, through representative organisations and through local partnership working arrangements. All staff will be empowered to put forward ways to deliver better and safer services for patients and their families.

- Additional theme: Errors and incidents

- Additional theme: Equality and diversity.

- Additional theme: Patient experience measures

As in previous years, there are two types of Key Finding:

- Percentage scores, i.e. percentage of staff giving a particular response to one, or a series of, survey questions.

- Scale summary scores, calculated by converting staff responses to particular questions into scores. For each of these scale summary scores, the minimum score is always 1 and the maximum score is 5.

3. Staff Survey 2015: Approach to Survey Delivery

The Trust adopted a different approach to delivery of the annual staff survey in 2015. This approach built upon progress and learning achieved in previous years and in particular the 2014 survey.

Features of the approach used are:-

- A task and finish group to manage/steer delivery of the 2015 staff survey.
- A proactive "Your Voice Counts" campaign to promote/communicate survey completion and progress, material featured staff members holding key message posters.
- "How we are doing" updates on a weekly basis – to encourage completion in Trust wide/Staffnet and also weekly information sent directly to champions encouraging them to promote the survey.
- Use of staff survey champions to promote the survey and help with survey distribution
- Use of incentives in the form of high street shopping vouchers awarded at the end of the survey.
- Electronic email and paper copies of the survey being used to ensure all staff could easily access the survey for completion.

Key learning from the evaluation of the approach is highlighted below, along with recommendations for developing the approach for the 2016 survey:-

- The Trust did not achieve its target of a 5% increase in response rate, the response rate remained static when compared to the 2014 survey.
- It should be noted the 2015 survey did include the Vale of York Care group staff, during the survey field work these staff had already transferred to Tees Esk and Weir Valley NHS Foundation trust. The overall response rate for this care group remained significantly lower than other care groups and as a result impacted negatively on the overall Trust response rate.
- The Task and Finish Group members provided positive feedback on their involvement and are all supportive of continuing in the group to plan/deliver the 2016

survey. It is recommended that the group continue and manage the 2016 survey process.

- The direct impact of the high street shopping vouchers as an incentive to complete the survey is unknown; these were distributed at the end of the survey by Quality Health to comply with national confidentiality requirements. .
- The survey champion role was useful and there were a small number of key champions who worked hard to talk to staff and promote the benefits of survey completion. It is recommended that for 2016 champions are identified earlier and more investment is made in briefing the champions to achieve a wider spread of activated champions. The "Your Voice Counts" campaign supported the work of the champions and provided on-going promotion of the survey and information for staff and managers.
- The use of weekly update information to champions helped generate a competitive edge to survey completion and some teams responded positively to this and completion rates increased as a result. It is recommended that this approach is used again in 2016.

4. Results

The official sample size for Leeds and York Partnership NHS Foundation Trust was 2,670, which represented a full census of all staff working in the Trust. The response rate to the survey was 47%, which is average for mental health/learning disability trusts in England and compares to 48% in the Trust 2014 survey.

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The outcome of the 2015 survey presents a mixed picture for the Trust with some significant improvements particularly in job-related responses but with many scores either static or declining since last year. The results highlight some key areas that require attention, particularly, managers, health and wellbeing, effectiveness of appraisals and training and patient feedback.

The survey provides an overall indicator of staff engagement for the Trust, possible scores range from 1 to 5 with 1 indicating that staff are poorly engaged and 5 indicating that staff are highly engaged. The Trust score of 3.65 is below average when compared to other mental health/learning disability trusts in England, which are 3.75.

Based on comparisons with other mental health Trusts, the Trust compares most favourably in the following areas:-

Key Finding	**Trust score/percentage for 2015**	**National Average**
I feel that my role makes a difference to patients/service users	90%	88%
Percentage of staff /colleagues reporting most recent experience of violence	89%	84%
Percentage of staff /colleagues reporting most recent experience of harassment, bullying or	54%	49%

abuse		
Percentage of staff believing that the organisaiton provides equal opportunities for career progression or promotion	87%	86%
Percentage of staff experiencing harassment, bullying or abuse from staff in the last 12 months	21%	22%
Percentage of staff experiencing physical violence from staff in the last 12 months	3%	3%

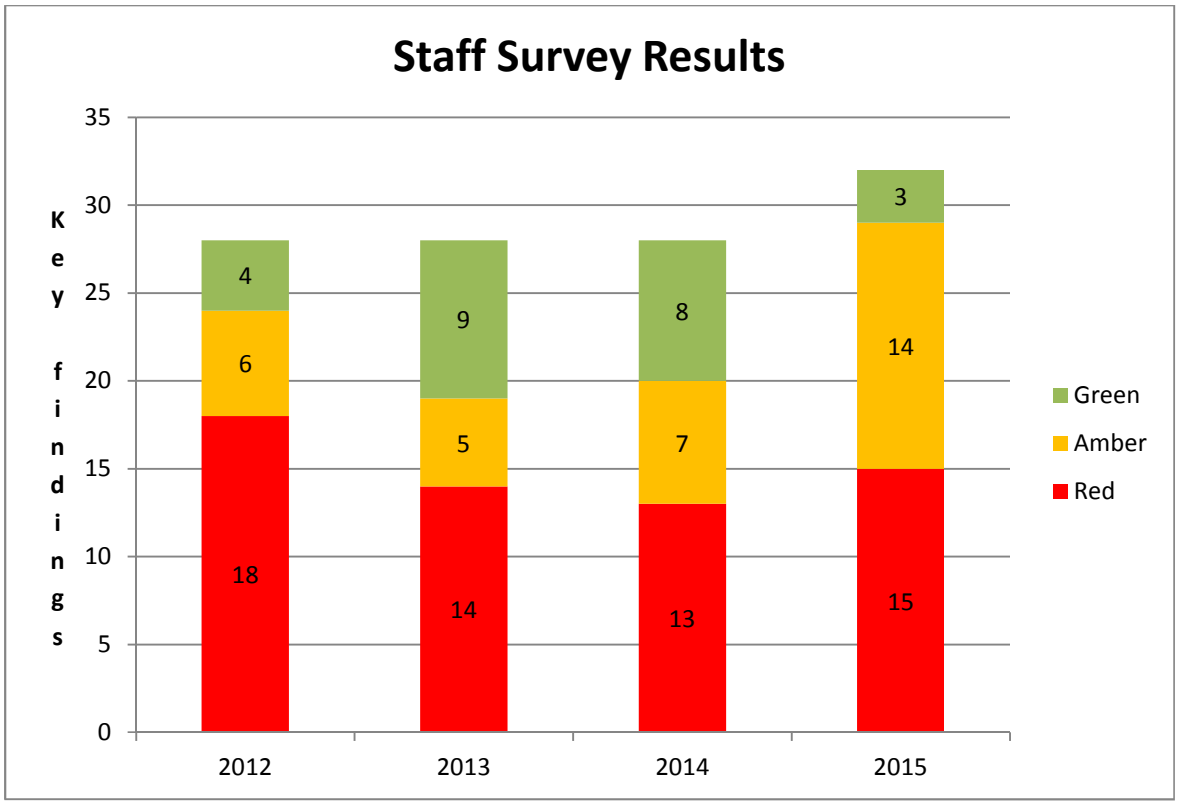
Unfortunately the Trust has compared least favourably with other mental health/learning disability trusts in the following areas:-

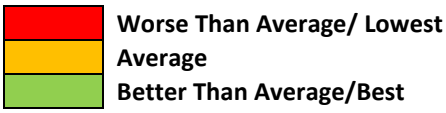
Key Finding	**Trust score/percentage for 2015**	**National Average**
Staff motivation at work Score between 1-5 – high score = good	3.76	3.88
Percentage of staff experiencing physical violence from patients, relatives or public in the last 12 months	26%	21%
Recognition and value of staff by managers and the organisation	3.35	3.52
Staff witnessing potentially harmful errors, near misses or incidents in the last month	30%	26%
Satisfaction with level of responsibility and involvement Score between 1-5 – high score - good	3.74	3.84

Staff motivation at work and the percentage of staff experiencing physical violence from patients, relatives or public in the last 12 months, are recurring themes emerging from recent staff surveys.

4. Results Overview

Overall Compared with All Mental Health Trusts in 2015 the Trust's results are as follows:-





This table shows how the Trust has performed against the 28 key findings in the Staff Survey (2012-2014) and 32 key findings (2015) as compared to other mental health and learning disability Trusts. The 2015 results show that more of the key findings fall into the amber (average) category and green, better than average scores have decreased.

Attached is an extract from the Results Report which summarises all the key findings for the Leeds and York PFT, appendix 1.

5. Equality and Diversity Analysis

Analysis of Leeds and York Partnership Foundation Trust 2015 survey results has been undertaken to identify whether responses indicated any notable variances or themes for equality groups.

The survey included questions about the respondent's age, gender, ethnicity, sexual orientation, religion and disability. Due to the low number of responses, demographic data against sexual orientation is not published.

It should be noted that unlike the overall Trust scores, the demographic data breakdown is not weighted.

As reported for the 2014 Staff Survey: variances in responses between **men and women** and people from **different age groups** were highlighted, but again no discernible patterns were identified.

Overall responses from staff with a **disability** were less positive than the Trust average. Areas with the highest differentiation in response rates are as follows:

Disability- Key Findings		**Trust % for 2015**	**Trust % for 2014**
Percentage of staff suffering work related stress in last 12 months	Not Disabled	35%	41%
	Disabled	55%	54%
Percentage feeling pressure in last 3 months to attend work when feeling unwell	Not Disabled	57%	60%
	Disabled	85%	76%
Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months	Not Disabled	19%	17%
	Disabled	31%	32%

5.1 Workforce Race Equality (WRES) Staff Survey Indicators

The national Workforce Race Equality Standard (WRES) was introduced in April 2015 and provides a national framework to enable NHS organisations to identify areas of potential inequalities: to benchmark progress against similar organisations and to implement actions to improve workforce race equality over time.

There are nine indicators within the WRES. Four of the indicators are specifically based on workforce data, four are based on data from staff survey indicators, and one considers Board composition.

In line with 2014 Staff Survey findings, overall responses from **Black and Minority Ethnic (BME) groups** were significantly more positive than those that identified as White British. Conversely responses to the four staff experience WRES indicators scored significantly lower:

Ethnicity- WRES Metrics Findings		Trust % for 2015	Trust % for 2014	National Average (mental health)
Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months	White	32%	32%	32%
	BME	39%	33%	37%
Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months	White	21%	20%	21%
	BME	24%	23%	23%
Percentage believing that trust provides equal opportunities for career progression or promotion	White	90%	91%	88%
	BME	67%	75%	75%
In the last 12 months have you personally experienced discrimination at work from manager/team leader or other colleagues?	White	6%	6%	7%
	BME	14%	17%	13%

As part of the Your Voice Counts, Moving Forward Together Programme, engagement and co-production work with our BME staff has been undertaken during 2015 to understand more about what the data is telling us and to develop improvement measures. A full WRES project plan will be implemented during 2016/17.

6. Workforce Development Strategy Measures

In order to achieve our strategic objective "We value and develop our workforce and those supporting us" the Workforce Development Strategy contains a number of measures and milestones which are set out below along with the latest (2015) staff survey results showing whether the milestones have been achieved, compared to the 2013 and 2014 survey outcome.

Workforce Strategy Measure	2013 Survey	2014 KPI	2014 Survey	2015 KPI	2015 Survey
Reporting good communication between senior managers and staff	27%	35%	26%	40%	**28%**
Staff feel role makes a difference	89%	87%	89%	87%	**89%**
Staff able to make a contribution to improvements at work	76%	77%	69%	77%	**70%**
% of staff suffering from work related stress in the last 12 months *	42%	44%	42%	44%	**39%**
Staff who report experience of physical violence from patients, relatives or members of the public in	26%	18%	24%	18%	**26%**

the last 12 months*					
Staff who report they were appraised in the last 12 months	80%	90%	87%	90%	**87%**

* The lower the score the

**Note the 87% response rate shown here is based on responses to Staff Survey not actual Trust Compliance rate with appraisals.

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In addition to the above KPI's, the 2015 survey provides data in respect of key finding 1, which utilises the questions from the Staff Friends and Family Test, "Staff Recommendation of the Trust as a place to work or receive treatment".

	2014 Score	**2015 Score**	**Average for Mental Health Trusts**	**Best 2015 score for Mental Health**
Staff Recommendation of the Trust as a place to work or receive treatment	3.54 (out of 5)	3.51 (out of 5) 	3.63 (out of 5)	4.04 (out of 5)

This shows a marginally declining position on the 2014 survey, there is further work to be undertaken to achieve parity or exceed average responses with other mental health trusts. With effect from April 2014 Trusts have been required to undertake quarterly monitoring of staff in relation to whether they would recommend the organisation to friends and family either as a place to work or to receive treatment.

There are also a number of areas where the Trust has improved on its scores from the 2014 survey. (Not compared to other mental health and learning disability trusts). These areas are:-

Key finding	**Trust score/ percentage for 2015**	**Trust score / percentage for 2014**
Staff saying they look forward to going to work	54%	47%
Staff are enthusiastic about their job	71%	64%
Staff suffering work related stress	39%	42%
Staff / colleagues reporting most recent experience of violence	89%	81%
Staff able to contribute to improvements at work	70%	69%
Staff reporting good communication between senior management and staff	28%	26%

Staff motivation at work (Score out of 5. Higher score = better)	3.76	3.69

The survey also highlights a number of other areas for improvement, including:

- Staff feeling pressure to attend work when feeling unwell
- Staff agreeing that their immediate manager values their work and gives clear feedback
- Staff saying that senior managers act on their feedback
- Effectiveness of appraisals
- Staff saying patient care is the top priority
- Staff saying they would be happy with standard of care if a friend or family member needed it
- Staff agreeing there are sufficient measures in place to identify health and safety risks
- Staff agreeing that senior managers promote a culture of patient safety
- The organisation has a clear vision for the future

7. Progress on 2014 Survey Action Plan

In response to the 2014 survey, the Trust identified a number of priority areas to act upon during 2015. The Your Voice Counts programme Ideas Implementation Groups have been working on 4 key areas as follows:-

- Reducing the incidents of violence experienced by staff from staff, service users and carers
- Improving the standard of communication between senior managers and staff
- Improving the quality of staff appraisals
- To investigate the negative responses received from the Workforce Race Equality data analysis

Appendix 2 highlights the key achievements to date from the Your Voice Counts Programme 2015/16.

8. Next Steps

The 2015 survey results confirm the following as the Trust bottom ranking scores and therefore the areas for focus and change in 2016/17:-

- Staff motivation at work
- Percentage of staff experiencing violent incidents from patients, relatives or the public
- Recognition and value of staff by managers and organisaiton

- Percentage of staff witnessing potentially harmful errors, near misses or incidents in the last month
- Staff satisfaction with level of responsibility and involvement

During March and April 2016 the Trust interim Chief Executive and other directors are holding a number of staff listening events across key Trust locations. These events provide staff with an opportunity to hear about and discuss key priorities and also raise any other key issues with senior managers. The listening events will enable greater understanding of staff issues raised by staff and survey results. Following this, the Trust will take appropriate action to impact on the key areas of concern.

The data provided by Quality Health highlights the directorates and staff groups where local actions are required to target areas of poor response. A review of the Your Voice Counts Programme will take place in May 2016, to establish if this is a useful mechanism to continue to impact on staff survey indicators. The Trust is also utilising on-line crowdsourcing to co-create with staff the Trust strategy and 5 year plan, this system will enable increased involvement and engagement with staff during the strategy refresh and in the longer-term.

9. Recommendations

The Board of Directors is asked to note the outcome of the 2014 Staff Survey results, and note the next steps identified in page 9 above.

Susan Tyler
Director of Workforce Development
March 2016

APPENDIX 1

3.2. Summary of all Key Findings for Leeds and York Partnership NHS Foundation Trust

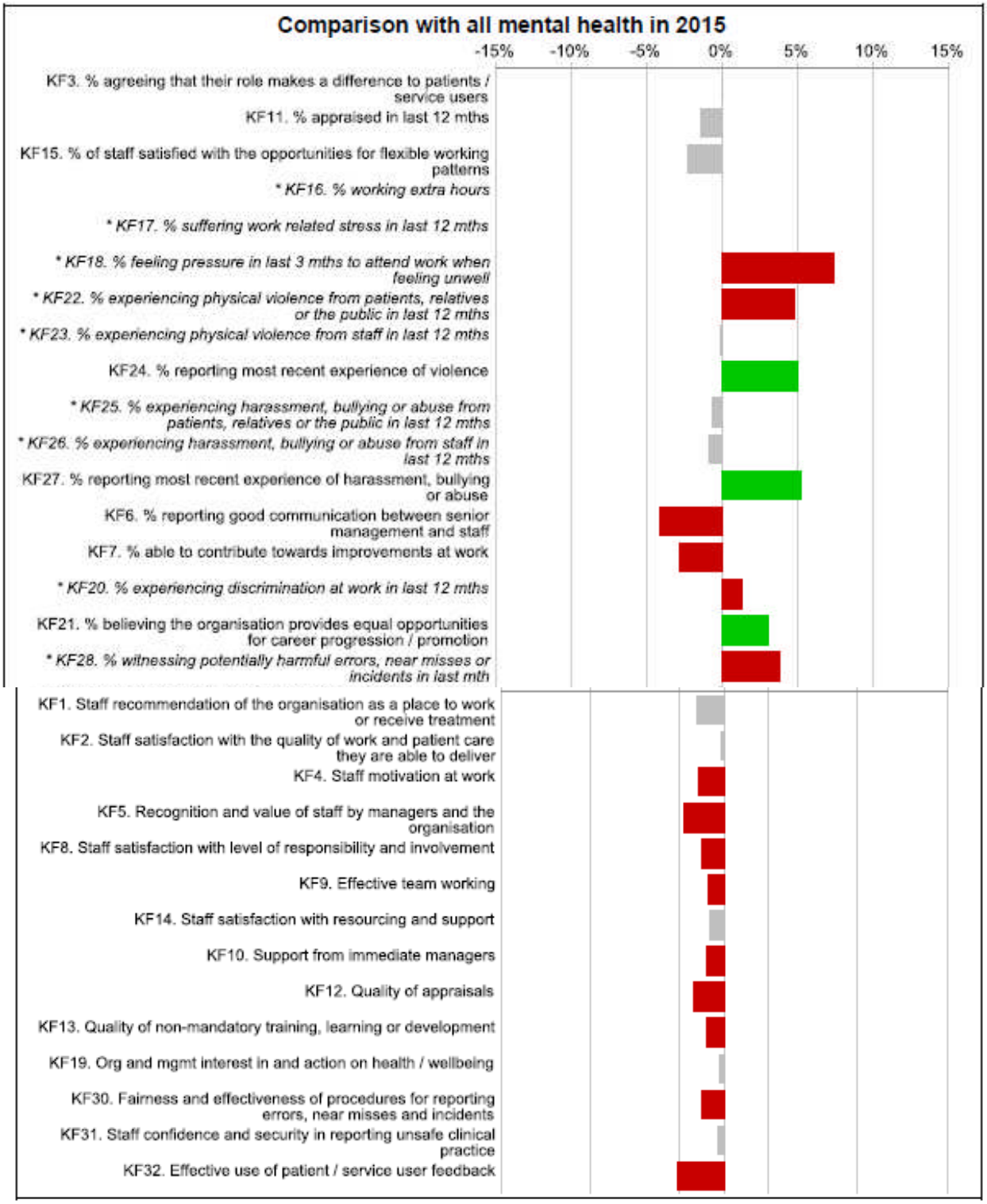
KEY

Green = Positive finding, e.g. better than average.

Red = Negative finding, e.g. worse than average.

Grey = Average.

For most of the Key Finding scores in this table, the higher the score the better. However, there are some scores for which a high score would represent a negative finding. For these scores, which are marked with an asterisk and in *italics*, the lower the score the better.



APPENDIX 1

3.3. Summary of all Key Findings for Leeds and York Partnership NHS Foundation Trust

KEY

✓ Green = Positive finding, e.g. better than average, better than 2014.

! Red = Negative finding, e.g. worse than average, worse than 2014.

'Change since 2014 survey' indicates whether there has been a statistically significant change in the Key Finding since the 2014 survey.

– Because of changes to the format of the survey questions this year, comparisons with the 2014 score are not possible.

* For most of the Key Finding scores in this table, the higher the score the better. However, there are some scores for which a high score would represent a negative finding. For these scores, which are marked with an asterisk and in *italics*, the lower the score the better.

	Change since 2014 survey	Ranking, compared with all mental health in 2015
STAFF PLEDGE 1: To provide all staff with clear roles, responsibilities and rewarding jobs.		
KF1. Staff recommendation of the organisation as a place to work or receive treatment	• No change	• Average
KF2. Staff satisfaction with the quality of work and patient care they are able to deliver	–	• Average
KF3. % agreeing that their role makes a difference to patients / service users	–	• Average
KF4. Staff motivation at work	• No change	! Below (worse than) average
KF5. Recognition and value of staff by managers and the organisation	–	! Below (worse than) average
KF8. Staff satisfaction with level of responsibility and involvement	• No change	! Below (worse than) average
KF9. Effective team working	–	! Below (worse than) average
KF14. Staff satisfaction with resourcing and support	–	• Average
STAFF PLEDGE 2: To provide all staff with personal development, access to appropriate education and training for their jobs, and line management support to enable them to fulfil their potential.		
KF10. Support from immediate managers	• No change	! Below (worse than) average
KF11. % appraised in last 12 mths	• No change	• Average
KF12. Quality of appraisals	–	! Below (worse than) average
KF13. Quality of non-mandatory training, learning or development	–	! Below (worse than) average
STAFF PLEDGE 3: To provide support and opportunities for staff to maintain their health, well-being and safety.		
Health and well-being		
KF15. % of staff satisfied with the opportunities for flexible working patterns	–	• Average
* *KF16. % working extra hours*	• No change	• Average
* *KF17. % suffering work related stress in last 12 mths*	• No change	• Average
* *KF18. % feeling pressure in last 3 mths to attend work when feeling unwell*	• No change	! Above (worse than) average
KF19. Org and mgmt interest in and action on health / wellbeing	–	• Average

APPENDIX 1

3.3. Summary of all Key Findings for Leeds and York Partnership NHS Foundation Trust (cont)

	Change since 2014 survey	Ranking, compared with all mental health in 2015
Violence and harassment		
* *KF22. % experiencing physical violence from patients, relatives or the public in last 12 mths*	• No change	! Above (worse than) average
* *KF23. % experiencing physical violence from staff in last 12 mths*	• No change	• Average
KF24. % reporting most recent experience of violence	• No change	✓ Above (better than) average
* *KF25. % experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 mths*	• No change	• Average
* *KF26. % experiencing harassment, bullying or abuse from staff in last 12 mths*	• No change	• Average
KF27. % reporting most recent experience of harassment, bullying or abuse	• No change	✓ Above (better than) average
STAFF PLEDGE 4: To engage staff in decisions that affect them, the services they provide and empower them to put forward ways to deliver better and safer services.		
KF6. % reporting good communication between senior management and staff	• No change	! Below (worse than) average
KF7. % able to contribute towards improvements at work	• No change	! Below (worse than) average
ADDITIONAL THEME: Equality and diversity		
* *KF20. % experiencing discrimination at work in last 12 mths*	• No change	! Above (worse than) average
KF21. % believing the organisation provides equal opportunities for career progression / promotion	• No change	✓ Above (better than) average
ADDITIONAL THEME: Errors and incidents		
* *KF28. % witnessing potentially harmful errors, near misses or incidents in last mth*	• No change	! Above (worse than) average
KF29. % reporting errors, near misses or incidents witnessed in the last mth	• No change	• Average
KF30. Fairness and effectiveness of procedures for reporting errors, near misses and incidents	--	! Below (worse than) average
KF31. Staff confidence and security in reporting unsafe clinical practice	• No change	• Average
ADDITIONAL THEME: Patient experience measures		
KF32. Effective use of patient / service user feedback	• No change	! Below (worse than) average

Leeds and York Partnership NHS
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APPENDIX 2

2014 Staff Survey Action Plan – Your Voice Counts Programme

Action	Timescale	Comparison with 2014 Survey	Lead	Action Taken
KF 7 and KF8, staff having a well-structured appraisal KF 23 Job satisfaction KF 25 Motivation at work	31 May 2016	In the 2014 survey the Trust was in the bottom 20% for staff levels of job satisfaction and motivation at work. Numbers of staff having a well-structured appraisal had increased from the 2013 survey, it was agreed the Your Voice Counts Group established to look at staff appraisal should continue for a second year	Director of Workforce Development	Your Voice Counts Ideas Implementation Group established in 2014 and taken feedback from trust staff and delivered quick win change as follows:- • Established dedicated inbox for recording completed appraisal • Simplification of appraisal paperwork • Appraisal myth buster campaign • Provided standard template for recording 1-1 reviews • Reviewed and made recommendations for a revised appraisal training programme for appraisers, to be implemented in May 2016. • Appraisal road shows in key staff areas to be held in April 2016, to inform staff of changes to appraisal paperwork and promote positive benefits.

				Care Groups have also taken local action to improve number of staff having an appraisal, including development of local team goals and objectives and adoption in the Leeds Mental Health Care Group of an appraisal season, April – June.
KF 16 and 17: Reducing the number of staff experiencing violent incidents from staff, service users and carers.	31 May 2016	The 2014 survey indicated that the Trust is in bottom 20% of Trusts for both key findings 16 and 17. Following the 2014 survey It was agreed to establish an Ideas Implementation Group to take feedback from staff and identify key actions for improvement	Chief Operating Officer/Chief Nurse	Your Voice Counts Ideas Implementation Group established in 2015 and has taken feedback from Trust staff and delivered the following ideas and quick win changes as follows • Post-incident Debrief Checklist', developed and to also consider the use of the "compassionate care conversations as introduced in some Trust teams. • To explore the use of the 'Dignity at Work' model, which uses Dignity at Work Advisors to support/signpost staff in order to avoid escalation, to support the reduction of violent incidents • To consider how the Department of Health

				'Relational Security Explorer' tool can be used as a self-assessment for all teams/wards. Tool to be taken to Lead Nurse meetings for further discussion and adoption • Group members attended the Mersey care Trust 'No Force First' initiative conference in January 2016 to learn and feedback from Mersey care's success in reducing violent incidents.
KF 21: Improving the standard of communication between senior managers and staff.	31 May 2016	The 2014 survey indicated that the Trust is in the bottom 20% of Trust for staff reporting good communication between managers and staff. it was agreed the Your Voice Counts Group established to look at senior manager communication should continue for a second year	Director of Workforce Development	Your Voice Counts Ideas Implementation Group established in 2014 and taken feedback from Trust staff and delivered quick win change as follows:- • Established CEO blog, commenced March 2015, utilised for delivering key messages • Knowing me, knowing you programme, commenced March 2015 • Care Services structures re-produced and published on staff net. • IIG provided design consultation on the proposed Trust team brief process, to be implemented

				in May/June 2016. • Annual programme of senior management communication and engagement proposed and agreed, CEO listening events commenced March 2016. • Plan to run a campaign to encourage staff to use a standard email signature
Workforce Race Equality Indicators	31 May 2016	The Workforce Race Equality Ideas Implementation Group aims to understand and begin to implement actions to address the disparities in the number of people from Black and Minority Ethnic (BME) communities in senior leadership positions within the Trust and the experience of our BME staff. Through focusing on the inequalities for BME staff the aim of the work of the WRES IIG is	Director of Workforce Development	• The WRES IIG has reviewed information from the Trust's 2014 staff survey results and baseline data from the 2015 Workforce Race Equality Standard report. • Considered the learning from other high performing Trusts and associated best practice. • Gathered wider feedback from our BME staff through a Trust-wide questionnaire to generate ideas for improvement. • Presented the findings and ideas for improvement to the Trust's Executive Team in November 2015.

		to influence systems, practices and processes which have an impact for all staff and ultimately on the quality of care we deliver to the diverse communities we support.		it was agreed that long-term organisational focus will be required to have any meaningful and sustainable impact to both improve the experience of our BME workforce and the delivery of quality care. It has been agreed that a longer-term Workforce Race Equality project will be established with leadership from the WRES IIG. A project plan will be presented to the Executive team in March 2016 with identified improvement measures for the following four priority areas: 1. Equitable recruitment and selection processes 2. Reduction in number of BME staff entering the formal disciplinary process 3. Improved organisational response to bullying & harassment and discrimination. 4. Improved talent management/ development processes for BME staff.

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NHS Foundation Trust

AGENDA ITEM

14

LEEDS AND YORK PARTNERSHIP NHS FOUNDATION TRUST

MEETING OF THE BOARD OF DIRECTORS

PAPER TITLE:	Public declaration of readiness regarding a major incident
DATE OF MEETING:	31 March 2016
LEAD DIRECTOR: (name and title)	Dawn Hanwell - Chief Financial Officer and Deputy Interim Chief Executive
PAPER AUTHOR: (name and title)	Andrew Jackson - Resilience Lead and Corporate Business Manager

CATEGORY OF PAPER (please tick relevant box) ✓ (This will link to the relevant section on the agenda)					
Strategic		Governance	✓	Information	

THIS PAPER SUPPORTS THE TRUST'S STRATEGIC GOAL/S (please tick relevant box/s)		✓
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	
THIS PAPER SUPPORTS THE TRUST'S STRATEGIC OBJECTIVE/S (please tick relevant box/s)		✓
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 (please tick relevant box/s)	✓
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 DETAILS OF THE PAPER	
Purpose of paper	The paper complies with a request made by NHS England to all NHS bodies to review and provide assurance on areas of emergency response by means of a public declaration
What are the key points and key issues the Board needs to focus on	The Board needs to consider and confirm it is satisfied with the arrangements in place for two specific areas of emergency response, in order to be able to confirm a request to make a public declaration.
What is the Board being asked to consider	The Board is being asked to consider arrangements for cascade system (a system that is activated in an emergency to alert key staff that they are required to respond if available) and arrangements to ensure staff can gain access to sites in event of disruption to transport infrastructure.
What is the impact on the quality of care	In the eventuality that an incident occurred the current manual cascade, is both time consuming to initiate and draws immediate responders away from managing such incident.
What are the benefits and risks for the Trust	The current system is adequate, however in terms of improvements an automated cascade system would assist in an emergency response situation in terms of drawing in staff to assist in either an internal emergency or support other bodies, more timely and comprehensively. Refining the cascade system will reduce risk.
What are the resource implications	To create an automated cascade system based if based on the e-rostering system will have an impact on Workforce planning's staffing capacity and may require additional costs in terms of e-roster functionality. It will require care service managers to re confirm /identify staff members with skills required in an emergency.
Next steps following this paper being presented to the Board	Further scoping on solutions for an automated cascade system, piloting the system and developing a core responders team within e-rostering. This work will be overseen by the Emergency Preparedness, Response and Resilience Group.
What are the reputational implications and how will these be addressed	The Trust may not respond as effectively to an emergency requiring a high staff turnout.
Do the recommendations in this paper have any impact upon the requirements of the protected groups identified by the Equality Act? * If yes what action has been taken to mitigate this?	No impact.
What public / service user / staff / governor involvement has there been	Relevant senior managers have been engaged in requesting to assess and update staff to be considered as eligible for the cascade system.

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Previous meetings where this report has been considered (including date)	Discussed at the Emergency Preparedness, Resilience and Response Group on 18 March 2016

RECOMMENDATION **(This report is being provided to the Board for)** (please tick relevant box/s): ✓							
Assurance	✓	**Discussion**	✓	**Decision**	✓	**Information only**	
Provide details of what you want the Board to do:							
The Board is asked to: review the declaration, be assured regarding point (b) and consider the merits of initiating work to develop an automated cascade system (point a).							

*** EQUALITY ACT 2010**

The Trust has a duty under the Equality Act 2010 to have due regard to the need to eliminate unlawful discrimination, advance equality of opportunity and foster good relations between people from different groups. In relation to the issues set out in this paper, consideration has been given to the impact that the recommendations might have on these requirements and on the nine protected groups identified by the Act (age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion and belief, gender and sexual orientation).

Leeds and York Partnership NHS
NHS Foundation Trust

Meeting Of the Board of Directors - 31 March 2016

Public declaration of readiness regarding a major incident

Introduction

On December 9 2015 Dame Barbara Hakin (NHS England – national director: commissioning operations) asked all NHS bodies, in the light of the Paris terrorist attacks, to review a number of aspects of their response to an emergency. In terms of Leeds and York partnership NHS Foundation Trust two items needed consideration. In addition, Dame Barbara Hakin asked for the NHS bodies to make a declaration of readiness at a public board meeting.

Aspects of the request relevant to the Trust are:

a) You have reviewed and tested your cascade system to ensure they can activate support from all staff group, including doctors in training posts, in a timely manner including in the event of a loss of the primary communications systems

b) You have arrangements in place to ensure that staff can still gain access to sites in circumstances where they may be disruption to transport infrastructure, including public transport, where appropriate in an emergency.

In terms of the above aspects:

a) The Trust would initiate a manual cascade (a system of alerting \a significant number of staff regarding an incident) via switchboard based on the daily on call schedule. This would be supplemented by utilising on duty staffing resources. Once an incident control team is established wider contact would be made, depending on the nature of the incident, to bring in staff to assist with any operational response.

   This process is in keeping with other Mental Health Trust responses but falls short of the automated cascade systems used by acute Trusts. The Trust is therefore examining an automated system potentially based on SMS messaging via its electronic rostering system (there may be other solutions). This work is being over-seen by the Emergency Preparedness, Resilience and Response Group. Progress will be reported through the Finance and Business Committee.

b) The Trust has tested system for ensuring that staff can access sites during transport disruption around road closures due to the Tour de France and Tour de Yorkshire and will again be reviewing these in respect of the Leeds Triathlon in 2016.

   The Trust's staff are familiar with methods of managing around disruption to transport including measures such as geographical rostering, basing themselves at home and working from the nearest Trust site to their home.

Based on the above assessment the Trust declares that it has adequate systems in place to meet both aspects of an emergency response commensurate with its role in responding to an emergency affecting the community.

Recommendation

The Board of Directors are asked to:-

Confirm the declaration of readiness regarding a major incident

Note the work to identify an implement an automated cascade system.

Dawn Hanwell,

Chief Financial officer and Accountable Emergency Officer

17 March 2016

Leeds and York Partnership NHS
NHS Foundation Trust

AGENDA ITEM
15

LEEDS AND YORK PARTNERSHIP NHS FOUNDATION TRUST

MEETING OF THE BOARD OF DIRECTORS

PAPER TITLE:	IG Toolkit declaration
DATE OF MEETING:	31 March 2016
LEAD DIRECTOR: (name and title)	Dawn Hanwell – Chief Financial Officer and Deputy Interim Chief Executive
PAPER AUTHOR: (name and title)	Carl Starbuck – Information and Knowledge Manager

CATEGORY OF PAPER (please tick relevant box) ✓ (This will link to the relevant section on the agenda)					
Strategic		Governance	✓	Information	

THIS PAPER SUPPORTS THE TRUST'S STRATEGIC GOAL/S (please tick relevant box/s)		✓
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	✓
THIS PAPER SUPPORTS THE TRUST'S STRATEGIC OBJECTIVE/S (please tick relevant box/s)		✓
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 (please tick relevant box/s)	✓
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)	

SUMMARY DETAILS OF THE PAPER	
Purpose of paper	Presenting the final scoring of this year's annual HSCIC Information Governance Toolkit return.
What are the key points and key issues the Board needs to focus on	• The scoring reflects a "satisfactory" return, with all relevant requirements scoring at least Level 2, and an overall scoring of 76.5%, marginally improved on last year's return. • Engagement with the Leeds Care Record and associated service user consultation and a robust approach to ICT Business Continuity planning have facilitated improved scoring. • The Trust has undertaken an internal audit of a 1/3 subset of the 45 requirements, with this audit corroborating the scoring submitted. • The focus of this year's audit selection was to concentrate chiefly on information security risk given the heightened concerns in this area throughout health and the wider public sector. • A selection of 3 IG management standards was also audited, as assurance that recent changes to the informatics senior management team are appropriately reflected and have not weakened our IG Framework.
What is the Board being asked to consider	To consider the assurance provided and ratify the IG Toolkit final score of 'satisfactory' for publication.
What is the impact on the quality of care	The successful IG Toolkit return underlines our commitment to being a "safe pair of hands" for personal confidential data.
What are the benefits and risks for the Trust	Supports our regulatory / contractual obligations as a healthcare provider organisation.
What are the resource implications	None.
Next steps following this paper being presented to the Board	Our finalised IG Toolkit score will be marked as live and for publication by HSCIC
What are the reputational implications and how will these be addressed	None.

Do the recommendations in this paper have any impact upon the requirements of the protected groups identified by the Equality Act? * If yes what action has been taken to mitigate this?	No.
What public / service user / staff / governor involvement has there been	IG Toolkit requirements are owned and evidenced by key personnel (senior managers) in Trust corporate services, who provide the evidence base for the requirements under their lead as subject matter experts.
Previous meetings where this report has been considered (including date)	Information Governance Group – 23 March 2016

RECOMMENDATION **(This report is being provided to the Board for)** (please tick relevant box/s): ✓							
Assurance	✓	**Discussion**		**Decision**	✓	**Information only**	
Provide details of what you want the Board to do:							
The Board is asked to accept and ratify the final IG Toolkit scoring of 'satisfactory' for submission and publication.							

*** EQUALITY ACT 2010**

The Trust has a duty under the Equality Act 2010 to have due regard to the need to eliminate unlawful discrimination, advance equality of opportunity and foster good relations between people from different groups. In relation to the issues set out in this paper, consideration has been given to the impact that the recommendations might have on these requirements and on the nine protected groups identified by the Act (age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion and belief, gender and sexual orientation).

Requirement	Description	Score
101	There is an adequate Information Governance Management Framework to support the current and evolving Information Governance agenda	3
105	There are approved and comprehensive Information Governance Policies with associated strategies and/or improvement plans	3
110	Formal contractual arrangements that include compliance with information governance requirements, are in place with all contractors and support organisations	2
111	Employment contracts which include compliance with information governance standards are in place for all individuals carrying out work on behalf of the organisation	2
112	Information Governance awareness and mandatory training procedures are in place and all staff are appropriately trained	2
200	The Information Governance agenda is supported by adequate confidentiality and data protection skills, knowledge and experience which meet the organisation's assessed needs	3
201	The organisation ensures that arrangements are in place to support and promote information sharing for coordinated and integrated care, and staff are provided with clear guidance on sharing information for care in an effective, secure and safe manner	2
202	Confidential personal information is only shared and used in a lawful manner and objections to the disclosure or use of this information are appropriately respected	2
203	Patients, service users and the public understand how personal information is used and shared for both direct and non-direct care, and are fully informed of their rights in relation to such use	3
205	There are appropriate procedures for recognising and responding to individuals' requests for access to their personal data	2
206	Staff access to confidential personal information is monitored and audited. Where care records are held electronically, audit trail details about access to a record can be made available to the individual concerned on request	3
207	Where required, protocols governing the routine sharing of personal information have been agreed with other organisations	2
209	All person identifiable data processed outside of the UK complies with the Data Protection Act 1998 and Department of Health guidelines	NR
210	All new processes, services, information systems, and other relevant information assets are developed and implemented in a secure and structured manner, and comply with IG security accreditation, information quality and confidentiality and data protection	2
300	The Information Governance agenda is supported by adequate information security skills, knowledge and experience which meet the organisation's assessed needs	3
301	A formal information security risk assessment and management programme for key Information Assets has been documented, implemented and reviewed	2
302	There are documented information security incident / event reporting and management procedures that are accessible to all staff	3
303	There are established business processes and procedures that satisfy the organisation's obligations as a Registration Authority	2
304	Monitoring and enforcement processes are in place to ensure NHS national application Smartcard users comply with the terms and conditions of use	2
305	Operating and application information systems (under the organisation's control) support appropriate access control functionality and documented and managed access rights are in place for all users of these systems	2
307	An effectively supported Senior Information Risk Owner takes ownership of the organisation's information risk policy and information risk management strategy	3
308	All transfers of hardcopy and digital person identifiable and sensitive information have been identified, mapped and risk assessed; technical and organisational measures adequately secure these transfers	2
309	Business continuity plans are up to date and tested for all critical information assets (data processing facilities, communications services and data) and service - specific measures are in place	2
310	Procedures are in place to prevent information processing being interrupted or disrupted through equipment failure, environmental hazard or human error	2
311	Information Assets with computer components are capable of the rapid detection, isolation and removal of malicious code and unauthorised mobile code	2
313	Policy and procedures are in place to ensure that Information Communication Technology (ICT) networks operate securely	2
314	Policy and procedures ensure that mobile computing and teleworking are secure	2
323	All information assets that hold, or are, personal data are protected by appropriate organisational and technical measures	2

324	The confidentiality of service user information is protected through use of pseudonymisation and anonymisation techniques where appropriate	2
400	The Information Governance agenda is supported by adequate information quality and records management skills, knowledge and experience	3
401	There is consistent and comprehensive use of the NHS Number in line with National Patient Safety Agency requirements	2
402	Procedures are in place to ensure the accuracy of service user information on all systems and /or records that support the provision of care	2
404	A multi-professional audit of clinical records across all specialties has been undertaken	2
406	Procedures are in place for monitoring the availability of paper health/care records and tracing missing records	2
501	National data definitions, standards, values and validation programmes are incorporated within key systems and local documentation is updated as standards develop	2
502	External data quality reports are used for monitoring and improving data quality	2
504	Documented procedures are in place for using both local and national benchmarking to identify data quality issues and analyse trends in information over time, ensuring that large changes are investigated and explained	2
506	A documented procedure and a regular audit cycle for accuracy checks on service user data is in place	2
507	The Completeness and Validity check for data has been completed and passed	3
508	Clinical/care staff are involved in validating information derived from the recording of clinical/care activity	2
514	An audit of clinical coding, based on national standards, has been undertaken by a Clinical Classifications Service (CCS) approved clinical coding auditor within the last 12 months	3
516	Training programmes for clinical coding staff entering coded clinical data are comprehensive and conform to national clinical coding standards	2
601	Documented and implemented procedures are in place for the effective management of corporate records	2
603	Documented and publicly available procedures are in place to ensure compliance with the Freedom of Information Act 2000	3
604	As part of the information lifecycle management strategy, an audit of corporate records has been undertaken	2
	Overall:	**75.8%**

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AGENDA ITEM
16

LEEDS AND YORK PARTNERSHIP NHS FOUNDATION TRUST

MEETING OF THE BOARD OF DIRECTORS

PAPER TITLE:	Board Assurance Framework 2015/16
DATE OF MEETING:	31 March 2016
LEAD DIRECTOR: (name and title)	Jill Copeland – Interim Chief Executive
PAPER AUTHOR: (name and title)	Cath Hill – Head of Corporate Governance

CATEGORY OF PAPER (please tick relevant box) ✓ (This will link to the relevant section on the agenda)					
Strategic		Governance	✓	Information	

THIS PAPER SUPPORTS THE TRUST'S STRATEGIC GOAL/S (please tick relevant box/s)		✓
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	✓
THIS PAPER SUPPORTS THE TRUST'S STRATEGIC OBJECTIVE/S (please tick relevant box/s)		✓
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 (please tick relevant box/s)		✓
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)		

SUMMARY DETAILS OF THE PAPER	
Purpose of paper	The Board is asked to receive the Board Assurance Framework (BAF) to be assured as to the completeness of the information set out in the framework, and to be assured that for those risks to achieving the strategic objectives the controls in place are effective and where there are gaps these are being appropriately managed and addressed and reviewed within the governance structure. The Board is asked to note that these risks are the risks on the Strategic Risk Register.
What are the key points and key issues the Board needs to focus on	Overall responsibility for the production of the BAF sits with the Chief Executive and this is administered on their behalf by the Head of Corporate Governance who has a co-ordinating role in respect of the information, and for ensuring the document moves through its governance pathway effectively. Each risk has been identified to a Strategic Objective, and is assigned to a lead executive director. Individual risks will be: • Refreshed by the named lead to ensure that the content is up to date and adequately describes the controls and assurances in place, and that the gaps are adequately described and high level actions are on track to address these • Presented to the relevant governance committee in order for it to be assured of the completeness of the detail or to use it as a tool for a deep dive should it wish to gain further assurance on a particular area. The BAF as a whole is: • Presented to the Audit Committee twice a year: once at the end of the year to be assured of the completeness of the content, that gaps are being addressed, and to be assured of the process for managing the BAF; and once to use it to inform any area where it wishes to take a deep-dive into specific information • Presented to the Board twice a year (September and March) so the Board as a whole can be assured that for those risks to achieving the strategic objectives the controls in place are effective and where there are gaps these are being appropriately managed and addressed.
What is the Board being asked to consider	From the reviews undertaken of the BAF significant assurance can be drawn from the document as to the position it presents in respect of the systems of internal control supporting the achievement of the strategic objectives of the Trust, and that any gaps in control or assurance as being appropriately managed.

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What is the impact on the quality of care	The Board is being assured that the principle risks to achieving the Trust's strategic objectives are being managed and that the negative impact on the quality of care is minimised.
What are the benefits and risks for the Trust	The risks are set out in the attached paper.
What are the resource implications	There are no resource implications associated with presenting the Board Assurance Framework, although individual risks outlined in the attached paper may have resource implications which will be managed through the risk management process.
Next steps following this paper being presented to the Board	The BAF will be reviewed by internal audit in order to inform the year-end Head of Internal Audit opinion. The BAF will also be used by the Chief Executive to inform the Annual Governance Statement in respect of internal controls for this financial year.
What are the reputational implications and how will these be addressed	There are no reputational implications associated with presenting the Board Assurance Framework, although individual risks outlined in the attached paper may have resource implications which will be managed through the risk management process.
Do the recommendations in this paper have any impact upon the requirements of the protected groups identified by the Equality Act? * If yes what action has been taken to mitigate this?	No
What public / service user / staff / governor involvement has there been	Not applicable in the context of presenting the Board Assurance Framework to the Board of Directors.
Previous meetings where this report has been considered (including date)	• Audit Committee • Quality Committee • Finance and Business Committee

RECOMMENDATION **(This report is being provided to the Board for)** (please tick relevant box/s): ✓							
Assurance	✓	**Discussion**		**Decision**		**Information only**	

Provide details of what you want the Board to do:

The Board is asked to:

- Receive this version of the Board Assurance Framework
- Be assured of the systems of internal control in place to manage the key risks to achieving the strategic objectives and to be assured that any gaps are being appropriately managed.

Leeds and York Partnership NHS
NHS Foundation Trust

*** EQUALITY ACT 2010**

The Trust has a duty under the Equality Act 2010 to have due regard to the need to eliminate unlawful discrimination, advance equality of opportunity and foster good relations between people from different groups. In relation to the issues set out in this paper, consideration has been given to the impact that the recommendations might have on these requirements and on the nine protected groups identified by the Act (age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion and belief, gender and sexual orientation).

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BOARD ASSURANCE FRAMEWORK

2015/16

KEY TO TABLE HEADINGS

STRATEGIC OBJECTIVE	**The strategic objective the organisation is working towards achieving** • **Strategic Objective 1 -** We provide excellent quality, evidence based, safe care that involves people and promotes recovery and wellbeing • **Strategic Objective 2 -** We work with partners and local communities to improve health and lives • **Strategic Objective 3 -** We value and develop our workforce and those supporting us • **Strategic Objective 4 -** We provide efficient and sustainable services • **Strategic Objective 5 -** We govern our Trust effectively and meet out regulatory requirements
KEY RISK TO ACHIEVING THE OBJECTIVE	**The risks as shown on the Strategic Risk Register**
EXISTING KEY CONTROLS	**The systems, policies etc, people or structures are in place to ensure the risk is controlled and does not come to fruition, and ensures that the objective is achieved. The ones listed are the key high level controls rather than the day-to-day operational ones**
HOW DO WE KNOW THE CONTROLS ARE EFFECTIVE. WHAT POSITIVE ASSURANCES (I.E. EVIDENCE) IS THERE THAT CONTROLS ARE EFFECTIVE	**Who or what will provide evidence that the controls identified are effective and that reliance can be placed on them (this will come from (preferably) external i.e. independent sources and also from internal sources) – what are they saying about the current position with regard to the key controls (are they effective)**
GAPS OR WEAKNESSES IN CONTROLS	**What other controls do we need to put in place, or how do existing controls need to be strengthened. (i.e. what other systems, policies etc, people or structures do we need to put in place to mitigate the "risk")**
GAPS OR WEAKNESSES IN ASSURANCE	**What evidence from our assurance providers are we still waiting for to say that our controls are effective (internal and/or external)**
ASSURANCE PROVIDER	**The executive director who has responsibility for assuring the Board**
COMMITTEE / GROUP TO RECEIVE THE ASSURANCE AND WHEN	**Those people and committees that have responsibility for oversight of the assurance on behalf of the Board**

STRATEGIC OBJECTIVE 1

We provide excellent quality, evidence based, safe care that involves people and promotes recovery and wellbeing

Principal risk	Existing Key Controls	How do we know the controls are effective? What positive assurances (i.e. evidence) is there that controls are effective	Gaps or weaknesses in controls	Gaps in or lack of assurance	Assurance provider	Committee / group to receive the assurance and when
(1.1) Failure to meet deadlines for the implementation of agreed procedures / systems and improvements for all compliance actions notified to the CQC	An action plan has been developed and is being actively followed up through the CQC essential standards group comprising executive directors which will monitor the actions	The composition of the group represents all those who can assess the reported confirmation of completion of action.	Possibility for false confirmation of completion not being detected.	None – evidence will be requested to prove the assertion	Anthony Deery Director of Nursing Professions and Quality	CQC Fundamental Standards Group (Each meeting) Executive Team Quality Committee
	Any action item that has missed due delivery date has been disclosed to CQC in an engagement meeting on 29 February 2016 with explanations, current mitigations and new delivery dates if available.	Minutes of this meeting will identify this disclosure.	Potential that CQC comments adversely for these items	CQC's position may not be known until after the inspection in July 2016.	Anthony Deery Director of Nursing Professions and Quality	CQC Fundamental Standards Group (Each meeting) Executive Team Quality Committee
	A process of review and assessment of evidence against each action has been carried out by Andrew Jackson and Lynn Parkinson.	The evidence will be checked against the requirements of audit evidence and also regarding clinical effectiveness.	Inability to furnish evidence to support the declared level of action completion	Ability to provide assurance that actions have been done may be compromised	Anthony Deery Director of Nursing Professions and Quality	CQC Fundamental Standards Group (Each meeting)
	The Director of Nursing will act as an independent reviewer of the agreed completed and evidence action plan.	Principle of internal check is an established part of any internal control system. In this case the check is provided by a Board member who is capable of evaluating the submitted evidence and assurances and has authority to reject those seen as unsatisfactory.	Possibility that on reflection the Director of Nursing does not accept evidence signed off being adequate.	None - differences of opinion will be managed via the CQC Fundamental Standards Group to ensure acceptable evidence is obtained.	Anthony Deery Director of Nursing Professions and Quality	CQC Fundamental Standards Group (Each meeting) Executive Team Quality Committee

Principal risk	Existing Key Controls	How do we know the controls are effective? What positive assurances (i.e. evidence) is there that controls are effective	Gaps or weaknesses in controls	Gaps in or lack of assurance	Assurance provider	Committee / group to receive the assurance and when
(1.2) Delayed transfers of care due to reduced local authority funding. Resulting in service users not being discharged in a timely way leading (due to a reduction in local authority budgets) leading to a lack of appropriate social care support and placements	Bed capacity and OTS plan in place in Leeds care group to address and improve acute inpatient flow.	A series of patient flow measures (OOA, Bed Occupancy, Length of Stay) are monitored through the Care Service Performance Information Group and the Leeds MH Care Group Management Meeting on a monthly basis. The delivery of the Bed Management Improvement Plan is monitored and its impact assessed through the aforementioned committees The Patient Flow measures form part of our contractual performance indicators with the CCG who monitored through the Activity and Performance Committee achievement of the required indicators. .	The bed management Improvement Plan actions have not yet made sufficient impact on performance Actions are internally focussed and not owned or managed by the whole health economy	None	Lynn Parkinson Interim Chief Operating Officer	Clinical Services Performance Information Group (monthly) Contract Activity and Performance Meeting (monthly) Leeds MH Care Group Management Meeting (monthly)
	Complex later life (older peoples) project in place to address dementia and older peoples' bed capacity.	The same patient flow measures are monitored on a monthly basis through the same committees. Redesign of Older Peoples Community Services and Memory Services will identify admission avoidance schemes to reduce admissions	There has been a reduction in the capacity of Care Homes providing Dementia Care , an increasing number of care homes are refusing to admit complex frail elderly people with challenging behaviour, currently there are few alternatives to admit to, hence these patients tend to stay as inpatients for too long	Unclear as to the total commissioned capacity of OPS Homes within Leeds	Lynn Parkinson Interim Chief Operating Officer	Clinical Services Performance Information Group (monthly) Contract Activity and Performance Meeting (monthly) Leeds MH Care Group Management Meeting (monthly)
	LYPFT attendance at citywide system flow and system resilience meetings to raise capacity issues and impact of local authority reduced funding.	Alison Kenyon attends the citywide Systems Resilience Group (SRG). Lynn Parkinson attends the System Flow Board. Evidence from both meetings that mental health and learning disability flow and capacity issues are increasingly being raised at these meetings.	Ability to achieve effective and sustained focus on acute mental health and LD flow when the meetings primary focus is acute hospital flow.	The Systems Flow Board is continuing to work through its priorities and work plan and therefore its intended impact on mental health and LD flow needs more clarity.	Lynn Parkinson Interim Chief Operating Officer	Care Services Senior Management group

Principal risk	Existing Key Controls	How do we know the controls are effective? What positive assurances (i.e. evidence) is there that controls are effective	Gaps or weaknesses in controls	Gaps in or lack of assurance	Assurance provider	Committee / group to receive the assurance and when
(1.2) CONT'	Citywide escalation of bed pressures through REAP reporting.	REAP process overseen by SRG, reviewed in recent months. Live system monitoring through mobile app "Trello", escalation communication system in place Changes in LYPFT REAP levels are agreed and signed off by Deputy COO or nominated deputy. Internal triggers for escalation and de-escalation in place and reviewed daily as part of the bed capacity reporting process.	None	None	Lynn Parkinson Interim Chief Operating Officer	SRG (monthly)
	S75 agreement with Leeds City Council to progress integration of services and achieve optimal use of resources to support mental health and LD services.	S75 agreement is in place and is reported via the Mental health Partnership Board. Strategic operational group in place with adult social care to monitor work taking place to achieve the optimal use of resources set out in the agreement.	Developments in integrated working have taken place but opportunity remains to improve further A need for further development of the performance monitoring framework for the agreement has been identified and is being addressed	This will be addressed by the development of the performance monitoring framework	Lynn Parkinson Interim Chief Operating Officer	Care Services Senior Management group

Principal risk	Existing Key Controls	How do we know the controls are effective? What positive assurances (i.e. evidence) is there that controls are effective	Gaps or weaknesses in controls	Gaps in or lack of assurance	Assurance provider	Committee / group to receive the assurance and when
(1.3) Increasing number of vacancies in care services	The ability to use bank and agency staff and a detailed recruitment plan supported by the Executive Team	E-Rostering will show what staff is available to ensure there is the ability to have the right staff in the right place with the right skills ET has agreed extra resources to support the recruitment plan which includes targeted recruitment fares and assessment centres which have attracted a number of new staff to the Trust.	Insufficient bank staff availability to meet demand.	None	Lynn Parkinson Interim Chief Operating Officer	Executive Team (quarterly)

Principal risk	Existing Key Controls	How do we know the controls are effective? What positive assurances (i.e. evidence) is there that controls are effective	Gaps or weaknesses in controls	Gaps in or lack of assurance	Assurance provider	Committee / group to receive the assurance and when
(1.4) Inability to agree long term estate strategy and optimum use of estate Resulting in the use of estate being constrained by the lack of a clear clinical strategy for some services,	A number of business cases are already in development		Business cases are being developed – awaiting completion	Awaiting the formal agreement of the proposed business cases	Lynn Parkinson Interim Chief Operating Officer	Executive Team (as required)
	Commissioner discussions progressing specifically with regard to LD	There is a good working relationship with the commissioner	Work on going in care services to define and agree clinical priorities aligned to commissioner intent	None	Lynn Parkinson Interim Chief Operating Officer	Executive Team (as required)
	Partnership arrangements being developed re CAHMS with LCH		Outcome of the discussions with LCH are awaited	Ongoing discussions to agree a partnership approach to the provision of the CAMHS service	Lynn Parkinson Interim Chief Operating Officer	Executive Team (as required)

STRATEGIC OBJECTIVE 2

We work with partners and local communities to improve health and lives

Principal risk	Key Controls	How do we know the controls are effective? What positive assurances (i.e. evidence) is there that controls are effective	Gaps or weaknesses in controls	Gaps in or lack of assurance	Assurance provider	Committee / group to receive the assurance and when
(2.1) Providing services from premises that are not in direct ownership of the Trust Resulting in the risk of unacceptable delays in executing identified environmental changes and a lack of responsiveness to maintenance requests	Health and safety inspections and ligature anchor point audits supported by risk assessments with operational estates group overseeing risk assessments to determine works required in terms of ligature anchor points and the care environment.	The operational ligature group reviews all audits and makes recommendations as to the changes that are needed	Disconnect between local risk registers and the estates risk register Lack of understanding at a local level of how escalation works – there is work underway to map these processes	Ongoing assessment of outcome of the ligature anchor point audits identify areas	Dawn Hanwell Chief Financial Officer	Finance and Business Committee (as and when) Operational Ligature Group (each meeting)
	Responsive maintenance process managed by monthly meetings with third party suppliers (PFI provider, NHS Property Services)	Estates are working closely with the third parties to ensure the contracts are being managed correctly and that the maintenance programme is being addressed in a timely manner	Formal contract arrangements need to confirmed with NHS Property Services	Once the formal contract arrangements are in place with NHS PS assurance can be gained that the contract is being managed in accordance with that	Dawn Hanwell Chief Financial Officer	PFI Monthly Sign-off Meeting (monthly)

STRATEGIC OBJECTIVE 3

We value and develop our workforce and those supporting us

Principal risk	Key Controls	How do we know the controls are effective? What positive assurances (i.e. evidence) is there that controls are effective	Gaps or weaknesses in controls	Gaps in or lack of assurance	Assurance provider	Committee / group to receive the assurance and when
(3.1) Workforce not equipped or sufficiently engaged to deliver new models of care. Resulting in the quality of care being sub-optimal; decreased workforce morale and productivity; and increased sickness absence with associated pay costs.	Annual Staff Survey is in place	2015 Staff Survey results indicate that levels of staff engagement have remained static since the 2014 survey 2015 staff survey achieved a response rate of 48%, above the national average response rate of 45% for mental health/learning disability Trusts Key challenges from the staff survey feedback continue to be addressed and actions include the re-launch of the Your Voice Counts Programme which has been extended to address 4 key areas of feedback in 2015/16. The Ideas Implementation Groups have delivered a number of changes as a result of staff feedback received through the Your Voice Counts Programme, implementation of these changes will continue until the programme concludes in May 2016. The Trust has invested in utilising crowdsourcing to support the refresh of Trust strategy and 5 year plan. This will allow staff, partners and stakeholders to co-create the Trust strategy and also increase overall levels of staff engagement. The Trust Executive Team has agreed to deliver a 12 month programme of senior management engagement events, commencing in March 2016.	Low/average response rates for the staff survey continue to be experienced. 2015 survey was a a full census of staff and a robust communications & marketing campaign has been deployed to achieve a higher response rate	2015 Staff Survey – indications are response rate will not increase significantly on previous years The Your Voice Counts Programme can only take feedback from a sample of staff working in the Trust, therefore impacting on overall levels of staff engagement Trust Communications channels require further development in order to effectively support engagement plans and campaigns. This impacts on overall levels of engagement.	Susan Tyler Director of Workforce Development	Board of Directors (annually)
	Barometer Check was introduced with effect from December 2014	In 2015/16 Barometer check to be included in staff FFT in quarter 1 only to provide a mid-year check against the engagement questions included in the annual staff survey. From March 2016, the Crowdsourcing platform will provide an alternative platform for running the barometer check, it is hoped once this is embedded, participation levels will increase significantly and this will become a useful measure of staff engagement.	Response is voluntary and it will take time to build the confidence and motivation of staff to respond and provide feedback Response rate to staff Friends and Family Test and Barometer survey continues to be low Trust Communications channels require further development in order to effectively support engagement plans and campaigns. This impacts on overall levels of engagement.	In 2015/16 Barometer check to be included in staff FFT in quarter 1 only to provide a mid-year check against the engagement questions included in the annual staff survey. From March 2016, the Crowdsourcing platform will provide an alternative platform for running the barometer check, it is hoped once this is embedded, participation levels will increase significantly and this will become a useful measure of staff engagement.	Susan Tyler Director of Workforce Development	Workforce Development Steering Group (quarterly)

Principal risk	Key Controls	How do we know the controls are effective? What positive assurances (i.e. evidence) is there that controls are effective	Gaps or weaknesses in controls	Gaps in or lack of assurance	Assurance provider	Committee / group to receive the assurance and when
(3.1) CONT	Compulsory Training and Appraisal – Key Performance Indicators – provided in the Workforce Performance Report	There has been sustained organisational effort to increase the uptake of appraisals and compulsory training and although the target has not yet been reached there is further work in hand to progress towards these targets. During the FY '15-16 compulsory training compliance has increased from 79% in April '15 to 81% in February '16 - peaking at 85% in August '15. Appraisal compliance has decreased from 74% in April '15 to 71% in February '16 - peaking at 85% in July '15. In respect of compulsory training the following controls are in place: - Implementation of new iLearn LMS that provides reports, administration functions and e-learning delivery for all compulsory training since October '15Monthly performance reports to Care Groups and Corporate Directorates with the data needed to improve compliance - Establishment of a Compulsory Training Programme with sufficient provision across the year to achieve 100% compliance In respect of Appraisal the following controls are in place: - Monthly performance reports to Care Groups and Corporate Directorates with the data needed to improve compliance - Your Voice Counts – Moving Forward Together Programme with a focus on improving the appraisal process	Roll out of appraisal policy supported by targeted training for appraisers and staff. Continued focus on improving and educating managers. During the second phase of implementation of iLearn we will extend its remit to staff appraisal.	Compliance levels have consistently remained below target which is now 90% over the past 3 years despite the resource and investment made in improving performance	Susan Tyler Director of Workforce Development	Board of Directors (quarterly) Quality Committee (quarterly)
	An Employee and Managing Attendance Procedure is in place with formal stages of attendance management outlined in this. Reports for the Board of Directors and its sub-committees are generated from ESR data in respect of attendance. Sickness reporting system – First Care – implemented in November 2014 providing improved management information and ability to monitor absence management performance; further improvement of system through launch of absence monitoring tool in July 2015. Sickness action plans being developed in care groups; and Proactive physiotherapy service to reduce MSK absences HR sickness absence group formed to focus on high areas of sickness.	In the last year sickness rates have remained well above target but at a relatively stable rate of 5.2 to 5.3% despite the implementation of the First Care system aimed at supporting managers and providing prompts and alerts where absence triggers have been met. Management information on absence is provided by HR on a monthly basis to the care groups from First care system Managers can access system for team and individual level absence and record actions. A full review and evaluation of the First Care system has taken place and a decision is being considered as to the future use of the system beyond the contract date of June 2016 and what other strategies can be put in place to support managers through dedicated HR resource. We are, however seeing an improvement in MSK absence month on month through the efforts of the Trust's Physiotherapist early interventions and referral process.	Rapid change and uncertainty have impacted on resilience of workforce demonstrated through high levels of absence (5.2% as at Q3 December 2015)	Reporting system introduced to support reduction in absence has not delivered expected results, further planned improvements in communication, engagement from March 2016 Improve resilience training to improve employee well-being. needs to be more systematic .	Susan Tyler Director of Workforce Development	Board of Directors (quarterly)

STRATEGIC OBJECTIVE 4

We provide efficient and sustainable services

Principal risk	Key Controls	How do we know the controls are effective? What positive assurances (i.e. evidence) is there that controls are effective	Gaps or weaknesses in controls	Gaps in or lack of assurance	Assurance provider	Committee / group to receive the assurance and when
(4.1) Deterioration in financial standing and potential loss of contract income when services are tendered Resulting in an inability to maintain a strong financial position in the context of increasing demand, uncertainty of potential tender processes, commissioner and local authority funding positions and capability to deliver further ongoing efficiencies.	Integrated Quality and Performance Report which assures on the surplus both planned, actual and projected and also on the current Continuity of Services Risk Rating	The IQP shows that the Trust's financial position is strong and that there is confidence that it will maintain at least a CoS Risk Rating of 3 for the next 12 months.	None	None	Dawn Hanwell Chief Financial Officer	Finance and Business (each meeting) Board of Directors (quarterly) Council of Governors (quarterly)
	The Finance and Business Committee receive clinical income reports demonstrating performance and status of contracts, including material risks and threats. Longer term planning documents reported to Board and Monitor include further analysis of threats to contract income.	There is a strong current Continuity of Services Risk Rating and surplus. There is contingency within the financial plan as a buffer against potential loss of contracts and any resulting overhead costs that the Trust would incur The Downside Case in the long-term financial plan has the potential impact of the risks factored in which will allow sufficient time to maintain an acceptable CoS Risk Rating.	None	None	Dawn Hanwell Chief Financial Officer	Finance and Business (each meeting) Board of Directors (quarterly)

Principal risk	Key Controls	How do we know the controls are effective? What positive assurances (i.e. evidence) is there that controls are effective	Gaps or weaknesses in controls	Gaps in or lack of assurance	Assurance provider	Committee / group to receive the assurance and when
(4.2) The danger of a cyber-attack to the Trust's UCT systems through malicious hacking or system virus infection Resulting in a potential business continuity issues.	The ICT infrastructure has firewalls, virus protection software and email protection systems that are continually updated to prevent attack.	Internal and external audits. The most recent internal audit has been conducted in December 2015 by Toor Surjit (CALDERDALE AND HUDDERSFIELD NHS FOUNDATION TRUST) Our virus protection (Sophos) system evidences virus protection to all devices on the Trust network and has a reporting tool which has stated no breaches to date Firewall logs evidence the monitoring of network traffic and intrusion prevention systems automatically detect and prevent access. The system continually logs activity and no breaches to date NHS mail, which is an external service, has protection services which has evidenced protection is in place.	The audit identified the need for a specific role in the organisation for a chief information security officer we are altering the job description of the Chief Information Officer to encompass this role, and reconfigure the team structure to provide further support. The audit identified the need for an over-arching enterprise wide security policy which is currently in draft. A social media policy is currently being constructed.	Penetration testing of network security is planned annually.	Dawn Hanwell Chief Financial Officer	Information Governance Committee (monthly) Quality Committee (ss and when).
		.	We are working on a cyber security programme to improve our awareness and response to threats	BT are assisting with planning an audit programme	Dawn Hanwell Chief Financial Officer	
			In the process of deploying software to manage and enable authorised and unauthorized users and devices on the network	NA	Dawn Hanwell Chief Financial Officer	

STRATEGIC OBJECTIVE 5

We govern our Trust effectively and meet out regulatory requirements

Principal risk	Key Controls	How do we know the controls are effective? What positive assurances (i.e. evidence) is there that controls are effective	Gaps or weaknesses in controls	Gaps in or lack of assurance	Assurance provider	Committee / group to receive the assurance and when
(5.2) Fundamentally defective detentions resulting in not being assured of the legality of detentions / restrictions under the Mental Health Act	Full clinical audit has taken place	Some assurance has been received from the outcome of the clinical audit, although further points of clarification were sought	The Mental Health Legislation team are investigating the apparent gaps in documentation to provide further clarification on some matters	Awaiting the outcome of the investigation by the Mental Health Legislation Team on the points of clarification	Anthony Deery Director of Nursing Professions and Quality	Mental Health Legislation Committee (each meeting)
	Full internal audit has taken place and a number of recommendations were made which were incorporated into an action plan. Progress against action plan is monitored by the Mental Health Legislation Operational Steering Group with summary reports to the CQC Fundamental Standards Group and Mental Health Legislation committee	Actions are being completed and reported to the relevant committees	None	Internal Audit will re-audit the processes to ensure the actions have been effective	Anthony Deery Director of Nursing Professions and Quality	Mental Health Legislation Committee (each meeting) Mental Health Legislation Operational Steering Group (each meeting) CQC Fundamental Standards Group (each meeting)

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:	Revised Terms of Reference for the Nominations Committee
DATE OF MEETING:	31 March 2016
LEAD DIRECTOR: (name and title)	Frank Griffiths – Chair of the Trust and Chair of the Nominations Committee
PAPER AUTHOR: (name and title)	Cath Hill – Head of Corporate Governance

CATEGORY OF PAPER (please tick relevant box) ✓ (This will link to the relevant section on the agenda)					
Strategic		Governance	✓	Information	

THIS PAPER SUPPORTS THE TRUST'S STRATEGIC GOAL/S (please tick relevant box/s)		✓
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	✓
THIS PAPER SUPPORTS THE TRUST'S STRATEGIC OBJECTIVE/S (please tick relevant box/s)		✓
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 (please tick relevant box/s)		✓
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 DETAILS OF THE PAPER	
Purpose of paper	The Board is required to ratify any changes in the terms of reference for its sub-committees.
What are the key points and key issues the Board needs to focus on	The Board is asked to note that at its meeting on the 28 January 2016 the Board agreed changes to its terms of reference to take account of the fit and proper person test requirements
What is the Board being asked to consider	The Board is being asked to consider the changes made to the terms of reference as approved by the Nominations Committee and to ratify these so they take account of the requirements of the Fit and Proper Person checks for directors.
What is the impact on the quality of care	The inclusion of checks around 'fit and proper' persons is that the committee will receive assurance that all members of the Board of Directors are fit to carry out their role.
What are the benefits and risks for the Trust	Having up to date terms of reference will ensure that the Board has delegated authority correctly and that sub-committees work correctly within that delegated authority.
What are the resource implications	There are no direct resource implications associated with the Board ratifying the changes in the terms of reference. Any resource implications will be attributable to the process of carrying out any necessary the checks.
Next steps following this paper being presented to the Board	None
What are the reputational implications and how will these be addressed	There are no direct reputational implications associated with the Board ratifying the changes in the terms of reference. Any reputational implications will be attributable to not carrying out the process correctly.
Do the recommendations in this paper have any impact upon the requirements of the protected groups identified by the Equality Act? * If yes what action has been taken to mitigate this?	No
What public / service user / staff / governor involvement has there been	Not applicable

Leeds and York Partnership NHS
NHS Foundation Trust

Previous meetings where this report has been considered (including date)	The Nominations Committee

RECOMMENDATION (This report is being provided to the Board for) (please tick relevant box/s): ✓							
Assurance		**Discussion**		**Decision**	✓	**Information only**	

Provide details of what you want the Board to do:

The Board is asked to ratify the changes to the Terms of Reference as highlighted in the attached paper.

*** EQUALITY ACT 2010**

The Trust has a duty under the Equality Act 2010 to have due regard to the need to eliminate unlawful discrimination, advance equality of opportunity and foster good relations between people from different groups. In relation to the issues set out in this paper, consideration has been given to the impact that the recommendations might have on these requirements and on the nine protected groups identified by the Act (age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion and belief, gender and sexual orientation).

Leeds and York Partnership NHS
NHS Foundation Trust

LEEDS AND YORK PARTNERSHIP NHS FOUNDATION TRUST

Nominations Committee

Terms of Reference
(Awaiting ratification by the Board of Directors – 31 March 2016)

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1 NAME OF GROUP

The name of this committee is the Nominations Committee.

2 COMPOSITION OF THE GROUP

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

Members

Title	Role in the committee
Chair of the Trust	Committee chair and responsible for evaluating the assurance given and identifying if further consideration action is needed.
Two non-executive directors	Responsible for evaluating the assurance given and identifying if further consideration / action is needed. The Deputy Chair would normally chair the committee in the absence of the Chair of the Trust or another non-executive member may chair if the Deputy Chair is absent.
The Chief Executive	Responsible for evaluating the assurance given and identifying if further consideration / action is needed and providing further specific information and input in respect of executive director appointments
Director of Workforce Development	Responsible for evaluating the assurance given and identifying if further consideration / action is needed and providing further specific information and input in respect of employment law and practice.

Only members of the committee have the right to attend committee meetings. However, other individuals, including external advisors, may be invited to attend the meeting, at the discretion of the chair of the meeting.

In attendance

Title	Role in the committee	Attendance guide
Head of Corporate Governance (acting as Trust Board Secretary)	Committee support and advice and Board of Directors' governance	Every meeting

A schedule of deputies for those in attendance is set out at appendix 1.

3 QUORACY

Number: The minimum number of members for a meeting to be quorate shall be three members. Attendees do not count towards this number. If the Chair of the Trust is unable to attend the meeting, and if otherwise quorate, the meeting will be chaired by another non-executive member.

Deputies: Attendees may nominate a deputy to attend in their absence. A schedule of deputies is attached at appendix 1.

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

4 MEETINGS OF THE GROUP

Frequency: The Nominations Committee will meet as required.

Urgent meeting: Any committee member may, through the chair, request an urgent meeting. The chair will normally agree to call an urgent meeting to discuss the specific matter unless the opportunity exists to discuss this in a more expedient manner (for example at a Board meeting).

Minutes: The Head of Corporate Governance will take minutes of the meeting.

Draft minutes will be circulated to the chair of the committee no later than two weeks after the meeting. Actions from the meeting will be circulated to relevant members within 10 working days from the day of the meeting taking place.

Minutes will be distributed to the Board for assurance purposes.

5 AUTHORITY

Establishment: In accordance with Monitor's Code of Governance for NHS Foundation Trusts and the Trust's Constitution.

Powers: The Nominations Committee is constituted as a standing committee of the Board and has no executive powers, other than those specifically delegated in these terms of reference. Its constitution and terms of reference are set out below and can only be amended with the approval of the Trust Board.

The committee is authorised by the Board to investigate and carry out any activity within its terms of reference. It is authorised to seek any information it requires from any employee of the Trust and all employees are directed to cooperate with any request made by the committee.

The committee is authorised by the Board to obtain outside legal or other independent professional advice and to secure the attendance of individuals and authorities from outside the Trust with relevant experience and expertise if it considers this necessary for, or expedient to the exercise of its functions.

Cessation: The Nominations Committee is a standing committee in that its responsibilities and purpose are not time limited. While the functions of a Nominations Committee are required by Monitor the exact format may be changed with the approval of the Board of Directors, but this will always include the core role as set out in the Code of Governance.

6 ROLE OF THE COMMITTEE

6.1 Purpose of the Committee

The purpose of the Nominations Committee is to regularly review the structure, size and composition of the board of directors and make recommendations for changes where appropriate. In particular, the committee should evaluate the balance of skills, knowledge and experience on the board of directors. It shall also have a role in ensuring appropriate succession plans are in place for members of the executive team. In relation to the appointment of executive and non-executive directors the committee shall prepare a description of the role and capabilities required for appointment of both executive and non-executive directors, including the Chair of the Trust.

With regard to Health and Social Care Act 20018 (Regulated Activities) Regulations 2014 Regulation: 5 Fit and Proper Persons Test: Directors the Nominations Committee shall be responsible for receiving and considering any information in relation to any current executive director who is reportedly not a 'fit and proper person' and decide on any action to be taken.

The committee shall execute its role by adding to the assurance around the Trust's goals:

- People achieve their agreed goals for improving health and improving lives
- People experience safe care
- People have a positive experience of their care and support.

The remit of the Nominations Committee enables it to seek assurance in the areas of the following strategic objectives:

Objective	Committee roles
Quality and outcomes	The Nominations Committee has a key role regarding the recruitment of appropriately qualified, experienced and 'fit and proper' members of the Board of Directors by looking at the balance of skills and knowledge required on the Board when a vacancy arises.
Governance and compliance	The Nominations Committee has a core responsibility to ensure compliance with all legal obligations, regulations, codes and recommendations of the Department of Health and NHS in terms of the appointment of directors and the balance of the Board.

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

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

- Respect and dignity
- Commitment to quality of care
- Compassion
- Improving lives
- Working together
- Everyone counts.

6.3 Duties of the Nominations Committee

The following shall be those items which will form the duties of the committee:

Structure, size and composition of the Board of Directors

- Regularly review the structure, size and composition (including the skills knowledge, experience and diversity) of the Board, making use of the output of the Board evaluation process as appropriate and keep the leadership needs of

the Trust under review to ensure continued ability of the Trust to operate in the health economy

- Prepare a description of the role and competencies (by way of a person specification) required for any vacancy that arises on the Board of Directors (executive or non-executive director)

- Ensure that all directors meet the 'fit and proper persons test' of the general conditions of Monitor's provider licence and the CQC Regulations.

- Review information received about any current ED who is reportedly not a 'fit and proper person', consider the matter, instigate any investigation (as necessary), review the outcome of the investigation and agree what course of action to take.

Non-executive director appointments

- Where the appointment is of a non-executive director prepare / approve a role description and a person specification setting out the competencies required and advise the Appointments and Remuneration Committee of the specific and generic skills etc to be appointed to (it shall be for that committee to oversee the process of appointment for non-executive director vacancies)

- For the appointment of a chairperson, the nominations committee should not only define the role and capabilities required but should also include an assessment of the time commitment expected, recognising the need for availability in the event of emergencies.

Executive director appointments

- Where the appointment is that of an executive director prepare / approve a job description for use in the recruitment and appointment process

- Approve the procedure and documentation for the appointment of any executive director or Chief Executive (the appointment process will be carried out by a panel as described in Schedule 7 paragraph 17(4) of the NHS Act 2006 as a minimum composition)

- Make a recommendation to the Council of Governors on the appointment of the Chief Executive (it shall be for the Council to approve the appointment of any new Chief Executive as per Schedule 7 paragraph 17(5) of the NHS Act 2006)

Succession planning

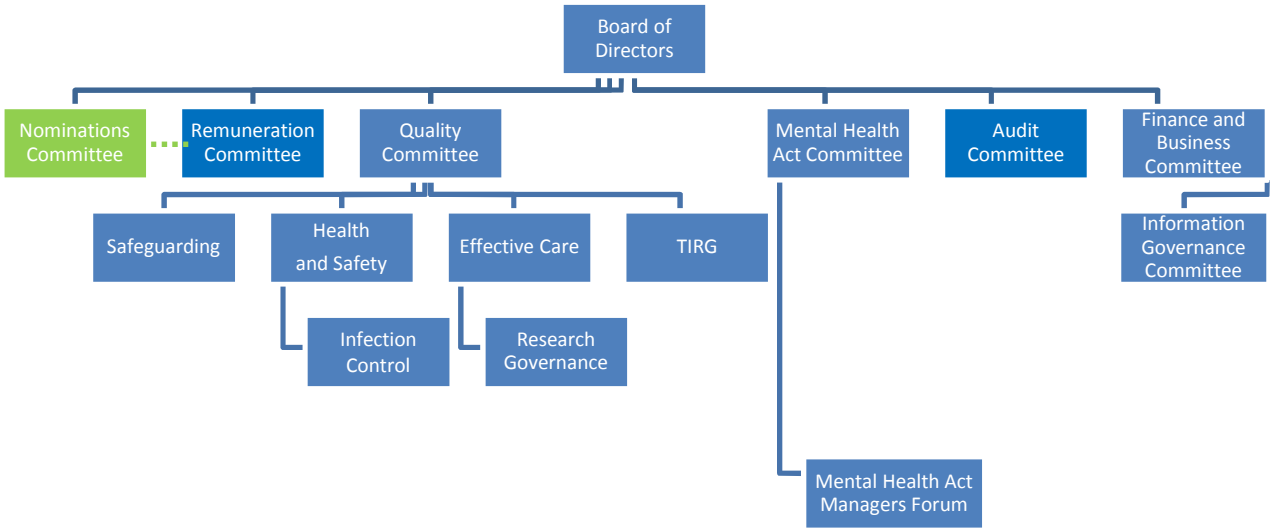
- Give full consideration to and make plans for succession planning for the Chief Executive and other executive directors taking into account the challenges and opportunities facing the Trust and the skills and expertise needed on the Board in the future

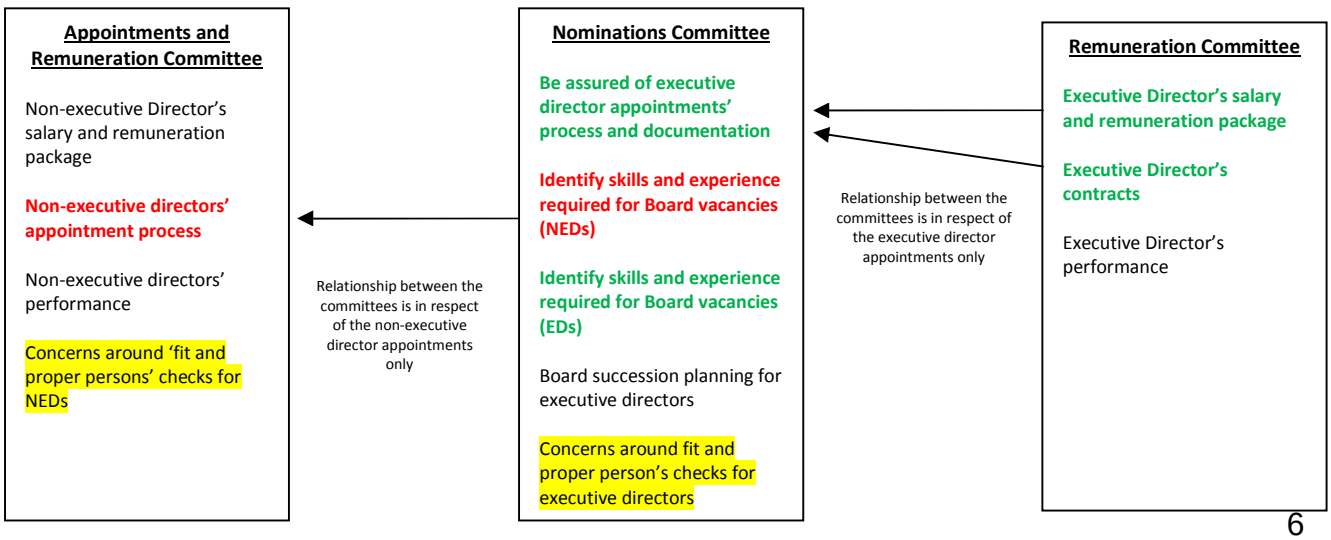
Other

- To undertake any other duties as may be directed by the Board from time-to-time.

7 RELATIONSHIP WITH OTHER GROUPS AND COMMITTEES

The Nominations Committee shall have a direct relationship with other committees as shown below:





8 DUTIES OF THE CHAIRPERSON

The chair of the group shall be responsible for:

- Agreeing the agenda with the Head of Corporate Governance
- Directing the conduct of the meeting ensuring it operates in accordance with the Trust's values
- Giving direction to the minute taker
- Ensuring all attendees have an opportunity to contribute to the discussion
- Ensuring the agenda is balanced and discussions are productive, and when they are not productive they are efficiently brought to a conclusion
- Deciding when information or matters presented to the Nominations Committee need escalation to the Board of Directors
- Checking the minutes
- Ensuring sufficient information is presented to the Board of Directors in respect of the work of the committee.

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

In the event of there being a dispute between any groups in the hierarchy it will be for the chairs of those groups to ensure there is an agreed process for resolution; that the dispute is reported to the groups concerned and brought to the attention of the "parent group"; and that when a resolution is proposed that the outcome is reported back to the all groups concerned for agreement.

9 REVIEW OF THE TERMS OF REFERENCE AND EFFECTIVENESS

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

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

10 MONITORING

To comply with the Risk Management Standards the Trust has to include certain details in all of its terms of reference documents. These details are included in the sections above. The Trust also has to collect evidence of compliance with these areas.

Compliance with RMST Standard 1 Criteria 3 will be monitored as per the table below.

Topic	Monitoring Audit	Lead Manager	Data Source	Sample	Data Collection Method	Frequency Of Activity	Review Body
Reporting arrangements to the Board of Directors including frequency of meetings	Monitoring	Head of Corporate Governance	Minutes of Nominations Committee	All minutes of Nominations Committee	Minutes of meeting	Following all Nominations meetings	Board of Directors
Membership, including frequency of attendance/ quorum	Monitoring	Head of Corporate Governance	Minutes of Nominations Committee	All minutes of Nominations Committee	Minutes of meeting	Attendance will be monitored throughout the year and included in the annual report (annually)	Board of Directors
Reporting arrangements into Nominations Committee	Monitoring	Head of Corporate Governance	Minutes and reports received by Nominations Committee	All minutes of Nominations Committee	Agenda of meeting	Record of minutes and reports received by the Nominations Committee will be included in the annual report	Board of Directors
Duties of the committee will be monitored by adherence to all of the above.							

Appendix 1

Schedule of Deputies

Committee member or attendee	Deputising officer
Head of Corporate Governance	Governance Assistant

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:	Chief Executive's report
DATE OF MEETING:	31 March 2016
LEAD DIRECTOR: (name and title)	Jill Copeland - Interim Chief Executive
PAPER AUTHOR: (name and title)	Jill Copeland - Interim Chief Executive

CATEGORY OF PAPER (please tick relevant box) ✓ (This will link to the relevant section on the agenda)					
Strategic		Governance		Information	✓

THIS PAPER SUPPORTS THE TRUST'S STRATEGIC GOAL/S (please tick relevant box/s)		✓
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	
THIS PAPER SUPPORTS THE TRUST'S STRATEGIC OBJECTIVE/S (please tick relevant box/s)		✓
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 (please tick relevant box/s)	
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 DETAILS OF THE PAPER	
Purpose of paper	This paper provides a short report on developments and issues at Trust, local and national levels.
What are the key points and key issues the Board needs to focus on	• Full CQC inspection of Trust week beginning 11 July 2016 • Broad support for 2016/17 priorities at staff listening events • Concerns about rising numbers of out of area placements • Potential for Judicial Review of decision to close Bootham Park Hospital • Progress on development of Sustainability and Transformation Plans for Leeds and West Yorkshire • Recommendations from the Mental Health Taskforce's *Five Year Forward View for Mental Health*
What is the Board being asked to consider	Agenda item for information only
What is the impact on the quality of care	• Out of area placements provide a poorer experience for service users than care provided in our own inpatient wards closer to their families and friends • Mental Health Taskforce recommendations have potential to improve quality of care significantly, but not yet clear what funding will be available for implementation
What are the benefits and risks for the Trust	• Quality risk and financial risk from rising number of out of area placements
What are the resource implications	• Financial risk from rising number of out of area placements (overspend on out of area budget forecast at £1.8m)
Next steps following this paper being presented to the Board	• Further actions to tackle out of area placements are included in the paper; and more detailed information will be provided in the Integrated Quality and Performance report to the April meeting of the Board of Directors
What are the reputational implications and how will these be addressed	• Potential reputational risk of poor outcome from QCQ inspection; plans in place to achieve "good" CQC rating • Potential reputation risk of judicial review of decision to close Bootham Park Hospital; "case for resistance" refuting the claims submitted
Do the recommendations in this paper have any impact upon the requirements of the protected groups identified by the Equality Act? * If yes what action has been taken to mitigate this?	No
What public / service user / staff / governor involvement has there been	Not applicable
Previous meetings where this report has been considered (including date)	Not applicable

Leeds and York Partnership NHS
NHS Foundation Trust

RECOMMENDATION (This report is being provided to the Board for) (please tick relevant box/s): ✓							
Assurance		**Discussion**		**Decision**		**Information only**	✓

Provide details of what you want the Board to do:

The Board is asked to: note this report for information.

*** EQUALITY ACT 2010**

The Trust has a duty under the Equality Act 2010 to have due regard to the need to eliminate unlawful discrimination, advance equality of opportunity and foster good relations between people from different groups. In relation to the issues set out in this paper, consideration has been given to the impact that the recommendations might have on these requirements and on the nine protected groups identified by the Act (age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion and belief, gender and sexual orientation).

Chief Executive's report

1 Introduction

This paper provides a short report on developments and issues at Trust, local and national levels.

2 Trust developments and issues

2.1 CQC inspection

The Trust will receive a comprehensive Care Quality Commission (CQC) inspection week commencing 11 July 2016. This inspection presents us with three opportunities:

a) To demonstrate the high quality of our services to the people we serve

b) To give our staff the recognition and the ratings they deserve

c) To enable the Trust to illustrate our journey from "requires improvement" to "good" and, in some areas, "outstanding" (to which we should all aspire).

We have set up project management arrangements, led by Anthony Deery, Director of Nursing, to steer us from now through to the inspection in July.

2.2 Listening events and 2016 priorities

Along with Executive Director colleagues, I have been hosting listening events across the Trust to get views from staff about our three proposed priorities for 2016/17:

- Priority 1: Support and engage staff to improve people's health and lives
- Priority 2: Meet CQC fundamental standards and improve quality through learning
- Priority 3: Work with partners to develop clear plan for Trust's future direction.

.
The priorities are receiving strong support from staff and we have also had some excellent suggestions of other actions we can take to deliver the priorities, such as a greater focus on supporting teams as well as individuals. We have also launched the new Crowdsourcing system to enable staff to share their views about the priorities online.

2.3 Out of area placements

As of 23 March, there were 12 adult acute service users being cared for out of area. Inpatient treatment out of area provides a poorer experience for service users and we aim to eliminate these so that all service users are treated locally. In 2014/15 the Trust placed 96 adult acute service users out of area, which was significantly lower than the 136 in 2013/14 and 169 in 2012/13. In the current year the use of out of area placements has increased, with 145 service users being placed out of area (44 of these in Quarter 3). This has been due to a reduction in the numbers of discharges and an increase in length of stay of service (from an average of 40 days in 2014 to 60 days in 2016). The forecast overspend on out of area placements this financial year is £1.8m.

Care Services have already implemented the following actions to address this problem:

- Purposeful inpatient admission (PIPA) process implemented on all wards
- Crisis assessment unit opened
- Bed bureau and inpatient admission processes established
- Delayed transfers of care process developed
- Patient "flow" monitored, including strengthening the 'pull' systems to community services.

Two further actions have now been identified:

- We will develop a clear escalation processes linked to agreed triggers to manage actively increases in demand (this work will be led by the inpatient lead consultant)
- In partnership with commissioners, we have asked the Trust Development Authority (TDA) to undertake a piece of rapid improvement work focusing on reducing length of stay, particularly for those service users requiring packages of care on discharge that are provided by other agencies. The TDA recently undertook a similar piece of work with Leeds Teaching Hospitals which delivered significant improvements.

An update on this position will be provided in the Integrated Quality and Performance Report that will come to the Board of Directors meeting April:

2.4 Judicial review

Along with the CQC and Tees, Esk and Weir Valleys NHS Foundation Trust, we are subject to a potential judicial review of the decision to close Bootham Park Hospital at the end of September 2015. Our "case for resistance" refuting the claims made has been submitted, and we are awaiting a decision by the judge.

3 Local developments: Sustainability and Transformation Plan

Work on the city-wide Sustainability and Transformation Plan (STP) for Leeds continues. The plan is required to identify gaps in three areas: health and wellbeing; care and quality; and finance and efficiency. It must then set out the priority developments to close these gaps. The current draft of the Leeds plan focuses mainly on prevention; self-management; enhancing primary care and community services (including rapid response to people in crisis); along with improving efficiency across care pathways, within individual organisations and in cross-cutting areas such as corporate costs and estates. We are ensuring that the needs of people with mental health problems and learning disabilities are included in the plans; and that the plans recognise the impact that mental health care can have on supporting people's physical health conditions – and therefore on the health and social care system as a whole.

The Leeds plan is part of a wider West Yorkshire STP footprint, which takes account of the position of Leeds Teaching Hospitals NHS Trust as a major provider of specialist care across the county. Transformational funding to support delivery of STPs will depend on the quality of final plans that are due to be submitted by June 2016.

4 National developments: Five Year Forward View for Mental Health

Following the publication of the *Five Year Forward View*, Simon Stevens (Chief Executive of NHS England) commissioned the Mental Health Taskforce to produce an independent report. The taskforce's report *Five Year Forward View for Mental Health: A report from the independent Mental Health Taskforce to the NHS in England* was published in February, with recommendations for NHS England and Government.

The taskforce sets out the following priority actions for the NHS by 2020/21:

- A seven-day NHS providing the right care, at right time, at right quality, including: crisis care seven days a week; reduction in Mental Health Act detentions (particularly for Black Asian and Minority Ethnic groups); reduction and elimination of out of area placements; mental health liaison in emergency departments and inpatient wards; treatment times for first episode psychosis within two weeks of referral; expanding community based services for those with severe mental health problems; reducing suicide by 10%
- Integrated mental and physical health approach including: expanding access to perinatal mental health; meeting the physical health needs of people living with severe mental health problems; and increasing access to psychological therapies.
- Promoting good mental health and preventing poor mental health, including: expanding access for more children and young people to access high-quality mental health care when they need it; supporting more people to find or stay in work with access to psychological therapies; a focus on creating mentally healthy communities, including housing and support for those in the criminal justice system; and building a better future with research and a data revolution.

The report also recognises that there are high rates of stress and low morale in the mental health workforce due to rising vacancies; the significant growth in referral rates; pressure of work; and inadequate training to respond effectively and compassionately to people in mental health crisis.

In recognition that substantial underfunding and disinvestment over a number of years have led to mental health services being inadequately resourced to meet rapidly growing numbers, severity and complexity of mental health need, the report identifies the need to invest an additional £1 billion by 2020/21; however, it is not clear how this additional funding will be made available to frontline services.

5 Recommendation

Members of the Board of Directors are asked to note this report for information.

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:	Infection Prevention Control and medical Devices Committee held the 17 December 2015
DATE OF MEETING:	31 March 2016
LEAD DIRECTOR: (name and title)	Anthony Deery – Director of Nursing, Professions and Quality
PAPER AUTHOR: (name and title)	Stan Cutcliffe - Senior Infection Prevention and Control Nurse

CATEGORY OF PAPER (please tick relevant box) ✓ (This will link to the relevant section on the agenda)					
Strategic		Governance		Information	✓

THIS PAPER SUPPORTS THE TRUST'S STRATEGIC GOAL/S (please tick relevant box/s)		✓
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	✓
THIS PAPER SUPPORTS THE TRUST'S STRATEGIC OBJECTIVE/S (please tick relevant box/s)		✓
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 (please tick relevant box/s)	✓
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 DETAILS OF THE PAPER	
Purpose of paper	For information- To provide an overview of the on-going work within the trust in relation to infection control and medical devices.
What are the key points and key issues the Board needs to focus on	1. Responsive action by Trust to an infestation problem on a ward at the Newsam centre. 2. Flu campaign has surpassed last year's target 40.7% and is on target to achieve 47% for 15/16 3. Pandemic flu plan table top exercise identified issues to better inform our business continuity plans. 4. E-learning – Campaign commenced in February to promote/raise awareness of the training in respect of medical devices. 5. Ongoing refurbishment issues life cycle information to be made available to Infection, Prevention and Control Committee.
What is the Board being asked to consider	To receive for information
What is the impact on the quality of care	1. Our actions continue to help the organisation meet the commitments set out in the NHS constitution. 2. Improvement in health and well-being of the workforce and protection of vulnerable patient groups. 3. Helping us to understand the key dependencies under any BC arrangements 4. Promoting safe and effective practice 5. Access to the agreed refurbishment life cycle will enable greater synergy between IPCC replacement items.
What are the benefits and risks for the Trust	1. Adverse publicity. 2. Workforce less likely to take time off. 3. Business plans reduce the risks. 4. Educated workforce 5. It would potentially improve the quality of the environment
What are the resource implications	1. Infestation problem - may require replacement furniture 2. Flu vaccinators require may require protected time. 3. In a pandemic expected staff short fall in all areas. 4. None 5. Timely replacement of furnishings- no cost implication.
Next steps following this paper being presented to the Board	IPCMC will follow up the actions to completion

What are the reputational implications and how will these be addressed	None
Do the recommendations in this paper have any impact upon the requirements of the protected groups identified by the Equality Act? * If yes what action has been taken to mitigate this?	No
What public / service user / staff / governor involvement has there been	PHE, Microbiology, Facilities, LCC, Pharmacy, Matrons from car Leeds, York and specialist services, Infection control team, Director of Infection Prevention and Control.
Previous meetings where this report has been considered (including date)	Quality Committee, Health and Safety Committee.

RECOMMENDATION (This report is being provided to the Board for) (please tick relevant box/s): ✓							
Assurance		**Discussion**		**Decision**		**Information only**	✓
Provide details of what you want the Board to do:							
The Board is asked to receive the minutes for information only.							

*** EQUALITY ACT 2010**

The Trust has a duty under the Equality Act 2010 to have due regard to the need to eliminate unlawful discrimination, advance equality of opportunity and foster good relations between people from different groups. In relation to the issues set out in this paper, consideration has been given to the impact that the recommendations might have on these requirements and on the nine protected groups identified by the Act (age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion and belief, gender and sexual orientation).

Leeds and York Partnership NHS
NHS Foundation Trust

Infection Prevention and Control and Medical Devices Committee
17th December 2015, Meeting room 1 & 2, Trust HQ

Minutes of Meeting

Present:	Anthony Deery	Director of Nursing
	Linda Rose	Assistant Director of nursing
	Helen Guerin	Clinical Risk Advisor (Medical Devices Safety Officer)
	Stan Cutcliffe	Senior Nurse Infection Control
	Kirstin Gillatt	Acting Matron (Forensic)
	Paul Exley	Acting Matron (The Mount)
	Lloyd Attwood	Occupational Health
	Rachel Walker	Charge Nurse Mother & Baby
	Richard Mellor	Lead Pharmacist (Antimicrobials)
	Gail Galvin	Modern Matron
	Simon Chambers	Modern Matron
In attendance:	Helen Evans (minutes)	Senior Administrator

	Agenda Item	Action
1.	**Welcome & Introduction and Apologies** Kavita Sethi, Judith Barnes, Sarah Tomlinson, Russell Saxby, Elaine Weston, Mike Gent, Lisa Hardisty,	
2.	**Minutes & actions from last meeting** The minutes were agreed as an accurate record. **Matters arising** Pharmacy Update – see item agenda 5.3. Laundry colour coding – Matrons to take forward. Check that they all know which system they are using.	Matrons
3.	**Declaration of Interests** None	
4.	**Terms of Reference** Incorporated Helen Guerin's function into the document. Update to HG's job title. HG advises there is some repetition, HG will update the document and fwd to HE. Approved	HE HG
5. Standard Business Items		
5.1	**Quality/Outbreaks/Monitoring/Incident:** 1 outbreak @ Mother & baby, follow up on Monday 25/12, will complete RCA due to samples taken incorrectly and will feedback in the next meeting. Reported as an IG breach but lessons can be learnt.	SC
5.2	**(i) Environmental audit:** Not many audits carried out this quarter as the IC team focus has been on Flu. Most issues are environment or refurbishment issues; all has been passed to Interserve and should be in action.	

	(ii) Matrons audit: One staff member down so no data available. Audits are required 3 weeks before date of IPC meeting. SC to go over (from Gugu's in box).	SC
5.3	**Pharmacy Update:** Patient Safety alert - Meetings on 19th January & 2nd February to discuss, feedback next meeting.	RM
6. Specific Agenda Items		
6.1	**Exception Reporting from Matrons:** GG - met with Rentokil and Interserve this week regarding bed bugs. This has been happening for almost 2 years. Felt that the infestation has not being correctly treated. GG wanting whole ward treating following advice from Rentokil. Recurring in Newsam ward 4, SC advised that a change of furniture may be required. Also requirement to look at the home situations and check possessions that are coming in to the ward. GG advised that monitors will also put monitors in all rooms. John Rogers (Interserve) states there might be a legislation issue. GG – Cleaning cupboards, Interserve changed lock so the ward couldn't access the cupboard. There is a need to check your areas and ensure that staff have access in an emergency. KG – For info – A&T therapy kitchen was closed down in Becklin following an IPC ward audit, Interserve has now deep cleaned and it is re-opened. IPC/KG will keep monitoring the situation. KG - Cleaning of ovens in a therapy kitchen – who is responsible? Should this be the service user, clinical staff or Interserve responsibility? Find out what the agreement is with Interserve? Extractor fans – PE has been asked to hold off on fan replacement/repairs due to replacement programme due. SC – Require a 'life cycle' list for equipment to assist managers to know when apparatus/fixtures require repair or replacement. The trust should also be allowed to have a say in the product choices when Interserve are the supplying organisation. David Furness is dealing with this issue. Fridge temperature checks – should be done daily. The thermometers that the trust currently use as standard do not show a minimum and maximum temperature (too hot, too cold), is it possible to get one like this?	AD/GG ALL Matrons SC AD SC SC
6.2	**Pandemic Flu Plan** Plan in place, table top exercises carried out. Andrew Jackson is still finalising the plan and will bring to next meeting. Point to note – Business Continuity plans should be checked for compatibility with collaborative organisations.	SC/AJ
7	**Policies & Procedures for approval:** Procedures have been sent out over the last few weeks via email with voting buttons and opportunity for comment. All comments have now been added and forwarded to the Quality committee for ratification. 17/12/16 – The following procedures have been ratified: IC – 0002 Hand Hygiene IC – 0004 Standard Precautions IC – 0005 C Diff IC – 0007 Aseptic Technique IC – 0010 MRSA IC – 0011 Mattress SC advised that in future, the IPC team will aim to update 3-6 policies per quarter so as not to over face committee members.	
8. Updates from Committee/Groups:		
8.1	**Leeds Citywide IPCC Minutes:**	

	Outbreaks of Hep A, 20 affected, c1000 vaccinated (Leeds 9) Giardia outbreak connected to swimming pools, possibly connected to York.	
8.2	**NYY IPCC Minutes** No meeting	
8.3	**Joint Cleaning Standards** Interserve did not attend this meeting. Still awaiting the cleaning plan. Jim Merrick is the author and this is possibly 6 months out of date.	AD
9. Medical Devices		
9.1	**Medical Devices report & Update:** Report circulated. HG attended some link champion visits, HG to visit clinical areas to support staff with medical devices. MD related incidents – report included, please feedback if not the right balance of information. Nothing reported to MHRA this quarter. Use of slings guide – HG to recommend that this goes to the risk forums. E-learning – HG to start a campaign in Feb to promote this/raise awareness. MD updates – trials documentation requires update and approval, this will be sent under separate cover after this meeting. Hook Rescue Knife piece of work – completed. Stores will also hold a stock. Weighing scales contract – please feedback to HG if there are any issues around calibration. DATIX – available for all clinical areas to update. HG asked matrons to encourage all staff to also update. Medical Devices audit – no matron walk around audits received recently. Link champions to be asked to complete MD e-learning. Training needs analysis – piece of work commencing around recording training, HG will feedback at the next meeting. Patient Safety Alerts (papers provided), points of note: Action plan (on behalf of pharmacy) – Antimicrobial resistance/ Implementation of the antimicrobial stewardship programme, deadline is 31st March. Estates & Facilities Alert – Advice regarding equipment requiring repair. PE – Pat testing, Interserve are advising that they wouldn't normally PAT test patients own medical devices such as nebulisers etc. HG will take this to facilities.	HG HG HG All Matrons All Matrons HG/IPC team MD
10	**Items for escalation:**	
	(i) To the Health & Safety Committee: (ii) To the Quality Committee: IC – 0002 Hand Hygiene IC – 0004 Standard Precautions IC – 0005 C Diff IC – 0007 Aseptic Technique IC – 0010 MRSA IC – 0011 Mattress	

11	**Any other business:**	
	HE check H&S meeting dates and re-arrange IPCMDC dates if required. **Please note that changes have been made to 2016's meeting dates.** 2015 Flu Campaign – met last year's target of c40%. Some lessons learnt from this campaign which will be implemented next year. CTM's need to send uptake figures to IC team.	HE Matrons
Future meetings: Wednesday 9th March 2016 @ 2pm – 4pm, Trust HQ Wednesday 25th May 2016 @ 2pm – 4pm, Trust HQ Thursday 25th August 2016 @ 2pm – 4pm, Trust HQ Thursday 24th November 2016 @ 2pm – 4pm, Trust HQ		

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:	Draft minutes from the Mental Health Legislation Committee meeting held the 14 January 2016
DATE OF MEETING:	31 March 2016
LEAD DIRECTOR: (name and title)	Anthony Deery – Director of Nursing, Professions and Quality
PAPER AUTHOR: (name and title)	Sarah Layton – Mental Health Legislation Team Leader

CATEGORY OF PAPER (please tick relevant box) ✓ (This will link to the relevant section on the agenda)					
Strategic		Governance		Information	✓

THIS PAPER SUPPORTS THE TRUST'S STRATEGIC GOAL/S (please tick relevant box/s)		✓
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	✓
THIS PAPER SUPPORTS THE TRUST'S STRATEGIC OBJECTIVE/S (please tick relevant box/s)		✓
SO1	We provide excellent quality, evidence-based, safe care that involves people and promotes recovery and wellbeing	
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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 (please tick relevant box/s)		✓
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 DETAILS OF THE PAPER	
Purpose of paper	The Board is asked to receive the minutes of the Mental Health Legislation Committee for information.
What are the key points and key issues the Board needs to focus on	Defective detentions
What is the Board being asked to consider	The corrective work that has been undertaken
What is the impact on the quality of care	Potential unlawful deprivation of liberty
What are the benefits and risks for the Trust	The risks are: Reputation Potential regulatory action Potential claims
What are the resource implications	Not known at this stage
Next steps following this paper being presented to the Board	Refer to Trigger to Board Paper 31.3.16
What are the reputational implications and how will these be addressed	Refer to Trigger to Board Paper 31.3.16
Do the recommendations in this paper have any impact upon the requirements of the protected groups identified by the Equality Act? * If yes what action has been taken to mitigate this?	No
What public / service user / staff / governor involvement has there been	N/A
Previous meetings where this report has been considered (including date)	N/A

RECOMMENDATION (This report is being provided to the Board for) (please tick relevant box/s): ✓							
Assurance		**Discussion**		**Decision**		**Information only**	✓

Provide details of what you want the Board to do:

The Board is asked to receive the minutes and note the activity of the Mental Health Legislation Committee.

*** EQUALITY ACT 2010**

The Trust has a duty under the Equality Act 2010 to have due regard to the need to eliminate unlawful discrimination, advance equality of opportunity and foster good relations between people from different groups. In relation to the issues set out in this paper, consideration has been given to the impact that the recommendations might have on these requirements and on the nine protected groups identified by the Act (age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion and belief, gender and sexual orientation).

Leeds and York Partnership NHS
NHS Foundation Trust

Mental Health Legislation Committee Meeting
Held 14 January 2016 at 10am in
Meeting Rooms 1 & 2, Trust Head Quarters

M I N U T E S

Present:

Mr Steven Wrigley-Howe	(SWH)	Non-Executive Director (Chair)
Frank Griffiths	(FG)	Chair
Mrs Melanie Hird	(MH)	Head of Clinical Governance
Dr Nuwan Dissanayaka	(ND)	Associate Medical Director for Mental Health Legislation
Mr Anthony Deery	(AD)	Director of Nursing
Mr Oliver Wyatt	(OW)	Mental Health Legislation Clinical Development Manager
Mr Mark Gallacher	(MG)	Clinical Commissioning Group
Richard Hattersley	(RH)	Safeguarding Team, representing Lindsay Britton
Mr Andy Weir	(AW)	Associate Director – Specialist and Learning Disability Services

In attendance

Ms Sarah Layton	(SL)	Mental Health Legislation Team Leader

Apologies:

Ms Alison Kenyon	(AK)	Associate Director
Mrs Cath Hill	(CH)	Head of Corporate Governance
Mrs Maxine Naismith	(MN)	Head of Service, Adult Social Care
Ms Susan Ledwith	(SLe)	Consultant Clinical Psychologist
Ms Lynn Parkinson	(LP)	Interim Chief Operating Officer
Mr Cameron Brooks	(CB)	Senior Practitioner, City of York Council
Ms Lindsay Britton	(LB)	Head of Safeguarding

Item No.	Log No	Description	Action
1	**16/001**	**Welcome and Introductions** Welcome and introductions were made. SWH confirmed that he is now Chair of this Committee.	
2.	**16/002**	**Apologies for Absence** Apologies were given as noted above.	

Item No.	Log No	Description	Action
3.	**16/003**	**Minutes and Actions of the Meeting held on; Friday 16 October 2015** **Minutes:** The below corrections to the previous minutes were noted; 15/030 – states 'nursing requirements not met' clarity provided that this refers to permanent staffing levels, nursing requirements are met with the use of bank / agency staff when required. 15/035 – training target is 90% compliance by 1 July 2016.	
3.1	**16/004**	**Review of Cumulative Action Report** The Cumulative Action Report was submitted to the committee actions were agreed and updated.	
4.	**16/005**	**Annual Review of Risk Register** Risk Register reviewed by the Committee. **Action: Risk Register to be included as standing agenda item, to include action plan**	**SL**
5.	**16/006**	**Trust Reports**	
5.1	**16/007**	**Mental Health Legislation Report, Quarter 3** The Committee noted the report is much improved. <u>Section 1 – Detention by Ethnicity.</u> Noted improvement in data collection. Over representation of BME population noted warranting further investigation. The project proposal from Caroline Bamford to be available to the next Committee. **Action: Ethnocentric packages of care issues to be escalated strategically.** <u>Section 3 – Out of Area Detentions.</u> Volume of out of area admissions due to 'no capacity' noted to be a concern. Learning Disability data not included – AW informed that x40 LD patients are placed out of area and that care and treatment reviews for these patients are in progress. **Action: Clarity regarding definition of 'Acute out of area admissions' to be sought.** <u>Section 10 – First Tier Tribunal (Mental Health) Hearings</u> **Action: Benchmark data to be provided from MHL Network Group** <u>Section 11 – Mental Health Act Managers Hearings</u> **Action: Further narrative regarding breaches requested.** <u>Section 14 – Restraint and Seclusion</u> AW clarified that of the x99 incidents of restraint at Mill Lodge, x41 were in respect of x1 patient and that although there is no seclusion room at Mill Lodge there is a High Dependency Unit which meets Code of Practice criteria for seclusion.	**SWH** **SL** **SL** **SL**
5.2	**16/008**	**Mental Health Act CQC Inspections Quarter 3** OW confirmed that x3 CQC visit have taken place during Q3. The units inspected were; Asket Croft Ward 2, Newsam Centre	

Item No.	Log No	Description	Action
		Ward 1 Becklin Centre Issues noted regarding lack of evidence of patient involvement in care planning and giving of patient information under s132 – these issues have been identified as part of the CQC recurring themes, an action plan is in progress to address these. Section 132 recording is now completed on PARIS. **Action: Report detailing themes, trends and escalations including effectiveness of action plans to be submitted to future Committee meetings.**	**OW**
5.3	**16/009**	**CQC – Monitoring the Mental Health Act (MHA) Summary** Noted 10% increase in MHA detention nationally, OW confirmed this is representative of LYPFT.	
5.4	**16/010**	**CQC – Deprivation of Liberty Safeguards (DoLS) Annual Report Summary** OW confirmed that DoLS administration is absorbed by the MHL team.	
6.	**16/011**	**Mental Health Legislation Operational Steering Group**	
6.1	**16/012**	**Mental Health Legislation Operational Steering Group (MHLOSG) Minutes** Minutes of the meeting held 15 October 2015 were available to the Committee. AW gave a verbal update from the MHLOSG meeting held 13 January 2016. SWH requested that any issues for consideration by the Committee should be highlighted in the agenda item cover sheet. **Action: Paper regarding the proposal for CTO Mental Health Act Managers Hearings to be presented to the next Committee meeting.**	**OW**
6.2	**16/013**	**Recurring actions from CQC Mental Health Act reviewer visits to inpatient wards** Paper submitted detailing planned actions in respect of recurring themes. Discussion highlighted that concerns are not currently quantified i.e. how many patient files are unable to evidence recording of patient information under Section 132. **Action: OW to provide data from monthly audits.**	**OW**
7.	**16/014**	**Procedural Documents for Ratification**	
7.1	**16/015**	**Mental Capacity Act Assessment Form** Procedural document ratified by the Committee.	
8.	**16/016**	**Serious Incident Report (SUI): Unlawful Detentions** The Board were assured that the Unlawful detentions are being dealt with as a SUI. AD explained that the audit had been requested due to issues with legal documentation and processes which came to light following the transfer of services to TEWV. The issues were that following a due diligence documentation check by TEWV following transfer 10 patients detentions were deemed to be 'unsafe', subsequently those detentions were discharged by a	

Item No.	Log No	Description	Action
		managers panel convened by TEWV. Following notification of these issues, LYPFT instigated a full clinical audit of all legal documentation for in-patients and those subject to CTO as of 12pm on 9 November 2015. This included a total of 410 detentions, 135 of which were CTO patients. An internal audit was requested to review systems and processes, a full report detailing the findings and action plan was available to the Committee. A management investigation into the MHL processes and TEWV demobilisation process has commenced. The inpatient clinical audit has been completed. The clinical audit and subsequent legal advice confirmed that 14 detentions were fundamentally defective and those sections have been discharged. A further 8 detentions were deemed to be 'challengeable' (the term 'unsafe' is not a term that LYPFT has continued to use). Following further legal advice and discussion the Trust has taken the decision not to discharge these sections. However, the patients concerned have been written to and advised of the position. The CTO audit commenced on 4 January 2016, an update will be available to the next Committee. A final audit report detailing the inpatient findings is to be submitted to the Audit Committee with a summary and verbal update of the progress of the CTO audit to full Board on the 28 January 2016. MG advised that this item will be discussed at the public CCG Board meeting on 26 January 2016. MH advised that CQC, Monitor and NHSLA have been informed and are being kept up to date on the progress of the audit findings. MH that she had attended a press briefing with a journalist regarding the issues. However, felt that press interest was minimal at that time. SWH stated that full systematic review and investment in MHL service is required. **Action: FG requested that the letters sent to the detentions deemed to be 'challengeable' be copied to patients' advocates and legal representatives.**	**MH**
9.	**16/017**	**Terms of Reference** The ToR were approved by the Committee. **Action: SWH to review further and provide update to next Committee.**	**SWH**
		Date and time of next meeting Tuesday 19 April 2016, 13:30 – 16:00, Trust HQ	

Mental Health Legislation Committee
Meeting held 14 January 2016
FOR INFORMATION ONLY
SEE CUMULATIVE ACTION LOG FOR DETAILED INFORMATION

Minute	Action Summary	Lead
4	Risk Register to be included as standing agenda item, to include action plan	**SL**
5.1	**Mental Health Legislation Report, Quarter 3** The Committee noted the report is much improved. Section 1 – Detention by Ethnicity. **Action: Ethnocentric packages of care issues to be escalated strategically.** Section 3 – Out of Area Detentions. **Action: Clarity regarding definition of 'Acute out of area admissions' to be sought.** Section 10 – First Tier Tribunal (Mental Health) Hearings **Action: Benchmark data to be provided from MHL Network Group** Section 11 – Mental Health Act Managers Hearings **Action: Further narrative regarding breaches requested.**	**SWH** **SL** **SL** **SL**
5.2	Report detailing CQC themes, trends and escalations including effectiveness of actions plans to be submitted to future Committee meetings.	**OW**
6.1	Paper regarding the proposal for CTO Mental Health Act Managers Hearings to be presented to the next Committee meeting.	**OW**
6.2	CQC – Recurring actions – data to be collected around the recurring themes to quantity the issues. OW to provide data from monthly audits.	**OW**
8	FG requested that the letters sent in respect of the detentions deemed to be 'challengeable' be copied to patients' advocates and legal representatives.	**MH**
9	SWH to review ToR and provide update to next Committee.	**SWH**

Leeds and York Partnership NHS
NHS Foundation Trust

AGENDA ITEM
23

LEEDS AND YORK PARTNERSHIP NHS FOUNDATION TRUST

MEETING OF THE BOARD OF DIRECTORS

PAPER TITLE:	Draft minutes of the Audit Committee meeting held the 19 January 2016
DATE OF MEETING:	31 March 2016
LEAD DIRECTOR: (name and title)	Julie Tankard – Non-Executive Director and Chair of the Audit Committee
PAPER AUTHOR: (name and title)	Cath Hill – Head of Corporate Governance

CATEGORY OF PAPER (please tick relevant box) ✓ (This will link to the relevant section on the agenda)					
Strategic		Governance		Information	✓

THIS PAPER SUPPORTS THE TRUST'S STRATEGIC GOAL/S (please tick relevant box/s)		✓
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	✓
THIS PAPER SUPPORTS THE TRUST'S STRATEGIC OBJECTIVE/S (please tick relevant box/s)		✓
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 (please tick relevant box/s)		✓
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 DETAILS OF THE PAPER	
Purpose of paper	The draft minutes of the Audit Committee meeting held 19 January 2016 are presented to the Board for information and assurance.
What are the key points and key issues the Board needs to focus on	The Board is asked to note the main items the committee discussed: • The external auditors' plan for the year-end audit of the accounts and the key points to be audited • A report from the external auditors in respect of cyber security, noting that a report on how the Trust is addressing this risk would be going to the Finance and Business Committee in due course • Internal audit reports in respect of: o The administration of detainees under the Mental Health Act, in particular that one finding showed that the case-load for Mental Health Officers in this Trust was much higher than in others o Complaints, noting that whilst there had been significant progress made in regard to the complaints process, there was still some more work to be done o Safer staffing, which highlighted issues with data collection and calculation, noting that assurances had been received and that this had now been fully addressed. o Compulsory training, noting that the report had provided a favourable view of the compulsory training programme in place and had showed that this Trust is not an outlier in comparison to other Trust's; however Mrs Tankard noted that this Trust had set higher internal targets than many other Trust's • The finance department risk register and the issues around estates.
What is the Board being asked to consider	The Board is asked to note the content of the minutes and there are no decisions to be made in regard to these
What is the impact on the quality of care	The Board is asked to be assured that the committee is working within its terms of reference.

What are the benefits and risks for the Trust	The main risk discussed were those around the
What are the resource implications	No new resource implications were identified within the context of the minutes.
Next steps following this paper being presented to the Board	The Audit Committee will receive these minutes for approval and follow up any actions identified.
What are the reputational implications and how will these be addressed	There could be reputational risks around the issues to come out of the administration of detainees under the Mental Health Act
Do the recommendations in this paper have any impact upon the requirements of the protected groups identified by the Equality Act? * If yes what action has been taken to mitigate this?	No
What public / service user / staff / governor involvement has there been	None applicable to the minutes of the Audit Committee meeting.
Previous meetings where this report has been considered (including date)	None

RECOMMENDATION (This report is being provided to the Board for) (please tick relevant box/s): ✓							
Assurance	✓	**Discussion**		**Decision**		**Information only**	✓

Provide details of what you want the Board to do:

The Board is asked to receive and note the content of the minutes of the Finance and Business Committee and to be assured that it is operating within its Terms of Reference.

*** EQUALITY ACT 2010**

The Trust has a duty under the Equality Act 2010 to have due regard to the need to eliminate unlawful discrimination, advance equality of opportunity and foster good relations between people from different groups. In relation to the issues set out in this paper, consideration has been given to the impact that the recommendations might have on these requirements and on the nine protected groups identified by the Act (age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion and belief, gender and sexual orientation).

LEEDS AND YORK PARTNERSHIP NHS FOUNDATION TRUST

Minutes of the Audit Committee Meeting held on 19 January 2016 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 (by phone)

In Attendance:

Ms J Copeland, Interim Chief Executive
Mrs D Hanwell, Chief Financial Officer
Mr I Looker, Partner, PricewaterhouseCoopers LLP
Ms N Ishaq, Audit Manager, PricewaterhouseCoopers LLP
Ms H Kemp-Taylor, Interim Head of Audit, West Yorkshire Audit Consortium
Mrs S Blackburn, Deputy Head of Internal Audit, North Yorkshire Audit Services
Mrs L O'Reilly, Local Counter Fraud Specialist, West Yorkshire Audit Consortium
Ms F Limbert, Governance Assistant
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.

16/001 Apologies (agenda item 1)

Apologies were received from Mrs M Sentamu, Non-executive Director. It was noted that Mr Wrigley-Howe was attending in her absence.

16/002 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.

16/003 Minutes of the meetings held on 19 October 2015 (agenda item 3)

The minutes of the meetings held on 19 October 2015 were **agreed** as a true record.

16/004 Matters Arising (agenda item 4)

Mrs Hanwell noted that at the Audit Committee meeting on 19 October 2015 a number of queries were raised in relation to some of the details on the losses and special payments register; the sponsorship, hospitality and gifts register; and the management consultancy register.

Mrs Hanwell provided the committee with the details they had requested, which the committee noted and was assured of.

16/005 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 action 91 the committee agreed that this could now be closed as an action for the committee. With regard to action 92 Mrs Hill confirmed that Mrs Day had completed this action and noted that this action should now be considered closed.

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

16/006 External Audit Plan 2015/16 (agenda item 6.1)

Mr Looker introduced Ms Ishaq, noting that she had taken over as the new Audit Manager. Ms Ishaq presented to the committee the External Audit Plan for the audit of the 2015/16 annual accounts and provided an analysis of the assessment of significant audit risks, the proposed audit strategy, the audit and reporting timetable; and fees.

With regard to the question posed in the report about fraud the committee confirmed that it does not have knowledge of any new fraud, either actual, suspected or alleged. It also confirmed that it understands its role in relation to the fraud process, and has been assured that there are procedures in place to detect and prevent fraud and to inform the committee of any fraud which may occur; actual, suspected or alleged.

Mrs O'Reilly indicated that she had a contact who would be willing to talk to the Trust about cyber-crime and agreed to provide his details to Mr Fawcett. **LO**

With regard to the indicators for the Quality Report which will be audited Mr Looker noted that it would be necessary to look at the indicator in relation to York as these services were within the control of the Trust for part of 2015/16. This was noted by the committee.

Gill Taylor joined the meeting.

The Audit Committee discussed the plan and **agreed** the fees as set out in the paper.

16/007 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 that all audits have either been completed or are due to be completed by the end of the year.

With regard to the audit indicators it was agreed that the % of recommendations implemented by the completion date did not need to be reported by Internal Audit as this information is being provided by Mr Jackson in the Outstanding Management Action report.

Mrs Blackburn then drew attention to the main items in the report and also outlined the findings from the audits that had been concluded since the last meeting, including:

- CQC Action Plan, which had provided significant assurance
- Information Governance Breaches, which had provided significant assurance
- Complaints, which had provided significant assurance

- Safer Staffing, which had provided limited assurance
- Compulsory Training, which had provided significant assurance
- Budgetary and Accounting Control, which had provided significant assurance
- Administration of Detainees under the Mental Health Act which had provided limited assurance
- Capital Assets, which had provided full assurance
- Learning to Improve which had provided significant assurance
- Care Act 2014 (Safeguarding) which had provided significant assurance.

The committee then focused on the two reports where limited assurance had been given. In regard to safer staffing Mrs Blackburn noted that this level of assurance had been provided due to the continuing errors in respect of the SQL reporting, although Mrs Blackburn noted that there had been improvements in the processes and that assurance had been given that these problems had been addressed. Ms Copeland indicated that the Executive Team had discussed this issue and were looking at a range of different measures to make the report more meaningful.

The committee was concerned that the data reported to Board had within it inaccuracies and asked for assurance that the actions agreed in the report had been implemented. Mrs Blackburn indicated that a further audit would be carried out to verify the actions had been completed and that this has led to a more accurate report. Dr Taylor asked that when reporting to the January Board Mr Deery refers to the Audit Report to put into context the information being presented. **AD**

The committee then discussed the report in respect of the administration of detainees under the Mental Health Act. Mrs Blackburn noted that this had not been in the original plan but had been audited following a concern raised about risks in this area. Mrs Blackburn noted that the work of Internal Audit had looked at the processes of the Mental Health Act office, and that a complementary piece of work had been carried out by Clinical Audit to look at actual records and the adequacy of documentation. Mrs Blackburn outlined the recommendations made in the report, noting that these had all been agreed by management. The committee discussed this report. Mr Wrigley-Howe noted that the Mental Health Legislation Committee had discussed this matter at the last meeting. He also noted that this was an opportunity to streamline the processes and invest in systems and possible technological solutions. The Audit Committee suggested there needs to be more pace around the proposed review of resourcing given rise in number of detentions and high caseload for the Mental Health Act team in comparison with other trusts. The committee also noted that any unlawful detentions must be reported to Board through the 'Trigger to Board' report in the IQP.

The committee noted this as an important area for focus, particularly given the possibility of detaining people unlawfully due to administration processes, it asked for assurance that there would be one designated person to have oversight of all the actions. **AD**

It was noted that progress with completion of the actions would come back to the committee through the Outstanding Management Action report. It was agreed that a follow-up audit would be conducted at the end of Q1 2016/17. Mrs Blackburn agreed to add this to the plan. **SB**

With regard to compulsory training the committee was pleased to note that the audit had provided significant assurance, and noted in particular that in terms of benchmarking the Trust performs favourably against other similar mental health organisations. With regard to fire training Mrs Hanwell agreed to look at the possibility of this being part of the e-learning package rather than having to be face-to-face training, particularly as other organisations provide this as e-learning. **DH**

Dr Taylor asked for ET to look at the pace around the implementation of sanctions for staff not completing their training. Ms Copeland agreed with this suggestion. She also

assured the committee that the Executive Team had a strategic session where the issue of greater accountability for delivery against key targets would be discussed, which would pick up this and other key deliverables for staff.

In respect of the complaints report the committee noted the good progress that had been made with the processes and systems in place in this area. Mr Wrigley-Howe observed that some of the actions to address the recommendations appeared to be somewhat weak. The committee noted the progress made but asked for this area to be re-audited in next year's plan. Mrs Blackburn agreed to include this in the audit plan. **SB**

With regard to Information Governance Breaches, Dr Taylor noted that the Finance and Business Committee had looked at the breaches and suggested that this is brought to the April committee meeting for further discussion and assurance particularly around what is classed as a serious incident. **BF**

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

16/008 Counter fraud progress report (agenda item 7.2)

Mrs O'Reilly presented the counter fraud report and drew attention to the main points, including the Board workshop on the Bribery Act which had been delivered in 2015; the training undertaken with HR on how to verify documentation such as passports; a fraud alert in respect of the promotion of 'free' workshops and events which attract a cancellation fee; and scam emails asking staff to pay fraudulent invoices.

Mrs O'Reilly also outlined some of the ongoing fraud investigations including a case of a member of staff working whilst on sick leave, which the committee noted.

Mrs Hanwell noted the number of days attributed to counter fraud work and asked if sufficient days had been allocated. Mrs O'Reilly confirmed that the Trust was low in comparison to other similar organisation. Mrs Tankard asked Mrs O'Reilly to look at this and consider for the 2016/17 plan of work. **LO**

Dr Taylor left the meeting.

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

16/009 Finance Directorate Risk Register (agenda item 8)

Mrs Hanwell presented the Finance Directorate risk register and for each of the risks rated 'red' and 'amber', in particular, provided a high level report on the actions being taken to mitigate these.

The committee noted in particular the risks around the estate and the negative impact third party relationships can have in regard to the pace of the changes needed to estate issues. Mrs Hanwell noted that work is underway to look at the changes that may need to be made to the contracts to ensure a more responsive process. Mrs Hanwell also linked the changes to estates to ensure they are safe to the ligature anchor point assessments and life-cycle programmes being carried out. Mrs Hanwell noted the positive impact these are having but noted that further work needs to be done around these processes. Mrs Hanwell also indicated that alongside changes in processes there is a full structural review of the estates function underway to ensure there is a staff resource in place to respond appropriately to the needs of the estate and care services.

With regard to ligature risks Mrs Tankard asked if these had all been removed. Mrs Hanwell indicated that there is in place a process of ligature risk assessments. She noted that the vast majority had been dealt with but that not all risks can be immediately removed and that for those that there is a managed risk process in place to manage such risks including a programme of estates change where this is applicable. The committee noted the work being done to manage the risks around ligature anchor points and the work ongoing to ensure that third party providers are providing a responsive service in regard to estate changes needed.

The committee **received assurance** on the key risks on the risk register and **noted** the actions being taken to mitigate these.

16/010 Follow-up of outstanding audit actions (agenda item 9)

Mrs Hanwell presented a report which detailed the outstanding audit actions. The committee noted that there were some old outstanding actions and asked Mr Jackson to ask owners to verify that the actions are still relevant and if not, or have been superseded, to request they are removed; and if they are still relevant to complete the actions as agreed. The committee asked for this to be reported back to the committee at the April meeting. **AJ**

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

16/011 Strategic plan delivery cycle (agenda item 10)

Ms Copeland presented a paper which set out the context in which the 2016/17 Operational plan, and the new Trust strategy will be developed. She drew attention to the strategic planning cycle, timeline, and compliance requirements, which were noted by the committee.

The committee **was assured** of the processes and timescales in place for the sign off of the 2016/2017 Operational Plan and the development of the new 2016 to 2021 Strategic Plan.

16/012 Tender and Quotation Exception Report (agenda item 11)

Mrs Hanwell presented the tender and exception report which was noted by the committee. Mrs Tankard noted the amount being spent on training which was discussed by the committee. It was assured that this was appropriate and was not only from one company.

The committee also discussed the declaration of interest procedure and how this links to procurement.

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

16/013 New and future risks identified (agenda item 12)

The committee did not identify any new and future risks

16/014 **Any other business** (agenda item 13)

Mrs Tankard asked how the Trust had managed the recent doctors' strike. Ms Copeland noted that this had been handled very well by staff in the Trust.

There were no other items of business.

AUDIT COMMITTEE - ACTION SUMMARY

19 January 2016

MINUTE	ACTION SUMMARY	LEAD
16/006	**External Audit Plan 2015/16** (agenda item 6.1) Mrs O'Reilly indicated that she had a contact who would be willing to talk to the Trust about cyber-crime and agreed to provide his details to Mr Fawcett.	**LO**
16/007	**Internal audit progress report** (agenda item 7.1) The committee was concerned that the data reported to Board had within it inaccuracies and asked for assurance that the actions agreed in the report had been implemented. Mrs Blackburn indicated that a further audit would be carried out to verify the actions had been completed and that this has led to a more accurate report. Dr Taylor asked that when reporting to the January Board Mr Deery refers to the Audit Report to put into context the information being presented. The committee noted this as an important area for focus, particularly given the possibility of detaining people unlawfully due to administration processes, it asked for assurance that there would be one designated person to have oversight of all the actions. It was noted that progress with completion of the actions would come back to the committee through the Outstanding Management Action report. It was agreed that a follow-up audit would be conducted at the end of Q1 2016/17. Mrs Blackburn agreed to add this to the plan. With regard to compulsory training the committee was pleased to note that the audit had provided significant assurance, and noted in particular that in terms of benchmarking the Trust performs favourably against other similar mental health organisations. With regard to fire training Mrs Hanwell agreed to look at the possibility of this being part of the e-learning package rather than having to be face-to-face training, particularly as other organisations provide this as e-learning. In respect of the complaints report the committee noted the good progress that had been made with the processes and systems in place in this area. Mr Wrigley-Howe observed that some of the actions to address the recommendations appeared to be somewhat weak. The committee noted the progress made but asked for this area to be re-audited in next year's plan. Mrs Blackburn agreed to include this in the audit plan. With regard to Information Governance Breaches, Dr Taylor noted that the Finance and Business Committee had looked at the breaches and suggested that this is brought to the April committee meeting for further discussion and assurance particularly around what is classed as a serious incident.	**AD** **AD** **SB** **DH** **SB** **BF**
16/008	**Counter fraud progress report** (agenda item 7.2) Mrs Hanwell noted the number of days attributed to counter fraud work and asked if sufficient days had been allocated. Mrs O'Reilly confirmed that the Trust was low in comparison to other similar organisation. Mrs Tankard asked Mrs O'Reilly to look at this and consider for the 2016/17 plan of work.	**LO**

MINUTE	ACTION SUMMARY	LEAD
16/010	**Follow-up of outstanding audit actions** (agenda item 9) Mrs Hanwell presented a report which detailed the outstanding audit actions. The committee noted that there were some old outstanding actions and asked Mr Jackson to ask owners to verify that the actions are still relevant and if not, or have been superseded, to request they are removed; and if they are still relevant to complete the actions as agreed. The committee asked for this to be reported back to the committee at the April meeting.	**AJ**

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:	Draft minutes of the Quality Committee meeting held the 21 January 2016
DATE OF MEETING:	31 March 2016
LEAD DIRECTOR: (name and title)	Carl Thompson – Non-Executive Director and Chair of the Quality Commitee
PAPER AUTHOR: (name and title)	Cath Hill – Head of Corporate Governance

CATEGORY OF PAPER (please tick relevant box) ✓ (This will link to the relevant section on the agenda)					
Strategic		Governance		Information	✓

THIS PAPER SUPPORTS THE TRUST'S STRATEGIC GOAL/S (please tick relevant box/s)		✓
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	✓
THIS PAPER SUPPORTS THE TRUST'S STRATEGIC OBJECTIVE/S (please tick relevant box/s)		✓
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 (please tick relevant box/s)		✓
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 DETAILS OF THE PAPER	
Purpose of paper	The draft minutes of the Quality Committee meeting held 21January 2016 are presented to the Board for information and assurance.
What are the key points and key issues the Board needs to focus on	The Board is asked to note the main items the committee discussed: • Maintenance in the Leeds sites, noting that there needs to be focus on this matter to ensure sites are and continue to be safe for service users. • Clinical audit and the way in which this can be used to best effect throughout the organisation, noting that the committee had fully supported the work of the department in ensuring meaningful audits are well supported throughout the Trust and that staff are empowered to take part • How the Board is sighted on strategic workforce issues, noting that this is something that could be discussed at a Board workshop.
What is the Board being asked to consider	The Board is asked to note the content of the minutes and there are no decisions to be made.
What is the impact on the quality of care	The Board is asked to be assured that the committee is working within its terms of reference to effectively manage the quality of care.
What are the benefits and risks for the Trust	There needs to be a focus on the maintenance of and the environment of the Leeds sites to mitigate any risk and benefit service users.
What are the resource implications	No resource implications were identified within the minutes.
Next steps following this paper being presented to the Board	The Quality Committee will receive these minutes for approval and follow up any actions identified.
What are the reputational implications and how will these be addressed	No reputational implications were identified within the minutes.

Do the recommendations in this paper have any impact upon the requirements of the protected groups identified by the Equality Act? * If yes what action has been taken to mitigate this?	No
What public / service user / staff / governor involvement has there been	A governor observer was present at the Quality Committee meeting.
Previous meetings where this report has been considered (including date)	None

RECOMMENDATION **(This report is being provided to the Board for)** (please tick relevant box/s): ✓							
Assurance	✓	**Discussion**		**Decision**		**Information only**	✓

Provide details of what you want the Board to do:

The Board is asked to receive and note the content of the minutes of the Quality Committee and to be assured that it is operating within its Terms of Reference.

*** EQUALITY ACT 2010**

The Trust has a duty under the Equality Act 2010 to have due regard to the need to eliminate unlawful discrimination, advance equality of opportunity and foster good relations between people from different groups. In relation to the issues set out in this paper, consideration has been given to the impact that the recommendations might have on these requirements and on the nine protected groups identified by the Act (age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion and belief, gender and sexual orientation).

LEEDS AND YORK PARTNERSHIP NHS FOUNDATION TRUST

Minutes of the Quality Committee
Thursday 21 January 2016
at 9.30 in Meeting Rooms 1 & 2, Trust Headquarters

Present:
Prof Carl Thompson (Non-Executive Director) - Chair of the Committee
Ms Jill Copeland (Interim Chief Executive)
Mrs Lynn Parkinson (Interim Chief Operating Officer)
Mr Anthony Deery (Director of Nursing)
Mrs Susan Tyler (Director of Workforce Development)
Mr Steven Wrigley-Howe (Non-Executive Director)

In attendance:
Dr Tom Mullen (Clinical Director of Specialist and Learning Disability Care Group)
Mrs Cath Hill (Head of Corporate Governance and Trust Board Secretary)
Mrs Helen Wiseman (Strategic Lead for Allied Health Professionals)
Ms Alison Thompson (Head of Research and Development) for agenda item 9
Mrs Elizabeth Day (Head of Clinical Audit) for agenda item 10
Ms Fran Limbert (Governance Assistant and Committee Secretariat)

Governor observer:
Steve Howorth (Public; Leeds Governor)

Action

Welcome and Introduction

Prof Thompson welcomed everyone to the meeting.

16/001 Apologies for Absence (agenda item 1)

Apologies were received from Mr Robert Mann (Assistant Director of Nursing / Compliance); Dr Guy Brookes (Clinical Director for Leeds Mental Health Care Group); Ms Bev Thornton (Recovery and Social Inclusion Worker); Mr Bill Fawcett (Chief Information Officer); Mrs Melanie Hird (Head of Clinical Governance); Dr Jim Isherwood (Medical Director); and Ms Jayne Hawkins (Strategic Lead for Psychology and Psychotherapy Services).

16/002 Declaration of Interests (agenda item 2)

Prof Thompson declared an interest in relation to agenda item 9 and informed the Committee that he has been in a discussion with representatives from Osaka Pharmaceuticals, who have been attending the Leeds University Board meetings, in relation to Leeds and York Partnership NHS Foundation Trust (Trust) to be part of a decision support evaluation with the Institute of Psychiatry; Prof Thompson declared this conversation with Osaka Pharmaceuticals as an interest.

16/003 Minutes of Meeting held on 17 December 2015 (agenda item 3.1)

The minutes of the meeting held on 17 December 2015 were **accepted** as a true record of the meeting with the following amendment being made; 'Dr Deery' being amended to 'Mr Deery', on the penultimate paragraph of minute 15/102 State of Health and Social Care repot – key issues for the Trust (agenda item 12).

16/004 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.

In reference to log number 6 the Committee agreed that this action can now be closed. This is due to assurance being received from the Audit Committee as the Trust has recently undertaken an internal audit on compulsory training, with the report from this audit being seen at the Audit Committee meeting which took place on the 19 January 2016. It was noted that the Audit Committee felt significantly assured following receipt of this audit report, with the importance being placed upon the Audit Committee reviewing progress made against the Trust's compulsory training, in due course, where further assurance will be sought.

With regard to log number 7 the Committee agreed that this item can be brought back to the July 2016 Committee meeting for review and an update; this is because as of February 2016 the E-Rostering programme will be able to allow staff to book blocks of training as their rostered hours, which would allow sufficient time for a report on its progress to be made and then presented to this Committee.

The Committee discussed log numbers 10 and 13 where they agreed the importance of Mrs Caroline Bamford, head of inclusion and diversity, and Margaret Sentamu, diversity lead for the Trust's Board of Directors, being involved with this piece of work to ensure that connections are made to the Trust's Race Equality Action Plan. The Committee noted that the two main focuses for this piece of work are around; having a representative group of individuals, and ethno-centric pathways. Dr Mullen noted the importance of third sector partners being involved to provide alternative models of care. The Committee agreed that this strand of work would be the subject for the Trust's quality workshop or summit.

The Committee **received** the cumulative action log and **was assured** of the progress with the actions.

16/005 Minutes/Report from the Chairs of the Quality Committees sub-committees (agenda item 6)

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

6.1	Minutes of the Health and Safety Committee (15 December 2015)
6.2	Minutes of the Infection, Prevention and Medical Devices Committee (17 December 2015)
6.3	Minutes of the Trust Incident Review Group (9 December 2015)
6.4	Summary report from the Medical Revalidation & Appraisal Group (13 January 2016)
6.5	Minutes of the Workforce Steering Group (10 December 2015)
6.6	Escalation of concerns from the Effective Care Committee to the Quality Committee

Mrs Tyler informed the Committee that a decision had been taken to disband the Workforce Steering Group as it had been agreed that it did not add significant value to the Trust's governance arrangements. Mrs Tyler informed the Committee that she felt assured that all relevant governance requirements are accounted for in the other workforce meetings that take place within the Trust on an operational level. Mrs Tyler highlighted the importance of a workforce Board sub-committee being set up to provide a strategic overview of workforce. The Committee agreed that the creation of a Board sub-committee for workforce should be discussed at a future Board of Directors meeting as a private discussion item. **ST**

Dr Mullen highlighted the three points of escalation of concerns from the Effective Care Committee that took place on the 7 January 2016, they are; issues with air vents at some Trust premises, current staff alarms not functioning correctly, Rose Ward currently being closed to admissions. Ms Copeland offered assurance to the Committee that all of these concerns are top level priorities for Mrs Hanwell, chief financial officer and deputy chief executive within the Trust, and Mrs Parkinson. The Committee agreed that a review and action plan of progress made surrounding these three issues would be reviewed at the April Committee meeting. The Committee expressed their gratitude to the Effective Care Committee for raising the three points for escalation and it was noted that this was a good example of best practice. **LP**

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

16/006 Compliance with the NHS Constitution (agenda item 7)

The Committee discussed the Trust's compliance with the NHS Constitution and the supporting document associated with this agenda item. The Committee noted that the consultation on new and existing criteria in the NHS Constitution took place during February to April 2015, and that the new handbook had been published as a result of this consultation. The Committee noted that as a result of the consultation there were ten new additions to the

pledges. The Committee reviewed the evidence of how the Trust is meeting the pledges. It noted that this needed further work doing to it to ensure if the Trust is really compliant with each of the aspects of the constitution, and also to resolve the inaccuracies found throughout this document. Mr Deery suggested that the document should be reviewed and signed off at a future Executive Team meeting, with the final document then being seen at the April Committee meeting. **AD**

The Committee **noted** the stated Compliance with the NHS Constitution, and **agreed** further work needed to be done to ensure the accuracy of the self-declaration made against each statement.

16/007 National Reporting and Learning System (NRLS) report (agenda item 8)

Mr Deery informed the Committee that the Trust submits all patient safety incident data to the NRLS, with the NRLS providing six monthly reports that assist the Trust in comparing the number of incidents reported over 1,000 bed days; the time taken to report incidents; and the impact of incidents rated from no harm to death.

Mr Deery informed the Committee that the Trust had improved its reporting to the NRLS and that a reflection of this is the more timely manner in which reporting had been undertaken by the Trust resulting in the learning being applied more quickly within the Trust. Mr Deery confirmed that incidents reported are more likely to result in no harm than the average for other mental health Trusts, and the rate of death as a result of a patient safety incident is lower than the average for all other mental health Trusts.

Mrs Tyler suggested that the successful progress made with the NRLS report could be used as a good news story, both internally and externally. The Committee agreed that this would be a good piece of marketing for the Trust and also noted the importance of contextualising these pieces of work so that all staff members are aware of informed learning that they can apply to their area of work going forward. Dr Mullen informed the Committee of the governance arrangements in place within the Trust's two Care Groups; Leeds Mental Health, and Specialist Services and Learning Disabilities, and that a positive reporting culture is promoted within each of them. The Committee agreed that assurance should be sought from the Trust's Clinical Directors that governance supporting this piece of work is engaging with staff from all levels across each of the services. **ST** **TM/GB**

The Committee agreed that the highlights from this report should be presented on the Trusts Quality webpages. **AD**

The Committee **received** and **noted** the NRLS Patient Safety Incident Report.

16/008 Research Report (agenda item 9)

Ms Thompson joined the meeting and informed the Committee that this paper

provides a report about how research capacity has been expanded during the current financial year, with examples of the impact of this research on the quality of Trust services. Ms Thompson informed the Committee that the report also provides performance data which the National Institute for Health Research requires as evidence of it being reported within the Trust to a Board level committee. Prof Thompson offered thanks to Ms Thompson for the brevity and consistency of information within the report.

Ms Thompson informed the Committee of the importance of having members of staff undertaking research as part of their clinical role and the effect that this would have in embedding a new research focused culture within the Trust. Ms Thompson suggested that a financial investment be made to allow the Trust to continue to embed this piece of work within the organisation and to build on its progress made to date.

The Committee discussed the importance of the value of the impact of the research already undertaken within the Trust, and the quality of learning received to assist clinical services. The Committee noted the importance of ensuring that the new Research Strategy is linked with the work plans underway for the expansion of research and development within the Trust. Ms Thompson informed the Committee that each new piece of work that is undertaken is subject to a strategic decision being made as to whether it is relevant to clinical services, and to ensure that it is in line with the Trust's strategic priorities and objectives.

Prof Thompson suggested that it may be worthwhile the Trust having a collection of research questions that it would like answers to, as these can be used as guidance for scope for potential new research projects.

The Committee invited Ms Thompson back to a future meeting to present an update on progress made, and wished to seek further assurance from the research and development work that had already been undertaken to ensure that this work is expanded appropriately and makes a positive impact within the Trust going forward. **AT**

The Committee **received** and **noted** the Research Report.

16/009 Clinical Audit Progress Report (agenda item 10)

Mrs Day joined the meeting and informed the Committee that this paper provides a report on the impact of clinical audit on clinical practice, and specifically whether improvements are identified following re-audit. Mrs Day informed the Committee that the paper also outlines some of the issues that impact on the ability of clinical audit to achieve its intended purpose of improving practice, and clinical engagement within clinical audit.

The Committee discussed how time is currently allocated in staff member's job roles to undertake this task; with it currently being allocated in medical staff members' job roles only, and noted the importance of staff engagement surrounding this issue. It was noted that currently time is not allocated in non-medical clinical staff members' job roles which results in time pressures and

low uptake associated with requests for staff to participate in pieces of work such as clinical audits. The Committee suggested that, as a means to engage with staff around involvement with clinical audit, work could be done to share the stories of other staff members involved with audit in the past, in particular showcasing how they factor appropriate time into their work plans to undertake clinical audits.

Mrs Day highlighted to the Committee that previous clinical audits have demonstrated contributions to some improvements seen within clinical services, and that this could be a result of the quality of actions plans that have been produced after the audit has been completed.

The Committee agreed on the importance of the effectiveness of the method of the audit and the return on investment that can be seen, and agreed that further work be undertaken to link the clinical audit to the Trust's priorities set out in the Operational Plan. Mrs Day confirmed that the clinical audit new activity cycle commences in April 2016, with the Committee agreeing that this work be completed by then. **ED**

The Committee **supported** the recommendations made in the Clinical Audit Progress Report.

16/010 Planning Care Update (agenda item 11)

Mrs Parkinson informed the Committee that this update is the regular progress report received by the Committee which outlines progress made against the Care Planning Approach (CPA) work, and that going forward Dr Mullen will be leading on this piece of work.

Mrs Parkinson informed the Committee that staff engagement within the EQUIP study, a research study, had been reported back to the Trust; that our Community Mental Health Teams engaged well;, and that the Trust had been chosen to be one of the ten early implementer sites nationwide.

The Committee discussed the progress made to date and acknowledged that further work still needs to be done. Dr Mullen informed the Committee that he will shortly be undertaking a piece of work to reprioritise strands within this project to ensure that the baseline is correct, and that the CPA policy and procedure had recently been reviewed.

The Committee **supported** the recommendations within the Planning Care Update.

16/011 Backlog of data input – incidents to be input to Datix (agenda item 12)

Mr Deery informed the Committee that at the meeting on the 1 September 2015 a query had been raised in relation to a delay in processing incident reports, submission to the NRLS, and the production of timely reports within the Trust. Mr Deery informed the Committee that these three issues have now

been resolved.

The Committee felt assured that the Datix system is now operating effectively, which in turn should improve the reporting rates. Prof Thompson suggested that the Committee receives future updates on the Trust's reporting rates at the next Committee meeting on the 12 April 2016. **AD**

The Committee **received** and **noted** the Backlog of data input paper.

16/012 Procedures for approval and ratification (agenda items 13.1 – 13.19)

The committee received the following procedures for ratification:

- Workplace Health, Safety and Welfare Procedure
- Health and Safety Audit Procedure
- Health and Safety Inspection Procedure
- Safety Representatives: Consultation with Employees Procedure
- The Management of Incidents Including Serious Incidents Procedure
- Planning of care for Adults with Both Mental Health and Learning Disabilities
- Research Strategy
- Medicines Code
- Procedure for Disclosure / Employment of People with a Criminal Record
- Annual Leave / Statutory Bank Holiday
- Outbreak Management Policy
- Isolation Procedure
- Last Offices Cadaver Procedure
- Seasonal Influenza Procedure
- Animals in Healthcare Premises Procedure
- Transmissible Spongiform Encephalopathy Management Procedure
- Notifiable Diseases and Management of Specific Infection Procedure
- Tuberculosis Management Procedure
- Ectoparasitic Infection Management Procedure

Mrs Hill noted that the Medicines Code was 91 pages long. The Committee discussed whether the Code was user friendly for clinicians. Mrs Hill suggested that she discuss this with Elaine Weston (EW), chief pharmacist at the Trust, to confirm whether the Code was adequate in its current format and that this information could be sought after the Code has been through the Trust's standard evaluation of implementation of the procedure. The Committee agreed that EW would attend the next Committee meeting on the 12 April 2016 to present her response. **EW**

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

16/013 Terms of Reference for the Medical Revalidation and Appraisal Committee (agenda item 14)

The Committee **approved** the Terms of Reference for the Medical Revalidation and Appraisal Committee.

16/014 Any Other Business (agenda item 15)

Prof Thompson informed that Committee that following the Quality Committee meeting on the 17 December 2015, under agenda item 15/102 State of Health and Social Care report – key issues for the Trust, a request was made to all members of the Committee that for the April meeting each member of the Committee identify one thing they can do to help achieve the key theme of capacity. Mr Deery will coordinate this piece of work ready for review by the Committee at the April 2016 meeting.

Quality Committee
Action summary
Meeting held on 21 January 2016

MINUTE	ACTION SUMMARY	LEAD
16/005	**Minutes/Report from the Chairs of the Quality Committees sub-committees** (agenda item 6) Mrs Tyler highlighted the importance of a workforce Board sub-committee being set up to provide a strategic overview of workforce. The Committee agreed that the creation of a Board sub-committee for workforce should be discussed at a future Board of Directors meeting as a private discussion item.	**ST**
16/005	**Minutes/Report from the Chairs of the Quality Committees sub-committees** (agenda item 6) Dr Mullen highlighted the three points of escalation of concerns from the Effective Care Committee that took place on the 7 January 2016, they are; issues with air vents at some Trust premises, current staff alarms not functioning correctly, Rose Ward currently being closed to admissions. Ms Copeland offered assurance to the Committee that all of these concerns are top level priorities for Mrs Hanwell, chief financial officer and deputy chief executive within the Trust, and Mrs Parkinson. The Committee agreed that a review and action plan of progress made surrounding these three issues would be reviewed at the April Committee meeting. The Committee expressed their gratitude to the Effective Care Committee for raising the three points for escalation and it was noted that this was a good example of best practice.	**LP**
16/006	**Compliance with the NHS Constitution** (agenda item 7) The Committee reviewed the document as presented. It noted that this needed further work doing to it to ensure if the Trust is really compliant with each of the aspects of the constitution, and also to resolve the inaccuracies found throughout this document. Mr Deery suggested that following this, the document should be reviewed and signed off at a future Executive Team meeting, with the final document then being seen at the April Committee meeting.	**AD**
16/007	**National Reporting and Learning System (NRLS) report** (agenda item 8) Mrs Tyler suggested that the successful progress made with the NRLS report could be used as a good news story, both internally and externally. The Committee agreed that this would be a good piece of marketing for the Trust and also noted the importance of contextualising these pieces of work so that all staff members are aware of informed learning that they can apply to their practice going forwards.	**ST**

MINUTE	ACTION SUMMARY	LEAD
16/007	**National Reporting and Learning System (NRLS) report** (agenda item 8) The Committee discussed that assurance should be sought from the Trust's Clinical Directors that governance supporting this piece of work is engaging with staff from all levels across each of the services.	**TM/GB**
16/007	**National Reporting and Learning System (NRLS) report** (agenda item 8) The Committee agreed that the highlights from this report should be presented on the Trusts Quality webpages.	**AD**
16/008	**Research Report** (agenda item 9) The Committee invited Ms Thompson back to a future meeting to present an update on progress made, and wished to seek further assurance from the research and development work that has already been undertaken to ensure that this work is expanded appropriately and makes a positive impact within the Trust going forward.	**AT**
16/009	**Clinical Audit Progress Report** (agenda item 10) The Committee agreed on the importance of the effectiveness of the method of the audit and the return on investment that can be seen, and agreed that further work be undertaken to link the clinical audit to the Trust's priorities set out in the Operational Plan. Mrs Day confirmed that the clinical audit new activity cycle commences in April 2016, with the Committee agreeing that this work be completed by then.	**ED**
16/011	**Backlog of data input – incidents to be input to Datix** (agenda item 12) The Committee felt assured that the Datix system is now operating effectively, which in turn should improve the reporting rates. Prof Thompson suggested that the Committee receives future updates on the Trust's reporting rates at the next Committee meeting on the 12 April 2016.	**AD**
16/012	**Procedures for approval and ratification** (agenda items 13.1 – 13.19) Mrs Hill noted that the Medicines Code was 91 pages long. The Committee discussed whether the Code was user friendly for clinicians. Mrs Hill suggested that she discuss this with Elaine Weston (EW), chief pharmacist at the Trust, to confirm whether the Code was adequate in its current format and that this information could be sought after the Code has been through the Trust's standard evaluation of implementation of the procedure. The Committee agreed that EW would attend the next Committee meeting on the 12 April 2016 to present her response.	**EW**

Leeds and York Partnership NHS
NHS Foundation Trust

AGENDA ITEM

25

LEEDS AND YORK PARTNERSHIP NHS FOUNDATION TRUST

MEETING OF THE BOARD OF DIRECTORS

PAPER TITLE:	Draft minutes of the Finance and Business Committee meeting held the 27 January 2016
DATE OF MEETING:	31 March 2016
LEAD DIRECTOR: (name and title)	Gill Taylor – Non-Executive Director and Chair of the Finance and Business Committee
PAPER AUTHOR: (name and title)	Cath Hill – Head of Corporate Governance

CATEGORY OF PAPER (please tick relevant box) ✓ (This will link to the relevant section on the agenda)					
Strategic		Governance		Information	✓

THIS PAPER SUPPORTS THE TRUST'S STRATEGIC GOAL/S (please tick relevant box/s)		✓
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	✓
THIS PAPER SUPPORTS THE TRUST'S STRATEGIC OBJECTIVE/S (please tick relevant box/s)		✓
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 (please tick relevant box/s)		✓
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 DETAILS OF THE PAPER	
Purpose of paper	The draft minutes of the Finance and Business Committee meeting held 27 January 2016 are presented to the Board for information and assurance.
What are the key points and key issues the Board needs to focus on	The Board is asked to note the main items the committee discussed: • The financial position at the end of quarter 3, noting that this is on plan with a projected surplus of a £2.5m at the end of the year • Contract income and the risks around some of those contracts, noting that there are processes in place to help mitigate these • The control total imposed on the Trust • Reference costing and the clustering of payments, noting that this had shown that the Trust is approximately 12% more expensive than other Trusts. • Clinical contract update noting that this report had looked at not only current but likely income streams for the future • The North of England Commercial Procurement Collaborative noting that this is now providing added value and a good income stream • The business case for mHabitat noting that this would be coming back to the Finance and Business Committee with more detail about the governance arrangements and impact for the Trust's Board of Directors.
What is the Board being asked to consider	The Board is asked to note the content of the minutes and there are no decisions to be made.
What is the impact on the quality of care	The Board is asked to be assured that the committee is working within its terms of reference.
What are the benefits and risks for the Trust	The risks for the Trust are around the impact of the imposed control total and the increase in reference costs.
What are the resource implications	No new resource implications were identified within the context of the minutes.
Next steps following this paper being presented to the Board	The Finance and Business Committee will receive these minutes for approval and follow up any actions identified.

What are the reputational implications and how will these be addressed	No reputational implications were identified within the minutes.
Do the recommendations in this paper have any impact upon the requirements of the protected groups identified by the Equality Act? * If yes what action has been taken to mitigate this?	No
What public / service user / staff / governor involvement has there been	None applicable to the minutes of the Finance and Business Committee meeting.
Previous meetings where this report has been considered (including date)	None

RECOMMENDATION (This report is being provided to the Board for) (please tick relevant box/s): ✓							
Assurance	✓	**Discussion**		**Decision**		**Information only**	✓
Provide details of what you want the Board to do:							
The Board is asked to receive and note the content of the minutes of the Finance and Business Committee and to be assured that it is operating within its Terms of Reference.							

*** EQUALITY ACT 2010**

The Trust has a duty under the Equality Act 2010 to have due regard to the need to eliminate unlawful discrimination, advance equality of opportunity and foster good relations between people from different groups. In relation to the issues set out in this paper, consideration has been given to the impact that the recommendations might have on these requirements and on the nine protected groups identified by the Act (age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion and belief, gender and sexual orientation).

LEEDS AND YORK PARTNERSHIP NHS FOUNDATION TRUST

Minutes of the Finance and Business Committee
27 January 2016
at 09.30 in Meeting Room 1&2, Trust Headquarters

Present: Dr G Taylor, Non-Executive Director, Chair of Committee
Ms J Copeland, Interim Chief Executive

In attendance: Mr B Fawcett, Chief Information Officer
Mr D Brewin, Deputy Director of Finance
Mr M Powel, Deputy Director of Finance
Mrs C Hill, Head of Corporate Governance
Mrs V Betton, mHealth Habitat Director (for agenda item 14)
Mr K Rowley, North of England Commercial Procurement Collaborative Managing Director (for agenda items 12 and 12.1)
Ms F Limbert, Governance Assistant and Committee secretariat

		Action
	Welcome and Introduction Dr Taylor welcomed everyone to the meeting.	
16/001	**Apologies for Absence** (agenda item 1) Apologies were received from Mrs J Tankard, Non-Executive Director, Mrs D Hanwell, Chief Financial Officer, and from Mrs L Parkinson who has become a member of this meeting on becoming the Interim Chief Operating Officer within the Trust.	
16/002	**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.	
16/003	**Minutes of Committee Meeting held on 19 October 2015** (agenda item 3.1) The minutes of the meeting held on 19 October 2015 were **accepted** as a true record of the meeting.	
16/004	**Cumulative Action Log** (agenda item 5) Mrs Hill presented the cumulative action log for those items that have been identified to come back to future meetings and those actions that have been passed into the management route. The Committee agreed to close log number 47. The decision to close this action was derived from the fact that the Estates Strategy is currently	

under development and as part of the finalisation of that strategy the action associated to this log number will be incorporated within it along with the other estates issues across the Trust.

The Committee **received** the cumulative action log and **was assured** of the progress with the actions.

16/005 **Financial Position: Monitor Quarter 3 Report** (agenda item 6.1)

Mr Brewin informed the Committee that at the end of Q3 the Trust is showing a net surplus of £2.4m which is £0.4million ahead of the forecast plan; there is slippage in the Cost Improvement Plan (CIPs) from the Trust's revised plan, and the Trust has a current Financial Sustainability Risk Rating (FSSR) of four. Mr Brewin provided assurance to the Committee as to the financial position, which will subsequently be reported at the Board of Directors' meeting in January, noting that the Trust will maintain a sustainable position for the next 12 months.

The Committee **received** the Monitor Quarter 3 Report and **noted** its contents and was assured of the financial position.

16/006 **Financial Forecast Out-turn for 2015/2016**(agenda item 6.2)

Mr Brewin informed the Committee that the Trust had a forecast position against its revised plan of an indicated net surplus of £2.4million; the revised CIPs are on track but a shortfall of 1.6% has been seen against the revised CIPs plan, and the Trust is forecasting to maintain a FSSR of four at the year end.

The Committee discussed the financial risk associated with the 'cost per case' contracts. Mr Brewin confirmed that these type of contracts are unusual and that one of these relates to the Child and Adolescent Mental Health Service (CAMHS) in York where the Trust has forecasted a 90% occupancy rate of within this unit. Mr Brewin noted that the occupancy rates within this service have declined which has resulted in a financial pressure for this service. Ms Copeland informed the Committee that the tender for the service will be under review soon and that this could result in a different contract being negotiated, possibly one that has fewer financial risks.

The Committee discussed the Out of Area Treatments (OATS) being the largest cost pressure for the Trust. Ms Copeland informed the Committee that the Trust had been working hard to mitigate this cost pressure by implementing a purposeful inpatient admission process on the wards, and the new Crisis Assessment Unit (CAU) offering an in-reach service from the Trust's other intensive community services. The Committee noted the importance of sustaining this success in mitigating this cost pressure.

The Committee **received** the paper and **noted** the Financial Forecast Out-turn for 2015/16.

16/007 **Planning guidance and impact on the plan for 2016/17** (agenda item 7)

Mr Brewin informed the Committee that Mrs Hanwell had provided the attached written report as a preliminary assessment of the financial plan for 2016/17, including an overview on the key points from the 2016/17 national planning guidance. Mr Brewin highlighted the importance of the Trust having a one-year Operational Plan and a five-year Sustainability and Transformation Plan (STP).

Mr Brewin informed the Committee that the national tariff uplift is 1.1% and that this is calculated by assuming cost inflation and an increase in 3.1% received from the CCG, but that the Trust will be subject to an increased CIP national efficiency requirement of 2%. Mr Brewin confirmed that the CCGs (in line with previous years) must plan for a 1% surplus; 1% of their allocation to be spent non-recurrently and 0.5% contingency. However in order to "insulate" against financial risk the 1% non-recurrent funding must be uncommitted at the start of 2016/17 which could have implications for provider plans at the start of the new financial year.

Mr Brewin informed the Committee that a £2.1billion sustainability and transformation fund had been set aside which will be controlled centrally i.e. not in CCG baselines. During 2016/17 £1.8billion of this is for the sustainability element with the explicit purpose to support bringing the provider sector back into financial balance. Mr Brewin explained that the distribution of this funding will be calculated on a Trust by Trust basis by NHS Improvement. Mr Brewin informed the Committee that the supplementary guidance has also confirmed that all Trusts will be given a specific control total to achieve in their financial plan, irrespective of eligibility for the sustainability fund. Mr Brewin reported that the Trust had been given a control total of £3.2million surplus to contribute to the overall system balance; that this has been calculated from the Trust's surplus at month six which was £2.5million, plus a stretch target of £700,000 which was 0.5% of the Trust's turnover. Ms Copeland informed the Committee that the place-based plan incorporated into the STP for our region is a West Yorkshire wide plan and not a Leeds based one.

The Committee **received** the Planning guidance and a report on the impact on the plan for 2016/17.

16/008	**Early draft financial plan 2016/17** (agenda item 7.1) Mr Brewin reminded the committee that a control total of £3.2million had been allocated to the Trust centrally. Mr Brewin informed the Committee that Mrs Hanwell had undertaken a planning exercise focused on this control total looking at what the Trust may be able to achieve. Mr Brewin noted that it had suggested that the Board proposes a new control total of £1million for inclusion into the Operation Plan which is more achievable. Ms Copeland noted the importance of being open and transparent from the outset with the Trust's plan for achieving our control total and the importance of not being seen by Monitor as underperforming for the financial year by committing to a high control total (£3.2million) that is unachievable from the outset. Mrs Hill outlined that the Board of Directors will be discussing the Trust's control total in greater details at their next meeting on the 28 January 2016. Dr Taylor suggested that following this Board of Directors' meeting and the agreement of the next steps regarding the Trust's control total the Quality Committee also has a duty to review the quality implications associated with this control total, with the Finance and Business Committee to reviewing the financial risks associated with this control total. Mr Brewin informed the Committee that further work is required to finalise the financial plans for 2016/17 and that at draft submission stage based on factors known and a range of assumptions that there is the likelihood of not achieving the NHS Improvement indicative control total of £3.2m. Mr Brewin explained the factors affecting achieving the control total and the Committee supported the suggestion that the Trust's control total is realigned to £1million and felt assured that this surplus should be achievable. The Committee **received** the early draft financial plan 2016/17 and **noted** its contents which would be discussed further at the Trust's Board of Directors' meeting on the 28 January 2016.	**DH**
16/009	**Reference costing for 2014/15 – concluding report (see action log 46)** (agenda item 8.1) Mr Brewin introduced the concluding report and indicated that this report provides a briefing on the 2014/15 reference cost submission and that it builds upon the paper that was previously presented to the Committee on the 23 April 2015. The Committee noted that the Trust's reference cost has increased from the 2013/14 financial year and that this could be a risk going forward in situation where the Trust is looking to tender for services. The Committee discussed the report.	

	It also discussed benchmarking and the importance of the Trust undertaking further developmental work to ensure that it understands what the national benchmark is and what needs to be done to improve the position. Ms Copeland informed the Committee that Mrs Parkinson is exploring this further on a care services level in the Care Services Strategic Management Group. The Committee agreed that the outcome of this work would be discussed further at the Committee meeting on the 21 April 2016.	**DB**
	The Committee **received** and **noted** the Reference costing for 2014/15 concluding report.	
16/010	**Clinical Contracts Update** (agenda 9) Mr Brewin informed the Committee that this report provides an updated assessment of the predicted contract income for 2015/16 and associated contract risks including cost per case trend analysis. Mr Brewin outlined that analysis work had been carried out to look at trends within the Trust. Mr Brewin explained the details of the risks to contract income and the potential impact on business and the financial position. He also explained the impact on the contributions to overhead and the Trust's margin. The committee noted the risks. Ms Copeland offered assurance to the Committee that an Extended Executive Team meeting has been initiated which will provide a Trust-wide stronger focus on performance and that collectively the attendees would agree jointly the actions going forward to address any risks.	
	The Committee agreed the importance of having an oversight of the Trust's income generation and business opportunities which are currently discussed in detail at the Trust's Clinical Income Management Group and agreed that this would be seen at each future Committee meeting.	**DB**
	The Committee **received** and **noted** the Clinical Contracts Update and **agreed** that a further review of this topic would be seen at the Committee meeting on the 21 July 2016.	
16/011	**Proposal regarding the future structure and governance of mHabitat** (agenda item 14) Mrs Betton joined the meeting and presented the proposal regarding the future structure and governance of the mHabitat programme. Mrs Betton indicated that the initial aim of the programme was to scope the potential for digital tools and services to support improved outcomes and experiences for people accessing mental health services, and over the subsequent two years mHabitat has developed into a well-regarded service that had started 'trading' with a range of public and industry partners. She indicated and that it is now forecast that mHabitat has sufficient existing projects in the pipeline to be sustainable and is forecast	

to break even as a minimum from the 2016/17 financial year and onwards.

Mrs Betton informed the Committee that an independent review of mHabitat's current position in the market, stakeholder analysis, and business model was undertaken in November 2015 with the key next steps being to seek legal advice to address key areas of risk and to ensure that the correct corporate structure is adopted. The Committee noted the importance of both the risks and opportunities' being explored further in preparation for the Committee receiving further information about this programme at its meeting on the 21 April 2016, before the business case associated with it is reviewed at the Trust's Board of Directors' meeting.

The Committee noted that they would like to know in greater detail why now is the best time to progress the programme into a separate entity noting that this is not part of the Trust's core business and that the programme should be given freedom to innovate and grow, and for there to be further definition as to the role and expectation in the Board of Directors being part of the programme's newly formed Board.

The Committee **supported** the recommendation of the mHabitat programme taking professional advice on; ownership of intellectual property rights and data, creation of standard contracts, company law and formation of subsidiary company, and insurance requirements, and noted that a further report would come back to the committee meeting.

16/012 **North of England Commercial Procurement Collaborative (CPC) Update Report** (agenda item 12)

Mr Rowley joined the meeting and informed the Committee that the report provides the Trust with a review of an operational performance of the NoECPC current investment plans and national strategic developments impacting on the potential future direction of the NoECPC.

The Committee acknowledge the successes and offered thanks to the NoECPC for the success that had been derived as a result of the partnership with the Trust over the last six years.

Mr Rowley informed the Committee of the future risks and opportunities for the NoECPC. The Committee noted the importance of the opportunity around the NHS supply chain and the merit of discussing this further when additional information was known about this by the NoECPC.

The Committee **received** the Update Report.

16/013	**North of England Commercial Procurement Collaborative legal claim** (agenda item 12.1) The Committee discussed the legal claim, acknowledging the importance of any learning being shared by the NOECPC with the Trust's supplies department. The Committee **noted** the legal claim.	
16/014	**Estates Strategy Update** (agenda 10) Mr Powell informed the Committee that this paper provides an update on the delivery of the Trust's Estate Strategy and sets out the progress and achievements made since the last update in October 2015. Ms Copeland informed the Committee that the revised Estates Strategy will be completed by the end of June 2016. The Committee agreed that the strategy will be considered at the Committee meeting on the 21 July 2016. Mr Powell highlighted that a risk has been raised on the Trust's risk register in respect of the current inflexibility around estate which could be detrimental to supporting the growth opportunities moving forwards. The Committee **received** the update report and **noted** the content.	**MP**
16/015	**Procurement Strategy Update** (agenda item 11) Mr Powell informed the Committee that as part of the update an annual review of performance over the past 12 months had been analysed. Mr Powell indicated that the Procurement Team had managed to make savings of £360,000 Trust-wide which have been delivered from new ways of working set out in the revised Strategy and that plans are underway to increase this saving. He noted that to support this a Contract Manager had been employed to look at how savings can be made through more robust processes across the Trust. Mr Powell highlighted that a key area for action is for staff to use the purchase order system. The Committee suggested that developmental work be undertaken in this area to ensure clarity and simplification of this process to enable staff to become more compliant. The Committee **received** the Procurement Strategy Update and **noted** the content.	

16/016	**Health Informatics Strategy Update** (agenda item 13) Mr Fawcett presented the Health Informatics Strategy and noted in particular that following a recent Board of Directors' workshop it had been agreed that a procurement exercise should be undertaken to review the primary clinical system used by the Trust. Mr Fawcett indicated that when developed the business case would be seen by the Executive Team meeting. The Committee discussed the importance of engaging with stakeholders and clinical staff in preparation for this procurement exercise to outline the specific requirements. The Committee **received** the Health Informatics Strategy Update.	
16/017	**Compliance with the IG Toolkit** (agenda item 13.1) Mr Fawcett informed the Committee that performance against the Toolkit is on track with a 99% compliance rate for clinical coding. Mr Fawcett informed the Committee that the final report will be completed by 31 March 2016 for and will be signed off they the Board in March prior to submission. The Committee **noted** the report and supported the declaration.	
16/018	**Information Governance Group Assurance Report for the meetings held 21 October, 18 November and 16 December** (agenda item 15) The Committee **noted** Information Governance Group Assurance Report.	
16/019	**Health Records policy** (agenda item 16) The Committee **ratified** the Health Records Policy.	
16/020	**Committee Effectiveness** (agenda item 17) Mrs Hill informed the Committee that members and attendees of the Committee will be invited to take part in the Committee Effectiveness Survey for this Committee with results from this Survey being reported at the Committee meeting on the 21 April 2016. The Committee **supported** the plan surrounding Committee Effectiveness.	**CH**

16/021	**Any Other Business** (agenda item 18) The Committee agreed that the Committee meeting on the 21 April 2016 will commence at 12.30pm.

Finance and Business Committee
Action summary
Meeting held 27 January 2016

MINUTE	ACTION	LEAD PERSON
16/008	**Early draft financial plan 2016/17** (agenda item 7.1) Mrs Hill outlined that the Board of Directors will be discussing the Trust's control total in greater details at their next meeting on the 28 January 2016. Dr Taylor suggested that following this Board of Directors' meeting and the agreement of the next steps regarding the Trust's control total the Quality Committee also has a duty to review the quality implications associated with this control total, with the Finance and Business Committee to reviewing the financial risks associated with this control total.	**DH**
16/009	**Reference costing for 2014/15 – concluding report (see action log 46)** (agenda item 8.1) The Committee discussed benchmarking and the importance of the Trust undertaking further developmental work to ensure that it understands what the national benchmark is and what needs to be done to improve the position. Ms Copeland informed the Committee that Mrs Parkinson is exploring this further on a care services level in the Care Services Strategic Management Group. The Committee agreed that the outcome of this work would be discussed further at the Committee meeting on the 21 April 2016.	**DB**
16/010	**Clinical Contracts Update** (agenda 9) The Committee agreed the importance of having an oversight of the Trust's income generation and business opportunities which are currently discussed in detail at the Trust's Clinical Income Management Group and agreed that this would be seen at each future Committee meeting.	**DB**
16/014	**Estates Strategy Update** (agenda 10) Mr Powell informed the Committee that this paper provides an update on the delivery of the Trust's Estate Strategy and sets out the progress and achievements made since the last update in October 2015. Ms Copeland informed the Committee that the revised Estates Strategy will be completed by the end of June 2016. The Committee agreed that the strategy will be considered at the Committee meeting on the 21 July 2016.	**MP**
16/020	**Committee Effectiveness** (agenda item 17) Mrs Hill informed the Committee that members and attendees of the Committee will be invited to take part in the Committee	**CH**

MINUTE	ACTION	LEAD PERSON
	Effectiveness Survey for this Committee with results from this Survey being reported at the Committee meeting on the 21 April 2016.	

Leeds and York Partnership NHS
NHS Foundation Trust

AGENDA ITEM

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LEEDS AND YORK PARTNERSHIP NHS FOUNDATION TRUST

MEETING OF THE BOARD OF DIRECTORS

PAPER TITLE:	Draft minutes of the Council of Governors' from the meeting held the 16 February 2016
DATE OF MEETING:	31 March 2016
LEAD DIRECTOR: (name and title)	Frank Griffiths – Chair of the Trust and Chair of the Council of Governors' meeting
PAPER AUTHOR: (name and title)	Cath Hill – Head of Corporate Governance

CATEGORY OF PAPER (please tick relevant box) ✓ (This will link to the relevant section on the agenda)					
Strategic		Governance		Information	✓

THIS PAPER SUPPORTS THE TRUST'S STRATEGIC GOAL/S (please tick relevant box/s)		✓
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	✓
THIS PAPER SUPPORTS THE TRUST'S STRATEGIC OBJECTIVE/S (please tick relevant box/s)		✓
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 (please tick relevant box/s)		✓
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 DETAILS OF THE PAPER	
Purpose of paper	The Board of Directors has in pace an arrangement whereby it receives copies of the public Council meetings.
What are the key points and key issues the Board needs to focus on	The Board receives the minutes so it can be sighted on the main areas of discussion or concerns raised by the governors.
What is the Board being asked to consider	The main areas of discussion at the meeting were in respect of: • The fraud; governors asked about the controls in place during the period the fraud was perpetrated and received assurances as to the way in which procedures had been strengthened • The graveyard at Menston linked to the old High Royds Hospital, with governors supporting a task group being formed to look at how it can provide better memorial to those buried there • Update on the work around a new name for the Trust • The priorities for the Operational Plan, with governors supporting the proposals • The performance report; complaints report and the lessons learnt report (Steve Wrigley-Howe presented each of these an outlined how the NEDs are discussing these areas and where necessary challenging any areas of poor performance, in particular the administration of the Mental Health Act • The Control Total and a report as to what the Board proposes as a more achievable target • Support for the appointment of Jill Copeland as the Chief Executive
What is the impact on the quality of care	The governors provide valuable insight and contribution to the way in which the Trust's services are provided and the minutes are one way of conveying their views.
What are the benefits and risks for the Trust	No new risks for the Trust were identified within the minutes of the Council of Governors.
What are the resource implications	No new resource implications were identified within the context of the minutes.
Next steps following this paper being presented to the Board	The Council of Governors will receive these minutes for approval and follow up any actions identified.

What are the reputational implications and how will these be addressed	No reputational implications were identified within the minutes.
Do the recommendations in this paper have any impact upon the requirements of the protected groups identified by the Equality Act? * If yes what action has been taken to mitigate this?	No
What public / service user / staff / governor involvement has there been	The Council of Governors has representation from each of these areas.
Previous meetings where this report has been considered (including date)	None

RECOMMENDATION (This report is being provided to the Board for) (please tick relevant box/s): ✓							
Assurance		**Discussion**		**Decision**		**Information only**	✓
Provide details of what you want the Board to do:							
The Board is asked to receive and note the minutes from the Council of Governors meeting.							

*** EQUALITY ACT 2010**

The Trust has a duty under the Equality Act 2010 to have due regard to the need to eliminate unlawful discrimination, advance equality of opportunity and foster good relations between people from different groups. In relation to the issues set out in this paper, consideration has been given to the impact that the recommendations might have on these requirements and on the nine protected groups identified by the Act (age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion and belief, gender and sexual orientation).

LEEDS AND YORK PARTNERSHIP NHS FOUNDATION TRUST

Minutes of the Public Meeting of the Council of Governors held on Tuesday 16 February 2016, in Room 10, The Met Hotel, King Street, Leeds, LS1 2HQ

PRESENT:	
Frank Griffiths – Chair of the Trust (Chair of the meeting)	
Public Governors	**Staff Governors**
Philip Jones	Dominik Klinikowski
Jo Sharpe	Andrew Johnson
Steve Howarth	
	Appointed Governors
Carer Governors	Cllr Helen Douglas
Andy Bottomley	Colin Clark
Alan Procter	Carol-Ann Reed
Julia Raven	
Service User Governors	
Claire Woodham (Lead Governor)	
IN ATTENDANCE:	
Dawn Hanwell, Chief Financial Officer and Deputy Interim Chief Executive	
Anthony Deery, Director of Nursing	
Lynn Parkinson, Interim Chief Operating Officer	
Margaret Sentamu, Non-executive Director	
Steven Wrigley-Howe, Non-executive Director	
Keith Woodhouse, Non-executive Director	
Cath Hill, Head of Corporate Governance	
Fran Limbert, Governance Assistant (meeting secretariat)	

		Action
16/001	**Welcome and Introductions** (agenda item 1) The Chair opened the public session of the meeting at 14:00, introducing Ms Fran Limbert to the Governors and informing the Council that Ms Limbert had become the Trust's Governance Assistant. Mrs Hill informed the Council that the next meeting of the Council of Governors was due to take place on the 19 May 2016, but that unfortunately the date of this meeting needs to be rescheduled for operational reasons. She indicated that the potential date for this meeting would be the 12 May 2016 with the meeting also now being expected to take place in Leeds as opposed to York. Mrs Hill offered her gratitude to the York Governors for the investment that they make in attending meetings in Leeds, confirming that final meeting details will be circulated in due course. She offered her apologies for this meeting having to be rescheduled.	
16/002	**Apologies** (agenda item 2) Apologies were received from the following Governors: • Ant Hanlon • Maria Trainer • Andy Bottomley • Niccola Swan • Ann Shuter • Ruth Grant • Cllr Josie Jarosz. Mr Griffiths informed the Council that Niccola Swan is recovering well and he offered his best wishes on behalf of the Council.	
16/003	**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.	

16/004	**Opportunity to Receive Comments or Questions from Members of the Public** (agenda item 4) There were no questions from members of the public. Mr John Mason, member of the public, offered his gratitude to the staff based at Trust Headquarters for the support they had provided him over the past twelve years whilst he had been a service user of the Trust.	
16/005	**Minutes of the Public Meeting held on 18 November 2015** (agenda item 5.1) Mrs Hill informed the Council that one amendment had been received which was to record the apologies of Mrs Raven.	
	The minutes of the public Council of Governors' meeting held on 18 November 2015 were **agreed** as an accurate record subject to the requested amendment.	
16/006	**Cumulative actions outstanding from previous Council of Governors' meetings** (agenda item 7) The Chair advised the Council that the report was there for information. Mrs Hill informed the Council that log number 76 will be discussed further at a future Council meeting.	
	The Council of Governors **noted** the actions outstanding from previous meetings and was **assured** of progress.	
16/007	**Chair's Report** (agenda item 8) Mr Griffiths presented the Chair's Report and informed the Council of three resignations that had been received from Governors, those of Ms Becky Oxley, Mr James Morgan, and Mr Richard Brown.	

	Mr Griffiths offered his gratitude to the three individuals for the contributions that they had made to date and he wished them well for their future endeavours. Mr Griffiths directed the Council to the NHS fraud case report by Ms Jill Copeland, Interim Chief Executive, which had been tabled at the meeting. Mr Griffiths offered his gratitude to staff who had been involved with the case and who had assisted in the pursuit of this case. Mr Griffiths informed the Council that he and Mrs Susan Tyler, Director of Workforce Development had presented a full report on this case to the Board of Directors on the 28 January 2016. Mr Griffiths offered assurance to the Council that the wrong-doing had been exposed fully and that the Trust's Audit Committee was monitoring an internal audit on the issues that arose from this and that the Committee is continuing to explore the lessons learnt within the Trust to seek further assurance. Mr Griffiths informed the Council that the Crown Court is seeking to recover NHS monies by reviewing the assets owned by the perpetrators. Mr Jones asked what controls were in place at the time of the fraud in relation to management and supervision of the perpetrator during his time employed at the Trust. Mrs Hanwell provided reassurance to the Council since this case the Trust had begun to examine forensically the systems and procedures that the Trust had in place to minimise the risk associated with this case. Mrs Hanwell informed the Council that this case had taken place over a period of five years and involved the Trust, NHS England, and Leeds Community Healthcare Trust. Mrs Hanwell informed the Council that at the time of this case there were control weaknesses within financial structures but these had since been eliminated by the Trust developing clear financial instructions for staff to follow. Mr Griffiths informed the Council that in Menston there is a graveyard for 2,861 people who died between 1890 and 1969. He informed the Council that the grave is two flat fields with one plaque explaining that these people were ex-patients of High Royds Hospital. The Council discussed the graveyard and agreed to start a working group to campaign to have this suitably recognised as a place where people were buried who had once attended High Royds Hospital and a place where the family members and friends of	

	these people could attend to recognise the life that had passed. The Council suggested that once this place had been developed appropriately then potentially an annual event could be held as a mark of respect for these people. It was supported as a good way forward and suggested that Ms Tricia Thorpe, Time to Change Development Officer, should be invited to take part in this group. Mr Howarth informed the Council that there is 'friends of the cemetery' and that open days that take place during the year. Ms Sharpe, Ms Woodham, and Mr Jones agreed to be part of this group.	
	The Council **received** the Chair's Report and **noted** the contents discussed.	
16/008	**Matters arising** (agenda item 6.1) The Chair introduced Mr Oliver Tipper, Head of Communications, to the Council who attended the meeting to provide an update on the proposed change of name for the Trust. Mr Tipper informed the Council that this paper provides an update of what had taken place since the last Council meeting in relation to the Trust consulting with its stakeholders about the proposed name change, and also with key members of staff on the implications and cost of the proposed name change. Mr Tipper informed the Council that the consultation exercise had now concluded and that the Trust had received responses from over 600 individuals. Mr Tipper informed the Council that he had been working with NHS Identity part of the Department of Health who advise on matters of naming and branding of NHS Trusts. He also noted that the results of the consultation were currently being analysed by him and that the Trust had commissioned an internal Task and Finish Group to scrutinise the impact assessment both financially and in terms of staff resource required in respect of a name change. Mr Tipper informed the Council that the Board of Directors would discuss the results of the consultation further on the 31 March 2016. The Council noted that one recommendation noted by NHS Identity is that further work should be undertaken to ensure local accountability is taken into consideration. The Council noted this recommendation and that the Trust is potentially involved in a merger with Leeds Community Healthcare and the implications that this could have in relation to the change of name for the Trust. The Council noted that the Board of Directors will need to be mindful of the impact of the financial resource, people resource, recommendations from NHS	

	Identity, and the potential merger when discussing this further on the 31 March 2016.	
	The Council of Governors **noted** the update and was **assured** it would be advised of any developments following the Board of Directors meeting on the 31 March 2016.	
16/009	**Strategic and operational planning** (agenda item 9) Mrs Parkinson informed the Council that 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. Mrs Parkinson advised the Council that the three priorities are proposed for delivery in 2016, they are: 1. Support and engage staff to improve people's health and lives 2. Meet Care Quality Commission (CQC) fundamental standards and improve quality through learning 3. Work with partners to develop a clear plan for the Trust's future direction. Mrs Parkinson informed the Council of the new requirements from this planning guidance which are to produce a one-year organisational based Operational Plan for this period, and to produce a five-year place based Sustainability and Transformation Plan (STP). Mrs Parkinson informed the Council that the Trust is part of a West Yorkshire based STP but it had been agreed that a Leeds based plan will be created which will feed into the West Yorkshire STP. The Council agreed that this approach could help streamline service users' pathways and provide development for existing service models. Mrs Parkinson informed the Council that the Trust is refreshing its five-year strategy starting in March 2016. The Council discussed the importance of staff engagement being the driving force within each of these priorities. Mrs Parkinson informed the Council that the Trust is committed to allowing staff to feel empowered to lead on the delivery of the Trust's strategic future in an operational manner. Mrs Parkinson informed the Council that ten staff listening events have been planned to help improve engagement with staff and the Trust's senior management team.	

	Mrs Parkinson indicated that the Trust provides 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. Mrs Parkinson indicated that it had been agreed to embrace a two-pronged approach when pursuing its strategic direction, specifically looking at the local, and the broader footprints. The Council felt assured that the Trust is fully committed to maintaining and developing services in this way. Ms Woodham asked what 'activity information' refers to. Mrs Parkinson explained that this is how the services quantify how much activity is delivered against the Trust's Operational Plan. Mrs Parkinson informed the Council of a piece of work that she had been involved with in partnership with Bradford District Care NHS Foundation Trust and South West Yorkshire Partnership NHS Foundation Trust. She noted that this piece of work is in relation to the Vanguard and is specifically based on urgent care looking at current models and approaches and examines what is best practice. Mrs Parkinson informed the Council that this collaborative piece of work is reviewing West Yorkshire urgent care with partnership working with Yorkshire Ambulance Service and West Yorkshire Police. The Council noted that this would allow the Trust to standardise the level of best practice that it offers and potentially provide better care pathways.	
	The Council of Governors **noted** the timescales for the process for delivery of the 2016/17 Operational Plan and the STP. The Council **endorsed** a two-pronged approach for the Trust's strategic direction.	
16/010	**Non-executive director presentation about performance** (agenda item 10) Mr Wrigley-Howe discussed two key Trust issues that the Non-Executive Directors in particular are seeking assurance on currently they are; current vacancy levels, 14 trigger to Board events. Mr Wrigley-Howe informed the Council that the current vacancy levels within the Trust are 10% of the total workforce and that improvement had been made on this issue. Mr Wrigley-Howe informed the Council that a Trust recruitment event took place on the 28 January 2016 where offers of employment were made to 79 people. Mr	

	Wrigley-Howe offered assurance to the Council that progress had been made on this issue and that the Board of Directors receives regular updates on its progress. Mr Wrigley-Howe informed the Council that following the transfer of York services from the Trust to Tees Esk Wear Valleys NHS Foundation Trust (TEVW) a review conducted by TEWV revealed that there were reports of the Mental Health Act (MHA) not being applied correctly to service users. Following this being revealed the Trust conducted an internal audit looking at inpatients who were being detained under the MHA to seek clarification as to whether the matter was being correctly recorded. Mr Wrigley-Howe informed the Council that following this audit 14 service users had been incorrectly detained because the MHA was being documented incorrectly. Mr Wrigley-Howe provided assurance to the Council that the Mental Health Act Committee had reviewed this and had concluded that there were issues with the way the Trust recorded the detentions but that the clinical process surrounding this is clear and robust. The Council noted the importance of advocacy and support being offered to the service users affected. Mr Wrigley-Howe assured the Council that following the audit recommendations were made to remind clinicians about their responsibilities, and that the Board of Directors is sighted on this issue. Mr Wrigley-Howe discussed the Complaints Summary Report and the Council noted that improvements had been made in respect of complaints responses, Mr Wrigley-Howe provided assurance to the Council that the Board of Directors receives regular updates on this matter. Mr Wrigley-Howe informed the Council that the Board had asked for the report to be developed to ensure that it features details of the severity of the individual complaints, and details of what the Trust is doing to deal with each individual complaint. Mr Wrigley-Howe discussed the Trust Incident Review Group (TIRG) Lessons Learnt Report and provided assurance to the Council that Dr Jim Isherwood leads this process in an appropriate manner and that this is an area that the Trust performs well in in terms self-evaluation. Mr Wrigley-Howe informed the Council that each TIRG meeting is thorough and detailed and lessons learnt are applied by the Trust. Mr Wrigley-Howe provided assurance to the Council that the Trust is applying the Sign up to Safety practice thoroughly. The Council thanked Mr Wrigley-Howe for his presentation.	

	The Council of Governors **received** the presentation from Mr Wrigley-Howe about the Trust's performance.	
16/011	**Quarter 3 performance report** (agenda item 10.1) Mr Wrigley-Howe informed the Council that this report provides a summary of the Trust's performance against key quality performance indicators and that the information had been taken from the Integrated Quality and Performance Report at Quarter 3 2015/16. Mr Wrigley-Howe informed the Council that this report provides a high level overview of the Trust's performance data for Quarter 3 2015/16 and that information is presented in line with the Care Quality Commission's five quality domains; safe, caring, effective, responsive, and well led. Mr Klinikowski suggested that on the Y axis of the graphs the measure is stated in a whole number and not with a decimal point. Mr Klinikowski noted that this version is purely data, Mr Griffiths informed Mr Klinikowski that the full report is presented at the public Board of Directors meeting and the papers associated with this can be found on the Trust's website. Mr Procter also noted that this this version is purely data and asked where Governors can submit questions, queries or comments to in relation to this report. Mrs Hill invited all questions, queries and comments to be submitted to her, informing the Council that she would ensure that they are then passed to the relevant Executive Director for their reply. Mr Procter enquired as to whether training for the MHA could be introduced by the Trust. Mr Griffiths presented a question sent in by Ms Grant who asked "With regard to the figures of what had been achieved in relation to staff training is there any indication whether particular teams or staff grades are not achieving appraisals and compulsory training? Also with regard to sickness and absences are there any themes around why levels are still high and what is being done about this to help staff maintain wellness?" Mrs Parkinson offered assurance to the Council by confirming that on a monthly basis ward managers receive a detailed report on compulsory training and appraisal compliance. She outlined that on this report it is possible to identify individuals and teams specifically to review their progress. Mrs Parkinson informed the Council that the Executive Team are currently undertaking analytical work to review	

	this further. Mrs Parkinson assured the Council that ward managers also receive a monthly report on sickness and absence and that the Board of Directors looks at common themes identified and thinks innovatively on how to address these on a Trust-wide basis. Mr Johnson sought assurance from Mr Deery that the matter of theMHA being applied incorrectly was administration errors and not clinical decisions. Mr Deery provided assurance to the Council that the errors were administration based, one example of this is where documentation found was a photocopy and not an original document as dictated by the MHA, because of this the service user involved had to be discharged and then reassessed as the MHA was not being applied correctly. Mr Procter informed the Council that nationally changes have been made to the benefits system and enquired whether the Trust committee is monitoring these changes and the effect that they may have on service users. Mr Griffiths replied to confirm that the Trust does not monitor this but expects that clinical staff are having effective dialogues with other agencies who do manage this across the district of Leeds.	
	The Council of Governors **received** the Quarter 3 performance report and **noted** its contents.	
16/012	**Complaints report** (agenda item 10.2) Mr Wrigley-Howe informed the Council that this report provides activity and performance information about complaints and PALS for December 2015. The Council noted that in this period five complaint responses were overdue; Learning to Improve Group had been established within the Trust; the Quality Committee receives a report bi-annually on trends and themes that had been identified and the lessons learnt; and a recent internal audit of the complaints procedure reported significant assurance. Ms Woodham informed the Council that she had met with Mrs Alison Kenyon, Associate Director for Leeds Mental Health Care Group, November 2015 to discuss issues previously reported on culture of staff within the Trust. Ms Woodham noted that 33% of complaints relate to staff attitude and suggested that further work should be done by the Trust to evaluate this. She informed the Council that she had plans to meet again with Mrs Kenyon to review the progress	

	that had been made and invited Mr Deery and Ms Copeland to attend this meeting should they wish to do so. Mr Griffiths presented a question on behalf of Ms Grant who noted the "Comments made on page 4 of the report about staff attitude had raised some concern and I would like to know whether these complaints are about different individuals or teams and how this is being addressed." Mr Deery assured the Council that the complaints had been raised with the individual's line managers. Mr Deery agreed to provide a report on progress made at the Council of Governors meeting on the 12 May 2016.	**AD**
	The Council of Governors **received** the Complaints report and **noted** its contents.	
16/013	**Trust Incident Review Group (TIRG), Lessons Learnt Report** (agenda item 10.3) Mr Wrigley-Howe informed the Council that the TIRG meets monthly to review investigation reports and ensure that all serious incidents have been investigated thoroughly. He confirmed that the TIRG agrees recommendations and action plans that are relevant and achievable and identifies any patterns or trends of incidents that may require further investigation. Mr Deery assured the Council that the activity of TIRG supports the Trust 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. Ms Woodham enquired as to why there was a delay in TIRG reviewing some cases. Mr Deery explained that due to a capacity issue there was a backlog of cases but that TIRG is now up to date with all investigations and had been since 31 January 2016.	
	The Council of Governors **received** the Trust Incident Review Group, Lessons Learnt Report and felt **assured** that the actions in respect of lessons learnt are being progressed appropriately within the Trust.	
16/014	**Control total** (agenda item 10.4) Mrs Hanwell informed the Council that the Trust was required to submit a draft version of its 2016/17 Operational Plan by 8 February	

	2016 and that the guidance received is more specific and prescriptive this year. Mrs Hanwell informed the Council that the supplementary guidance had also confirmed that all trusts will be given a specific control total to achieve in their financial plan and that this Trust had been given a control total confirmed as £3.2million surplus which would contribute to the overall system balance. She noted that this had been calculated from the Trust's surplus at month six which was £2.5million, plus a stretch target of £700,000 which was 0.5% of the Trust's turnover. Mrs Hanwell informed the Council that she had undertaken a planning exercise focused around the control total and what the Trust may be able to achieve the £3.2million that had been set on behalf of the Trust. Mrs Hanwell had suggested that the Trust proposes a new control total of £1million which had been supported by the Board of Directors on 31 January 2016 noting that they agreed that £3.2million was not a deliverable target in the context of the Trust's recurrent financial position. Mrs Hanwell informed the Council that the Trust had written to Monitor to explain why it does not believe that it can deliver the £3.2million surplus and that the Trust's draft 2016/17 Operational Plan included a £1million surplus. Mrs Hanwell informed the Council that one third of foundation trusts within England had suggested a new control total and that the potential implications of not complying with the set control total are not yet known. Mr Griffiths provided assurance to the Council that upon the Board of Directors reviewing the Trust's proposed control total of £1million they acted on their fiduciary duty and provided a conclusion in the best interest of the Trust. Mr Griffiths informed the Council that the Board of Directors acted in good faith for the Trust's best interest and they believed that the action taken of suggesting an amended control total promoted the best interest of the Trust based on their reasonable investigations of the options presented. The Council noted that the surplus that the Trust had achieved in previous years was derived solely from non-recurrent savings.	
	The Council of Governors **noted** the Financial plan and **supported** the decision made by the Board of Directors to suggest an amended control total.	

16/015	**Support the appointment of Jill Copeland as Interim chief Executive** (agenda item 11) Mr Griffiths informed the Council that this report provides assurance on the process undertaken to appoint an Interim Chief Executive to replace Chris Butler who resigned as Chief Executive on 31 December 2015, and recommends the appointment of Ms Jill Copeland as the Interim Chief Executive of the Trust. Mr Griffiths informed the Council that the responsibility for the appointment or removal of a Trust Chief Executive rests with the Non-Executive Directors and that the approval of the appointment of the Chief Executive is one of the statutory duties of the Council of Governors. Mr Griffiths presented a question on behalf of Ms Grant who gave apologies for the meeting; it was; "Are there any time scales when the selection process will commence for the new chief executive of the Trust? Had there been any interested parties already inquiring about the post?" Mr Griffiths confirmed that the Trust had received interest already about the substantive appointment and he welcomed further interest. He confirmed that the position will be advertised nationally on the 29 February 2016, that Gatenby Sanderson are administering the process on behalf of the Trust, and the appointment process will involve a two-day selection process. Mr Griffiths confirmed that the outcome of this appointment will be reported to the Council of Governors meeting on the 12 May 2016.	
	The Council **supported** the appointment of Jill Copeland as Interim Chief Executive and **noted** the process for a substantive appointment.	
16/016	**Minutes from the Strategy Committee** (agenda item 12) Ms Sharpe presented the minutes from the Strategy Committee meeting that took place on 10 December 2015 noting that the Strategy Committee is a sub-committee of the Council of Governors. Ms Sharpe informed the Council that the Strategy Committee provides an opportunity for Governors to take part in discussions that assists the Trust to set out its strategic vision for the future. She confirmed that it provides an opportunity for Governors to ensure that	

	the views and opinions of their constituents are taken into consideration on the strategic direction of the Trust and that it allows Governors an opportunity to help create and set out the goals and aspirations of the Trust. Ms Sharpe reminded the Council that under the NHS Act 2006 (as amended by the Health and Social Care Act 2012) Governors will be required to carry out a number of statutory duties including; representing the interests of the members of the Trust as a whole and the interests of the public, and holding the non-executive directors, individually and collectively, to account for the performance of the Board. She noted that attending the Strategy Committee meetings provides one way in which the Governors can comply with this duty. Mr Griffiths invited all Governors who are available to attend the Strategy Committee meetings and advised that the date of the next meeting will be circulated to the Council by Ms Limbert.	
	The Council **received** the minutes from the Strategy Committee on the 10 December 2015 for information.	
16/017	**Ratification of the appointment of Lead Governor** (agenda item 13)	
	The Council **agreed** the appointment of Ms Woodham as Lead Governor as recorded by Governor votes at the Council of Governors meeting on the 16 February 2016.	
16/018	**Minutes of the meeting of the Board of Directors held 29 October 2015** (agenda item 14)	
	The Council **noted** and **received** the minutes of the public meeting of the Board of Directors for information.	
16/019	**Membership report** (agenda item 15)	

	The Council **noted** and **received** the membership report for information.	
16/020	**Background paper for new membership campaign: #this is me!** (agenda item 16)	
	The Council **noted** and **received** the background paper for the new membership campaign #this is me! for information.	
16/021	**Any other business** (agenda item 17) Mr Griffiths informed the Council that had he was currently undertaking appraisals with individual Governors and offered gratitude to the Governors that had been involved so far. Mr Griffiths explained that these appraisals are incredibly helpful and revealing on the wide ranging issues that Governors are involved within. Ms Reed informed the Council that for the next Council meeting she is working with Mr Andy Weir, Associate Director for Specialist and Learning Disability Services, to produce a workshop based on the Trust's Learning Disability service. The Council welcomed this workshop noting that awareness of this service should be raised both within the Trust and externally.	
16/022	**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 15:50 and thanked Governors and members of the public for their attendance.		

COUNCIL OF GOVERNORS' ACTION SUMMARY
(PUBLIC MEETING)
Meeting held 16 February 2016

MINUTE	ACTION SUMMARY (PUBLIC MEETING)	LEAD
16/012	**Complaints report** (agenda item 10.2) Mr Griffiths presented a question on behalf of Ms Grant who gave apologies for the meeting; it was; "Comments made on page 4 of the report about staff attitude has raised some concern with me and I would like to know whether these complaints are about different individuals or team and how this is being addressed." Mr Deery assured the Council that the complaints had been raised with the individual's line managers. Mr Deery agreed to provide a report on progress made at the Council of Governors meeting on the 12 May 2016.	**AD**

Leeds and York Partnership NHS
NHS Foundation Trust

AGENDA ITEM

27

LEEDS AND YORK PARTNERSHIP NHS FOUNDATION TRUST

MEETING OF THE BOARD OF DIRECTORS

PAPER TITLE:	Leeds Safeguarding Adults Board - Annual Report 2014/15
DATE OF MEETING:	31 March 2016
LEAD DIRECTOR: (name and title)	Anthony Deery – Director of Nursing, Professions and Quality
PAPER AUTHOR: (name and title)	Leeds Safeguarding Adults Board (LSAB)

CATEGORY OF PAPER (please tick relevant box) ✓ (This will link to the relevant section on the agenda)					
Strategic		Governance		Information	✓

THIS PAPER SUPPORTS THE TRUST'S STRATEGIC GOAL/S (please tick relevant box/s)		✓
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	
THIS PAPER SUPPORTS THE TRUST'S STRATEGIC OBJECTIVE/S (please tick relevant box/s)		✓
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 (please tick relevant box/s)		✓
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 DETAILS OF THE PAPER	
Purpose of paper	The Leeds Safeguarding Adults Board Annual Report 2014/15 provides an overview of the Board's achievements over the last 12 months and its priorities for the year ahead.
What are the key points and key issues the Board needs to focus on	LYPFT contribution to the overall report can be found on page 20. This is taken from our internal 2014/15 annual report. Work is underway towards the 2015/16 report and contributions have been sent to the LSAB.
What is the Board being asked to consider	Board Members have been asked to present the LSAB Annual Report 2014-15 to their executive bodies/board and confirm that this has been undertaken. LYPFT have progressed the work indicated and have contributed to the LSAB strategic priorities for the forthcoming year through attendance at a development day with partners.
What is the impact on the quality of care	This report highlights the Organisation's contribution to partnership arrangements safeguarding adults across the city. This partnership work continues and is evolving as the board matures and becomes more cohesive. The LSAB is aware that partner must be held more to account and is planning some peer audit work to gather further assurance.
What are the benefits and risks for the Trust	This demonstrates assurance that LYPFT works effectively in line with statutory responsibilities to the LSAB.
What are the resource implications	N/A
Next steps following this paper being presented to the Board	The Head of Safeguarding is currently writing this year's annual report and has contributed to the LSAB report for the forthcoming year.
What are the reputational implications and how will these be addressed	N/A
Do the recommendations in this paper have any impact upon the requirements of the protected groups identified by the Equality Act? * If yes what action has been taken to mitigate this?	No
What public / service user / staff / governor involvement has there been	This report highlights the continued support and partnership arrangement LYPFT Executive Lead and safeguarding team have provided to the LSAB.
Previous meetings where this report has been considered (including date)	Trustwide Safeguarding Committee.

Leeds and York Partnership NHS
NHS Foundation Trust

RECOMMENDATION (This report is being provided to the Board for) (please tick relevant box/s): ✓							
Assurance	✓	**Discussion**		**Decision**		**Information only**	✓

Provide details of what you want the Board to do:

The Board is asked to: Receive the report for information.

*** EQUALITY ACT 2010**

The Trust has a duty under the Equality Act 2010 to have due regard to the need to eliminate unlawful discrimination, advance equality of opportunity and foster good relations between people from different groups. In relation to the issues set out in this paper, consideration has been given to the impact that the recommendations might have on these requirements and on the nine protected groups identified by the Act (age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion and belief, gender and sexual orientation).

Leeds Safeguarding Adults Board

ANNUAL **REPORT** 2014 - 15

Foreword

I am pleased to introduce the Leeds Safeguarding Adults Board's Annual Report for 2014/15. This Annual Report provides a summary of our work in Leeds to safeguard adults at risk from abuse and neglect. It also identifies areas where work is still needed and sets out the future priorities of the Board.

Across the city, people are safeguarded from abuse and neglect because of the vigilance of communities looking out for their friends, family and neighbours, and due to the network of partner organisations working together to end abuse and to help people recover from their experiences. This is what we strive to promote as a safeguarding Board in Leeds.

This report will tell you about developments in safeguarding adults in Leeds. Much has been achieved over the last year, but we must never be complacent. During 2014/15 we invited a Local Government Association Peer Review of Safeguarding in Leeds, this has helped us to reflect on our strengths and identify our priorities for the year ahead.

We work as a Board to make Leeds a safer place to live, and I would like to take this opportunity to thank all those individuals and organisations who work with us, tirelessly, to achieve this shared vision for the city.

Ellie Monkhouse
Acting Chair of the Leeds Safeguarding Adults Board

Message from the Director of Adult Social Services and the Executive Member for Health, Wellbeing and Adults

We are both very pleased to have taken up our roles in support of safeguarding adults in recent months, and at such an important time. The Care Act 2014 placed safeguarding adults on a statutory footing from April 2015, providing a great opportunity to review how we can best work together and with our communities to safeguard those at risk of abuse.

As we look forward into 2015/16, we have set ourselves clear objectives for the year that build on our achievements and help us to keep the adult at risk of abuse at the centre of all our work.

There is much to be done, but we have found in Leeds strong working relationships and a wealth of safeguarding knowledge and expertise across all partners, as well as a clear unyielding commitment to reach out to all those in our community, to prevent abuse, and help people bring the experience of abuse to an end.

We look forward to being part of this continued journey towards making Leeds a safe place for everyone.

Cath Roff
Director of Adult Social Services

Councillor Lisa Mulherin
Executive Member for Health, Wellbeing and Adults

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1. Executive Summary

The Leeds Safeguarding Adults Board Annual Report 2014/15 provides an overview of the Board's achievements over the last 12 months and its priorities for the year ahead.

In relation to safeguarding adults, these achievements include:

- Responding to 4951 safeguarding alerts during 2014/15. This is an increase of 32% over the previous year and indicates that there is an increasing awareness of safeguarding adults within the city.

- A Prevention of Abuse campaign that used social media, press releases, radio, leaflet and poster campaigns, to help ensure that more and more people across our city know how to report abuse and have the confidence to do so.

- New initiatives to improve partnership working between agencies. The Front Door Safeguarding Hub has provided new opportunities for closer, more integrated working practices, providing for better coordinated responses to domestic abuse. Think Family approaches, developed with the Leeds Safeguarding Children Board and Safer Leeds Executive have provided an improved framework for practitioners to consider the needs, not just of individuals, but of families as a whole.

- The completion of a Safeguarding Adults Review in relation to a young woman with a learning disability who lived in supported accommodation and had been reportedly harmed during the course of receiving care. Safeguarding Adults Reviews are opportunities to identify learning and improve practice; in this review, learning was achieved about provision of mixed-gender care, the timeliness of case conferences and the involvement of families in that process. All the review recommended actions have now been implemented.

- Developing new West Yorkshire and North Yorkshire Multi-Agency Safeguarding Adults Policy and Procedures in preparation for June 2015. The revised approaches will help us to focus on working towards the adults desired outcomes and to provide more proportionate and individualised responses to the concerns raised.

There has also been significant developments in promoting the safeguards of the Mental Capacity Act, these include the work of Independent Mental Capacity Advocates (IMCAs) and the Deprivation of Liberty Safeguards (DoLS).

- IMCAs provide representation for people who lack mental capacity in relation to certain important decisions. Although Leeds already had the highest use of IMCAs in the country, use of IMCAs increased by 33% during 2014/15. This provides reassurance that those in need of representation are receiving the support they need.

- The Deprivation of Liberty Safeguards (DoLS) are a legal safeguard for adults who lack capacity to consent to care or treatment that deprives them of their liberty. Changes in case law in March 2014 has meant that substantially more people are covered by the Deprivation of Liberty Safeguards (DoLS) than previously. In 2014/15 DoLS was put in place for 1455 people, this is an increase of 2108% on the year before. This has only been possible due to the substantial response taken to plan for and provide for the assessments required.

Looking forward into 2015/16 the Board, informed by its learning from a Local Government Association Peer Review, has set out its Annual Plan for the year ahead focusing on 4 key priorities.

1. **Reduce the risk of abuse within our communities**

   Promoting safe services through providing safeguarding standards for service specifications and commissioning arrangements, and developing multi-agency arrangements to respond to potential risks posed by 'persons in position of trust', such as an employee or volunteer within the course of their duties.

2. **Raise awareness of safeguarding adults and how to report abuse**

   Undertaking targeted approaches to those most in need and developing engagement events, to promote increased awareness of safeguarding adults.

3. **Support adults at risk to end abuse and achieve the changes they want**

   This includes, developing multi-agency guidance and partnership working arrangements, as well as a Learning and Improvement Plan, and a revised approach to managing quality and performance.

4. **Learn from people's experiences to help others**

   Improving how we gather the feedback of people involved in safeguarding adults about their experiences, to inform and develop good practice.

2. Leeds Safeguarding Adults Board 2014/15

The vision of the Leeds Safeguarding Adults Board during 2014/15 was for the city of Leeds to be a place where:

all the citizens of Leeds, irrespective of age, race, gender, culture, religion, disability or sexual orientation live with their rights protected, in safety, free from abuse and the fear of abuse

From 1 April 2015, the Board became a statutory body with specific duties and requirements as set out in the Care Act 2014. However, during the period of this report, the Leeds Safeguarding Adults Board was a voluntary arrangement of statutory and non-statutory organisations, working together to safeguard adults at risk of abuse, and to promote the safeguards of the Mental Capacity Act 2005.

Dr. Paul Kingston has been the Independent Chair during 2014/15, providing for independent perspective, challenge and support to the Board in achieving continuous development. The Board is overseen by the Director of Adult Social Services.

The Board meets every two months. Membership of the Board during 2014/15 is included in Appendix D. The Board's governance arrangements and functions are set out in full within the Board's 'Constitution'. The Board's objectives for the year ahead are set out in its 'Annual Plan'.

All of these documents, together with the minutes of Board meetings are available to everyone on the Board's website: **www.leedssafeguardingadults.org.uk**

3. Making a difference in Leeds

3.1 Safeguarding Adults

Safeguarding alerts

Multi-agency safeguarding adults arrangements work to protect adults with health and social care needs from abuse and neglect. 'Making a safeguarding alert' means reporting concerns to the local authority that an adult is or may be experiencing abuse.

During 2014/15

4951

Safeguarding Alerts

Over the last 3 years

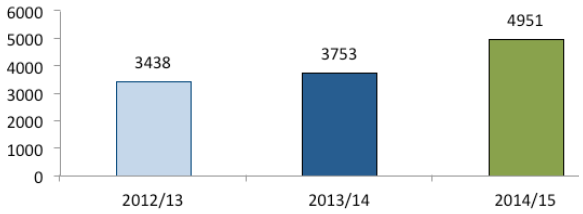

Table 1. Safeguarding Alerts (2012/13-2014/15) (Source: ESCR)

Table 1 shows that over the last 12 months there has been a 32% increase in the number of safeguarding alerts. This suggests an increasing awareness of safeguarding adults throughout the city.

Responses to concerns

When a safeguarding concern is raised, a decision is made as to the most appropriate ways of responding to the concerns. A safeguarding investigation is only one of these possible responses.

- Log details - 32% of alerts
- Safeguarding investigation - 20% of alerts
- Signposting/info/advice - 18% of alerts
- Unscheduled Review - 7% of alerts
- Community Care Assessment - 4% of alerts
- Other responses - 19% of alerts

Table 2. Initial responses to safeguarding alerts (2014/15) (Source: ESCR)

A safeguarding investigation was the initial response in 20% of alerts, and resulted in 940 actual investigations commencing during 2014/15.

Safeguarding Investigations

Investigations are undertaken to establish what has happened and what support is needed to keep the adult or others safe in the future.

During 2014/15	Outcome of investigations
55% Of investigations substantiated abuse	In 55% of occasions, the investigations found that an allegation of abuse or neglect was found to have occurred. Sometimes there is not enough evidence to conclude if abuse has occurred, but actions can often still be taken to protect the person in the future.
97% Of interventions led to the adult being safer	In 97% of occasions, the actions taken to safeguard the person made them safer. Safeguarding supports people in how they choose to live their lives. As a person may decide to live in circumstances that place themselves at risk, the risk might not always be removed.

Case Example, Safeguarding Adults practice

> *"I am safe within my community and the services I access"*

Sarah is able to communicate her basic needs through hand gestures and sounds, and needs assistance with all aspects of her day-to-day care. She lives in a residential service, and needs one-to-one support to undertake activities in her local community.

Sarah's family became concerned when they realised that expensive clothes that were bought for her went missing before they saw them; and when her support workers could not account for the costs of her leisure activities.

A safeguarding investigation was undertaken by Adult Social Care to explore these concerns and to find out what, if any, actions were needed to protect Sarah.

The absence of proper recording and oversight meant that it was impossible to evidence how all of her money had been spent. However, the investigation found clear evidence that some support workers had been taking advantage of their position. For example, Sarah's support workers would use her allowances to plan activities that they would enjoy, and this would include 'meals out' for their benefit.

The support workers were subject to disciplinary procedures and no longer work with Sarah. They were reported to the Disclosure and Barring Service for a decision as to whether they should be banned from working with anyone with care and support needs.

The care service was required to put in place better systems and management oversight to ensure that activities are being undertaken as expected, and to ensure that Sarah's money is spent appropriately. The new arrangements have been monitored by local authority commissioning teams to make sure the required changes have been made.

Sarah and her family are now satisfied that her money is being managed appropriately and that Sarah is able to spend her money as she wishes.

3.2 Getting the message out

The Safeguarding Adults Board wants everyone to know that they can seek help and advice.

Prevention of abuse campaign

To promote awareness and understanding of safeguarding adults the 'Doing nothing is not an option' campaign was launched during July 2014. Aimed at employees, volunteers, service users and the general public, the objectives of the campaign were:

- To raise awareness of safeguarding adults amongst the public, organisations and their employees/volunteers
- To improve confidence and knowledge as to how to report safeguarding adults concerns

The campaign used a range different ways to increase awareness of safeguarding, such as the use of a radio messages, poster campaigns, Facebook, press releases and publications, blogs and Twitter. Evaluation of the campaign was positive with its message having had a significant reach across the city.

For more information about the campaign, see Appendix C.

New publications

New safeguarding leaflets were created to support the prevention of abuse campaign, one aimed at 'members of the public', one aimed at 'staff and volunteers' and an 'easy read' version.

All of these leaflets, as well as posters and safeguarding adults cards, can be obtained by contacting the Safeguarding Adults Partnership Support Unit:

Tel: 0113 224 3511, or
Email:safeguarding.adults@leeds.gov.uk.

3.3 Providing for skilled practitioners

A key focus of the Board's work is to ensure that training is provided that enables staff and volunteers to understand their responsibilities to safeguard adults at risk.

The Board's Training and Workforce Development Framework (2014) provides for 4 levels of training, reflecting the various roles that staff and volunteers may fulfil within the safeguarding adults procedures as outlined below:

Level 1:	Awareness - recognising and responding to abuse
Level 2:	Alerting Manager - when and how to make a safeguarding adults alert
Level 3:	Investigator - how to undertake an investigation into abuse or neglect
Level 4:	Safeguarding Coordinator (and other specialist roles) - 'specialist training for people fulfilling other key roles'

The framework helps provide for consistent content and standards, regardless of the agency that is providing the training.

Level 1 and Level 2 courses are available to voluntary and independent sector organisations free of charge. To attend these courses, contact Adult Social Care: Business Support Centre on Tel: 0113 247 5570 for information about available courses. NHS and other partners will also provide such training for staff and volunteers within their services.

Level 3 and Level 4 courses are aimed at people with more specialist roles within the safeguarding adults procedures. These courses are provided by the Safeguarding Adults Partnership Support Unit. During 2014/15, 730 places were attended across the courses below:

- The Multi-agency Procedures for Professionals
- Planning Safeguarding Investigations
- Investigative Interviews – Structure and Planning
- Investigative Interviews – Skills Workshop
- Gathering and Evaluating Evidence
- Writing the Investigation Officers Report
- Safeguarding Training for Trainers
- Safeguarding Coordinators Update and Review
- Chairing Safeguarding Meetings
- Minuting Safeguarding Meetings
- Institutional Abuse

The Board has been broadening its approach to providing for skilled practitioners for 2015, developing more innovative ways to provide for the needs of different groups of staff. This will include skill-based training, provision of more information and guidance, 'bite-sized' briefings, reflective practice workshops and an annual conference.

For more information about safeguarding adults training courses currently available, please refer to the Board's website: www.leedssafeguardingadults.org.uk

3.4 Working better together

The Board works to find improved ways of working together to support people in our communities to be safe. This included a range of initiatives in 2014/15.

Think Family, Work Family Protocol

The Think Family, Work Family protocol has been produced in partnership between the Safeguarding Children Board, Safeguarding Adults Board and Safer Leeds Executive.

The approach recognises the responsibilities of all practitioners working with adults or children within a family unit, to ensure the needs of all members are recognised and responded to appropriately, particularly where domestic abuse, mental health, learning disability or substance misuse impact on parenting capacity or an individual's safety and welfare.

The Think Family, Work Family approach was launched June 2014, through an Annual Conference organised by the Safeguarding Children's Board. The protocol can be found on the Board's website: www.leedssafeguardingadults.org.uk

Regional approaches to safeguarding adults

During 2014/15 the Leeds Safeguarding Adults Board has been working with Bradford, Calderdale, Kirklees, Wakefield and North Yorkshire to have a shared Multi-Agency Safeguarding Adults Policy and Procedure for West Yorkshire and North Yorkshire.

This new Multi-Agency Safeguarding Adults Policy and Procedure will be introduced in June 2015, with a stronger emphasis on working towards achieving the changes wanted by the adult at risk, and allowing for more individualised responses.

Adopting this regional approach brings together the expertise of each of the Boards, and provides an opportunity to share learning and develop best practice. It also to helps those organisations, such as the police or care providers, that work across the region.

Front Door Safeguarding Hub

The Front Door Safeguarding Hub aims to provide improved responses to domestic violence and abuse. It brings together a range of organisations, such as the Police, Adult Social Care, Children's Services, Housing Services and NHS partners who will work together to identify the best response to the concerns.

Daily partnership meetings focus on high risk cases reported to the police, allowing partners to share relevant information and agree clear action plans relating to victims, perpetrators and children. This approach provides for coordinated responses to the management of risk, and reduces the number of separate contacts for victims of abuse.

The Front Door Safeguarding Hub is currently focused on high risk and medium risk cases of domestic violence reported to the police. The intention is to expand this over time to develop a response to all reported incidents and include referrals from partner agencies.

Case Example, Front Door Safeguarding Hub

"I am confident that professionals will work together and with me to get the best result for me"

During the night the police were called to an incident of domestic violence, where John, an older man had been assaulted in his home by his daughter.

Concerned for his ongoing welfare, the police raised the concerns at the multi-agency partnership meeting the following morning. This allowed partners to share information, assess the risk and agree the best response. A joint approach was agreed. A police officer and a social worker visited John immediately after the meeting.

John declined to talk further about the incident, but his daughter was desperate for support. The incident occurred after drinking alcohol and she was distraught at what she had done. John and his daughter were living in a one bedroom flat, unsuitable for two people. She was trying to support her father with his care needs, whilst struggling to cope with a personal crisis.

The daughter agreed to an assessment by Adult Social Care for support and was put in contact with a number of voluntary organisations that could also provide her with support.

The daughter was also supported to apply for her own flat in the same building so that she could continue to provide John with support, as was his wish, without the strain of living in overcrowded living conditions.

3.5 Learning from practice

A priority for the Safeguarding Adults Board is to learn from cases and situations that challenge us as a multi-agency partnership. The purpose of Safeguarding Adults Reviews is not to investigate abuse, or to apportion blame but rather to provide an opportunity to improve multi-agency working, to share best practice, and learning.

The Board concluded one such review during 2014/15. The review was commenced in 2012, but due to one action taking longer than anticipated to complete, it was not finalised until 2014.

The review concerned a young woman with a learning disability and life limiting condition who lived in supported accommodation. A safeguarding investigation had been held for the young woman in relation to actions of a member of staff, who was alleged to have caused a fracture to her arm whilst attending to her care needs. The allegation was not substantiated; however learning was gained from the Safeguarding Adults Review about how to involve families in decisions about care provision and in the safeguarding process. The review was undertaken with the support and close involvement of the young woman's family. Learning from the review led to a range of improvements in practice that will benefit others in the future. See Appendix B for more information.

A further Safeguarding Adults Review was commenced during 2014. This concerned a person with bariatric healthcare and social care needs. This Safeguarding Adults Review was undertaken to explore whether agencies could have worked more effectively together to manage the many risks that were present in this person's life. The review is due to be concluded early 2015/16.

3.6 Improving quality and performance

The Board continually strives to improve standards of practice and outcomes for people within the safeguarding adults procedures.

During 2015, a particular focus has been on ensuring that safeguarding adults investigations are always used as proportionate response to the concerns raised. Audits of decision making are undertaken, with the learning from these used to support the development of best practice amongst practitioners.

New surveys were also introduced in 2014 to provide people involved in safeguarding adults the opportunity to provide feedback on their experiences. This includes the views of the adult at risk, relatives or unpaid carers, service providers or others attending a Case Conference Meeting.

There is positive feedback that people felt able to give their views at Case Conferences, that they were satisfied with how decisions were made and how such meetings were chaired. However, much of this feedback to date has come from professionals and much more work is needed during 2015/16 to ensure that the opportunity to provide feedback is consistently provided to the adult at risk, and others such as relatives/unpaid carers, about all their experiences of safeguarding adults.

4. Mental Capacity Act safeguards

The Safeguarding Adults Board works to safeguard the rights of people who lack the mental capacity to make decisions for themselves. These rights are set out in the Mental Capacity Act 2005.

The Act is relevant to everyday decisions as well as major decisions about someone's property, financial affairs, health and welfare. The Act requires decisions to be always made in person's best interests.

Each member organisation of the Board promotes awareness and good practice under the Mental Capacity Act within their services, training and through commissioned services.

4.1 Deprivation of Liberty Safeguards (DoLS)

The Deprivation of Liberty Safeguards are legal safeguards that allow for a resident or patient in a care home or hospital, who lacks capacity to consent to their care and treatment, to be deprived of their liberty in order to keep them safe from harm.

In summary, the safeguards ensure:

- that the arrangements are in the person's best interests
- the person is appointed someone to represent them
- the person is given a legal right of appeal over the arrangements
- the arrangements are reviewed and continue for no longer than necessary

It is the role of Leeds Adult Social Care to arrange for assessments to ensure the deprivation of liberty is in the person's best interests.

Figures at a glance

Overview of Deprivation of Liberty Safeguards (DoLS)

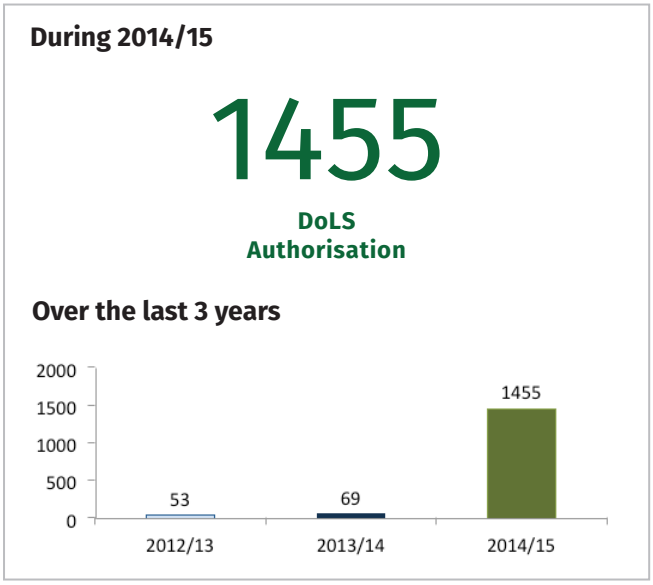

Table 3: Total DoLS Authorisations (2012/13 - 2014/15) (DoLS database)

The test for what circumstances amount to a deprivation of liberty changed in March 2014. The new test says that a person is deprived of their liberty if they are 'not free to leave a hospital or care home' and they are subject to 'continuous supervision and control' in the course of their care or treatment.[1]

This new legal judgment has meant that substantially more people require the protection of the Deprivation of Liberty Safeguards than previously. Table 3 shows that in 2013/14 only 69 people needed these safeguards. This went up to 1455 in 2014/15, this is an increase of 2108%.

DoLS Coordination Service

In Leeds the DoLS Coordination provides a single point of contact for organisations, professionals and the public in relation to DoLS issues.

If someone needs to seek advice, or request an assessment they can contact the DoLS helpline (Tel. 0113 855 2347 - office hours).

For further information about Deprivation of Liberty Safeguards can be found the Safeguarding Adults Board website: www.leedsafeguardingadults.org.uk

[1] P v Cheshire West (2014)

Case Example, DoLS practice

> *"I am confident professionals will work in my interests, and they only get involved as much as needed"*

Neil is in his twenties, he has autism and lives in a residential care home. He lacks the mental capacity to make decisions about where he lives or his care arrangements.

Neil needs support with all his daily living tasks, such as washing, dressing, meals and other activities. He needs supervision at all times to prevent him coming to harm.

It would not be safe for Neil to live without the support he currently receives, or to leave the home unsupervised. For his safety there are key pads on the door to stop him leaving. When Neil does go out he needs two members of staff to prevent him placing himself at risk, by walking into roads, or grabbing or touching members of the public.

The manager of the care home applied for the Deprivation of Liberty Safeguards. Adult Social Care undertook a series of assessments and agreed that the Deprivation of Liberty Safeguards should be put in place.

The benefit for Neil was that there was an independent assessment of his circumstances to check that the arrangements in place were in his best interests, and not more restrictive than they need to be. These arrangements now have to be kept under review and can be legally challenged on Neil's behalf if needed.

Please note, the Deprivation of Liberty Safeguards (DoLS) relate to a person receiving care and treatment within a hospital or care home. They do not apply to a person subject to detention under the Mental Health Act 1983.

4.2 Independent Mental Capacity Advocates (IMCAs)

Independent Mental Capacity Advocates (often called IMCAs) were introduced by the Mental Capacity Act 2005. IMCAs provide a form of advocacy that helps to safeguard the rights of people who lack mental capacity.

The role of the IMCA is to represent the person, helping to ensure that their best interests are met by the decision making process. The IMCA will always be independent of the person making the decision, and may be involved in decisions concerning:

- **Serious Medical Treatment**
- **Change of accommodation**
- **Deprivation of Liberty**
- **Care Reviews**
- **Safeguarding Adults**

In Leeds, Articulate Advocacy provides the IMCA service. The Leeds Safeguarding Adults Board works closely with Articulate Advocacy to promote use of IMCAs to safeguard the rights of people who lack the mental capacity to make important decisions for themselves.

Figures at a glance

Overview of IMCA involvement

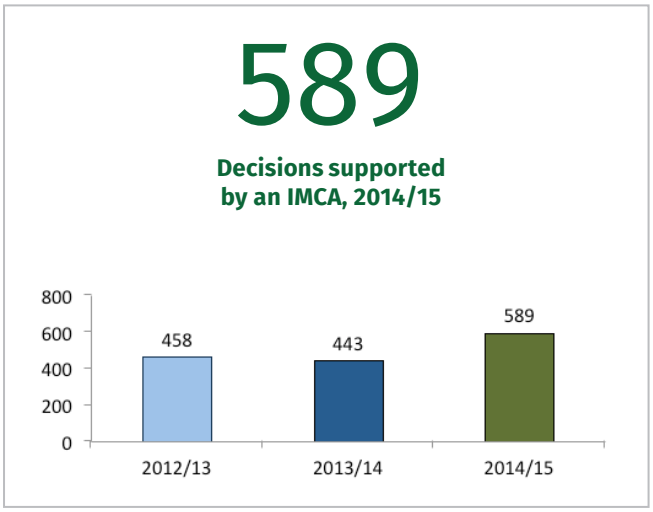

Table 4. IMCA supported decisions, 2012/13-2014/15
(Source: Articulate Advocacy)

Leeds had the highest use of IMCAs in the country in 2013/14.[2] In 2014/15 use of IMCAs continued to increase in Leeds, going up by 33%.

This provides reassurance that the IMCA service is well used in Leeds, helping to ensure that all those people who lack mental capacity are appropriately represented when important decisions are made.

[2]The Seventh Year of the Independent Mental Capacity Advocacy (IMCA) Service: 2013/2014

Case Example, IMCA practice

> *"I am confident that professionals will work together and with me to get the best result for me"*

Sue has long term mental health problems and an acquired brain injury. She lives in supported accommodation, and receives daily support from care workers.

Sue has become much less mobile over time due to a knee problem, and is in need of surgery. Sue was assessed as lacking mental capacity in relation to the procedure, and an IMCA was asked to support and represent Sue.

The IMCA spent time with Sue, to understand her views and wishes, and to understand what she wanted to happen. The IMCA prepared a list of questions to ask on Sue's behalf about the proposed procedure, recovery time, possible alternatives treatments, pain relief and the need for aftercare, such as physiotherapy.

The consultant expressed concern that whilst there were benefits of having the operation, there was also some risks, especially if the physiotherapy was not followed.

The IMCA had taken time to understand Sue wishes and understand the impact of the surgery on her lifestyle and independence. The IMCA was also able to advise on how well Sue had engaged with her treatment in the past.

The support of the IMCA helped the consultant to reach the decision that the surgery was in Sue's best interests. The operation was successful. Sue engaged with her aftercare treatment and was soon walking again and free from the discomfort of the operation.

5. Going Forward

In working to develop and achieve the best possible outcomes for people in Leeds, the Safeguarding Adults Board sought an independent view of safeguarding arrangements in Leeds during 2014/15.

This involved inviting the Local Government Association to undertake a Safeguarding Adults Peer Review in Leeds. A peer review is designed to help a local authority and its partners identify current strengths, and provide challenge where there is the potential to improve.

The Safeguarding Adults Board has used the learning from this review, as well as its own learning and national developments in safeguarding to inform its Annual Plan.

5.1 Annual Plan 2015/16

The Annual Plan sets priorities for the Safeguarding Adults Board and its member organisations for the next year. The full Annual Plan is available on the Leeds Safeguarding Adults Board website: www.leedssafeguardingadults.org.uk.

In summary, the Board's work will focus on four key priorities:

1. Reduce the risk of abuse within our communities
2. Raise awareness of safeguarding adults and how to report abuse
3. Support adults at risk to end abuse and achieve the changes they want
4. Learn from people's experiences to help others

1. Reduce the risk of abuse within our communities

Each year the Board identifies new ways to help reduce the risk of abuse within our communities. During 2015/16 the Board will focus on ensuring promoting safe services for adults with care and support needs.

To help achieve this the Board will develop common safeguarding standards that can be used throughout service specifications and commissioning arrangements that minimise the risk of abuse and ensure services respond appropriately where it does occur.

As part of ensuring the provision of safe services, the Board will ensure there are multi-agency arrangements in place to respond to risk posed by 'persons in position of trust', such as an employee or volunteer within the course of their duties.

In addition the Board will introduce new audit systems, to ensure that partners have appropriate safeguarding arrangements in place and are providing for the development of skilled practitioners.

2. Raise awareness of safeguarding adults and how to report abuse

In support of the aim of reducing the risk of abuse and neglect, the Board wants to continue to raise awareness of safeguarding adults and the help available.

The Safeguarding Adults Board has undertaken significant work during 2014/15 to promote awareness of safeguarding adults and improve confidence as to how to report safeguarding concerns. Building upon this, the Board wishes to develop more targeted approaches to reach those communities most in need, and to hold more engagement forums/events to reach out to more people.

The Board also wants to help people understand when a concern should be considered a safeguarding concern. Sometimes people are unsure whether an incident amounts to 'poor quality care' or abuse or neglect. The Board will review its guidance to help people understand the best way of responding to concerns.

3. Support adults at risk to end abuse and achieve the changes they want

The Board will introduce new multi-agency safeguarding adults policy and procedure for West Yorkshire and North Yorkshire during June 2015. The revised procedures will provide for more tailored responses to people's individual circumstances, and have a stronger focus on supporting the adult at risk achieve the changes they want.

To bring this approach into practice, the Board will develop a Learning and Improvement Plan and develop its approach to performance and quality assurance, setting required practice standards and introducing multi-agency audits to ensure good practice is being achieved.

4. Learn from people's experiences to help others

The Board wishes to keep those involved in safeguarding at the centre of all its work and recognises there is more that it can do.

Surveys have been developed to gather the views of adults at risk and others about their experience of safeguarding adults. However, the Board wishes to review these and make sure they are widely used, so that the learning can inform our training, our procedures and our practice.

The Safeguarding Adults Board has well established procedures for conducting Safeguarding Adults Reviews. These are opportunities to learn how agencies can work better together, to safeguard adults at risk of abuse and neglect. During 2015/16 the Board wishes to review how best to ensure the learning from Safeguarding Adults Reviews, as well other learning, such as from case conferences and multi-agency file audits, is widely shared and leads to improved practice.

Appendix A:
Work of Board Member Organisations

The achievements of the Board result from the joint work of its member organisations. However, whilst each member organisation contributes to the strategic development of safeguarding adults across the city, they also work to promote safeguarding adults within their services, for the benefit of the people who use those services.

The work of Board member organisations to promote safeguarding adults can be extensive and far reaching. The following are just examples of how member organisations have sought to promote safeguarding and improve outcomes for adults at risk.

Leeds Adult Social Care

A key challenge for Leeds Adult Social Care during 2014/15 has been to respond to changes in case law relating to Deprivation of Liberty Safeguards. These changes have meant that substantially more people are entitled to have the protection of these safeguards than before.

In Leeds, comprehensive action plans were devised and an implementation group established to oversee and monitor progress of the changes required. In response to the increases in the number of assessments required, there has been a whole review of the systems and process required to provide for DoLS assessments, alongside an increase in the number of Best Interests Assessors.

Substantial work has been undertaken to work with hospital and care homes to ensure the changes in law, and processes to be followed, have been communicated effectively.

Changes in the law have meant that adults can be deprived of their liberty in domestic settings, such as their own home or in supported tenancies. Authorisation is through the Court of Protection rather than the Deprivation of Liberty Safeguards (DoLS). Adult Social Care have worked to identify all those people potentially affected by this new ruling, and over a thousand adults living within supported living arrangements have been identified, whose circumstances now require applications to the Court of Protection.

Adult Social Care has multi-agency Best Practice Panels that provide practitioners with an opportunity to explore potential responses and interventions in complex cases. The panel includes expertise in areas of safeguarding, risk and mental capacity, and provides advice to allocated social workers and teams on best practice and how to achieve positive outcomes for clients. The Best Practice Panel has been developed during 2014/15 to include a screening function for Court of Protection applications, providing a cost effective approach to putting in place the required legal safeguards.

West Yorkshire Police

The Leeds Police Safeguarding Unit has already completed a signifiant restructure as part of the new Leeds District Policing model and the Force Safeguarding Review. The unit has restructured into a 3 syndicate approach around children, adults at risk, and Serious Sexual Offences (SSO). The syndicates now work between 8am-9pm over 7 days. The aim of this new structure and functionality is to align safeguarding resources closer to front line operational resources, working closely and supporting colleagues in complex investigations. The Unit has recently established a dedicated Domestic Abuse Team to ensure a more consistent and victim focussed approach for victims. The Unit continues to work closely in partnership and to improve operational effectiveness, managers regularly meet to discuss particular cases.

Leeds has already recognised the benefits of partnership working opportunities between the Police, Health and Children's Social Work Service (CSWS) known as the Front Door Safeguarding Hub (FDSH). This function enables early assessment and information sharing but also operational decision making. The work has been expanded to improve the safety and support of victims of domestic violence and abuse. Work has been undertaken to establish a similar function around adults at risk, with specialist Detectives working closely with Adult Social Care around the same principles.

Clinical Commissioning Groups (CCGs)

The Safeguarding Team are based at South and East Leeds Clinical Commissioning Group (CCG) and work across all 3 Leeds CCGs. The prime focus of the team is to support all health services in Leeds to provide high quality safeguarding services to empower and protect patients. Some examples of our work this year include:

- Developing and supporting lead GPs in safeguarding. This means that GP practice staff can quickly access advice and support from the lead GP. Lead GPs receive expert level support and advice from the CCG safeguarding team.
- We have worked with NHS England to develop GP standards for safeguarding. Practices have been asked to self-assess against the standards. The results of this self-assessment have identified good practice and areas for further development in GP practices.
- Working with healthcare providers and other partners to make Think Family Work Family a reality in practice. This approach sets out how services that work with adults and services that work with children can work together better to safeguard children and adults.

- We have taken a lead health role in ensuring that the Domestic Homicide Review process recognises and shares good practice, identifies shortcomings and enables services to work together more effectively to protect people from domestic homicide. An example of this is an increased understanding amongst health practitioners that controlling and coercive behaviours are a risk factor for domestic homicide even when there is no history of violence in the relationship. We have worked particularly closely with NHS England and GP practices to improve recognition of the risk factors and appropriate interventions to reduce the risks.
- A new process to gain assurance from providers that they are effectively safeguarding adults at risk and complying with the Mental Capacity Act. This approach has led to earlier identification of performance issues and increased the awareness of safeguarding performance at senior management levels in NHS Trusts and CCGs.

Leeds Teaching Hospital NHS Trust (LTHT)

Leeds Teaching Hospitals NHS Trust (LTHT) is committed to ensuring that safeguarding is given the highest priority in all that the Trust does. We work closely with partners across the city and beyond because of our regional and national caseload.

This year LTHT has continued to invest in our Trust safeguarding team, providing additional resource, in order to meet the growing safeguarding agenda. We have continued the development of the adult safeguarding adult link nurse role, with now more than 69 nurses across the organisation. This role provides a vital link for our Clinical Service Units, directly into safeguarding and promotes wider learning and enhanced communication. During 2014/15 LTHT has undertaken significant work with the PREVENT agenda. The work has been showcased within the NHS and is to be rolled out across the Yorkshire and Humber region. Following this continued work LTHT has been approached by the Government Home Office to take part in the production of a national film. This is in recognition of the work and developments by the Trust achieved in the work around PREVENT and our multi-agency partnership working.

Despite the complex law and the challenges following the 'Cheshire West' ruling we have been committed in ensuring that Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS) are widely embedded into practice throughout the Trust. We have increased a commitment in training and undertook dedicated work with clinicians in this area. This is increasing awareness for staff throughout the Trust of MCA and DoLS, by ensuring patient's rights are met and promoted.

Leeds Community Healthcare NHS Trust (LCH)

Advice, Support and Guidance for Services and Practitioners

Leeds Community Healthcare safeguarding team offer advice, support and guidance and training to all 66 services. During last year, the team have introduced new guidance in relation to Restraint and Deprivation of Liberty Safeguards (DoLS) as well as One Minute Guides on a range of issues that provide day-to-day practical guidance to practitioners.

The team have sought innovative ways of providing accessible support to teams. This has included 'Lunch and Learn' drop-in sessions for Community Neighbourhood teams, allowing practitioners to bring case studies, scenarios or just have a general conversation about safeguarding, Mental Capacity Act, Deprivation of Liberty Safeguards (DoLS), Dementia, Think Family and Mental Health.

The team also review complaint and incident reports providing additional recommendations as required, and help to identify how the learning from the concern can be introduced into practice.

Health and Justice Operations Group

The Health and Justice Operations Group was set up in July 2014 to look at ensuring all areas within Secure Environments are delivering and embedding the LCH vision and values of Safeguarding Children and Adults. LCH works in partnership with the secure establishment and other partner organisations to promote the well-being of all. The group delivers effective communication, shared learning and feedback in order to safeguard adults and children in their care.

Virtual ward rounds

In 2013 a large scale safeguarding investigation resulted in an improvement plan being put in place in one of the in-patient units. The Named Nurse for Adult Safeguarding worked closely with staff and management to support the completion of the required actions set out in the plan. Support included the delivery of bespoke safeguarding training sessions; clinical supervision; safeguarding development and the supply of safeguarding leaflets.

The Adult Safeguarding team now contribute to a 'virtual ward round' in support of LCH inpatient units, and attend weekly unit meetings providing support, guidance and training in relation to Safeguarding, Mental Capacity Act (MCA) and Deprivation of Liberty Standards (DoLS).

Leeds and York Partnership NHS Foundation Trust (LYPFT)

During 2014/15 Leeds and York Partnership NHS Foundation Trust have worked to support partnership initiatives to safeguard adults at risk within the city. This includes representation with the 'front door safeguarding hub' and 'Claire's Law' panel to support partnership approaches to responding to domestic violence and abuse.

A focus of work has been on ensuring all staff are supported and skilled in responding to concerns about possible abuse and neglect. Mental Capacity Act training has been provided to ensure practitioners are aware of the changes to Deprivation of Liberty Safeguards (DoLS) brought about by 'Cheshire West' ruling. A revised training plan has been developed for safeguarding adults, with a stepped approach that takes into account the various roles undertaken by clinicians, and Health WRAP Prevent training is being rolled out across the trust. In addition, the Trust Safeguarding Team is accessible and provides advice and support for all employees/volunteers where there are concerns about possible abuse and neglect.

LYPFT works across Leeds, North Yorkshire and York Safeguarding Adults Board, and is working to ensure that the implications of the Care Act and revised multi-agency policy and procedures are understood in each of these areas.

West Yorkshire Fire and Rescue Service

Within West Yorkshire Fire and Rescue Service (WYFRS) this year we have introduced an internal peer review audit of all safeguarding alerts that have been raised within our organisation. This process allows WYFRS to identify trends and learning opportunities. This audit has identified key priorities that will be incorporated into future training packages to improve safeguarding outcomes for vulnerable adults.

WYFRS has also embarked on new innovative partnership arrangements to ensure vulnerable adults are safer within their own homes. We have seconded a full time operational member of staff (Watch Commander Paul Metheringham) to Leeds City Council for 12 months. This member of staff will work full time across Adult Social Care and Public Health. The purpose of this post is to share expertise across both organisations and work jointly to identify and reduce the risk of fire for those adults who are at highest risk of being seriously injured or killed in an accidental dwelling fire. This project will include up skilling front line professionals to recognise risk of fire during their routine work and a collaborative approach to managing and reducing risk. This project has been fully endorsed by the Ageing Well Board.

Leeds City Council Housing

Leeds City Council Housing works with commissioned services to ensure that safeguarding adults is embedded in practice.

Mears for example, are commissioned to provide property maintenance services to Leeds City Council. Mears have a nominated safeguarding champion who is part of the wider Leeds City Council safeguarding champions group. The safeguarding champion acts as the point of contact for staff and clients, and is responsible for promoting safeguarding awareness and practice within the organisation using training and briefings.

Being part of the wider safeguarding network supports Mears to review and discuss working practises, identify changes within safeguarding procedures and updates on national incidents. This has included adoption of safeguarding poster campaigns and Mears signing up to the Quality Mark initiative for Domestic Violence & Abuse.

This approach has also led to the adoption of 'a cause for concern' record that is distributed to front line staff to enable them to log concerns and pass them to our dedicated safeguarding champion. 49 concerns have been raised using this approach since being introduced, helping to ensure that concerns are identified and responded to appropriately.

Healthwatch Leeds

The Health and Social Care Act allows local Healthwatch representatives to visit publically funded health and social care services to look at how services are provided, and to talk to service users, their relatives and carers. These are known as Enter and View visits and may be undertaken on premises such as hospital, residential homes, GP practices, dental surgeries, optometrists and pharmacies.

In the autumn of 2014 Healthwatch Leeds undertook Enter and View visits in 12 care homes in Leeds to understand resident's experiences of their care. Enter and view visits are not specifically intended to identify safeguarding issues, but Healthwatch Leeds ensures that staff have guidance in relation to potential safeguarding concerns. Leeds Healthwatch held a strategic Board session in December 2014, which included a workshop on safeguarding, to ensure their organisation, and its staff and volunteers are able recognise and respond to such concerns when they arise.

NHS England

NHS England provides assurance that the local health system, including Clinical Commissioning Groups (CCGs) and designated professionals, are working effectively to safeguard and promote the welfare of children and adults at risk (Safeguarding Vulnerable People Accountability and Assurance Framework, NHS England 2013).

In order to maintain a strong governance framework surrounding safeguarding incidents NHS England Yorkshire and the Humber have developed a Standard Operating Procedure: Safeguarding Incidents, which sets the roles and reporting structures between NHS England and Clinical Commissioning Groups (CCG).

The role NHS England includes ensuring that CCGs are working with their directly commissioned providers to improve services as a result of learning from safeguarding incidents. These services include acute, community, mental health and ambulance care. In Yorkshire and Humber, this includes all GP practices, dental practices, pharmacies, optometrists, health and justice services and a range of public health services. To facilitate learning across services, the NHS England West Yorkshire Safeguarding Forum has met on a quarterly basis throughout 2014-15, and learning has also been shared across GP practices via quarterly Safeguarding Newsletters.

Appendix B:
Learning from Safeguarding Adults Reviews 2014/15

During 2014/15 a Safeguarding Adults Review was concluded for a young woman with a learning disability and life limiting condition who lived in supported accommodation.

A safeguarding investigation had been held for the young woman in relation to actions of a member of staff, who was alleged to have caused a fracture to her arm whilst attending to her care needs.

The purpose of Safeguarding Adults Reviews is not to investigate abuse, or to apportion blame but rather to provide an opportunity to improve multi-agency working, to share best practice and learning. In this case, although the allegation was not substantiated, there was considered to be potential learning for all the agencies involved. The review was undertaken with the support and close involvement of the young woman's family.

Learning from the review led to a range of improvements:

- Development of a Safeguarding Quality Assurance Framework that sets standards and enables the Board to monitor and audit safeguarding performance.
- Introduction of information provision for tenants in supported accommodation about the service's policy regarding cross-gender care provision.
- A substantial project in Leeds City Council Public Health commissioning, enabling commissioners to better identify and support providers of supported accommodation with complex risk situations, including those that involve safeguarding adults and children. This has also provided commissioners with enhanced ability to map and analyse trends.
- NHS Commissioners have assured the Safeguarding Adults Board that routine health checks for adults with complex support needs are being conducted as required in national guidance.
- Adult Social Care has reviewed the means by which it conducts care reviews.
- West Yorkshire Police has used the findings from this review to inform its practice in liaising with family members.

All these developments have now been put in place, helping to ensure improved practice and improved experiences for others in the future.

Appendix C:
Prevention of Abuse Campaign

To promote awareness and understanding of safeguarding adults the 'Doing nothing is not an option' campaign was launched during July 2014. Aimed at employees, volunteers, service users and the general public, the objectives of the campaign were:

- To raise awareness of safeguarding adults amongst the public, organisations and their employees/volunteers
- To improve confidence and knowledge as to how to report safeguarding adults concerns

The campaign used a range of different ways to increase awareness, such as a radio, poster campaigns, Facebook, press releases and publications, blogs and Twitter as described below:

Radio:	Broadcasts from Radio Aire, BBC Radio Leeds, Capital, Sunrise FM and Radio Asian Fever FM in both English and Urdu.
Facebook:	A four-week Facebook advertising campaign reached over 161,000 people, with 2424 people linking through to the Board website.
Press and: publications	Press coverage was carried by a range of publications, including Yorkshire Evening Post, Yorkshire Times, The Professional Magazine, South Leeds Life, City Talking.
Twitter & Bloggs:	Messages on Twitter had a reach of 56,817 during the first week of the campaign. Blogs by the Independent Chair were read on over 150 occasions.
Poster and leaflet campaign	Campaign posters were displayed across city centre locations, such as key railway sites across leads, and the sides of buses. Posters and 1000's of leaflets for both staff and volunteers and the public were distributed to a range of services throughout the city, such as GP surgeries.

Appendix D:
Safeguarding Adults Board Member Organisations

Member Organisations: April 2014 to March 2015
Leeds Adult Social Care
Leeds Clinical Commissioning Groups
Leeds Teaching Hospital NHS Trust
Leeds Community Healthcare NHS Trust
Leeds and York Partnership NHS Foundation Trust
West Yorkshire Police
National Probation Service
West Yorkshire Community Rehabilitation Company
Leeds City Council: Housing
Leeds City Council: Community Safety
Leeds City Council: Public Health
West Yorkshire Fire & Rescue Service
NHS England
Advonet
The Alliance of Service Experts
Voluntary Sector Representatives
Care Quality Commission (CQC)
Crown Prosecution Service (CPS)
Trading Standards Service
Healthwatch Leeds
HMP Leeds & Wealstun
Leeds City Council: Communications
Leeds City Council: Legal Services

Important Contact Details

Leeds Safeguarding Adults Board

How to report abuse:

To report a crime

- In an emergency, contact the police: Tel. 999
- If the person is not in danger now, contact the police: Tel. 101

To report a safeguarding concern:

- Contact Adult Social Care: Tel. 0113 222 4401
- Out of hours: Tel. 0113 240 9536

Not sure what to do?

You can get advice and information:

- Safeguarding Adults Board Advice Line: Tel. 0113 224 3511
  (Office Hours, Mon-Fri)

Deprivation of Liberty Safeguards (DoLS):

Need advice:

- Leeds Deprivation of Liberty Safeguards Helpline:
  Tel: 0113 855 2347 (Office Hours, Mon-Fri)

Need more information:

For more information about Safeguarding Adults, Mental Capacity Act or Deprivation of Liberty Safeguards (DoLS) please go to the Leeds Safeguarding Adults Board website:

- www.leedssafeguardingadults.org.uk

Safeguarding Adults Board. This publication can be provided in large print, Braille and audio please telephone 0113 224 3511.

If you do not speak English and need help in understanding this document, we may be able to provide a translation or an interpreter. Please contact the Safeguarding Adults Partnership Support Unit to see if we can help. Telephone 0113 224 3511.