LEEDS AND YORK PARTNERSHIP NHS FOUNDATION TRUST

PUBLIC MEETING OF THE BOARD OF DIRECTORS
will be held at 15.00 on Thursday 26 January 2017
in Meeting Rooms 5&6, Carriageworks Theatre, The Electric Press, 3 Millennium Square, Leeds LS2 3AD

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** (verbal)	**FG**
2	**Declaration of a change in directors' interests and any conflicts of interest in respect of agenda items** (enclosure)	**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 public meeting held on 27 October 2016** (enclosure)	**FG**
5	**Matters arising**	
6	**Actions outstanding from the public meetings of the Board of Directors** (enclosure)	**CH**
7	**Chief Executive's report** (enclosure)	**SM**
	PART A – QUALITY	
8	**Integrated Quality and Performance Report and quarter 3 monitoring return** (enclosure)	**AD**
9	**Serious untoward incidents update and lessons learnt following the Trust Incident Review Group (TIRG) meeting held on 9 November and 14 December 2016** (enclosure)	**AD**
9.1	**Update on the MA/SA inquest** (verbal)	**AD**
10	**Safe Staffing Report** (enclosure)	**AD**
11	**Complaints Summary Report** (enclosure)	**AD**
12	**Sharing Stories Update Report** (enclosure)	**LP**
	PART B – STRATEGY	
13	**2016/17 Operational Plan implementation report – quarter 3** (enclosure)	**LP**
	PART C – GOVERNANCE	
14	**Verbal report from the Chair of the Audit Committee for the meeting held 12 January 2017** (verbal)	**JT**
14.1	**Minutes of the meeting of the Audit Committee held 26 January 2017** (enclosure)	**JT**
14.2	**Board approval of the revised Terms of Reference for the Audit Committee** (enclosure)	**JT**
15	**Verbal report from the Chair of the Quality Committee for the meeting held 24 January 2017** (verbal)	**JB**

	15.1	**Minutes from the Quality Committee meeting held 11 October 2016 and 15 December 2016** (enclosure)	**JB**
16		**Verbal report from the Chair of the Finance and Business Committee for the meeting held 23 January 2017** (verbal)	**GT**
	16.1	**Minutes of the meeting held 26 October 2017** (enclosure)	**GT**
	16.2	**Board approval of the revised Terms of Reference for the Finance and Business Committee** (enclosure)	**GT**
17		**Verbal report from the Chair of the Mental Health Legislation Committee for the meeting held 7 November 2016** (verbal)	**SWH**
	17.1	**Minutes of Mental Health Legislation Committee meeting held 7 November 2016** (enclosure)	**SWH**
18		**Board approval for the new Senior Independent Director** (enclosure)	**CH**

PART D – FOR INFORMATION

19	**Chair's report** (verbal)	**FG**
20	**LYPFT future Mutually Agreed Resignation Scheme (MARS)** (enclosure)	**ST**
21	**Leeds Safeguarding Children's Board Annual Report** (enclosure)	**AD**
22	**Love Arts Evaluation** (enclosure)	**SM**
23	**Use of the Trust's seal** (verbal)	**FG**
24	**Any other business / any other matter to escalate to the Board** (verbal)	
25	**Opportunity for any further comments/questions from members of the public** (verbal)	

The next PUBLIC meeting of the Board of Directors' meeting will be held on Thursday 30 March 2017 in Training Room 3, Becklin Centre, Alma Street, Leeds LS9 7BE

* 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 2

Declaration of Interests for members of the Board of Directors

Name	Directorships, including Non-executive Directorships, held in private companies or PLCs (with the exception of those of dormant companies).	Ownership, or part-ownership, of private companies, businesses or consultancies likely or possibly seeking to do business with the NHS.	Majority or controlling shareholdings in organisations likely or possibly seeking to do business with the NHS.	A position of authority in a charity or voluntary organisation in the field of health and social care.	Any connection with a voluntary or other organisation contracting for NHS services.	Any substantial or influential connection with an organisation, entity or company considering entering into or having entered into a financial arrangement with the Trust, including but not limited to lenders or banks.	Any other commercial or other interests you wish to declare. This should include political or ministerial appointments (where this is information is already in the public domain – this does not include personal or private information such as membership of political parties or voting preferences)	Declarations made in respect of spouse (where living together) or co-habiting partner / close family member / close friend or associate
EXECUTIVE DIRECTORS								
Sara Munro Chief Executive	None.	None.	None.	None.	None.	None.	None.	None.
Anthony Deery Director of Nursing, Professions and Quality	None.	None.	None.	None.	None.	None.	None.	None.
Dawn Hanwell Chief Financial Officer and Deputy Chief Executive	None.	None.	None.	None.	None.	None.	None.	Director / owner of Whinmoor Marketing Ltd.
Wendy Neil Deputy Medical Director	None.	None.	None.	None.	None.	None.	None.	None
Lynn Parkinson Interim Chief Operating Office	None.	None.	None.	None.	None.	None.	None.	Civil Servant at HMRC.
Susan Tyler Director of Workforce Development	None.	None.	None.	None.	None.	None.	None.	None.

Name	Directorships, including Non-executive Directorships, held in private companies or PLCs (with the exception of those of dormant companies).	Ownership, or part-ownership, of private companies, businesses or consultancies likely or possibly seeking to do business with the NHS.	Majority or controlling shareholdings in organisations likely or possibly seeking to do business with the NHS.	A position of authority in a charity or voluntary organisation in the field of health and social care.	Any connection with a voluntary or other organisation contracting for NHS services.	Any substantial or influential connection with an organisation, entity or company considering entering into or having entered into a financial arrangement with the Trust, including but not limited to lenders or banks.	Any other commercial or other interests you wish to declare. This should include political or ministerial appointments (where this is information is already in the public domain – this does not include personal or private information such as membership of political parties or voting preferences)	Declarations made in respect of spouse (where living together) or co-habiting partner / close family member / close friend or associate
NON-EXECUTIVE DIRECTORS								
Frank Griffiths Non-executive Director	**Chair of IGEN Trust** The charity aims to solve the root causes behind unemployment and help people back to work.	None.	None.	**Mental Health Network Board Member** The Mental Health Network is a network group of the NHS Confederation (the voice for NHS funded mental health and learning disability service providers in England).	None.	**Trustee of Action Zambia** Supports Chainama Hills Hospital, Lusaka with infrastructure support and patient amenities.	None.	Chair of Holocaust Survivors Friendship Association.
Prof John Baker Non-executive director	None.	None.	None.	None.	None.	**Professor of Mental Health Nursing** University of Leeds	None	Cognitive Behavioural Therapist for Pennine Care NHS Trust
Margaret Sentamu Non-executive Director	**Non-executive Director Traidcraft PLC** Fights poverty through trade, practising and promoting approaches to trade that help poor people in developing countries transform their lives.	None.	None.	**President Mildmay International** Pioneering HIV charity delivering quality care and treatment, prevention work, rehabilitation, training and education, and health strengthening in the UK and East Africa.	None.	None.	None.	None.
Julie Tankard Non-executive Director	None.	None.	None.	None.	**Director, Group Contract Management BT PLC** BT is a major IT network company.	None.	None.	None.

Name	Directorships, including Non-executive Directorships, held in private companies or PLCs (with the exception of those of dormant companies).	Ownership, or part-ownership, of private companies, businesses or consultancies likely or possibly seeking to do business with the NHS.	Majority or controlling shareholdings in organisations likely or possibly seeking to do business with the NHS.	A position of authority in a charity or voluntary organisation in the field of health and social care.	Any connection with a voluntary or other organisation contracting for NHS services.	Any substantial or influential connection with an organisation, entity or company considering entering into or having entered into a financial arrangement with the Trust, including but not limited to lenders or banks.	Any other commercial or other interests you wish to declare. This should include political or ministerial appointments (where this is information is already in the public domain – this does not include personal or private information such as membership of political parties or voting preferences)	Declarations made in respect of spouse (where living together) or co-habiting partner / close family member / close friend or associate
Gill Taylor Non-executive Director	None.	None.	None.	**Board member of the Manningham Housing Association** A specialist housing association providing mainly large family accommodation for the diverse minority ethnic communities of Bradford.	None.	None.	None.	None.
Sue White Non-executive Director	**None**	None.	None.	None.	None.	None.	None.	None.
Steven Wrigley-Howe Non-executive Director	**Non-executive Director of the Rehab Group** An independent international group of charities and commercial companies which provides training, employment, health and social care, and commercial services for over 80,000 people each year in Ireland, England, Wales, Scotland and Poland.	None.	None.	**Non-executive Director of the Rehab Group** An independent international group of charities and commercial companies which provides training, employment, health and social care, and commercial services for over 80,000 people each year in Ireland, England, Wales, Scotland and Poland.	None.	None. .	None.	Dentist Humanby Dental Practice.

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

Each director has been checked in accordance with the criteria for fit and proper persons and have completed the necessary self-declaration forms to show that they do not fit within any definition of an "unfit person" as set out in the provider licence, the Health and Social Care Act 2008 Regulated Activities (2014), Regulation 5 or the Trust's constitution; and that there are no other grounds under which I would be ineligible to continue in post.

		Executive Directors						Non-executive Directors						
		SM	**AD**	**DH**	**WN**	**LP**	**ST**	**FG**	**MS**	**JT**	**GT**	**JB**	**SW**	**SWH**
a)	Are they a person who has been adjudged bankrupt or whose estate has been sequestrated and (in either case) have not been discharged?	No	No	No	No	No	No	No	No	No	No	No	No	No
b)	Are they a person who has made a composition or arrangement with, or granted a trust deed for, any creditors and not been discharged in respect of it?	No	No	No	No	No	No	No	No	No	No	No	No	No
c)	Are they a person who within the preceding five years has been convicted of any offence if a sentence of imprisonment (whether suspended or not) for a period of not less than three months (without the option of a fine) being imposed on you?	No	No	No	No	No	No	No	No	No	No	No	No	No
d)	Are they subject to an unexpired disqualification order made under the Company Directors' Disqualification Act 1986?	No	No	No	No	No	No	No	No	No	No	No	No	No
e)	Do they meet all the criteria for being a fit and proper person as defined in the Health and Social Care Act 2008 Regulated Activities (2014), Regulation 5?	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes

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 27 October 2016 in Meeting Room 1&2, Trust Headquarters, 2150 Century Way, Thorpe Park, Leeds, LS15 8ZB

Board Members		Apologies	Voting Members
Prof J Baker	Non-executive Director	✓	✓
Mr A Deery	Director of Nursing		✓
Mr F Griffiths	Chair of the Trust		✓
Mrs D Hanwell	Chief Financial Officer and Deputy Chief Executive		✓
Dr S Munro	Chief Executive		✓
Dr W Neil	Deputy Medical Director		✓
Mrs L Parkinson	Interim Chief Operating Officer		✓
Mrs M Sentamu	Non-executive Director (Deputy Chair of the Trust)	✓	✓
Mrs J Tankard	Non-executive Director		✓
Dr G Taylor	Non-executive Director (Senior Independent Director)		✓
Mrs S Tyler	Director of Workforce Development		✓
Mr K Woodhouse	Non-executive Director		✓
Mr S Wrigley-Howe	Non-executive Director		✓

In attendance

Mrs C Hill	Head of Corporate Governance (secretariat)
Ms R Cooper	Governance Assistant (minutes)
2 members of the public	

		Action
	The Chair opened the public meeting at 14.00 and welcomed members of the Board of Directors and members of the public.	
16/167	**Apologies for absence** (agenda item 1) There were apologies for absence from Mrs Margaret Sentamu, Non-executive Director and Prof John Baker, Non-executive Director.	
16/168	**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 and that no director present at the meeting had declared any conflict of interest in respect of any agenda item to be discussed.	
16/169	**Opportunity to receive comments / questions from members of the public** (agenda item 3) There were no questions from the public.	

16/170	**Minutes of the meeting held on 15 September 2016** (agenda item 4.1)	
	The minutes of the meeting held on 15 September 2016 were **received** and **agreed** as a true record of the meeting.	
16/171	**Matters arising: Sharing Stories (September Board) Update Report** (agenda item 5.1) Mrs Parkinson informed the Committee of the progress made to date having met with a carer (who shared her story at the September Board) to discuss how they would like the issues raised taking forward. It was agreed Louise Bergin, Triangle of Care lead, would contact the individual concerned and invite them to inform the training programme for staff to improve carer experience. To ensure the issues raised at sharing stories session are being picked up as part of the wider development work within the Trust, Mrs Parkinson agreed to meet with Andrew Howorth, Head of Patient Experience, to discuss how this will be taken forward.	**LP**
	The Board **agreed** that there would be a standing item reporting the outcome of issues raised by service users and carers in their stories to the Board.	
16/172	**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 action taken and to be assured of progress. The Board noted that action 207 would now be included as part of the Mental Health Act performance report and presented to the Mental Health Legislation Committee.	
	The Board **received** the actions agreed at previous public meetings that were still outstanding and **noted** progress in regard to these.	
16/173	**Chief Executive's report** (agenda item 7) Dr Munro presented the Chief Executive's report and outlined the activities she had undertaken in her first few weeks in post. In particular she noted those areas that she felt were a priority, including increasing communication	

and support following the administration review; the need to recruit a substantive Medical Director; and the emphasis on partnership working in relation to the development of the West Yorkshire Sustainability and Transformation Programme.

The Board **received** the Chief Executive's report and **noted** the contents.

16/174 **Integrated Quality and Performance (IQP) Report and quarter 2 monitoring return** (agenda item 8)

Mr Deery presented the IQP report for quarter two of 2016/17 and noted that the Trust had met all its NHS Improvement (NHSI) targets to date. He explained that the exception report gives information regarding the position in relation to those targets on which the Board should be sighted, along with the actions being carried out to address any areas of poor performance. Mr Deery explained that from the 1 October 2016 the NHSI Single Oversight Framework (SOF) had replaced the Risk Assessment Framework and that this changes the way in which the Trust reports to NHSI.

He informed the Board that the trajectory for compulsory training had been reduced to 85%. Mr Deery advised the Board that the Trust had looked at its target of 90% against other trusts targets and had also looked at what the CQC expect by way of a target. He indicated that that for a number of legitimate reasons a 90% target was very challenging and advised that by reducing the target to a more realistic target of 85% this had resulted in the Trust now being compliant at 88%.

Mrs Tankard advised the Board that the Audit Committee had asked for a plan to be brought back to the committee which sets out the consequences for staff not completing either their compulsory training or undertaking appraisals. Mrs Tyler responded by saying that there currently exists an option to withhold pay progression for those staff who are not up to date with their compulsory training but suggested that providing support to those team or departments where progress is not being made could be more productive.

Dr Taylor noted that this matter had been discussed by the Board on a number of occasions she noted all the work that had been done in the past, but noted that the committee had asked for ET to consider what more can be done to address low uptake of both compulsory training and appraisals in some areas. Dr Neil noted the need to understand what the barriers are to achieving the targets in particular areas.

Mr Woodhouse expressed the view that there has to come a point where there are consequences. He also noted that those staff not being appraised were not being given the same opportunity as those staff who do have regular appraisals. He supported understanding the mitigating circumstances and address these.

Dr Munro fully supported the reasons why the target had been changed including the level of sickness in the Trust and turnover which impact greatly

on being able to ever achieve the higher target. She also agreed that a supportive approach be taken initially.

Mrs Hanwell presented the financial position noted that the income and expenditure position at quarter 2 was ahead of plan and that the Trust achieved an acceptable financial sustainability risk rating. Mrs Hanwell also advised the Board that Trust is achieving its internal surplus control target and that the STF funding for the firsts two quarters does not need to be returned if the overall total is not reached.

Mrs Hanwell also drew attention the CIP target noting that this was behind plan by 22%, noting that the next two quarters will be even more challenging. Mrs Hanwell noted that this had been discussed by the Finance and Business Committee in some detail. Dr Taylor outlined the discussion that had taken place at the committee, noting that this is a real risk in terms of slippage. She also noted that the committee had asked for ET look at what can be done differently and for there to be transparency in CIP targets that will be met and those that will not.

In regard to savings Mr Woodhouse suggested looking at investing more in IT systems to help improve staff productivity. Mrs Hanwell outlined the trials that have been undertaken to look at digital solutions, but noted that further work needs to be done in regard to OD and behaviours to be able to implement new solutions. Mrs Tankard also suggested looking again at the estate to see where savings can be made. She also highlighted procurement as a place where efficiencies can be made.

The Board discussed at some length the issue of potential savings that could be made. Dr Munro outlined the discussions that had taken place at ET with senior staff in the Trust to look at all the potential savings that can be made.

16/175 **Single Oversight Framework** (agenda item 8.1)

Mrs Hanwell presented a paper which provided the Board with an overview of the 'Single Oversight Framework' (SOF) noting that this had come into effect on 1 October to replace the Monitor Risk Assessment Framework, previously used to regulate governance and financial standing of foundation trusts.

Mrs Hanwell noted that the SOF represents a significantly different approach to regulatory oversight with an emphasis on identifying support requirements to help providers improve where necessary. She noted that overall the segment in which a provider is placed will reflect NHS Involvement's judgement of the seriousness and complexity of the issues it faces. NHSI will base this judgement on information obtained directly from the Trust and from third parties. She noted that the Executive Team is beginning to build up the required relationship with the NHSI regional team, to ensure the Trust is supported if necessary where appropriate and in the context of earned autonomy.

Mr Deery noted that some of the metrics on which the Trust currently reports have been changed, and noted that the national data sets will now be used as a measure and noted the importance of this information being wholly accurate.

The Board **received** an update on the Single Oversight Framework and **noted** the work being undertaken to report against the new regime.

16/176 **Serious untoward incidents update and lessons learnt following the Trust Incident Review Group (TIRG) meetings held on 14 September and 14 October 2016** (agenda item 9)

Mr Deery introduced the report and explained that the backlog of investigations was now being addressed due to the recruitment of two new serious incident investigators. Dr Munro asked Mr Deery about the eight serious incident reports reviewed by the group during the September and October and questioned there having been no contributory factors or root causes identified. Mr Deery noted that there were lots of incidental factors in these cases. He also noted this comment and agreed to reflect on the point made by Dr Munro. **AD**

Mr Wrigley-Howe asked whether the families of those patients who were placed out of area were being supported financially to allow them to make extra journeys to visit in order to help improve their patient experience. Mrs Parkinson assured the Committee that financial support for travel expenses is provided if people are eligible, but agreed to check if the Trust's charitable funds could be routinely used. The Board supported this as a way of appropriately using charitable funds. **LP**

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

16/177 **Safe Staffing Report** (agenda item 10)

Mr Deery introduced the report and noted the significant staffing pressures currently being faced across the services with a particular issue in the forensic services. Mr Deery noted that 60% of services needed to compensate for a reduction in relevant nursing staff available. However, Mr Deery noted that by using the escalation processes services were able to manage the situation safely, but that this had had an effect on patient experience. Mr Deery informed the Board that by encouraging practices such as the proactive use of the e-rostering system it is expected that the number of agency staff would be kept to a minimum.

Mr Woodhouse asked whether pay incentives could be introduced to attract staff into hard-to-recruit-to areas. Mrs Tyler advised that this had already been tried in some areas but with limited impact on recruitment and

retention, and noted that incentives for one group of staff could have a negative impact on other groups of staff. The Board discussed the possible pay incentives that might be offered. Mrs Tankard suggested using one of the Trust's services that is currently finding it hard to recruit, as a test case for trying a new approach. Members of the Board agreed new incentive options need to be considered. Mrs Tyler noted the need to look at this as part of a wider strategy.

The Board **received** the safer staffing report and **noted** the exceptions and reasons for these occurring.

16/178 **Complaints Summary Report** (agenda item 11)

Mr Deery introduced the report noting that this provided activity and performance information in regard to complaints, PALS, compliments and claims during September 2016. He noted that complaints management training for staff had been in place since May 2015 and that the complaints review panel, made up of people with lived experience of mental health services, had been put in place. He noted that changes such as this had led to a drop in the number of complaints that had been re-opened.

Mr Deery reported that there had been a slight increase in the time taken to respond to complaints and that this is in part a capacity issue due to other pressures on staff's time.

The Committee discussed the language used in the report to describe the severity four complaints received in September 2016 and felt there was an inappropriate tone when referring to what had been said by patients and their families. Mr Deery noted this comment. He also agreed to bring back details of how the two complaints rated at severity four had progressed to the next meeting. **AD**

The Board asked about the data on the clinical claims score card and asked for more information to be included in the report including the lessons learnt. Mr Deery then explained the process for claims information feeding into the CLIP report which will highlight any lessons learnt. Dr Munro suggested that a more detailed annual report about the NHSLA claims is presented to the Quality Committee for consideration. **AD**

The Board **received** the complaints summary report and **noted** the progress being made.

16/179 **West Yorkshire Sustainability and Transformation Plan update report (STP)** (agenda item 12)

Mr Griffiths reminded the Board that the STP had been discussed in private earlier in the day. Dr Munro expressed disappointment that this document was not yet in the public domain and noted that the decision for the document to remain confidential at this point had not been made by the Trust. She noted that the STP will soon be made public by NHS England and supported this course of action. She also added that the Trust will continue to be an active partner in the process both in West Yorkshire and Leeds STPs, focusing in particular on delivery of the mental health five year forward view.

The Board **received** and **considered** the information provided in the report.

16/180 **2016/17 Operational Plan implementation report – quarter 2** (agenda item 13)

Mrs Parkinson presented the summary report which highlighted challenges, areas of achievement, strategic risks and overall progress against the Trust's agreed annual priorities.

Mrs Tyler informed the Board that the Trust's intranet will be going live as planned on the 1 November 2016 despite not being fully ready. She noted that it would be beneficial to give staff the opportunity to provide feedback on those areas of the site that should be further developed.

Mr Woodhouse expressed concern that the system will be launched before it is ready and asked why it had not been known until now that it is not fit for purpose. Mrs Tyler defended this position and assured the Board that it is fit for purpose but still has some areas for development and that ET had considered this course of action at length. Members of the Board supported Mr Woodhouse's comments. Mr Griffiths asked the executive team to consider how it proceeds in this matter.

The Board **noted** the progress made against the Operational Plan priorities at the end of quarter two 2016/17; and confirmed that it was **assured** of progress made and that areas where areas of improvement and review have been identified, but asked for there to be further consideration as to how to proceed in regard to the Trust's intranet.

16/181 **Verbal report from the Chair of the Audit Committee for the meeting held 26 October 2016** (agenda item 14)

Mrs Tankard provided a verbal report from the Audit Committee meeting held on 26 October. In particular she advised the Board that the committee had looked at:

- The risk management process with a focus on the Workforce Directorate risk register. She noted that the committee had suggested there being a risk included on the risk register in regard to agile working. Mrs Tyler noted that this will be part of the Workforce Strategy
- The Counter Fraud Annual Report, in particular the draft report in regard to the procurement fraud noting that the final report will be coming back to the Board in January
- The external audit plan, noting Brexit and the potential impact of this on the Trust. Mrs Tankard noted that ET need to consider the impact of Brexit on the organisation, not least the effect on staffing
- The internal audit reports in particular the number and age of some of the outstanding actions, noting that ET had been asked to ensure that the report is reviewed and appropriately updated.

The Board **received** and **noted** the verbal update.

16/182 **Verbal report from the Chair of the Quality Committee for the meeting held 11 October 2016** (agenda item 15)

The Board **noted** that in the absence of Prof Baker there would not be a verbal report from the Chair of the Quality committee.

16/183 **Verbal report from the Chair of the Finance and Business Committee for the meeting held 26 October 2016** (agenda item 16)

Dr Taylor provided a verbal report from the Finance and Business Committee meeting held on 26 October. In particular she advised the Board that the committee had looked at:

- The current quarter 2 financial position including the control total and the impact of achieving this
- The two-year operational plan financial framework
- The North of England Commercial Procurement Collaborative noting that the committee was assured of the exposure to risk.

The Board **received** and **noted** the verbal update.

16/184 **Proposals for the process for Clinical Excellence Awards 2015/16** (agenda item 17)

Mrs Tyler proposed the next process for Clinical Excellence Awards for 2015/16. Mrs Tyler outlined the possible costs and the number of points that can be awarded.

	The Board considered the proposed award process. Mrs Griffiths raised some concerns at the proposed make-up of the panel and suggested how the panel should be constituted. Mrs Tyler noted these changes.
	The Board **considered** and **approved** the 2015/16 award process subject to the award panel membership being reviewed.
16/185	**Board Assurance Framework** (agenda item 18) Dr Munro presented the Board Assurance Framework to the Board noting that this had been bought in order to assure the Board as to its content and the governance processes around the review of the framework.
	The Board **received** the report and was **assured** as to its contents.
16/186	**Emergency Preparedness, Resilience and Response Annual Report** (agenda item 20)
	The Board **received** and **noted** the Emergency Preparedness, Resilience and Response Annual Report.
16/187	**Draft minutes from the Infection Prevention and Control and Medical Devices meeting held 25 August 2016** (agenda item 21)
	The Board **received** and **noted** the minutes of the Infection Prevention and Control and Medical Devices meeting.
16/188	**Safeguarding Adults Board Annual Report** (agenda item 22)
	The Board **received** and **noted** the Safeguarding Adults Board Annual Report.
16/189	**Use of the Trust's seal** (agenda item 23)
	The Board **noted** that the seal had not been used since the last meeting.
16/190	**Any other business** (agenda item 24) There were no items of other business

16/191	**Chair's Report** (agenda item 19) Mr Griffiths noted that this is the last meeting for Mr Woodhouse. He noted the support and challenge that Mr Woodhouse has given to members of the Board, but more so the support he has offered to staff working out in the Trust. Mr Griffiths noted the importance of the challenge he has offered and that this has always been offered in good faith and always in support of improving the service provided to service users. Mr Griffiths thanked Mr Woodhouse for the contribution that he has made to the Trust during the term of office and wished him all the very best for his future endeavours. Mr Woodhouse responded by thanking directors for his time on the Board noting the work that has been done to improve the experience for service users.
16/192	**Further Questions or Comments from the Public** (agenda item 25) 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 15:59 and thanked members of the Board and members of the public for attending.

BOARD OF DIRECTORS' ACTION SUMMARY
(PUBLIC MEETING)
Meeting held Thursday 27 October 2016

FOR INFORMATION ONLY
SEE CUMULATIVE ACTION LOG FOR DETAILED INFORMATION

MINUTE	ACTION SUMMARY (PUBLIC MEETING – PART A)	LEAD DIRECTOR
16/171	**Matters arising: Sharing Stories (September Board) Update Report** (agenda item 5.1) To ensure the issues raised at sharing stories session are being picked up as part of the wider development work within the Trust, Mrs Parkinson agreed to meet with Andrew Howorth, Head of Patient Experience, to discuss how this will be taken forward.	**LP**
16/176	**Serious untoward incidents update and lessons learnt following the Trust Incident Review Group (TIRG) meetings held on 14 September and 14 October 2016** (agenda item 9) Mr Deery introduced the report and explained that the backlog of investigations was now being addressed due to the recruitment of two new serious incident investigators. Dr Munro asked Mr Deery about the eight serious incident reports reviewed by the group during the September and October and questioned there having been no contributory factors or root causes identified. Mr Deery noted that there were lots of incidental factors in these cases. He also noted this comment and agreed to reflect on the point made by Dr Munro. Mr Wrigley-Howe asked whether the families of those patients who were placed out of area were being supported financially to allow them to make extra journeys to visit in order to help improve their patient experience. Mrs Parkinson assured the Committee that financial support for travel expenses is provided if people are eligible, but agreed to check if the Trust's charitable funds could be routinely used. The Board supported this as a way of appropriately using charitable funds.	**AD** **LP**
16/178	**Complaints Summary Report** (agenda item 11) The Committee discussed the language used in the report to describe the severity four complaints received in September 2016 and felt there was an inappropriate tone when referring to what had been said by patients and their families. Mr Deery noted this comment. He also agreed to bring back details of how the two complaints rated at severity four had progressed to the next meeting. The Board asked about the data on the clinical claims score card and asked for more information to be included in the report including the lessons learnt. Mr Deery then explained the process for claims information feeding into the CLIP report which will highlight any lessons learnt. Dr Munro suggested that a more detailed annual report about the NHSLA claims is presented to the Quality Committee for consideration.	**AD** **AD**

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:	26 January 2017
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)							
Quality		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	To advise the Board on those actions agreed at the public Board meetings which are still outstanding and those that have been closed since the last meeting.
What are the key points and key issues the Board needs to focus on	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 and is presented to the Board for assurance on progress.
What is the Board being asked to consider	The Board is being asked to note the progress and to challenge or comment on any area where it is not assured or where further updates can be provided.
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 high quality and responsive care.
What are the benefits and risks for the Trust	The benefit of reporting on agreed actions is the Board is aware of progress and can challenge where it is not assured.
What are the resource implications	None.
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 this report.
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 to this report.

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 public 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
208	**16/125 (July 2016)**	**Serious untoward incidents update and lessons learnt following the Trust Incident Review Group (TIRG) meeting held on the 8 June 2016** (agenda item 8) Dr Taylor noted the recurring themes in the report and asked that progress made against these and their corresponding actions be displayed in the future.	**Anthony Deery**	Management action	The report presented to the Board is being reviewed and this action will be taken account of in the refresh	
216	**16/171 (October 2016)**	**Matters arising: Sharing Stories (September Board) Update Report** (agenda item 5.1) To ensure the issues raised at sharing stories session are being picked up as part of the wider development work within the Trust, Mrs Parkinson agreed to meet with Andrew Howorth, Head of Patient Experience, to discuss how this will be taken forward.	**Lynn Parkinson**	Management Action	This is now a standing item at each Board meeting	

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
217	**16/176 (October 2016)**	**Serious untoward incidents update and lessons learnt following the Trust Incident Review Group (TIRG) meetings held on 14 September and 14 October 2016** (agenda item 9) Dr Munro asked Mr Deery about the eight serious incident reports reviewed by the group during the September and October and questioned there having been no contributory factors or root causes identified. Mr Deery noted that there were a lot of incidental factors in these cases. He also noted this comment and agreed to reflect on the point made by Dr Munro.	**Anthony Deery**	Management Action	COMPLETED	
218	**16/176 (October 2016)**	**Serious untoward incidents update and lessons learnt following the Trust Incident Review Group (TIRG) meetings held on 14 September and 14 October 2016** (agenda item 9) Mr Wrigley-Howe asked whether the families of those patients who were placed out of area were being supported financially to allow them to make extra journeys to visit in order to help improve their patient experience. Mrs Parkinson assured the Committee that financial support for travel expenses is provided if people are eligible, but agreed to check if the Trust's charitable funds could be routinely used.	**Lynn Parkinson**	Management Action	This has been explored and charitable funds will be used for this purpose where needed	
219	**16/178 (October 2016)**	**Complaints Summary Report** (agenda item 11) The Committee discussed the language used in the report to describe the severity four complaints received in September 2016 and felt there was an inappropriate tone when referring to what had been said by patients and their families. Mr Deery noted this comment. He also agreed to bring back details of how the two complaints rated at severity four had progressed to the next meeting.	**Anthony Deery**	January 2017	THE BOARD IS ASKED TO CONSIDER THIS ACTION CLOSE An update on these cases has been included in the report to the January Board	

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
220	**16/178 (October 2016)**	**Complaints Summary Report** (agenda item 11) The Board asked about the data on the clinical claims score card and asked for more information to be included in the report including the lessons learnt. Mr Deery then explained the process for claims information feeding into the CLIP report which will highlight any lessons learnt. Dr Munro suggested that a more detailed annual report about the NHSLA claims is presented to the Quality Committee for consideration.	**Anthony Deery**	Management Action To go onto the Quality Committee forward planning	COMPLETED This has been included in the Quality Committee's forward plan	

AGENDA ITEM
7

LEEDS AND YORK PARTNERSHIP NHS FOUNDATION TRUST

MEETING OF THE BOARD OF DIRECTORS

PAPER TITLE:	Chief Executive's Report
DATE OF MEETING:	26 January 2017
LEAD DIRECTOR: (name and title)	Dr Sara Munro, Chief Executive
PAPER AUTHOR: (name and title)	Dr Sara Munro, Chief Executive

CATEGORY OF PAPER (please tick relevant box) ✓ (This will link to the relevant section on the agenda)							
Quality		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 a report on the initial activities and priorities of the Chief Executive.
What are the key points and key issues the Board needs to focus on	• CQC inspection • Trust strategy • Finance update & quarterly review meeting • Clifton house ward closure • Leeds Mental Health flow • Contracts for 2017-2019 • STPs • Board level recruitment
What is the Board being asked to consider	Agenda item for information only.
What is the impact on the quality of care	• Effective partnership working has the potential to improve efficiency and effectiveness of all health and social acre services delivered • Celebrating the good work of staff improves morale, staff wellbeing and subsequently patient experience.
What are the benefits and risks for the Trust	• Opportunities to improve health and quality of care through delivery of STPs • Executive Team capacity and continuity of leadership.
What are the resource implications	Not known at this stage.
Next steps following this paper being presented to the Board	• Recruitment process for new the Chief Operating Officer • Further consideration of the implications of the STP for the Trust and the wider health economy.
What are the reputational implications and how will these be addressed	No specific reputational issues identified.
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)	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 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).

Leeds and York Partnership NHS
NHS Foundation Trust

Chief Executive Report to the Board – January 2017

The following paper is intended to provide the board with an update on key matters for the Trust and the work of the CEO and executive team.

CQC inspection

Following the comprehensive inspection at Quality summit held on the 8th December 2016 the trust submitted its action plan to the CQC on the 16th December.

We have received some initial feedback from the CQC and are meeting with them to confirm next steps for our action plan and the future inspection process.

On the 24th January Anthony Deery and I are attending the Leeds health scrutiny committee to provide an update on Trust matters and to report on our CQC actions plans.

We are committed to addressing the recommendations in a timely manner such that we progress to a good rating within the next 12 months.

Trust strategy

The majority of the Trust Board took part in a workshop on the 12th January 2017 at which we set out what the Trusts strategic objectives and vision should be for the next 3-5 years. As a specialist provider of mental health and learning disability services we have a significant amount to offer and of which we should be proud. Therefore we need to capitalise on this much more to support our staff to deliver outstanding care they and our service users can be proud of.

I shall present our draft trust strategy to the council of governors in February after which the Board will be asked to formally approve it at the public Board meeting in March 2017.

The Trust strategy will then be delivered through a suite of plans that cover our

- Clinical services
- Quality prioritise
- Workforce and organisational development
- Estates
- IM&T

Finance update

We are currently on track to meet our financial control total for this year as set by NHSI – which is to deliver a £3.1 million surplus. Meeting our control total is important as it means we get around £1 million released back to us from NHS England. It also means we retain a healthy risk rating from our regulator, NHS

Improvement and puts us in a stronger position when we bid for additional transformation monies in the coming months.

For 2017/18, we have accepted a control total of a £3.7 million surplus, which again includes £1 million contribution from NHS England. This is a challenging requirement which we have only agreed to on the basis that we think we can deliver some non-recurrent savings, above the 2% cost improvements we have to make each year.

Our underlying position is break-even – basically every pound of income we get we plan to spend - so we have rejected the surplus control total for 2018/19.

Quarterly Review meeting with NHS Improvement (NHSI)

The first of our quarterly review meetings with NHS Improvement was held on January 11th. The purpose of these meetings is to have meaningful conversations about the current situation of the Trust and how key challenges are addressed.

We are categorised as being in segment 2 of the Single Oversight Framework and the NHSI have no material concerns.

Staffing pressures and temporary ward closure at Clifton House, York.

Like many NHS and social care organisations recruitment is an ongoing challenge. We faced a particular issue in our forensic services in York late 2016 which led to the Board supporting the decision to temporarily close one ward in the short term (Westerdale ward). Our priority was to maintain safe staffing and safe patient care which we have done. Recruitment is now underway to support the reopening of the ward as soon as possible. Given the scale of the recruitment and retention challenges we face in this particular area and based on feedback from different groups of staff the executive team decided to commission and independent learning review at Clifton House. The aim is to understand why we face the challenges we face and therefore ensure we are taking action in all the right areas so that we can have a more sustainable workforce going forward.

Leeds Mental Health Flow – rapid improvement process

Colleagues in the Leeds Care Group have been leading a piece of work to improve patient experience, reduce out of area treatments and save £1.5 million for the local health system.

The Leeds Mental Health Flow aims to deliver radical, system-wide, sustainable change to improve quality of care for patients, improve patient experience and improve the system that supports this.

They held a four day "rapid improvement event" in September 2016 with around 40 clinicians, health workers and managers from across the Leeds health and social care system. The following work streams were established following this first event:

1. Community Mental Health Team criteria
2. Safety Culture
3. Purposeful interventions
4. Variation of Length of Stay

A full report on the outcomes of the first event can be found on our website.

At the 60 day review event in November, latest data on adult admissions, occupied bed days, lengths of stay and out of area treatments was looking really positive. Although it is still too early to draw any definitive conclusions, it looks like out of area placements and bed occupancy levels have improved since we started in September and as we enter 2017 we continue to see significant reductions in out of area acute placements.

Contracts for 2017-2019

We are set to sign the two year contract with NHSE and Leeds commissioners within the next week or so. Leeds commissioners have committed to non-recurrent investment for liaison and memory support workers. NHSE have invested in an additional 2 perinatal mental health beds which are now open and therefore enable us to provide a greater service to new mums.

We submitted our two year operational plan on 23rd December as required by NHSI. We are still awaiting and expecting feedback on our final submission in the coming weeks.

Transformation Bids

The Trust and partners are submitting a bid to NHSE for additional monies to expand our mental health liaison service which is provided within LTHT. It is an invaluable service that brings benefits for patients who present in the acute trust. If successful this would see up to £500,000 additional investment this next financial year. However it is only one year of funding so we are planning with our commissioners how this can be continued in subsequent years to maintain such a valuable service.

West Yorkshire and Harrogate STP

The Trust is a member of the STP and the implications of this are twofold.

We are part of an alliance with Bradford District Care Trust and SWYFT as the three lead providers of mental health and learning disability services in West Yorkshire. We came together to do joint work as part of the acute an urgent care vanguard which has resulted in significant service developments regarding crisis services, street triage, crisis cafes and putting mental health nurses in police control rooms. We are now looking to build on this to see where we can have greater impact on the quality and consistency of care provision across west Yorkshire. Areas we are looking at include CAMHS provision, access to specialist rehab to reduce the number of people that have to go out of area and where we can share supporting functions such as IT/training etc.

More locally we have been working with LCH and primary and social care on the neighbourhood teams projects to develop more integrated services that are tailored to the needs of local populations. This work will continue from the current pilots e.g. in Armley to share the learning across the wider Leeds footprint. We are also working with our commissioners and LCH to look at how we can provide a more integrated pathway of access to mental health support that encompasses primary care, IAPT and community mental health teams.

In our learning disability services we have just completed a review of our community LD offer and are now looking at how we can improve this to meet the changing needs of our services users and communities. We are also members' of the transforming care programme board which is responsible for ensuring there is a plan in place to enable people who have been in specialist placements out of area to come back to Leeds. We need a clear strategic plan for this that supports the current service users in placements but that also serves to reduce the need for people with a learning disability to go into specialist placements which can be disconnected from families and local communities.

Board Level Recruitment

We welcome our new Medical Director, Dr Claire Kenwood, to the Trust on the 1st March. Dr Kenwood joins us from Cumbria Partnership NHS Foundation Trust, where she is currently Associate Medical Director for Quality and a Consultant Psychiatrist in the field of rehabilitation. She is also a Non-Executive Director for Advancing Quality Alliance (AQuA), with particular interests in mental health recovery, service and quality improvement.

We have now advertised for a substantive Chief Operating Officer and on the 20th January the Trust Governors will be interviewing candidates for our new Trust Chair.

Frank Griffiths is retiring from his post on the 31st March after 7 years of outstanding contribution and leadership for our organisation.

Staff Engagement

During October, November and December I held 12 meet the CEO events around Trust locations. This is in addition to service and team visits which are ongoing. Attendance was variable across the different locations and the focus of the sessions was influenced by the nature of the services staff worked in. The two areas that were discussed the most were strategy and leadership and recruitment and retention. There was a spread of comments across communications, IT, estates etc. Staff used the sessions to share their day to day experiences and frustrations which are typical of these kinds of events. However there was also acknowledgement that we need to do more to talk about the good stuff that goes on.

There is a need for much greater clarity about the trust strategy and much better communication to staff to prevent rumours filling the space. We also need to make our governance and decision making systems much clearer for staff. Staff on the whole were very positive about the iLearn systems and changing approach to appraisal however the challenges of recruitment and capacity to support this across all areas were a frequent concern. Unsurprising given the direct impact it has on services and existing staff workload and pressure. There was unanimous support for investing in and improving our IT infrastructure and for doing more to recognise good work and use this to celebrate what we do and in turn become a more attractive employer.

Following on from these events I am looking at how best to maintain an ongoing informal dialogue with staff such as drop in sessions. Once we have the results of

our staff survey we will finalise a set of clear actions to respond to the experiences of our staff to improve staff wellbeing, morale and engagement.

Reasons to be Proud

Congratulations to Caroline Foster, specialist dietitian in our Rehab and Recovery Service, who was highly commended at this year's Yorkshire Evening Post 'Best of Health' Awards in December. Caroline was nominated by a service user in the Mental Health Worker of the Year category, which celebrates those who go the extra mile to help people facing the most difficult times of their lives.

In December we started offering a new out-of-hours Liaison Psychiatry Service for patients at Leeds General Infirmary and St James's University Hospital. The out-of-hours Specialist Practitioner Service offers mental health advice and assessment, and provides a single point of contact for Leeds Teaching Hospitals Trust. Great work getting this off the ground!

Our specialist service for deaf children and young people was given the highest possible rating of outstanding by the Care Quality Commission in their reports published in November 2016. Inspectors were impressed by the range of therapies and treatments delivered by the service and praised team members for tailoring their work to meet the specific communication needs of families. They described staff as "passionate and enthusiastic" and noted that the feedback from young people and carers who used the service, and from partners who work with the team, was "universally positive".

Leeds City Council & Partners' have been shortlisted for the 'Most effective approach to integration and new models of care' award category at the forthcoming Skills for Care Accolades. The awards reward adult social care organisations who deliver high quality care and the winners will be announced at a ceremony in Liverpool on Thursday 9 March 17. In 2015-16 LYPFT participated in a city wide project to develop an integrated Health and Social Care Apprenticeship working collaboratively with Leeds City Council, Leeds Teaching Hospitals NHS Trust, Leeds Community Healthcare and hospices across the city. The innovative project developed an integrated training programme in line with government ambition to establish integrated care and support as standard, developing a flexible workforce of the future with the ability to provide a person centred package of direct care to the people of Leeds.

In addition to supporting the development of the scheme LYPFT provided 13 week placements in the Yorkshire Centre for Psychological Medicine and West Leeds CMHT. The learning and outcomes from this project will inform the Trust's Apprenticeship strategy moving forward in 2017-18.

Dr Sara Munro
Chief Executive
January 2017

AGENDA ITEM
8

LEEDS AND YORK PARTNERSHIP NHS FOUNDATION TRUST

MEETING OF THE BOARD OF DIRECTORS

PAPER TITLE:	Integrated Quality and Performance report Quarter 3 monitoring return
DATE OF MEETING:	26 January 2017
LEAD DIRECTOR: (name and title)	Anthony Deery, Director of Nursing, Professions and Quality
PAPER AUTHOR: (name and title)	Sarah Chilvers, Performance Improvement Manager

CATEGORY OF PAPER (please tick relevant box) ✓ (This will link to the relevant section on the agenda)							
Quality	✓	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 is the Quarter 3 IQP for 2016-17. The exception report at the beginning of the IQP gives further information regarding the targets that have not been met for October to December 2016 and the actions being carried out to address them.
What are the key points and key issues the Board needs to focus on	The Board is asked to note the targets that the Trust has not met this quarter, but to be reassured that actions are in place to address these. Where possible timescales have been added to indicate when achievement may be reached. The Board is also asked to note two new indicators added to the IQP for services delivered through the NHSE contract. These are average waiting time for the Gender Identity service and the the completion of health of the Nation Outcome scores in the CAMHS service. Further detail is given in the Exception report.
What is the Board being asked to consider	The Board is asked to consider the performance against targets and the actions in place where these are not being met.
What is the impact on the quality of care	The purpose of this report is to monitor quality and performance and to report on actions being taken where there could be a detrimental effect on either of these.
What are the benefits and risks for the Trust	The report demonstrates transparency and a willingness to report on performance and to show learning and remedial actions where necessary.
What are the resource implications	None
Next steps following this paper being presented to the Board	The final IQP will be shared with our commissioners, NHSI and published on our website.
What are the reputational implications and how will these be addressed	The reputational implication would arise if we didn't report and publish our performance.
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 is trust generated activity and performance and so service users are not part of its production.

Leeds and York Partnership NHS
NHS Foundation Trust

Previous meetings where this report has been considered (including date)	CSSMG on 18th January 2017.

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 being taken to address the performance targets that are not being met and be assured that there is a robust Governance procedure in place to monitor the performance and quality of the 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).

INTEGRATED QUALITY & PERFORMANCE REPORT – January 2017 (December and Q3 Data)

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

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

Exception Reporting

Remedial Action Plans for the below targets are attached after this exception report.

- Data completeness - Ethnicity Reporting – Target 90% - December performance: 78.0% Q3 performance: 74.8%
- Proportion of patients assigned to a cluster. Target 95% - December performance: 86.00% & Reviewed clusters within timescales. Target 85% - December performance: 68.05%
- Memory Service – Time from referral to Diagnosis (Leeds Contract) – Target 70% - Q3 Performance 40.74
- Timely access to a mental health assessment by the ALPS team in the LTHT Emergency Department (Leeds Contract) – Target 90% December Performance 93.41% Q3 Performance 87.95%
- Waiting times for Community Mental Health Teams for face to face contact within 14 days (Leeds Contract) Target 80% Q3 Performance 76.11%
- Timely Communications with GPs notified in 10 days (Leeds Contract) – Target 80% Q3 Performance 73.83%

Additional Information

- **NEW for IQP! CAMHS - Completion of HoNOSca and GCAS as effective tools for improving outcome on Admission (NHS England)**

  Target 95% December Performance 100%

- **NEW! CAMHS – Completion of HoNOSca and GCAS as effective tools for improving outcome on Discharge (NHS England)**

  Target: 95% December Performance: 92.31%. 12 out of 13 service users were screened via the HoNOS tool on discharge.

Both of these targets are part of the Schedule 4 contract. These are additional targets to give the Board more oversight of the NHS England contract.

- **7 Day Follow up (Single Frame Oversight) -**Target 95% December Performance 92.22% Q3 Performance 95.86%
  There were 6 breaches in December but the quarterly target was met. 3 of these were service user disengagement. The teams made several attempts to contact the service users to no avail. The other 3 were followed up post 7 day target.

- **Appraisals - Target 85% - December/Q3 performance for LYPFT: 83.11%**
  Leeds Care Group 83.43%, Specialist and LD Care Group 84.40% & Corporate Service 80.67%.
  This is currently a task on the CQC action plan

- **The national picture for % in employment / settled accommodation the latest figure published by NHS Digital is for September 2016 final MHSDS submissions:**

  Proportion of people in contact with adult mental health services aged 18-69 on CPA at the end of the Reporting Period in **settled accommodation** = National Performance - 53.7934%, LYPFT December Performance 67.49%, Q3 performance 67.95%.

  Proportion of people in contact with adult mental health services aged 18-69 on CPA at the end of the Reporting Period in **employment** = National Performance - 7.44654%, LYPFT December Performance 11.02%, Q3 Performance 11.41%

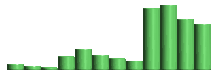
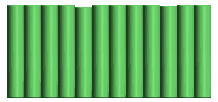
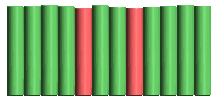
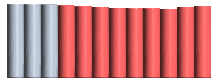
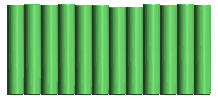
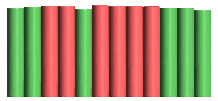
- **NEW! Gender Identity Service Waiting List (NHS England)**
- **NEW! Gender Identity Service Average Waiting Times of First Offered Appointment (NHS England)**

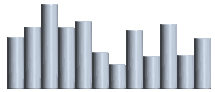
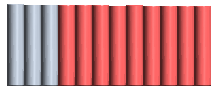
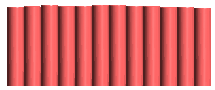
NHS Gender clinics, in conjunction with NHS England, have been working on reducing waiting times and improving services for people accessing gender services. A new service specification for all gender services is currently being developed and will be going out for public consultation in the spring 2017. An outcome from the work completed so far is that gender services will need to report on, and meet, the 18 week RTT. The service is currently working to reduce waiting times and are recruiting and training staff to meet this need following investment from NHS England. The demand for gender services, despite this investment continues to rise.

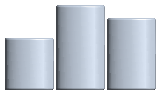
- **Mental Health Safety Thermometer - No agreed target. December performance %** Data not available as the dashboard ownership is in transition from one provider to other. The data has been provided but the dashboards were not updated.

Sarah Chilvers
Performance Improvement Manager

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

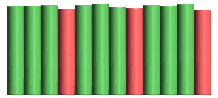
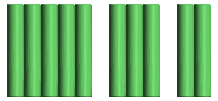
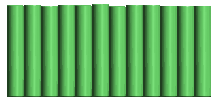
	Dec 2016/2017	2016/2017 Q3	Target	Trend
Delayed Transfers of Care (Previously reported to Monitor, not requested as part of the SOF)	3.0%	3.4%	7.5%	
Admissions to inpatient services had access to crisis resolution / home treatment teams (Single Oversight Framework)	100.00%	99.64%	95.00%	
Care Programme Approach Formal Reviews within 12 months (Previously reported to Monitor, not requested as part of the SOF)	97.12%	97.12%	95.00%	
Data Completeness - Identifiers (Single Oversight Framework)	99.34%	99.42%	97.00%	
Data Completeness - Ethnicity (NHS Standard Contract)	78.06%	74.84%	90.00%	
Data Completeness - Inpatient Ethnicity	97.25%	98.56%	90.00%	
Bed occupancy rates for inpatient services (Leeds Contract)	94.32%	96.06%	94.00% to 98.00%	
Inpatient Length of Stay – Adult Mental Health Inpatient Units Adult Wards (Leeds Contract)	41.63	39.50		
Inpatient Length of Stay – Adult Mental Health Inpatient Units Older People's Wards (Leeds Contract)	66.44	95.11		

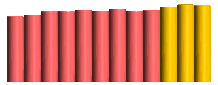
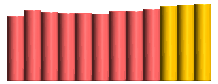
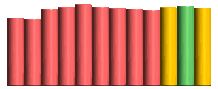
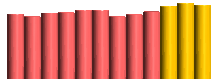
	Dec 2016/2017	2016/2017 Q3	Target	Trend
Inpatient Length of Stay – Adult Mental Health Inpatient Units - <3 days or >90 (Leeds Contract)	11.00	49.00		
Emergency Readmissions within 28 Days - Adult Acute Mental Health Wards (Local)	8.24%	7.75%		
Proportion of in scope patients assigned to a cluster (Leeds Contract)	86.00%	86.00%	95.00%	
Proportion of in scope patients assigned to a cluster and reviewed within recommended timescales (Leeds Contract)	68.09%	68.09%	85.00%	

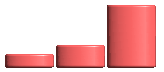
	2016/2017 Q3	Target	Trend
Readmissions to Adult and Older peoples Mental Health In Patient Units - Median days (Leeds Contract)	312.00		
Readmissions to Adult and Older peoples Mental Health In Patient Units - Cumulative (Leeds Contract)	505		
Referral and Receipt of a Diagnosis within LADs Service (Leeds Contract)	70.00%	70.00%	
Percentage of people in settled accommodation (Leeds Contract)	63.38%		
CAMHS use on Admission of HoNOSca and CGAS as effective tools for improving outcomes (NHS England)	100.00%	95.00%	

	2016/2017 Q3	Target	Trend
CAMHS use on Discharge of HoNOSca and CGAS as effective tools for improving outcomes (NHS England)	92.31%	95.00%	

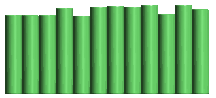
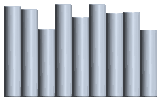
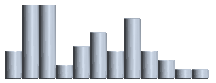
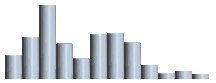
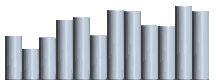
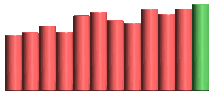
Strategic Goal 2 - People experience safe care

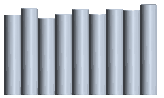
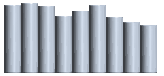
	Dec 2016/2017	2016/2017 Q3	Target	Trend
7 Day Follow Up (Single Oversight Framework)	92.39%	95.90%	95.00%	
Healthcare Associated Infections – C.difficile	0	0	0	
Healthcare Associated Infections – MRSA	0	0	0	
Percentage of people with a Crisis Assessment Summary and formulation plan in place within 24 hours (Leeds Contract)	100.00%	99.47%	95.00%	
Incidents reported within 48 hrs from incident identified as serious (Contract)	100.00%	100.00%	100.00%	
Admissions to adult facilities of patients who are under 16 years old (Single Oversight Framework)	0	0		
Never Events (National)	0	0	0	
Trigger to Board Events (Local)	0	0	0	
NHS Safety Thermometer Harm Free Care	98.54%	98.43%	95.00%	

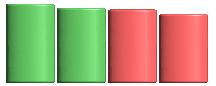
	Dec 2016/2017	2016/2017 Q3	Target	Trend
Appraisals LYPFT	83.11%	83.11%	85.00%	
Appraisals Leeds Care Group	83.43%	83.43%	85.00%	
Appraisals Specialist and LD Care Group	84.40%	84.40%	85.00%	
Appraisals Corporate Services	80.67%	80.67%	85.00%	

	2016/2017 Q3	Target	Trend
Dual Diagnosis Training (Leeds Contract)	84.40%	80.00%	
Increasing awareness of Autism in registered mental health nurses (Leeds Contract)	86.48%	80.00%	
Memory Services – time from Referral to Diagnosis (Leeds Contract)	40.74%	70.00%	
Compulsory Training (Local)	88.22%	85.00%	

Strategic Goal 3 - People have a positive experience of their care and support

	Dec 2016/2017	2016/2017 Q3	Target	Trend
Data Completeness Indicator for Mental Health Outcomes for CPA Patients (Previously reported to Monitor, not requested as part of the SOF)	73.21%	73.90%	50.00%	
Access to Healthcare for People with a Learning Disability (Previously reported to Monitor, not requested as part of the SOF)				
In Employment (Single Oversight Framework)	11.08%	11.45%		
In Settled Accommodation (Single Oversight Framework)	67.28%	67.79%		
Friends and Family Test Likely or Extremely Likely to Recommend	72.73%	86.67%		
Out of Area placements (Leeds Contract)	2.00	8.00		
Out of Area placements by bed days (Leeds Contract)	25.00	90.00		
Timely access to MH assessment under S136 (Leeds Contract)	44.68%	41.76%		
Timely access to a mental health assessment by the ALPs team in the LTHT Emergency Department (Leeds Contract)	93.41%	87.95%	90.00%	

	Dec 2016/2017	2016/2017 Q3	Target	Trend
Gender Identity Service Waiting List (NHS England)	785	785		
Gender Identity Service Average Waiting Time To First Offered Appointment (NHS England)	413.42	456.55		

	2016/2017 Q3	Target	Trend
Waiting times for Community Mental Health Teams for face to face contact within 14 days (Leeds Contract)	76.11%	80.00%	
Waiting Times Access to Memory Services; Referral to first face to face contact within 8 weeks (Leeds Contract)	86.72%	85.00%	
Timely Communication with GPs Notified in 10 days (Leeds Contract)	74.66%	80.00%	

Appendix			
	2016/2017 Q3	Target	Trend
Staff Turnover	12.15%	15.00%	

Controlled Drugs Report– Quarter 3 October 1st to December 31st 2016

The key activities relating to the management of Controlled Drugs performed in Quarter 3 (October to December 2016) were:-

- Quarterly audit of Controlled Drugs held on wards and departments Trust-wide
- Prescription pads security information
- Errors, incidences or occurrences reported through the IR1 system
- Prescribed Controlled Drugs information (analysis of prescribing; quantities and trends)

The findings reported by exception are:-

The following discrepancies were noted:

- Becklin pharmacy 2 x2mg Clonazepam unaccounted for.
- Trustwide 9 nurse signature lists require revalidation
- Mill Lodge, Discharge medication Zopliclone 14 x 7.5mg missing from CD cupboard. Full investigation remains unresolved.
- Rose Ward Clifton investigation into unaccounted for medication: Approximately 2 x Zopidem 10mg, 47 x Lorazepam 1mg, 23 x Zopiclone 3.75mg, 5 x Zopiclone 7.5mg and what appeared to be 56 Codeine Phosphate 30mg were unaccounted for over the course of a month. Full investigation by Security manager, insufficient evidence to resolve the issue. Recommendations put forward by the LSMS to prevent future occurrences to be considered.
- Retreat Pharmacy, York Diazepam 5 mg x 1 tablet unaccounted for, Zopiclone 7.5mg 2 tablets unaccounted for.

Prescription pad security information:

NA

CD Incidents /Errors datix reports:

- **YCPM**: Morphine Sulphate, CD register not consistent with drug chart re dose. Oromorph 4mls down twice on weekly check Patient sent home without Fentanyl lozenges
- **W2Mount:** Buprenorphine patch fallen off patient , unable to locate Buprenorphine patch not administered
- **Mill Lodge:** Calculation error in register re Methylphenidate
- **Pharmacy Mount:** Methylphenidate incorrectly labelled as 20mg , contents 30mg
- **Asket House:** Incorrect recording in register re Morphine Sulphate
- **Cherry Trees:** One entry in CD register not checked
- **Bluebell & Riverfields:** 2 x weekly stock checks not carried out (or not documented)
- **Rose Wd:** Crossing out in CD register, some omissions re dates/times received

Elaine Weston, Chief Pharmacist 9.1.2017

Information Governance Incident Reports & Information Governance Incidents Requiring Investigation Q2

	2014/15	2015/16	Quarter 1 2016/17	Quarter 2 2016/17	Quarter 3 2016/17
Near Miss	75	77	21	19	9
Level 0	12	*	*	*	*
Level 1	8	27	4	11	2
Level 2 (SIRI)	1	9	3	3	8

The 8 x Level 2 (ICO / DoH reportable) incidents in Q3 2016-2017 are as follows:-

- Chronic Fatigue Service – letter to wrong address
- Care Pathways, Sugar Mill – Staff made inappropriate access to brother's records
- Bed Bureau Team – Inappropriate access to patient records
- Crisis Assessment Service – documentation left in loan car returned to garage – contained detailed history of abuse & included sex offender registration
- ENE CMHT – letter to wrong address
- ADHD Service – external documentation lost by service. Includes school psychological evaluations, Special Educational Needs paperwork etc.
- Forensic Wd 3, Newsam – agency nurse dropped paper containing details of every patient on ward including offences (including sexual), MHA Section, found and read by patient on ward
- Wd 5, Becklin – Service user took printouts from printer and read information relating to 2 fellow service users

* Revisions to the HSCIC grading and reporting guidelines have resulted in incidents currently being rated as either Near Miss, Level 1 (non-SIRI, non-reportable) or Level 2 (SIRI, ICO / DoH Reportable) only. For comparison, incidents rated Level 0 in 2014-2015 would now be graded as Level 1.

Board of Directors Performance Report - Medical Revalidation

On 3 December 2012, Medical revalidation was formally launched by the General Medical Council (GMC). It is the process by which all doctors with a licence to practise in the UK will need to satisfy the GMC, at regular intervals that they are fit to practise and should retain their licence. The first cycle of revalidation will take until 2017 to complete.

Year zero	January 2013 to March 2013	1 recommendation made	Recommendation approved
Year one	April 2013 to March 2014	24 recommendations made	24 recommendations approved (22 for revalidation, 2 deferments)
Year two	April 2014 to March 2015	38 recommendations made	38 recommendations approved (37 for revalidation, 1 deferment)
Year three	April 2015 to March 2016	42 recommendations made	42 recommendations approved (39 for revalidation, 3 to defer)
Year four	April 2016 to March 2017	Q1 April to June	6 recommendations approved (5 for revalidation, 1 to defer)
		Q2 July to September	3 recommendations approved (3 for revalidation)
		Q3 October to December	No recommendations required

In this quarter, the Trust's Responsible Officer has made no revalidation recommendations.

The doctors that LYPFT has responsibility in terms of making recommendations about revalidation to the GMC is determined by National policy. These doctors must have a prescribed connection to the Trust. Each month, the Medical Directorate Manager updates GMC Connect (secure partner portal to maintain doctors' prescribed connections) regarding these doctors (including leavers and starters and changes from training contracts).

Due to doctors starting, leaving or changing their roles within the Trust the numbers scheduled for revalidation may alter from quarter to quarter. The information provided in this report was current as at 31.12.16.

2016/17 Quarter 3 Monitoring Return (October - December 2016)

CHANGES TO THE BOARD OF DIRECTORS

Executive Team

At the end of September Dr Jim Isherwood stepped down as Medical Director and with effect from 1 October 2016. Dr Wendy Neil agreed to take on the statutory elements of the Medical Director role (including being the Responsible Officer for revalidation of medical staff, being the Trust's Caldicott Guardian, and providing professional advice to the Board and Executive Team on key service and medical staffing issues). Wendy will be in post until such time as a substantive appointment commences with the Trust.

With regard to the substantive appointment of a Medical Director a panel made up of the non-executive directors and the Chief Executive carried out a comprehensive appointment process during December and successfully recruited Dr Claire Kenwood to the post. Claire comes to us from Cumbria Partnership NHS Foundation Trust, where she is currently Associate Medical Director for Quality, and will start with the Trust on the 1 March 2017.

It should also be noted that in December the Nominations Committee agreed the role description for the Chief Operating Officer. The Trust is looking to appoint to this post substantively in the first part of 2017. A report on progress will be made in the next quarterly report.

Non-executive Team

On the 6 November Keith Woodhouse came to the end of his second term of office and left the Trust after serving six years on the Board. Following a recruitment process carried out in July 2016 Sue White commenced in post as a non-executive director on the 7 November 2016. Sue brings to the Board skills that will support the Trust's work around devolved models of care in a changing healthcare / political landscape.

At its meeting on the 14 November the Council of Governors agreed to extend Margaret Sentamu's term of office as a non-executive director until the end of July 2017, at which point the Council will consider how it wishes to proceed, given that Margaret will have come to the end of her first term of office and it will need to make an appointment into the post.

Also during December adverts were placed for the posts of non-executive director, with specialist skills in the area of workforce, and also for the Chair of the Trust. The interviews and next stages of the recruitment processes will take place in January 2017 and a further update will be provided in the next quarter's report.

CHANGES TO THE COUNCIL OF GOVERNORS

Elected Governors

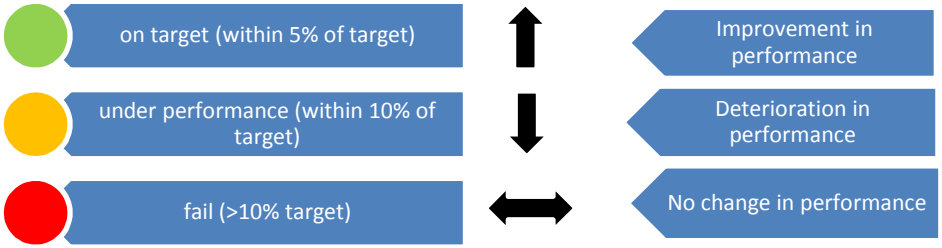
During quarter 3 of 2016/17 one elected governor stepped down:

- Cynthia Lipman – service user governor for Leeds – stepped down on 27 October 2016.

Appointed Governors

There were no changes to the appointed governors in the third quarter.

Cath Hill
Head of Corporate Governance



Leeds and York Partnership NHS
NHS Foundation Trust

Financial Performance Summary

KEY ISSUES	RAG	Trend	Financial Performance Against Monitor Plan	Appendix
Financial Reporting Indices			The Finance and Use of Resources score is 1 (highest rating).	**1**
Statement of Comprehensive Income (I&E)			The overall position at month 9 is a £1.7m surplus (excluding £0.7m Sustainability & Transformation Funding). The position predominantly results from a number of non recurrent factors including North of England Commercial Procurement Collaborative overtrading, offset by out of area cost pressures. Overall this is a £1.2m favourable variance compared to the revised plan position. The key variances against plan are summarised below.	**2**
Income			Total Operating income is £1.1m above plan at month 9. The main variances comprise:- **Clinical Income:** Clinical Income is £0.55m above revised plan, due to STF phasing mis-match. **Non-Clinical income:** Non-Clinical income is £0.54m above plan due to invoicing Leeds CCGs for additional out of area costs and non-recurrent benefits. **Non-Operating Income** Non-operating income is consistent with plan.	**2**
Pay			Pay expenditure is £0.14m below plan, comprising a £0.46m under-spend on planned permanent employee pay offset by a £0.32m over-spend on locum and agency staff expense. This variance is linked to unidentified cost improvement plans and agency cost pressures. At the end of December 2016, the number of permanent vacancies is in excess of 200 whole time equivalents (excluding development slippage).	**2**
Non Pay			Non pay spend is consistent with plan at month 9, comprising lower than planned spending on out of area placements, drugs and depreciation, offset by CIP slippage.	**2**

Efficiency: Cost Improvement			The Cost Improvement Plan (CIP) for month 9 is 25% below plan, with £1.37m achieved compared to a £1.83m plan. The main under achievement against plan relates to unidentified CIPs, of which £0.2m has now been identified on a recurrent basis.	**3**
Statement of Financial Position (Balance Sheet)			The main statement of financial position variances (excluding cash and capital) are: **Property, plant and equipment (PPE) and intangible assets -** £0.97 total variance. This is due to the timing of expenditure on the capital programme. **NHS/Non-NHS Trade receivables –** £1.36m variance. This is due to the Q4 social care funding invoiced in December but not due until January (£1.4m). **Other receivables –** £0.29m variance. This is due to the November VAT reclaim being received in January (£0.38m). **Accrued Income -** £0.41m variance. This is mainly due to additional non-recurrent funding to support Out of Area Treatments (£0.5m). **Deferred Income –** £1.1m variance. This is mainly due to the Q4 social care funding, invoiced in December but not due until January (£1.4m) and offsets the receivables variance above. **Provisions** - £0.47m variance. This is mainly due to increased redundancy provision of £0.16m and the timing of unwinding the provision in relation to the working time directive (£0.3m). **Trade Payables -** £0.99m variance. This is due to the timing of NHS Property Services accruals, anticipated in the plan for December but will now be in Q4. **Capital Payables -** £0.49m variance**.** This is due to accruals in relation to the PFI anti-ligature work.	**4**
Cash			The cash position of £48.3m is £3.2m above plan at the end of month 9. This is mainly due to the cash impact of the increased surplus including STP funding (£1.1m), capital cash slippage (£1.64m) and an increase in working capital (£0.5m). Liquidity increased to 93 days operating expenses at the end of December 2016 (91 days in November 2016).	**5**
Capital			Capital expenditure was £2.45m, which is £1.21m (33%) below plan at the end of month 9. The variance is due to underspending against Estates strategic schemes (£0.37m) and IT strategic schemes (£0.76m), which is now anticipated in Q4.	**6**

Leeds and York Partnership NHS Foundation Trust **Appendix 1**

Use Of Resource Metric
YTD as at 31 December 2016

Capital Service Capacity

Revenue available for Debt Service		
Surplus	2,417	
Impairments	-11	
Restructuring Costs	0	
PDC Dividend	300	
Depreciation	3,022	
Interest expense	2,959	
Other Finance Costs	23	
Gain/(Loss) on disposal	0	
Capital grants/donations	0	
A		8,710

Capital Servicing Costs		
PDC Dividend	300	
Bank interest	0	
Loan interest	0	
PFI/Finance Lease interest	1,553	
Contingent Rent	1,406	
Other Finance Costs	23	
PDC repayment	0	
Loan repayment	0	
PFI/Fin lease capital	1,098	
B		4,380

Capital Service Capacity	**A/B**	1.99
Category		2

Liquidity

Cash for Liquidity Purposes		
Working capital facility	0	
Total current assets	56,743	
Total current liabilities	-21,158	
Inventories	-36	
Derivatives	0	
Financial AHfS	0	
PFI prepayments	0	
Non-current AHfS	0	
Current AHfS by charity	0	
Current LHfS by charity	0	
A		35,549

Operating Expenses		
within EBITDA	103,549	
B		103,549

Liquidity	**A*270/B**	93
Category		1

I&E Margin

I&E Surplus	**A**	2,406
Total Operating Income	**B**	112,149
I&E Margin	**A/B**	2.1%
Category		1

Distance from Financial Plan

Actual I&E Margin	**A**	2.1%
Plan I&E Surplus	**B**	1,230
Plan Operating Income	**C**	111,054
Plan I&E Margin	**B/C**	1.1%
Variance in I&E Margin	**A - B/C**	1.0%
Category		1

Agency Spend

Actual spend	**A**	3,705
Agency Ceiling	**B**	4,687
Variance	**A-B**	-982
Distance	**(A - B)/B**	-20.9%
Category		1

Overall

Leeds and York Partnership NHS Foundation Trust **Appendix 2**

Statement of Comprehensive Income at December 2016

	2016/17		
	Revised Plan YTD £'000	**Actual YTD £'000**	**Variance Monitor YTD £'000**
Operating			
NHS Mental Health activity Income			
Other - Cost and Volume Contract Income	2,531	2,812	281
Block Contract Total	86,679	87,194	515
Clinical Partnerships providing mandatory services (including S31 agreements)	5,814	5,811	-3
Other clinical income from mandatory services	644	405	-239
NHS Mental Health activity Income, Total	**95,667**	**96,222**	**554**
Other Operating income			
Research and Development income	627	748	121
Education and Training income	2,938	2,962	24
Grants received in cash & to fund Operating Expenses	31	-22	-53
Parking revenue	0	0	0
Catering revenue	39	31	-8
Revenue from non-patient services to other bodies	972	973	0
Misc. Other Operating Income	10,779	11,235	456
Other Operating income, Total	**15,387**	**15,927**	**541**
Operating Income, Total	**111,054**	**112,149**	**1,095**
Operating Expenses			
Raw Materials and Consumables Used			
Drugs	-1,610	-1,300	311
Clinical supplies	-784	-787	-3
Non-clinical supplies	-959	-1,135	-176
Raw Materials and Consumables Used, Total	**-3,353**	**-3,222**	**131**
Purchase of healthcare services from other NHS bodies	-9	188	197
Purchase of healthcare services from non-NHS bodies	-4,100	-3,628	472
Purchase of healthcare services / secondary commissioning, total	**-4,109**	**-3,439**	**669**
Employee expenses, Substantive, bank and overtime staff	-76,608	-76,151	457
Employee expenses, Locum and agency staff	-3,385	-3,705	-321
Employee Benefits Expenses, Total	**-79,993**	**-79,856**	**136**
Research and Development expense	-774	-869	-95
Education and training expense	-547	-745	-199
Consultancy Expense	-149	-66	83
Premises	-4,241	-4,274	-33
Clinical Negligence	-163	-163	0
Misc. Other Operating expense	-5,123	-5,872	-749
PFI operating expenses	-5,026	-5,042	-16
Depreciation and Amortisation			
Depreciation and Amortisation - owned assets	-1,977	-1,798	179
Depreciation and Amortisation - PFI assets	-1,236	-1,224	12
Depreciation and Amortisation, Total	**-3,213**	**-3,022**	**191**
Impairment (Losses) / Reversals net	0	11	11
Operating Expenses, Total	**-106,690**	**-106,560**	**130**
Profit (Loss) from Operations	**4,364**	**5,589**	**1,225**
Non Operating			
Non-Operating income			
Interest Income	153	109	-44
Profit/Loss on Asset Disposal	0	0	0
Non-Operating income, Total	**153**	**109**	**-44**
Non-Operating expenses			
Finance Costs [for non-financial activities]			
Interest Expense			
Interest Expense on PFI leases & liabilities	-1,544	-1,553	-9
Interest Expense, Total	**-1,544**	**-1,553**	**-9**
PDC dividend expense	-248	-300	-53
Other Finance Expenses	-23	-23	0
Finance Costs [for non-financial activities], Total	**-1,815**	**-1,876**	**-61**
Non-Operating PFI Costs (e.g. Contingent Rent)	-1,473	-1,406	67
Non-Operating expenses, Total	**-3,287**	**-3,282**	**6**
Surplus (Deficit) before Tax	**1,230**	**2,417**	**1,187**
Income Tax (expense)/ income	0	0	0
Surplus (Deficit) After Tax	**1,230**	**2,417**	**1,187**

Leeds and York Partnership NHS Foundation Trust **Appendix 3**

Month 9

CIP SUMMARY	2016-17 Plan £'000	Plan 2016/17 year to date			
		Plan £'000	Actual £'000	Variance £'000	Variance %
Leeds Mental Health Care Group	681	510	426	(84)	-16%
Specialist & Learning Disability Care Group	653	480	383	(97)	-20%
Workforce and Development	62	46	41	(5)	-11%
Fit-for-purpose, cost effective buildings	311	228	198	(30)	-13%
Delivering cost effective corporate services	386	277	274	(3)	-1%
Unidentified CIPs	411	288	43	(245)	-85%
TOTAL	**2,505**	**1,829**	**1,366**	**(463)**	**-25%**

Pay	1,563	1,131	639	(491)	-43%
Non Pay	942	699	727	28	4%
Total CIP	**2,505**	**1,829**	**1,366**	**(463)**	**-25%**

Leeds and York Partnership NHS Foundation Trust **Appendix 4**

Statement of Financial Position at December 2016

	Revised Plan December £'000	2016/17 Actual December £'000	Variance December £'000
Assets			
Assets, Non-Current			
Intangible Assets, Net	385	524	139
Property, Plant and Equipment, Net	31,856	30,751	-1,106
PFI: Property, Plant and Equipment, Net	17,748	17,759	12
Prepayments, Non-Current	3,864	3,869	5
Assets, Non-Current, Total	**53,853**	**52,904**	**-949**
Assets, Current			
Inventories	36	36	0
Trade and Other Receivables, Net, Current			
NHS Trade Receivables, Current, Gross	1,000	640	-360
NHS Capital Receivables, Current, Gross	0	0	0
Non NHS Trade Receivables, Current, Gross	2,300	4,016	1,716
Other Receivables, Current, Gross	650	939	289
Impairment of Receivables, Current (for bad & doubtful debts)	-402	-444	-42
Trade and Other Receivables, Net, Current, Total	**3,548**	**5,152**	**1,604**
Accrued Income	1,500	1,906	406
Prepayments, Current	1,200	1,389	189
Cash	45,069	48,260	3,191
Non-Current Assets held for sale	0	0	0
Assets, Current, Total	**51,353**	**56,743**	**5,390**
Total Assets	**105,206**	**109,647**	**4,441**
Liabilities			
Liabilities, Current			
Deferred Income, Current	-2,480	-3,578	-1,098
Provisions, Current	-607	-1,073	-466
Trade and Other Payables, Current			
Trade Payables, Current	-3,766	-4,752	-987
Other Payables, Current	-3,600	-3,641	-41
Capital Payables, Current	-650	-1,136	-486
Trade and Other Payables, Current, Total	**-8,016**	**-9,530**	**-1,515**
Other Financial Liabilities, Current			
Accruals, Current	-5,200	-5,307	-107
PFI leases, Current	-1,479	-1,571	-92
PDC dividend payable, Current	-83	-100	-18
Other Financial Liabilities, Current, Total	**-6,761**	**-6,977**	**-216**
Liabilities, Current, Total	**-17,864**	**-21,158**	**-3,294**
NET CURRENT ASSETS (LIABILITIES)	**33,489**	**35,585**	**2,096**
Liabilities, Non-Current			
Provisions, Non-Current	-1,749	-1,801	-52
Other Financial Liabilities, Non-Current			
PFI leases, Non-Current	-23,656	-23,564	92
Other Financial Liabilities, Non-Current, Total	**-23,656**	**-23,564**	**92**
Liabilities, Non-Current, Total	**-25,405**	**-25,366**	**40**
TOTAL ASSETS EMPLOYED	**61,937**	**63,124**	**1,187**
Taxpayers' and Others' Equity			
Public dividend capital	19,569	19,569	0
Retained Earnings (Accumulated Losses)	33,776	34,963	1,187
Revaluation Reserve	9,242	9,242	0
Miscellaneous Other Reserves	-651	-651	0
TAXPAYERS EQUITY, TOTAL	**61,937**	**63,124**	**1,187**
TOTAL ASSETS EMPLOYED	**61,937**	**63,124**	**1,187**

Leeds and York Partnership NHS Foundation Trust

Cashflow Analysis as at December 2016

	Revised Plan YTD £'000	Actual YTD £'000	Variance YTD £'000
Surplus/(deficit) after tax	**1,230**	**2,417**	**1,187**
non-cash flows in operating surplus/(deficit)			
Finance income/charges	2,864	2,850	-14
Other operating non-cash movements	26	67	42
Depreciation and amortisation, total	3,213	3,022	-191
Impairment losses/(reversals)	0	-11	-11
Gain/(loss) on disposal of property plant and equipment	0	0	0
Gain/(loss) on disposal of intangible assets	0	0	0
PDC dividend expense	248	300	53
Other increases/(decreases) to reconcile to profit/(loss) from operations	0	0	0
Non-cash flows in operating surplus/(deficit), Total	**6,350**	**6,228**	**-121**
Operating Cash flows before movements in working capital	**7,580**	**8,645**	**1,065**
Increase/(Decrease) in working capital			
(Increase)/decrease in inventories	0	0	0
(Increase)/decrease in NHS Trade Receivables	533	893	360
(Increase)/decrease in Non NHS Trade Receivables	659	-1,058	-1,716
(Increase)/decrease in other receivables	831	542	-289
(Increase)/decrease in accrued income	-991	-1,397	-406
(Increase)/decrease in prepayments	-181	-371	-189
(Increase)/decrease in other assets	0	0	0
Increase/(decrease) in Deferred Income	1,220	2,318	1,098
Increase/(decrease) in provisions	-501	17	518
Increase/(decrease) in post-employment benefit obligations	0	0	0
Increase/(decrease) in Trade Payables	-1,894	-908	987
Increase/(decrease) in Other Payables	246	288	41
Increase/(decrease) in accruals	-1,033	-926	107
Increase/(Decrease) in workling capital, Total	**-1,112**	**-602**	**510**
Net cash inflow/(outflow) from operating activities	**6,467**	**8,043**	**1,575**
Net cash inflow/(outflow) from investing activities			
Property, plant and equipment expenditure	-3,327	-1,685	1,642
Proceeds on disposal of property, plant and equipment	376	376	0
Net cash inflow/(outflow) from investing activities, Total	**-2,952**	**-1,309**	**1,642**
Net cash inflow/(outflow) before financing	**3,516**	**6,733**	**3,218**
Net cash inflow/(outflow) from financing activities			
Public Dividend Capital received	0	0	0
Public Dividend Capital repaid	0	0	0
PDC Dividends paid	-205	-240	-35
Interest element of finance lease rental payments - *On-balance sheet PFI*	-3,017	-2,959	58
Capital element of finance lease rental payments - *On-balance sheet PFI*	-1,098	-1,098	0
Interest received on cash and cash equivalents	153	109	-44
Movement in Other grants/Capital received	0	0	0
(Increase)/decrease in non-current receivables	-248	-253	-5
Increase/(decrease) in non-current payables	0	0	0
Other cash flows from financing activities	0	0	0
Net cash inflow/(outflow) from financing activities, Total	**-4,414**	**-4,441**	**-26**
Net increase/(decrease) in cash and cash equivalents	**-899**	**2,293**	**3,191**
Opening cash and cash equivalents	45,968	45,968	0
Effect of exchange rates	0	0	0
Closing cash and cash equivalents	**45,069**	**48,260**	**3,191**

CAPITAL PROGRAMME - at 31 DECEMBER 2016	Revised Plan £'000	Actual Spend £'000	YTD Variance £'000
Estates Operational			
Health & Safety /Fire	82	7	-75
Planned Annual Commitments	70		-70
Estate refurbishment	1,747	1,525	-222
Sub-Total	**1,899**	**1,532**	**-367**
IT/Telecomms Operational			
PC Replacement Programme	63	107	44
Softcat Asset Management Software	57	57	0
IT Network Infrastructure	152	52	-100
VOIP Roll Out	10	10	0
IT-Voice Telecoms Network E Directory	39		-39
Additional Server/Storage	11	14	3
Sub-Total	**333**	**240**	**-93**
Other Equipment			
	0		0
Sub-Total	**0**	**0**	**0**
Estates Strategic Developments			
Pharmacy - single site	70		-70
St Marys Hospital	50	10	-40
Perinatal In-patient Expansion	0	80	80
The Mount Annexe	0		0
North Yorks Catering Equipment	0	12	12
Seclusion Room - Newsam Centre	0	9	9
Dementia Care At The Mount	175	201	26
Cafés At The Mount / Becklin Centre	0		0
LD In-Patient Reprovision	0	2	2
Sub-Total	**295**	**314**	**19**
IT Strategic Developments			
E-Prescribing	250	158	-92
E-Expenses	13		-13
Thinkpads - Transformation	34		-34
Big Hand Voice Recognition	75		-75
Document Management	119	45	-74
Integration System	75		-75
Replacement PAS	105	45	-60
Remote Access	169	7	-162
Virtual Desktop Build	23		-23
Public WiFi Deployment	15		-15
MDM - Additional HW/SW	38		-38
Standard Smartphones for all staff - phase 1	75		-75
Cisco Unified Comms/Presence	19		-19
Webfiltering	60	48	-12
Remote support system	11		-11
Tablets Wards - Leeds	2	2	0
Digital Pens	0	19	19
EPR System Developments	50	50	0
Sub-Total	**1,132**	**374**	**-757**
Contingency Schemes			
Contingency	0		0
2015/16 Completed Schemes	0	-13	-13
Sub-Total	**0**	**-13**	**-13**
TOTAL CAPITAL PROGRAMME	**3,658**	**2,447**	**-1,211**

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:	Serious untoward incidents update and lessons learnt following the Trust Incident Review Group (TIRG) meetings held on the 9 November 2016 & 14 December 2016
DATE OF MEETING:	26 January 2017
LEAD DIRECTOR: (name and title)	Anthony Deery, Director of Nursing, Professions and Quality
PAPER AUTHOR: (name and title)	Samantha Marshall - Serious Incident Administrator/Legal Support 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 attached paper is a briefing for the Board of Directors following the Trust Incident Review Group meetings held 09/11/2016 & 14/12/2016.
What are the key points and key issues the Board needs to focus on	The purpose of this paper is to provide the Board of Directors with information relating to new incidents that are subsequently categorised as Serious Untoward Incidents (SUI) and highlight any learning from the monthly Trust Incident Review Group meetings.
What is the Board being asked to consider	The attention of the Board of Directors is drawn to the following highlights within the report: • Progress with reporting and investigating serious incidents • From 8 reports reviewed, 0 root causes and 4 contributory factors were determined. • Learning from investigations: - Medication & Prescribing - Development Work - Contacting Next of kin - Engagement - Discharged from Services • Serious Incidents in progress
What is the impact on the quality of care	Serious incidents are a key source of learning within the Trust to ensure we improve the quality of care provided to our service users.
What are the benefits and risks for the Trust	Promotes the Trust's duty of candour and commitment to learning from experience.
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	Promotes the Trust's duty of candour and commitment to learning from experience.

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
Previous meetings where this report has been considered (including date)	This paper will also be submitted to the public Council of Governors' 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 content of the report.
- Be assured that the actions in respect of the lessons learnt are being progressed appropriately through the committee (or organisation).

*** 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
Following the Trust Incident Review Group Meeting Held: 09/11/2016 & 14/12/2016

Part A: Serious Untoward Incidents Update

improving health, improving lives

1 Purpose

The purpose of this paper is to provide the Board with information relating to new incidents that are subsequently categorised as Serious Untoward Incidents (SUI).

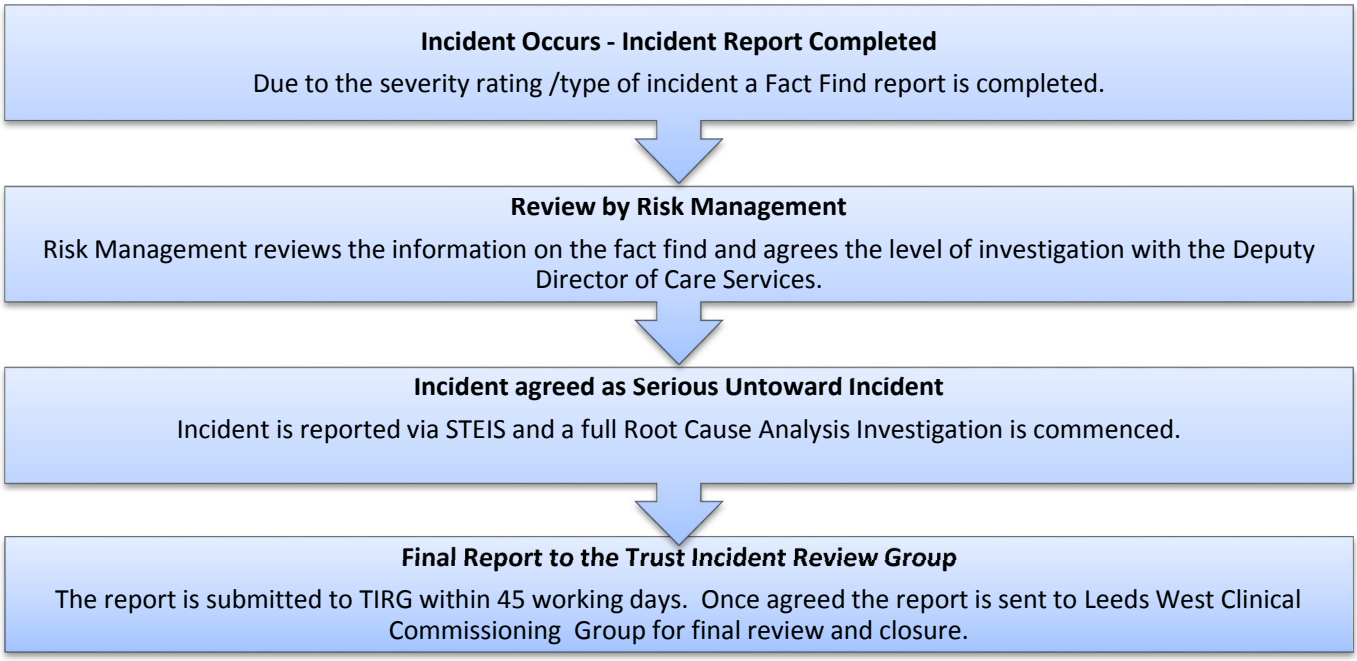
2 Executive Summary

The paper details the following information:

- TABLE 1 – Breakdown of Serious Untoward Incidents – October & November 16
- TABLE 2 – Overview of Serious Untoward Incidents by Directorate October & November 16
- TABLE 3 – Number of Final reports of STEIS (Strategic Executive Information System) incidents submitted to TIRG within 12 week
- TABLE 4 – Schedule of cases to be presented to Trust Incident Review Group

3 Background

The following table shows a brief flow of action: from incident occurring to presentation at the Trust Incident Review Group (TIRG).



All incidents that are agreed as Serious Untoward Incidents and STEIS reported are presented at TIRG.
Following review of the fact find information, a Root Cause Analysis Investigation can be required even though the incident is not STEIS reported. In these cases the report is presented to TIRG at the discretion of the Care Group and TIRG Chair.

TABLE 1 – Breakdown of Serious Untoward Incidents (SUI)

	Leeds Care Group	Specialist and LD Care Group	TOTAL
NUMBER OF INCIDENTS REPORTED VIA STEIS OCTOBER 2016	**1**	**0**	**1**
NUMBER OF INCIDENTS REPORTED VIA STEIS NOVEMBER 2016	**5***	**1**	**6**

***1 incident is concise IG investigation**

TABLE 2 – Overview of SUI's by Care Group

Care Group	Incident Date	Incident Type	Incident Number	Severity Rating	Service
Leeds	16/10/2016	Death	Webinc-19834	5	W1 The Mount
Leeds	04/11/2016	Death – hanging	Webinc-20394	5	SPA/CAS
Leeds	05/11/2016	Death – hanging	Webinc	5	W5 Becklin
Leeds	08/11/2016	IG Breach *	Webinc-20748	3	ENE CMHT
Leeds	13/11/2016	Unexpected Death	Webinc-20726	5	ENE CMHT
Leeds	29/11/2016	Death – hanging	Webinc-21112	5	SSE CMHT
Specialist	17/11/2016	Escape	Webinc-VAR	3	W3 Newsam

- *Serious Incident requiring concise RCA investigation – 2 incidents (as bold text).

TABLE 3 – Number of Final reports of STEIS incidents submitted to TIRG within 12 week

Period: Oct 2015 – Oct 2016	Leeds Care Group	Specialist and LD Care Group	York North Yorkshire Care Group	TOTAL
NUMBER OF REPORTS DUE FOR THIS PERIOD Oct 2015 – Oct 2016	24	1	4	29
NUMBER OF REPORTS SUBMITTED ON DUE DATE	3	1	0	4
OVERDUE 1 MONTH	4	0	0	4
OVERDUE 2 MONTH	3	0	0	3
OVERDUE 3 MONTH	3	0	2	5
OVERDUE 4 MONTH	1	0	0	1
OVERDUE 5 MONTHS +	1	0	2	3
NUMBER OF REPORTS STILL OUTSTANDING FOR THIS PERIOD Oct 2015 – Oct 2016	9	0	1	10
TOTAL NUMBER OF REPORTS FOR THE CARE GROUP IN PROGRESS INCLUDING THOSE OUTSTANDING	19	1	1	21

TABLE 4 – Schedule of Serious Incidents in progress

SCHEDULE OF REPORTS TO BE PRESENTED TO TIRG BY MONTH			
TIRG DATE	**No of reports**	**Papers due for circulation**	**Status**
14/12/2016	5	07/12/2016	5 reports confirmed
11/01/2017	6	04/01/2017	/
08/02/2017	5	01/02/2017	/

NOTE: As 6 reports are scheduled for Jan an extra TIRG will be required –please ensure that these reports are reviewed by the Care Group to ensure the timescale is achieved.

RAG RATING FOR ALL REPORTS			
	OVER 60 DAYS	**30 – 60 DAYS**	**0 – 30 DAYS**
Leeds	10	0	7
Specialist	1	1	1
York	1	0	0
TOTAL	**12**	**1**	**8**

SUMMARY KEY FOR TABLE 1					
Care Group	**A. Presented to TIRG and agreed subject to amendments. Awaiting amended version**	**B. Number of Comprehensive in progress**	**C. Number of Concise in progress**	**D. MISC (with Director for sign off, request to de-log as an SI, external orgaisation)**	**Total number of Reports (Columns A,B,C & D)**
Leeds	**1**	**14***	**1**	**2**	**18**
Specialist	**0**	**2**	**0**	**0**	**2**
York	**0**	**0**	**0**	**1**	**1**

* Of the 14 reports – 4 extension requests were agreed with the Commissioners

TABLE 1

STEIS ref (Care Group)	SI ref	Type	Category	*60 Working Days Target	Actual Working Days (incl. 60 days) as of 05/12/16	TIRG	Investigator	Status
2016/6769 (Leeds)	48-15.16	Comprehensive	Self-Harm	08/06/2016	**189**	Nov	Tom Mullen/Sharon Prince	Presented Nov TIRG agreed subject to action and amend.
2016/13008 (Leeds/ Community Links)	08-16.17	Comprehensive	Self-harm	08/08/2016	**146**	N/A	Community Links	Action plan submitted to the Commissioner 17/11/16.
2016/10341 (York)	18-16.17	Comprehensive	Suspected suicide	12/07/2016	**164**		Neil McAdam	Dr Wright confirmed report will be sent to us. Raised with Commissioners
2016/1947 (Leeds)	36-15.16	Comprehensive	HOMICIDE	18/04/2016 Extension approved January 2017	**223**	Jan	EXTERNAL – Phil Robertson	Extension agreed until January 2017. December IRG and January TIRG
2016/18159 (Leeds)	22-16.17	Comprehensive	Death - Hanging	29/09/2016 Extension approved 29/12/2016	**109**	Dec	Pamela Hayward-Sampson	Ready for Dec TIRG
2016/19236 (Leeds)	23-16.17	Comprehensive	Attempted Murder	11/10/2016 Extension approved 30 January 2017	**101**	Feb	Rona Pickles External Investigator	December IRG and January TIRG Further extension to be requested due to complexity
2016/19419 (Leeds)	25-16.17	Comprehensive	Death - Hanging	13/10/2016 Extension	**99**	Jan	Steven Dilks	Extension requested December IRG and January TIRG
2016/20897 (Leeds)	36-16.17	Comprehensive	Unexpected Death	31/10/2016	**87**	Dec	Paul Exley and Pamela Hayward-Sampson	Ready for Dec TIRG
2016/21215 (Leeds)	38-16.17	Comprehensive	Death by hanging	02/11/2016	**85**	Dec	Janine Spencer/PH-S	Ready for Dec TIRG
2016/23023 (Leeds)	39-16.17	Comprehensive	Death by hanging	22/11/2016 Extension	**71**	Jan	Janine Spencer	November IRG and December TIRG - Extension requested Dec IRG and January TIRG

2016/23407 (Leeds)	41-16.17	Comprehensive	Death by suffocation	25/11/2016	**68**	Dec	Janine Spencer	Ready for Dec TIRG
2016/23895 (Specialist)	42-16.17	Comprehensive	Death – Fall from height	02/12/2016	**63**	Dec	Pamela Hayward-Sampson	Ready for Dec TIRG
2016/25894 (Leeds)	43-16.17	Concise	IG Breach	28/12/2016	**47**	N/A	Risk Management	29/11/2016 – Sent to LP for approval.
2016/28141 (Leeds)	44-16.17	Comprehensive	Death – Cardiac arrest	25/01/2017	**28**	Jan	Pamela Hayward-Sampson	December IRG January TIRG
2016/28818 (Leeds)	45-16.17	Comprehensive	Death - Hanging	02/02/2017	**22**	Jan	External Reviewer to be allocated / Janine Spencer, Clinical Lead	December IRG January TIRG
Not STEIS reported (Leeds)	46-16.17	Comprehensive	Unexpected Death	03/02/2017	**20**	Jan	Pamela Hayward-Sampson & Clinical Lead	December IRG January TIRG
2016/29708 (Leeds)	47-16.17	Comprehensive	Unexpected Death	13/02/2017	**15**	Feb	Janine Spencer/Clinical Lead	January IRG February TIRG
2016/29847 (Leeds)	48-16.17	Concise	IG Breach	14/02/2017	**14**	N/A	Risk Management	N/A
2016/29966 (Specialist)	49-16.17	Comprehensive	Escape	15/02/2017	**13**	Feb	Maureen Cushley/Pamela Hayward-Sampson	January IRG February TIRG
2016/29972 (Leeds)	50-16.17	Comprehensive	Death - hanging	15/02/2017	**13**	Feb	Forward Leeds/Pamela Hayward-Sampson	January IRG February TIRG
2016/30979 (Leeds)	51-16.17	Comprehensive	Death - hanging	27/02/2017	**13**	Feb	To be allocated	January IRG February TIRG

**NHS England - Serious Incident Framework, Supporting learning to prevent recurrence: “single timeframe (60 working days) has been agreed for the completion of investigation reports.”

Following the Trust Incident Review Group Meeting Held: 09/11/2016 & 14/12/2016

Part B:
Serious Untoward Incidents Lessons Learnt

1 Purpose

- Summary of lessons learnt from Serious Untoward Incidents.
- Sharing of good practice highlighted from reports.
- Conclusions of any thematic reviews undertaken.
- Results of any trend analyses.
- Summary of major actions that have been implemented.

2 Executive Summary

Learning from experience is critical to the delivery of safe and effective services in the NHS. To avoid repeating mistakes organisations need to recognise and learn from them, to ensure that the lessons are communicated and shared and that plans for improving safety are formulated and acted upon. The findings and learning from any adverse event within the Trust may have relevance and valuable learning for the local team and also other teams and services. This paper outlines the identified lessons learnt following the Trust Incident Review Group meeting 09/11/2016 & 14/12/2016.

3 Background

The purpose of the Trust Incident Review Group is to review the investigation reports to ensure that all serious untoward incidents have been investigated thoroughly, to agree recommendations and action plans that are relevant and achievable, to oversee the implementation of those action plans and to identify trends and patterns of untoward incidents that may require further investigation.

This activity supports LYPFT to be an organisation with a memory, to assist learning from incidents and to continue the drive towards safer therapeutic care for all service users.

Findings from the meetings held: 09/11/2016 & 14/12/2016

8 Serious Incident Review reports were reviewed by the group with the following findings agreed:

Root Causes	0
Contributory Factors	4
Incidental Findings	13
Family Questions	0

4 Outline of Lessons Learnt from Serious Untoward Incidents

Medication & Prescribing

The group discussed a service user's medication as prescribed by his GP and considered whether we should expect a longer term plan from secondary care regarding medication. The SI review highlighted that the Consultant was clear that the GP should manage medication.

The group agreed that the gold standard is that all concerned professionals would meet – including GP and service user to agree the plan.

It was agreed that a more meaningful action with regards to this issue would be to look at past serious incidents and identify any prescribing issues.

Development Work

The group discussed incidents regarding service users with a Personality Disorder who are being cared for on a female inpatient unit. The group agreed that we do need to do development work for our staff who are working with PD service users and the scope of this investigation will be used to inform such change.

The group acknowledged that this was not about the performance of any team but rather the challenge of how we organise our resources in Leeds.

Contacting next of kin

The group considered whether the Trust contact the next of kin due to the length of time since the service user's death and the distress that this may cause the family.
The group discussed that the report contained information that the family may find useful and agreed that they should be contacted and given the opportunity to receive the report.

Anthony Deery commented that this issue had been discussed in the CQC fundamental meeting and will be progressed within the clinical record keeping audit. This will also be addressed in the triangle of care work in progress.

Engagement

A report detailed the death of a service user who lived a socially isolated life, had no contact with family and had a long history of mental health, dating back to 1980. The group considered that every team has people such as this and the change in this service user's Care Co-ordinator could be a contributory factor as it resulted in a loss of contact with the service. There was no planned, purposeful intervention for this service user and we were aware she had no other social outlet.

The group agreed that we have enough evidence to show us the importance of

relationships and if we are working towards discharge why did we transfer to another care coordinator.
The Serious Incident investigator commented that there had been lots of reflection within the Team regarding this issue.

Discharged from services

The group noted that the service user was discharged without being seen and questioned whether the DNA policy should have guided a different response, prompting the group to question:

- Do staff know it exists?
- Do staff have access?

The group acknowledged that the guidance was recent and needs revisiting to see if we can strengthen in preparation for future changes. It should also include transition between care coordinators.

5 Areas of Good Practice

Good Care

The care received whilst on Ward 5 was described by the service user as helpful, especially her care plan to manage dissociation whilst alone in the community and the ongoing support which she had with regards to managing her experiences. Staff were described by the incident reviewer as open and compassionate in their descriptions of their experiences working with and trying to help the service user.

Safeguarding

Discharge was delayed from the Newsam Centre to ensure that the child safeguarding issues had been considered and that it was safe for the service user to be discharged home.

Multidisciplinary Working

From allocation of a referral in 2013 to October 2015 there was evidence within a review of good multidisciplinary working between care coordinator and the Community Links Mental Health housing support worker.

Coordinated Care

There was evidence of coordinated packages of care which increased and decreased in intensity as the service user's presentation and needs changed.

Care Package

The intensity of a service user's package of care over the 2 years she was with LYPFT services was adjusted accordingly with her levels of risk and level of need. Including on one occasion the use of the Mental Health Act and a planned and coordinated reduction into less restrictive environments as her risks decreased through the use of services including ICS and CMHT.
Towards the latter stages of her care she was seen and reviewed regularly by her Care Coordinator and CMHT consultant to plan a package of care to support her back to independent living, working on the issues that were perpetuating her low mood such as isolation.

Support to the Service User

The support provided by the SSE ICS recognised the importance of the service user's work and the team supported him to complete a work trip abroad with an active strategy to promote his independence and safety.

Recommendations

The Board is requested to:

- Note the content of the report
- Be assured that the actions taken in respect of the lessons learnt are being progressed appropriately through the organisation.

GLOSSARY OF DEFINITIONS

The following definitions are of relevance to this document:

Definition	Meaning
Case Conference	Meeting to discuss complex cases that are very serious or have a multi-agency aspect and that may include criminal offences and possible organisational failures.
CAS	Crisis Assessment Service
CPA	Care Pathway Approach
CPN	Community Psychiatric Nurse
CCG	Clinical Commissioning Group (replaced PCT's)
Department of Health	The Department of Health (DH) helps people to live better for longer. We lead, shape and fund health and care in England, making sure people have the support, care and treatment they need, with the compassion, respect and dignity they deserve. DH is a ministerial department, supported by 29 agencies and public bodies.
DHR	Domestic Homicide Review
Duty of Candour	As a direct response to the Francis Inquiry report, a statutory duty to be open, transparent and candid has been introduced for health and care providers. This is called the Duty of Candour and is set out in CQC's Regulation 20.
Goddard Inquiry	Independent Inquiry into Child Sexual Abuse which will investigate whether public bodies and other non-state institutions have taken seriously their duty of care to protect children from sexual abuse in England and Wales
ICS	Intensive Community Services
Incident	For the purpose of the Trust's incident reporting system, an incident is defined as: - *'Any event, untoward or unusual, which is a deviation from the normal pattern of activity or therapeutic well-being or smooth running of the workplace (e.g. ward/ department, client's home, etc.), which involves service users and/or staff and/or visitors, and which may adversely affect their health and/or safety and/or welfare and/or confidentiality then or later'.*
LYPFT	Leeds and York Partnerships Foundation Trust
MDT	Multi-Disciplinary Team - A group composed of members with varied but complimentary experience, qualifications, and skills that contribute to the achievement of the specific objectives.
NCISH	The National Confidential Inquiry into Suicide and Homicide by people with mental illness
NHS England	NHS England is an executive non-departmental public body of the Department of Health. NHS England oversees the budget, planning, delivery and day-to-day operation of the commissioning side of the NHS in England as set out in the Health and Social Care Act 2012
OBSERVATION	Observation and engagement is a key clinical activity requiring a commitment from all health care staff, through a shared approach, involving assessment, care planning, risk management, clinical review and evaluation. Types of observations: General, Intermittent, Within Eyesight and Within Arm's

PARIS	Electronic patient information record system.
RCA	Root Cause Analysis.
Risk	A risk is characterised by both the likelihood/probability of harm or information security breach actually occurring (e.g. low, medium or high) and the impact/severity of the harm (e.g. slight injury, major injury, death). The level of risk to health increases with the impact/severity of the hazard and the duration and frequency of exposure to the hazard.
SAMP	Safety Assessment and Management Plan
SAR	Safeguarding Adults Return
SCR	Serious Case Review
Section 17 Leave	Section 17 of the Mental Health Act 1983 makes provision for patients who are liable to be detained under various other sections of the Act to be granted leave of absence. Section 17 applies to patients who are detained under ss.2, 3, 37, or 47 of the Act.
Serious Untoward Incident (SUI)	A serious untoward incident is defined as *'any accident or incident where a service user, member of staff (including those in the community), or member of the public suffers serious injury, major permanent harm or unexpected death, (or the risk of death or injury), on hospital, other health service premises or other premises where health care is provided, or where actions of health services staff are likely to cause significant concern'.*
STEIS	Strategic Executive Information System This is the Trust's mechanism for reporting serious untoward incidents to the Clinical Commissioning Group.
TIRG	Trust Incident Review Group
MEWS	Modified Early Warning System
CAMHS	Child and Adolescent Mental Health Services
CQUINN	Commissioning for Quality and Innovation

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:	Safe staffing Report
DATE OF MEETING:	26 January 2017
LEAD DIRECTOR: (name and title)	Anthony Deery Director of Nursing, Professions and Quality
PAPER AUTHOR: (name and title)	Linda Rose Assistant director of nursing

CATEGORY OF PAPER (please tick relevant box) ✓ (This will link to the relevant section on the agenda)							
Quality		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	There is a 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. The data included in this report is September, October and November 2016.
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 for each individual area which provides actual context and narrative to the data set directly from the Ward managers.
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	Resource is required to collate, manage and interrogate appropriate data.
Next steps following this paper being presented to the Board	Six more units have been included in the October and November 2016 data collection. This report will continue to be shared with care group risk forums and governance councils to ensure local understanding, ownership of staffing issues and any follow up required.
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.
What public / service user / staff / governor involvement has there been	This paper is made routinely accessible to the pubic via the NHS Choices website.
Previous meetings where this report has been considered (including date)	Executive team on the 18th January 2017

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 and 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).

Report to the Board of Directors
2016
Safer Staffing

1. Background

All hospitals are required to publish information about the number of Registered Nurses (RN) and Health Support Workers (HSW) on duty per shift on their inpatient wards.

This initiative is part of the NHS response to the Francis Report which called for greater openness and transparency in the health service.

Full details of staffing levels are reported to public meetings of our Board of Directors and made accessible to the public (via the Unify Report) at NHS Choices website. Safer staffing information is also accessible to the public via the Trust's own website.

In addition to this the Trust is required openly 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.

2. Purpose of this report

The purpose of this report is to;

a) Provide assurance of the current position with regards to the National Quality Board (NQB) Safer Staffing requirements across the two operational care services in Leeds and York Partnership Foundation Trust, to the Board of Directors and the public.
b) To confirm that internal monitoring and escalation procedures are in place to main safe staffing levels at all times.

The report highlights the ongoing work that is being undertaken to support safer staffing.

The work to develop Dashboard information and metrics for all inpatient wards continues and we have increased the coverage from 6 to 12 wards since the time of the last report.

The key to the metrics and dashboard are defined in Appendix A, A metric trend analysis is in Appendix B and the Unify report is in Appendix C. The metrics are based on the work of the Safer staffing task and finish group which aims to support the development of a workforce staffing tool.

This report provides retrospective information about 27 inpatient units for the periods 1st September to 30th November 2016 and includes details of any notable exceptions to the planned staffing levels. Where dashboard information has been provided, this relates to October and November 2016 with the exception of Westerdale Ward where the information has been provided for the quarter.

3. Updates

3.1 CQC feedback re staffing

The CQC inspection report November 2016 noted improvements were required around staff training, mental health legislation knowledge and compliance and our policy in relation to restrictive practice issues. The have been addressed in the CQC action plan.

3.2 Safer staffing assurance audit

This review is a national requirement. The audit found a level of **Significant Assurance,** however there were some areas that required attention.

A sample of 11 wards were selected for testing purposes to verify whether safe staffing information displayed in public areas of the ward was accurate and up to date, and that staffing escalation procedures were displayed and known by staff.

Testing identified that six wards displayed safe staffing information that was not up to date. The level of compliance with the requirement to display daily safe staffing information had deteriorated since the time of the last audit.

Staffing escalation procedures have been reviewed and agreed by Matrons across the organisation. Testing identified that procedures were known by staff. However, seven of the wards visited did not display the procedures in a public area that is accessible to visitors, patients and staff.

Actions that **must** be taken are:

- **Matrons** to ensure that daily spot checks are made by an allocated member of staff to ensure that the information displayed is in a prominent location, is up to date and that the outcome of the spot check is **recorded**. Consistent poor recording of safe staffing information will be required to be addressed and actioned.

- **Matrons** to ensure that a copy of the escalation process is placed in the e-roster folder on every ward so that it is available to staff.

3.3 Temporary Closure of Westerdale, Low Secure forensic assessment and treatment ward, Clifton House, York.

Exceptionally, due to staff shortages and the absolute need to maintain patient safety, Westerdale Ward was closed, temporarily, on 9th December 2016.

The service has undertaken a skill mix review and aims to reopen Westerdale in April 2017.

3.4 Next steps with safer staffing task and finish group and the Calderdale framework.

The safer staffing task and finish group has completed the dashboard development work and has now been dissolved. There are currently 12 wards reporting via the dashboard.

Additional capacity has been agreed for the E-roster Team to ensure that all units can report their safer staffing data via the dashboard by April 2017.

4. Exception reports against Planned and Actual staffing

Any incidence of planned staffing levels reported at less than 80% or exceeding a 120% fill rate is considered an 'exception'. Where this is the case an explanatory note is provided.

4.1 Leeds Mental Health Care Group

4.1.1 Ward 1 Becklin Centre (Adult acute mental health female service)

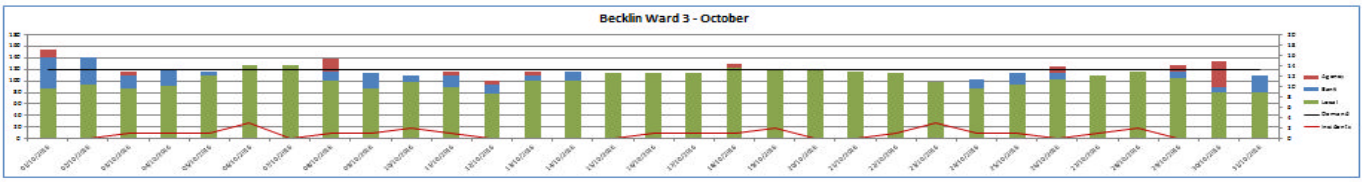
Over the three month period, this ward operated consistently with an overfill of HSWs during the day.

Contributory factors and mitigation
The ward has responded to increased levels of observations linked to high acuity, increased risk behaviours and poor physical health.

Skill mix has been adjusted to compensate for the 2 RN posts and 2 HSW vacant posts.

4.1.2 Ward 3 Becklin Centre (Adult acute mental health male)

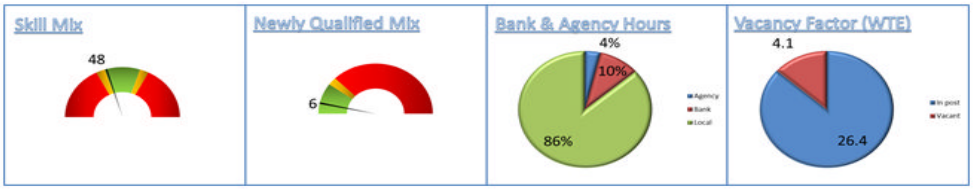
This ward operated consistently with an overfill of HSWs during the day.

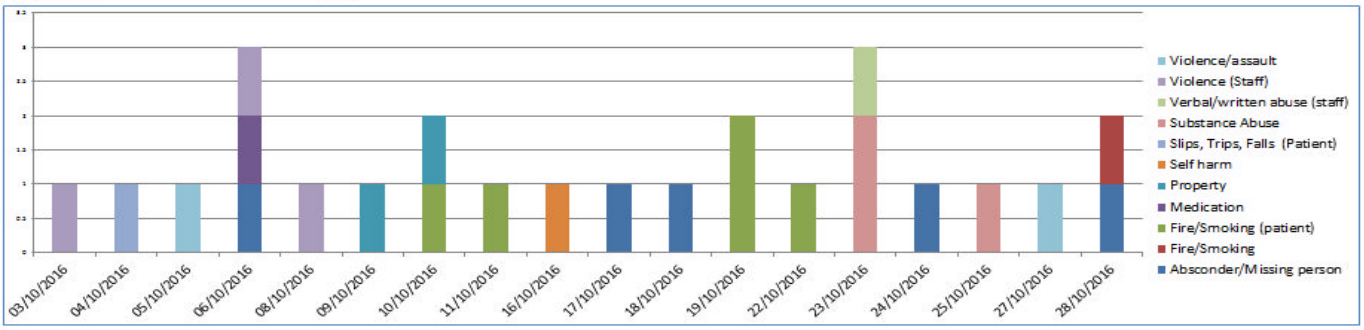


Bank & Agency Hours	
Agency	311
Bank	1060.5
Local	2497
Grand Total	**3868.5**

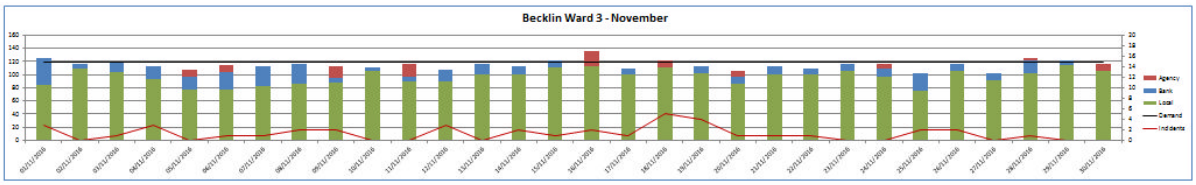
Status	Vacancy Factor (WTE)
In post	24
Vacant	8
Required	32

Additional Duties	Sum of Work Time
Adjusted Skill Mix	375
Escort	64
Observation	41.5
Serious Incident	3
Unknown	10.5
Using up staff hours	52.5
Vacancy	36.5
Grand Total	**583**





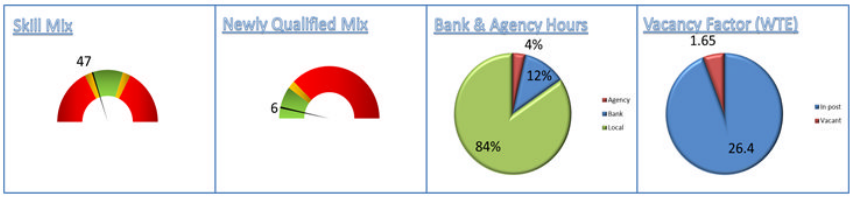
The incidents relate to violence, verbal abuse and fire / smoking.

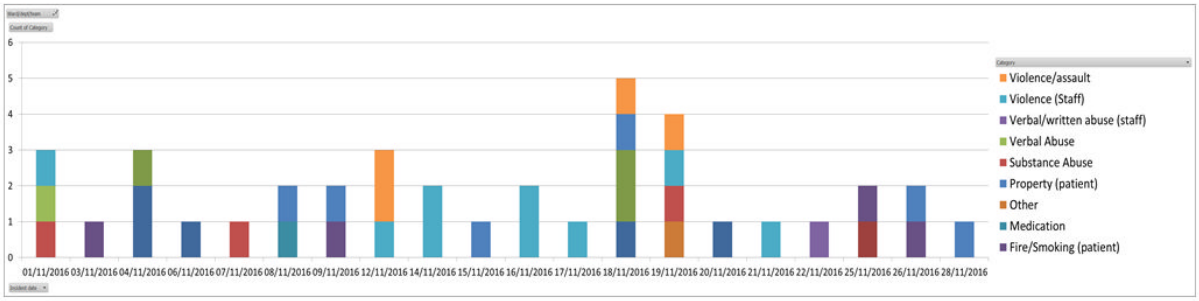


Bank & Agency Hours	
Agency	123
Bank	408
Local	2907
Grand Total	**3438.00**

Status	Vacancy Factor (WTE)
In post	26.4
Vacant	1.65
Required	28.05

Additional Duty Reasons	Sum of Work Time
Adjusted Skill Mix	345.5
Escort	29.5
Observation	33.5
Unknown	11
Using up staff hours	60
Vacancy	44
Grand Total	**523.5**





During November, the vacancy factor improved.

Contributory factors and mitigation

Whilst there was a 4.1% vacancy factor during October, the dashboard shows that the majority of duties were filled by substantive staff and the skill mix remained in the green.

The ward reported issues with service users disregarding the no smoking policy despite nursing staff removing lighters and in some cases observation levels needed to be increased. In addition to this several service users presented with very challenging behaviour and required additional staff input.

4.1.3 Ward 4 Becklin Centre (Adult acute mental health male)

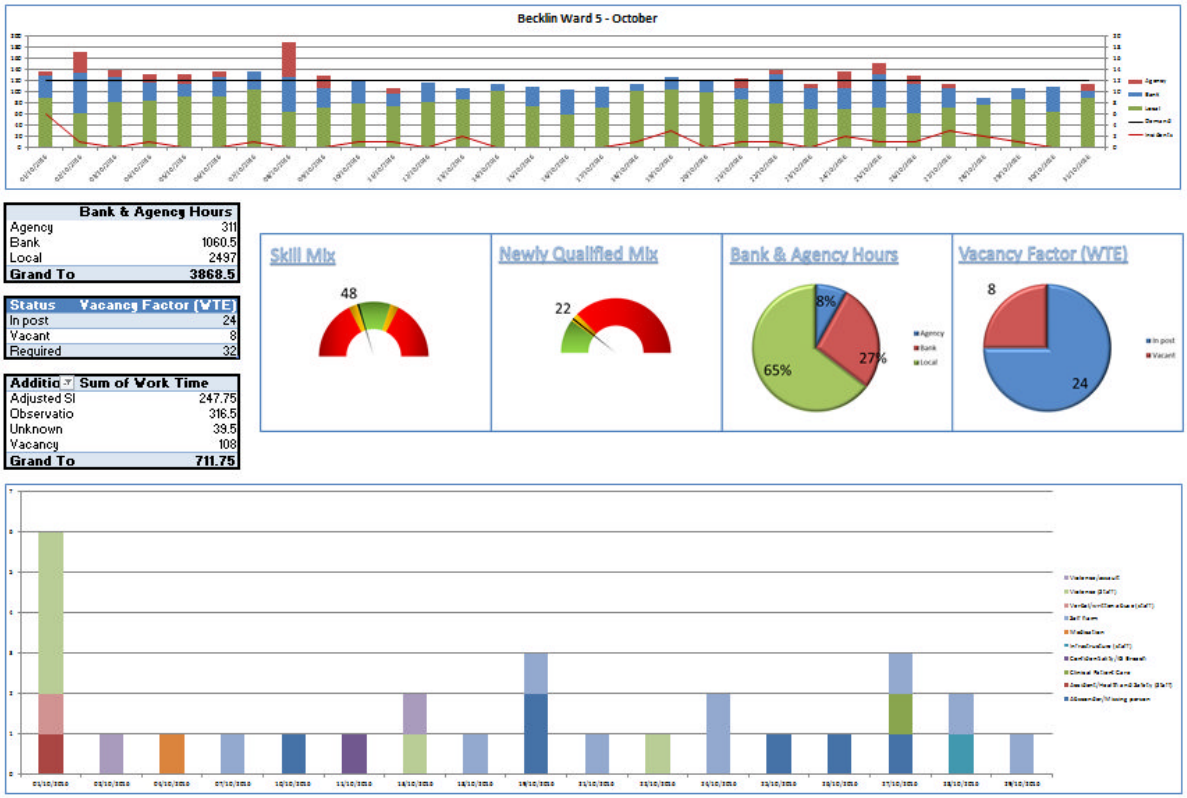
This ward has operated with an overfill of HSWs, mainly during the day, compensating for the underfill of RN hours.

Contributory factors and mitigation

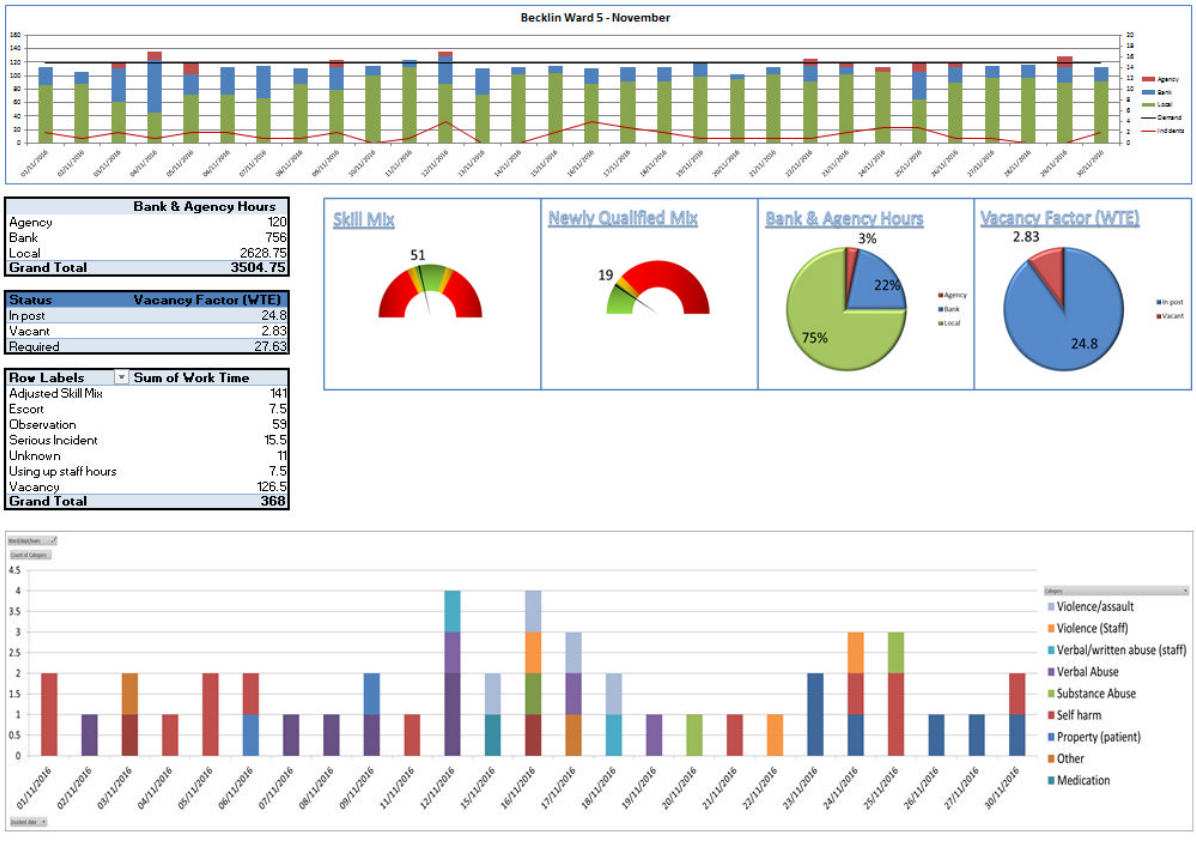
During September, there were 5 RN vacancies and 2 RN sickness absences for the whole month. Recruitment improved during November and the current vacancy factor has reduced to 2 RNs though substantive staffing remains affected by long term RN sickness absence.

4.1.4 Ward 5 Becklin Centre (Adult acute mental health female service)

In September there was a significant overfill of HSW hours during the day and night and an underfill of RN hours during the day. The overfill of HSW hours reduced during September and October and the RN fill rate improved.



Over a third of duties were filled with bank and agency staff in October and nearly a quarter of funded staffing was vacant.



The vacancy factor improved significantly in November and reduced the use of bank and agency staff.

Contributory factors and mitigation
There were 5 RN vacancies in September.

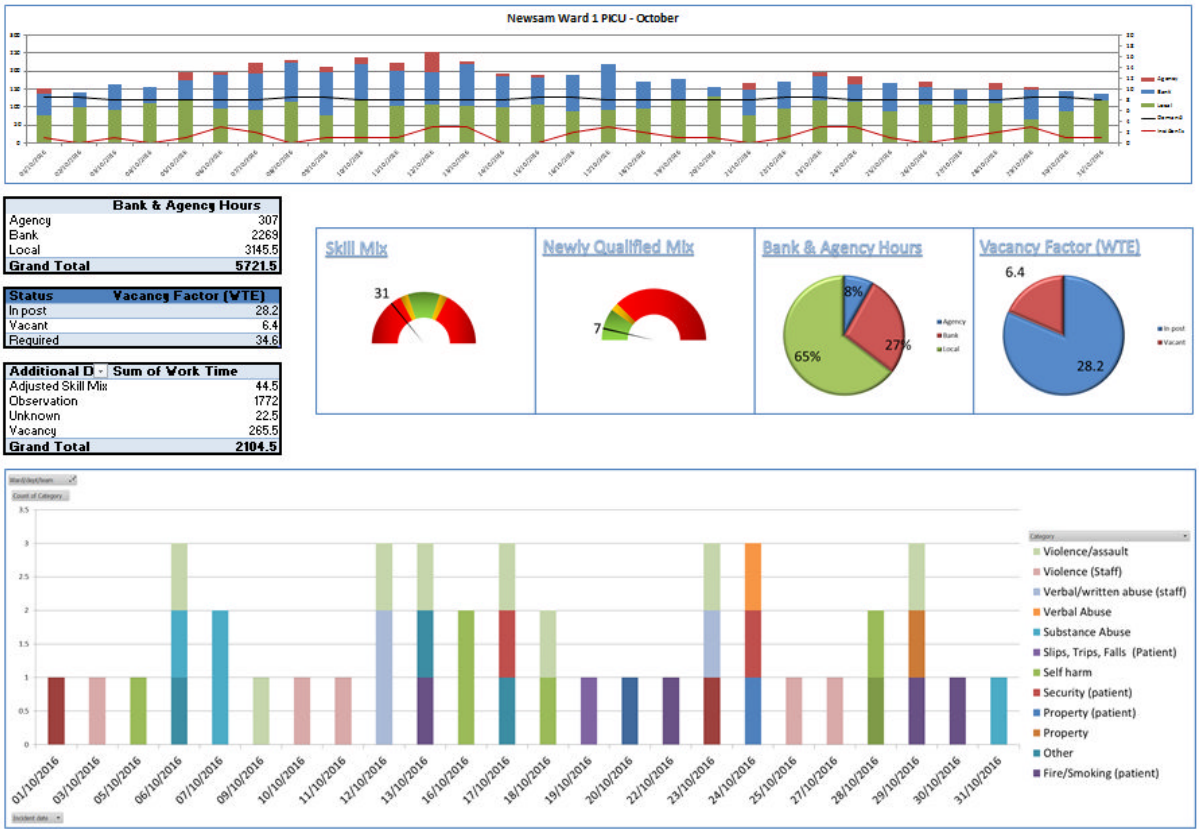
The October data shows high bank and agency use alongside a vacancy factor of 8%. Skill mix improved as new staff came into post during November reducing the RN vacancy factor to 1 RN and reduced use of bank and agency staff by 10%.

The escalation procedure was implemented appropriately where there was a reduction in RN cover. The situation improved in November and all duties were covered with a minimum of 2 RNs.

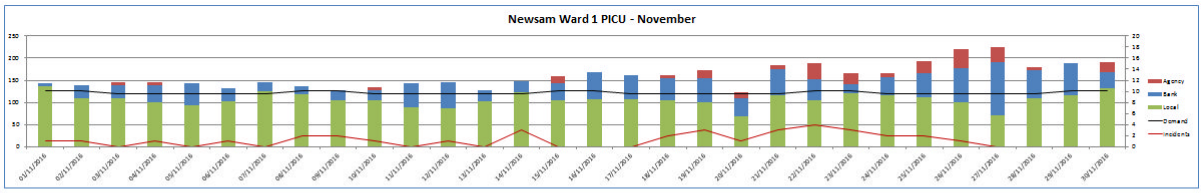
The high acuity level required increased observations and escort duties. In acknowledgment of the acuity and to support new staff coming into post, a Band 6 RN was placed in a supernumerary position during weekdays to support the management and clinical leadership on the ward and to assist in improving quality.

4.1.5 Ward 1 Newsam Centre (Psychiatric intensive care unit)

This ward operated with an overfill of HSW hours during the day and night.



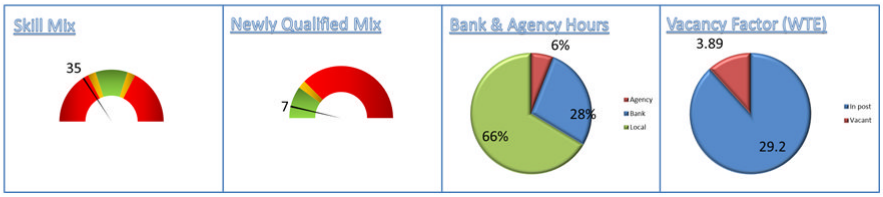
Skill mix was reduced and there was a high use of bank and agency in October.

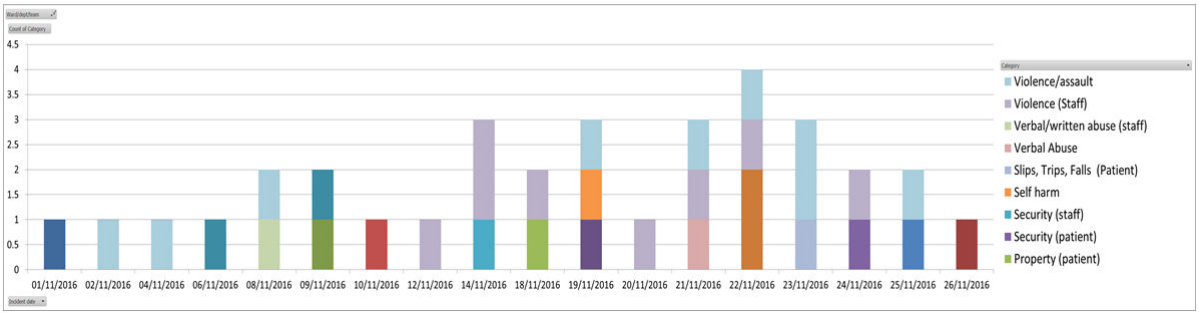


Bank & Agency Hours	
Agency	287
Bank	1326.5
Local	3190.5
Grand Total	4804.00

Status	Vacancy Factor (WTE)
In post	29.2
Vacant	3.89
Required	33.09

Row Labels	Sum of Work Time
Adjusted Skill Mix	83
Observation	774.5
Vacancy	235.5
Grand Total	1093





The vacancy factor improved in November which helped reduce the use of bank and agency staff..

Contributory factors and mitigation

This ward operates as a 12 bedded unit though it is funded to staff 10 beds for Leeds patients.

From September to October the increased use of HSWs related to the following, an increased requirement to provide 1-1 and 2-1 ‘within eyesight observation’ for some service users, cover for sickness absence, maternity leave and 1 HSW vacancy.

The dashboard data shows high bank and agency usage to make up for the shortfall in available substantive staff hours.

In terms of incidents violence / assault remains a key feature in this service. This staff team requires a huge amount of resilience as they work in an extremely pressured environment where demands have significantly increased. Despite this care continues to be provided in the least restrictive manner possible.

There will be a service review of PICU as part of the Trust Clinical Strategy.

4.1.6 Ward 4 Newsam Centre (Adult acute mental health male)

This ward operated with an overfill of HSW hours during the day and night. There was an underfill of RN hours during the day in September and October and HSW hours were used to backfill.

Contributory factors and mitigation

A combination of long and short term sickness absence, maternity leave and vacancies (2 RNs and 2 HSWs) were key indicators in the underfill of hours. Four newly appointed RNs were working as HSWs (Band 3) whilst waiting confirmation of their NMC PIN. RN availability improved in November, however, additional HSW hours were required due to an increase in observation levels.

4.1.7 Ward 5 Newsam Centre (Locked rehabilitation and recovery)

With effect from 3rd October 2016, Ward 5N moved from the management of the Leeds Care Group into the Specialist & LD Care Group.

During September and October there was an overfill of HSW hours during the day and night and during November there was an underfill of RN hours during the day.

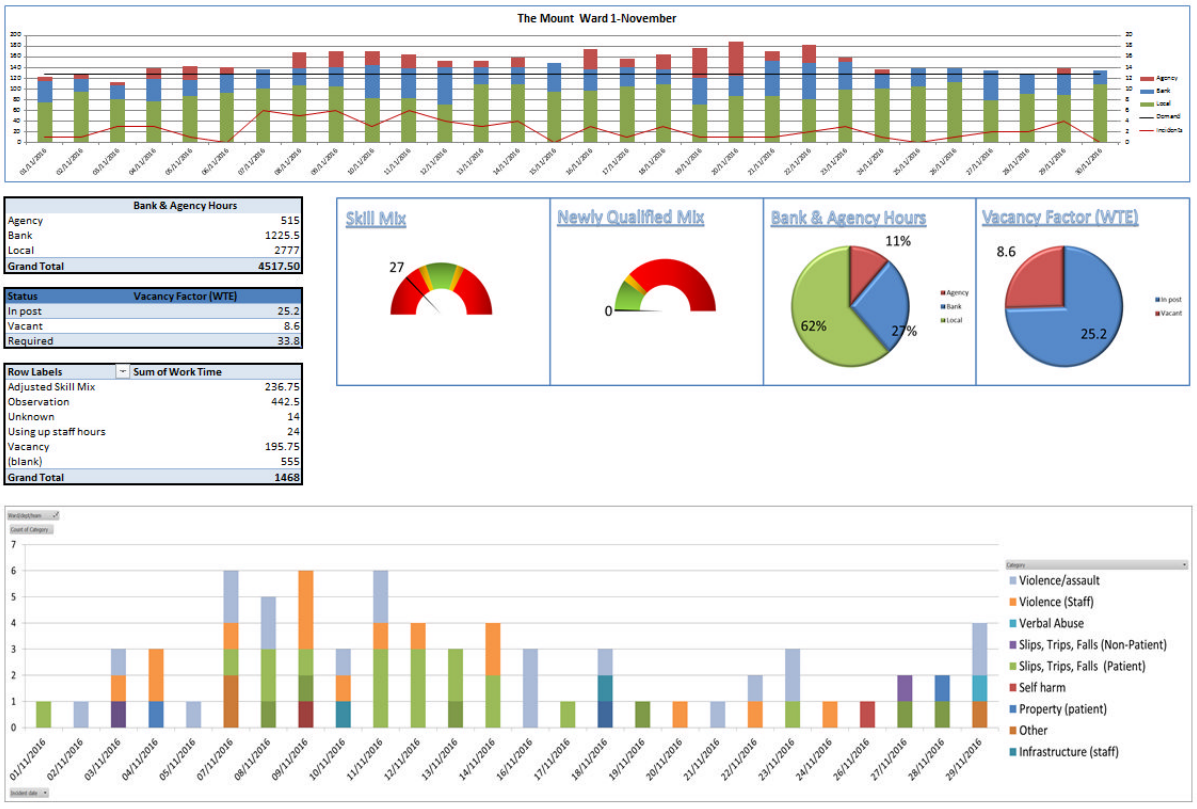
Contributory factors and mitigation

The overfill of HSW hours during September was in response to within eyesight observations and supporting a service user whom required physical health intervention at St. James's Hospital. In addition to increased observation levels in October, additional HSW hours were also used during November to backfill 3 RN vacancies.

4.1.8 Ward 1 The Mount (OPS dementia male)

This ward operated with an overfill of HSW hours during the day and night and during October and November. Throughout this period the RN hours were under filled during the night.

The dashboard shows a reduced skill mix with a third of the duties filled by bank and agency where the vacancy factor was 5.6 WTE.



The vacancy factor reduced in November but the skill mix and bank and agency hours still remained in the red.

Contributory factors and mitigation
HSW hours have been used to backfill the 3 vacant RN posts and respond to within eyesight levels of observations.

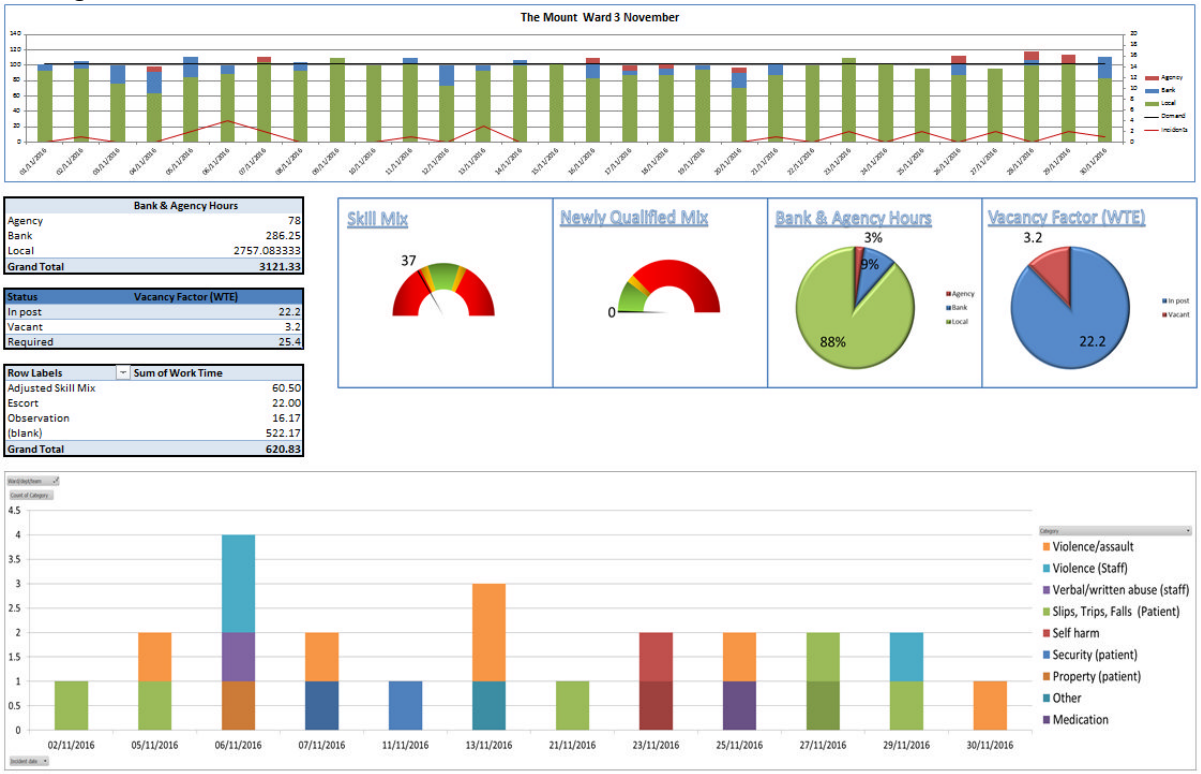
The service has recently employed a Practice development lead to support service development and the governance of falls is now reported quarterly.

4.1.9 Ward 2 The Mount (OPS dementia female)
This ward operated with an overfill of HSW hours during the day and night. In October and November the RN hours during the night were under filled.

Contributory factors and mitigation
Whilst all shifts have been covered with a RN, there are 2 RN vacancies and 2.2 WTE Band 3 vacancies. Availability was also compromised by short and long term sickness absence. Additional HSW hours were used to backfill RN vacancies and respond to increased within eyesight observation acuity.

4.1.10 Ward 3 The Mount (OPS mental health mixed sex)
During September to November this ward remained in range and had no exceptions to report.

Though the unify report was in range, the dashboards show skill mix is in the red during October and November.



Contributory factors and mitigation

Whilst this wards staffing has remained in range, the dashboard demonstrates poor skill mix and a level of incidents relating to violence, assault, slips trips and falls. There were 4 RNs unavailable for work and 2 RN vacant posts. A Preceptee was recruited in November which will ultimately improve the RN cover on completion of their preceptorship. The ward endeavoured to fill the gaps with regular staff and bank staff who knew the ward which ensured continuity of care.

4.1.11 Ward 4 The Mount (OPS mental health female)

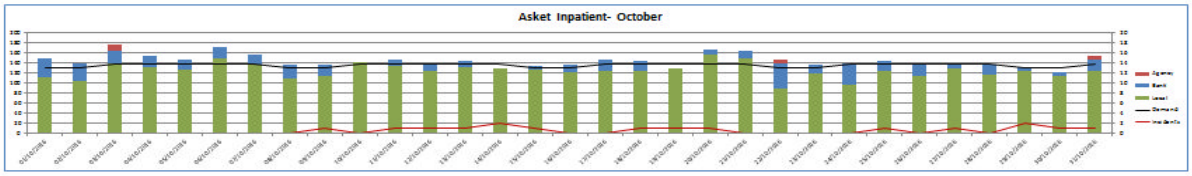
This ward operated with a slight overfill of HSW hours during September and an underfill of RN hours during October.

Contributory factors and mitigation

The underfill of RN hours was backfilled with HSW hours. The vacancies of 1.9wte RNs and 2 HSWs and long term sickness absence have been supported by using regular bank staff to provide care to meet acuity and escort needs.

4.1.12 Asket House Inpatient Unit (Rehabilitation and recovery)

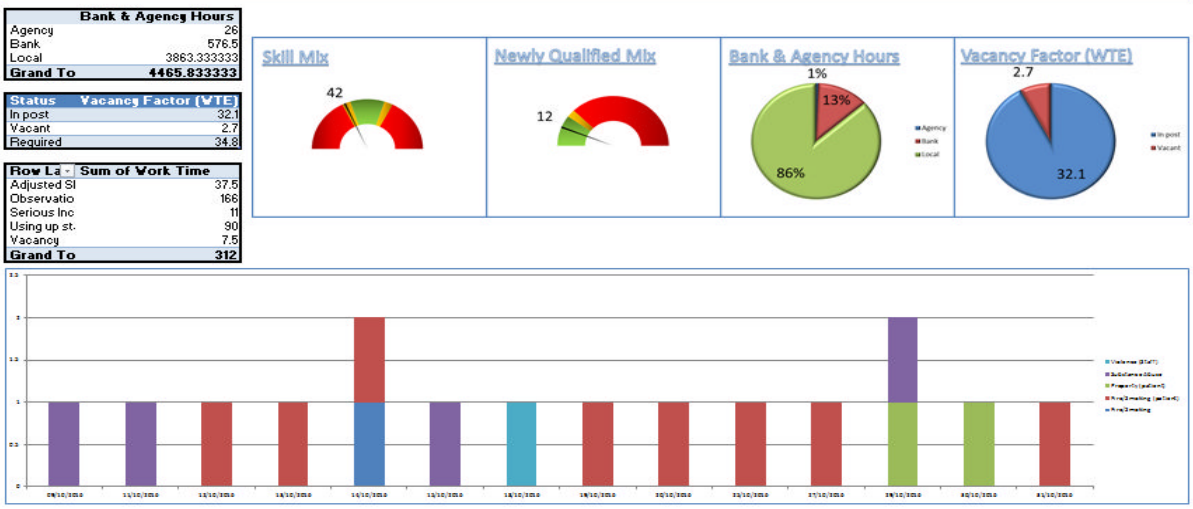
This ward operated with an overfill of HSW hours during the night in September.

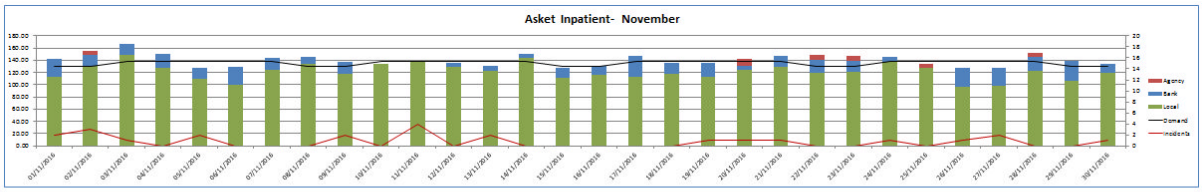


Bank & Agency Hours	
Agency	26
Bank	576.5
Local	3863.333333
Grand To	4465.833333

Status	Vacancy Factor (WTE)
In post	32.1
Vacant	2.7
Required	34.8

Row La	Sum of Work Time
Adjusted SI	37.5
Observatio	166
Serious Inc	11
Using up st.	90
Vacancy	7.5
Grand To	312

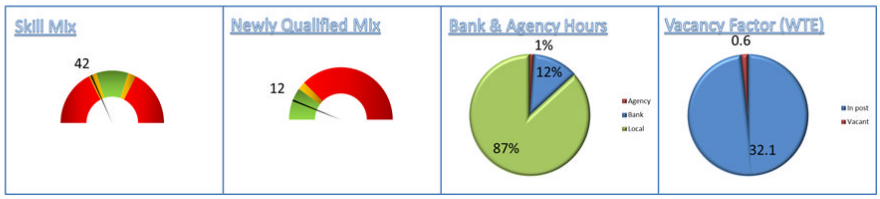


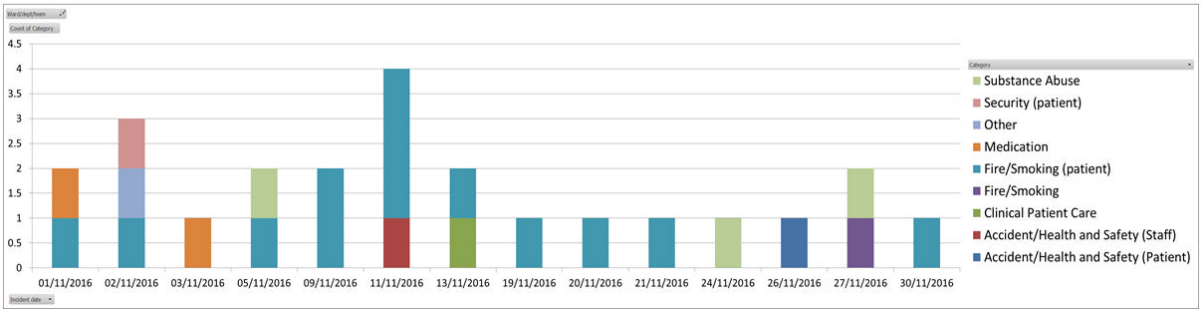


Bank & Agency Hours	
Agency	45.50
Bank	513.00
Local	3645.50
Grand Total	4204.00

Status	Vacancy Factor (WTE)
In post	32.1
Vacant	0.6
Required	32.7

Row Labels	Sum of Work Time
Adjusted Skill Mix	51.5
Escort	18.5
Observation	90.5
Using up staff hours	45
Vacancy	7.5
Grand Total	213





In November skill was an issue though there was a slight decrease in bank and agency usage.

Contributory factors and mitigation
There are a number of smoke related incidents in September requiring additional staff to manage increased levels of observations in response.
The incidents were occurring in bedroom areas, and posed a significant risk to fire safety.

4.1.13 Crisis assessment unit
This unit operated with an overfill of HSW hours during the day and night. In November there was an overfill of hours during the night.

Contributory factors and mitigation
This unit was carrying vacant posts but this position was improving with recruitment. Bank staff and overtime hours have been used as backfill to address the shortfall and address acuity issues.

4.2 Specialist and Learning Disabilities Care Group

4.2.1 Bluebell Ward (Forensic female mental health)
This ward operated with an overfill of HSW hours during the day. In November, there was an underfill of RN hours during the day.

Contributory factors and mitigation
Bluebell as a member of the forensic inpatient service unit at Clifton House has struggled with a number of unfilled RN vacancies, long term sickness absence and maternity leave. The higher HSW hours has been used to backfill the RN shortfall. All shifts were covered by at least 1 RN.

4.2.2 Riverfields (Forensic low secure male mental health treatment, continuing care and rehabilitation).
This ward operated with an overfill of HSW hours, though in September there was an underfill during the night. There was also an underfill of RN hours during the day in October.

Contributory factors and mitigation
Where the HSW hours show an underfill this was due to the provision of cover on other wards at Clifton House, though all nights had at least two staff on duty on Riverfields. In October, HSW's have also been used to backfill the 2 RN vacancies.

4.2.3 Rose Ward (Forensic low secure female assessment, treatment and rehabilitation)
There was an overfill of HSWs in October.

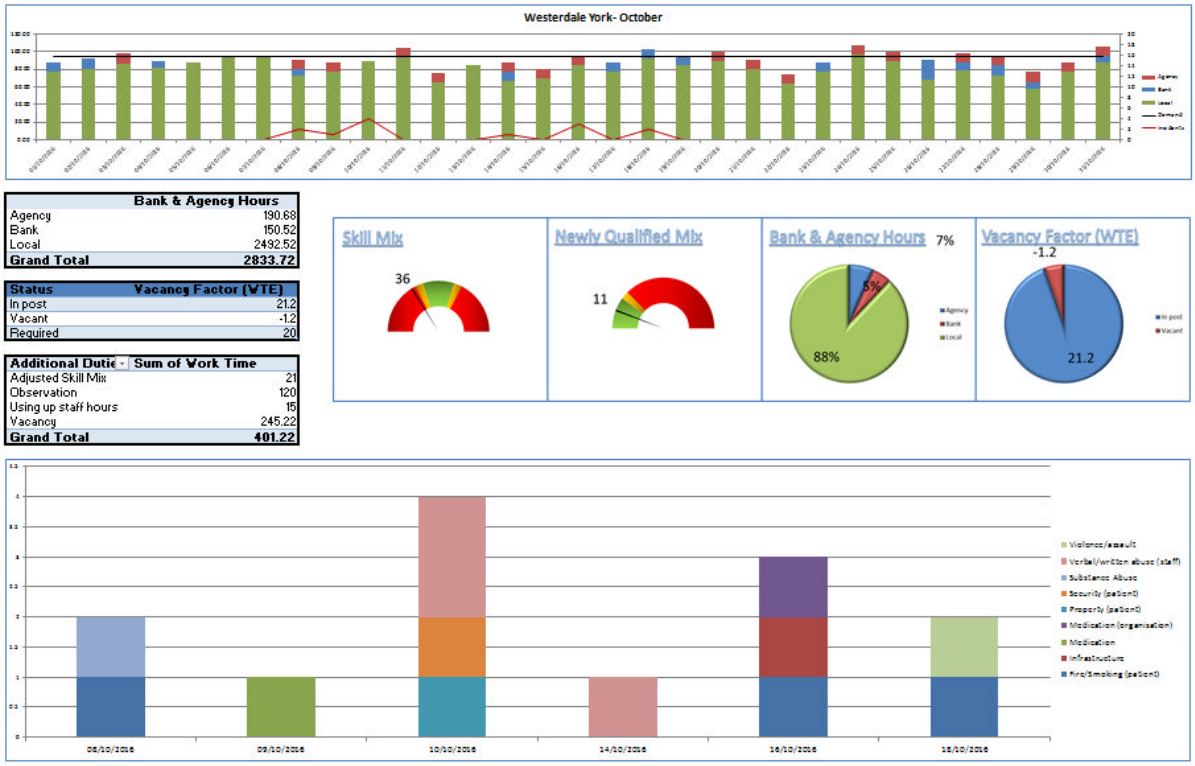
Contributory factors and mitigation

The overfill was in relation to the provision of escort duties and within eyesight observations.

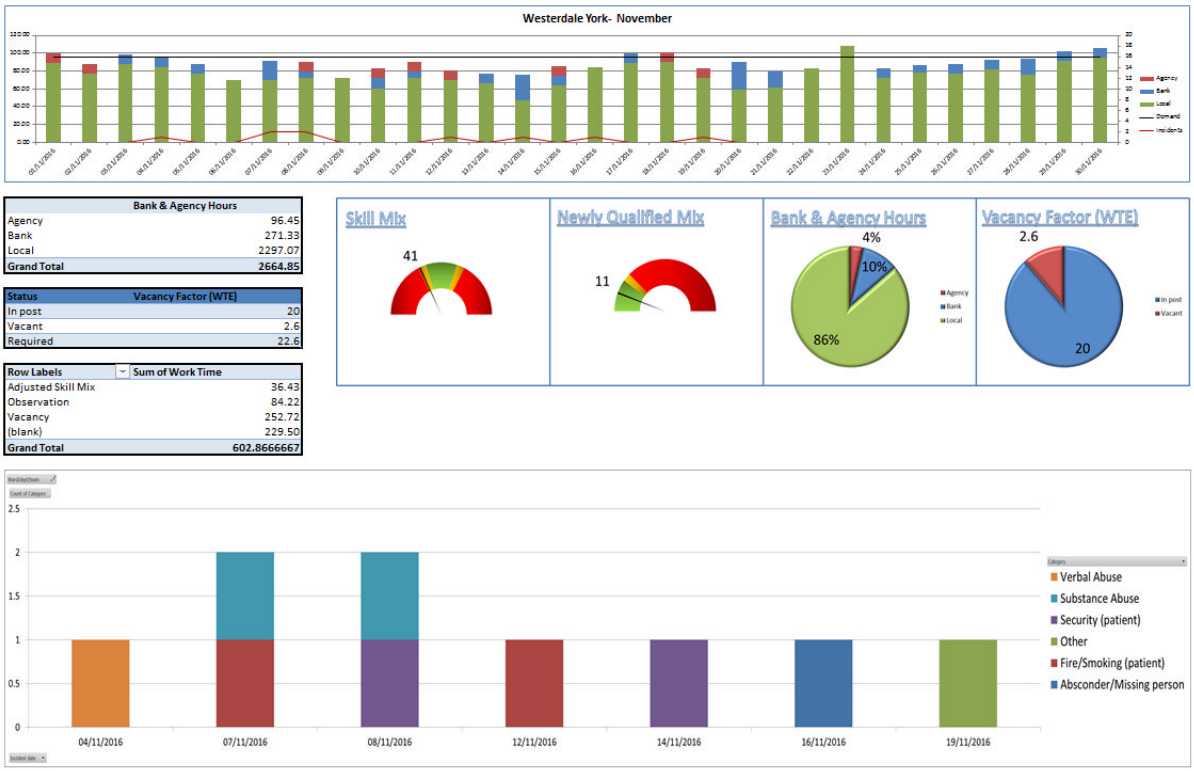
4.2.4 Westerdale (Forensic low secure male mental health admissions, assessment and rehabilitation)

Over this 3 month period Westerdale had a large overfill of HSW hours which were used to compensate for the unavailability of RN hours particularly during the day.

The metric is showing for the majority of September, Westerdale's staffing was not meeting the budgeted daily demand on the unit, the skill mix was poor and there were a number of smoking related incidents.



In October, meeting the budgeted daily demand still requires improvement.



Contributory factors and mitigation
All shifts were covered with an RN but due to the vacancy factor some of these shifts were covered by bank and agencies.

Improvement action
Westerdale ward, Clifton House York was temporarily closed on the 9th December 2016.

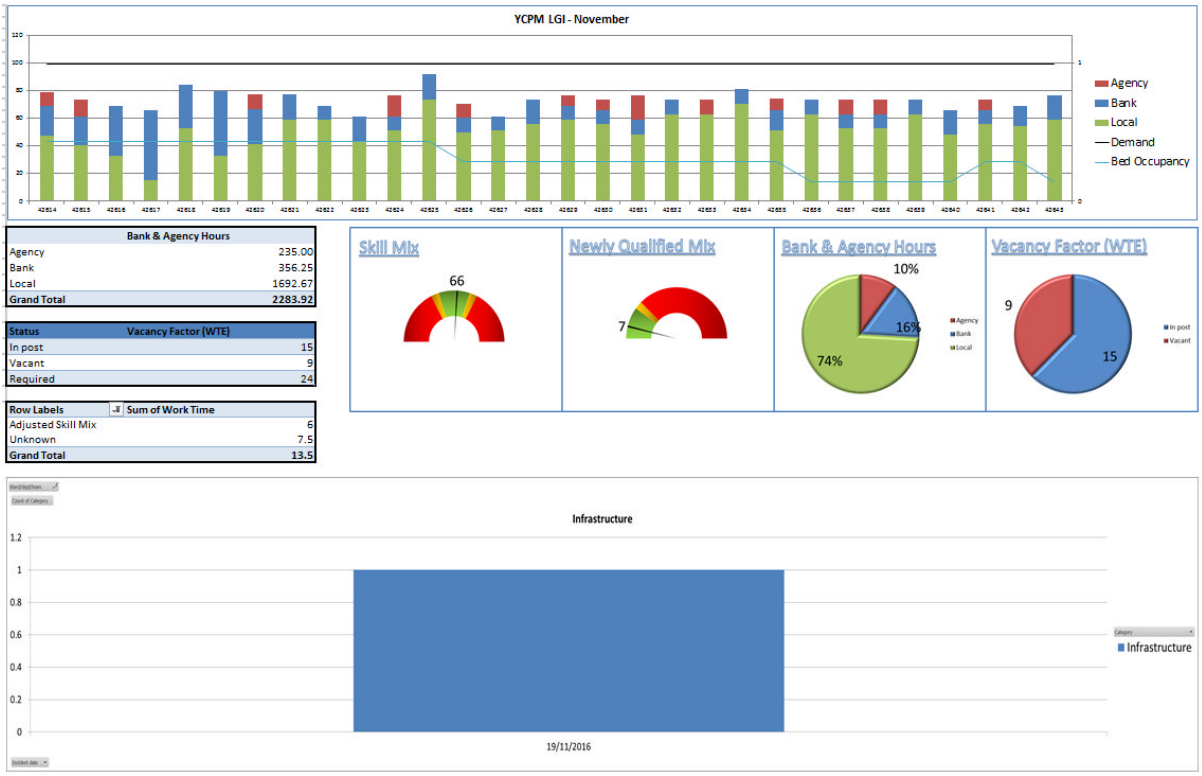
This decision was taken to ensure patient safety and quality of care, in view of on-going significant staff shortages which resulted in there being insufficient Registered Nurse cover for the 4 wards at Clifton House (although 3 wards could be covered safely).

All staff have been relocated within the service at Clifton House, and service users were either moved into available capacity elsewhere within the service or into alternative services.

The service aims to reopen Westerdale in April 2017 and – having undertaken a skill mix review - are in the process of undertaking a targeted recruitment campaign, a programme of staff training and a number of environmental works.

4.2.5 YCPM (WARD 40 LGI Liaison psychiatry)
There were no exceptions to report during September, October and November.

The dashboard shows that over a quarter of duties are being completed by bank and agency staff and it appears that staffing is not meeting demand.



Again whilst the skill mix and balance of newly registered staff looks appropriate, it appears that staffing is not meeting demand.

Contributory factors and mitigation

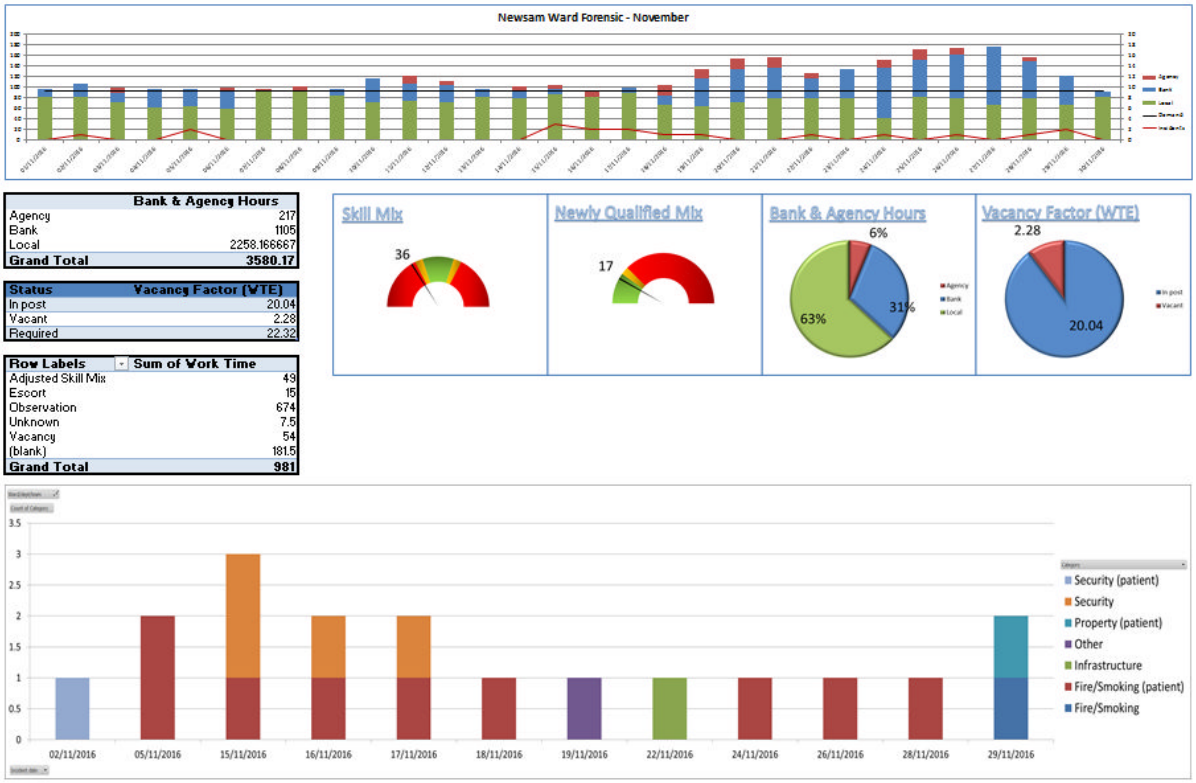
The staffing compliment was increased to meet the needs of moving to a new unit and increasing the bed base. This hasn't yet occurred and the eroster template still reflects a minimum number of 3 RN's per shift which is why it appears that staffing is not meeting demand when this is not the case.

The service continues to work with LTHT for an appropriate general hospital based site and this is also part of the estates strategy plan.

4.2.6 Ward 2 Newsam Centre (Forensic assessment and treatment male)

Throughout this period there has been an overfill of HSW hours during the day and night and an overfill of RN hours during the day in November.

In October, nearly a third of duties were being filled by bank and agency staff and skill mix was poor.



Again more than a third of duties are being filled by bank and agency staff and there are a number of fire / smoking related incidents.

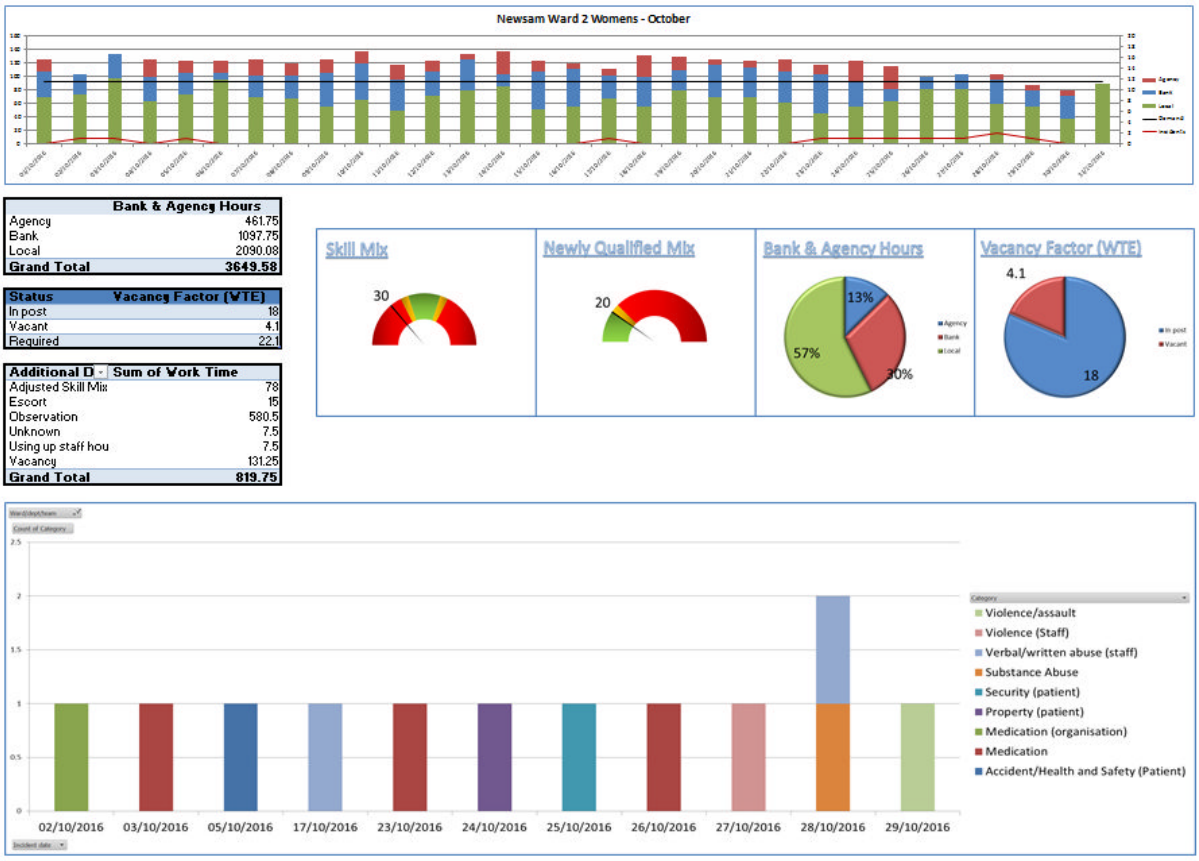
Contributory factors and mitigation
Staffing was increased during September and October due to seclusion and within eyesight observations activity.

Due to the nature of the forensic services, there are service users that are not given leave. The service understands that there is a specific group who present more in fire / smoking related incidents as they are attempting to smoke on the premises. Staff continue to remain vigilant and conduct room searches, person searches and security checks in relation to these.

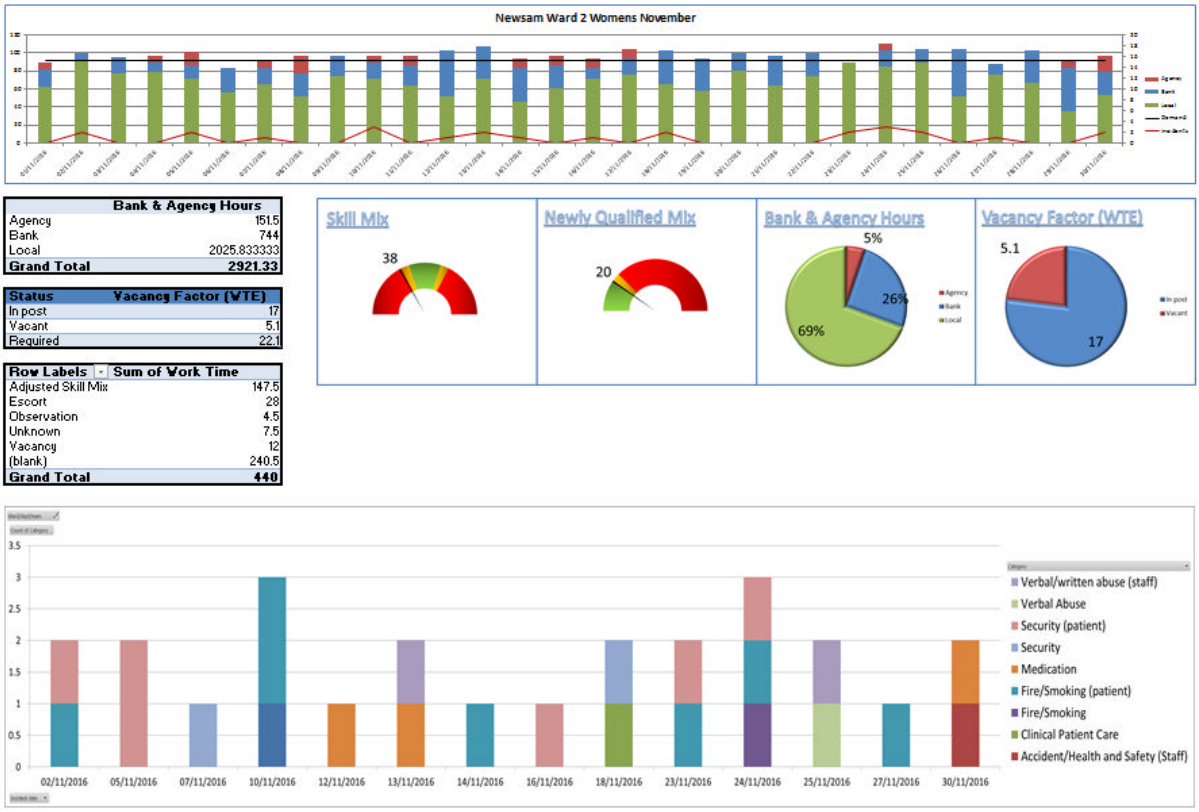
In terms of agency staff usage this is in response to a number of staff members leaving the service recently.

4.2.7 Ward 2 Newsam Centre (Forensic female)

This ward operated with an overfill of HSW hours during the day. During October there was an overfill of HSW hours during the night and the RN hours were reduced during the day.



Skill mix was reduced and there was a higher use of bank and agency staff.



Bank and agency usage reduced slightly in November but skill mix remains poor.

Contributory factors and mitigation

Skill mix has been adjusted to accommodate the 2 RN vacancies. In addition the RN fill rate was low in October due to staff sickness absence.

In terms of agency staff usage this is in response to a number of staff members leaving the service recently.

4.2.8 Ward 3 Newsam Centre (Treatment and recovery)

This ward operated with an overfill of HSW hours during the day and night.

Contributory factors and mitigation

The overfill of HSW hours was in relation to providing backfill for unavailable RN hours and in response to providing within eyesight observations for an extensive period of time.

4.2.9 Ward 6 Newsam Centre (Eating disorders)

This ward operated with an overfill of HSW during the day in September and November. The RN hours were overfilled during the night in October and November.

Contributory factors and mitigation
The overfill of HSW hours is due to backfilling the 3.5wte RN vacancies and 3 HSW vacancies. However the service has managed to recruit 2 RNs. Unavailability has also been affected by 3 substantive HSWs who are currently on maternity leave.

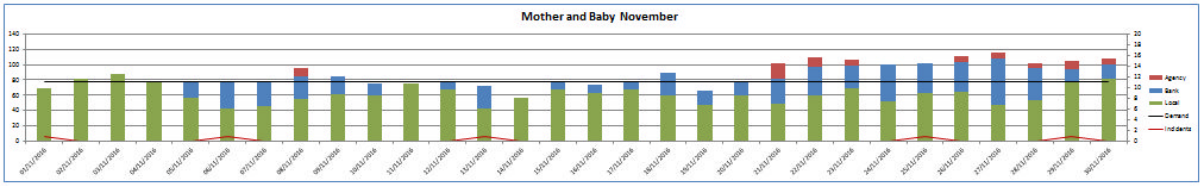
Additional staffing has also been affected by within eyesight observation levels and the RN at night fill is due to the use of allocating a regular Agency Nurse so that experienced substantive staff can cover the days.

Newly recruited RNs will commence in January 2017.

4.2.10 Ward 5 Mount (Perinatal)

There has been an overfill of HSW hours during the night across this period and an overfill of HSW hours during the day in November.

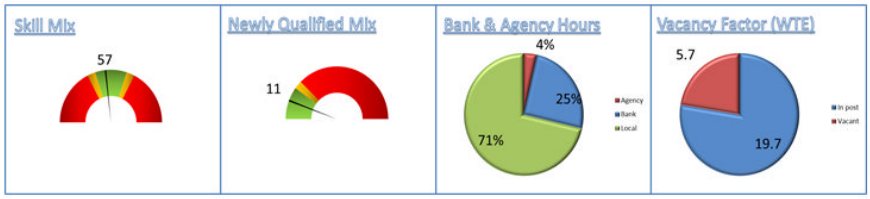
Nearly a third of duties in October were worked by bank and agency staff.

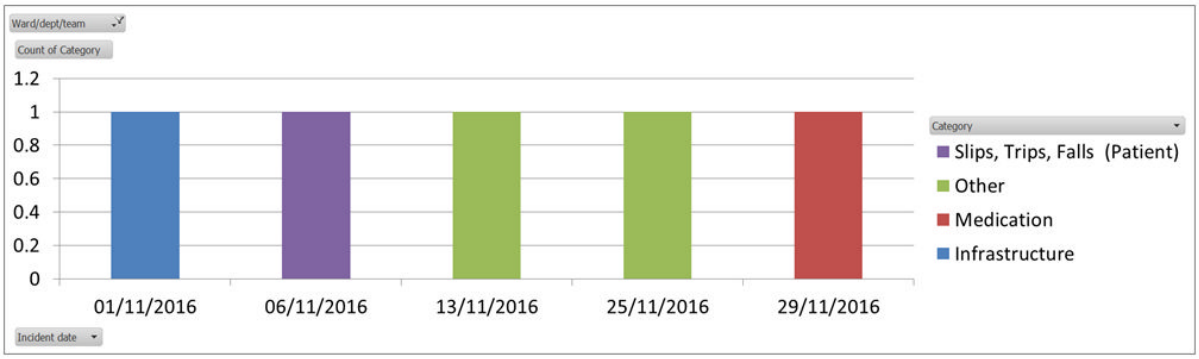


Bank & Agency Hours	
Agency	93.50
Bank	655.08
Local	1860.58
Grand Total	**2609.17**

Status	Vacancy Factor (WTE)
In post	19.7
Vacant	5.7
Required	25.4

Row Labels	Sum of Work Time
Adjusted Skill Mix	163.25
Observation	26.5
Using up staff hours	22.5
Vacancy	179.5
Grand Total	**391.75**



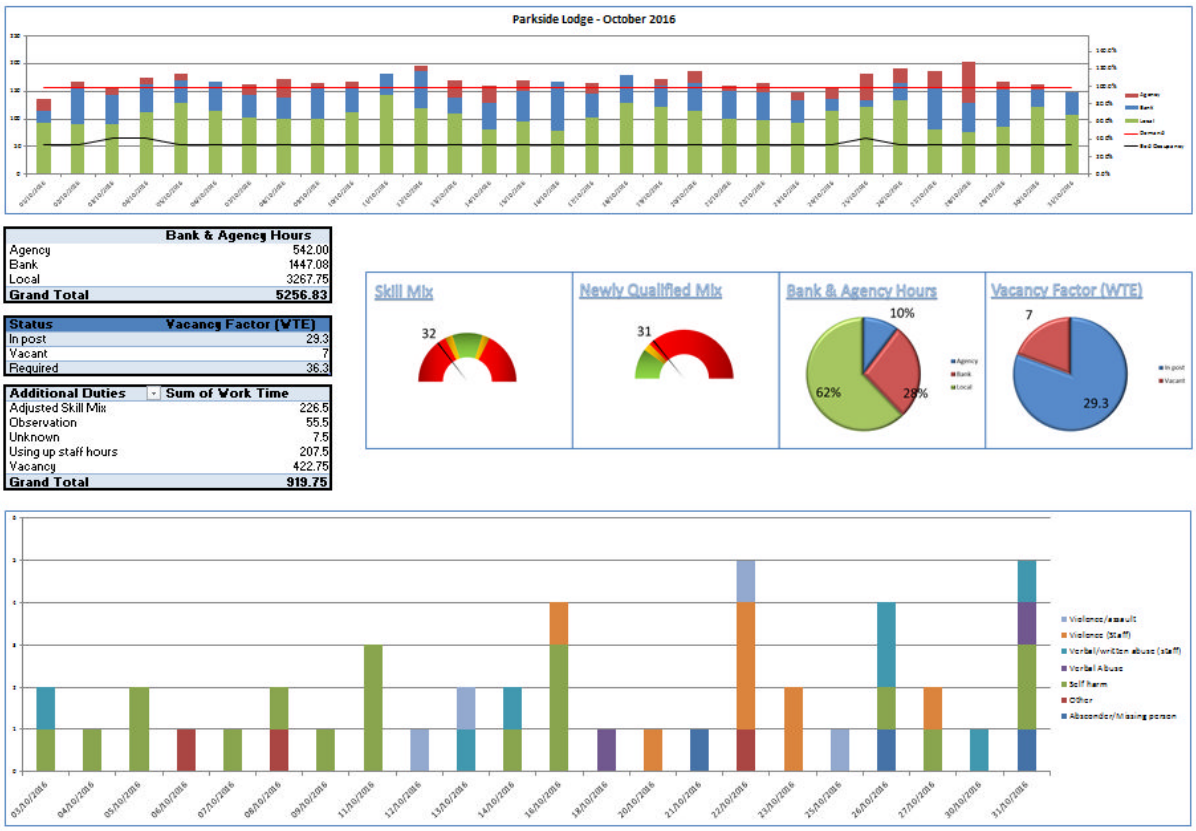


Contributory factors and mitigation

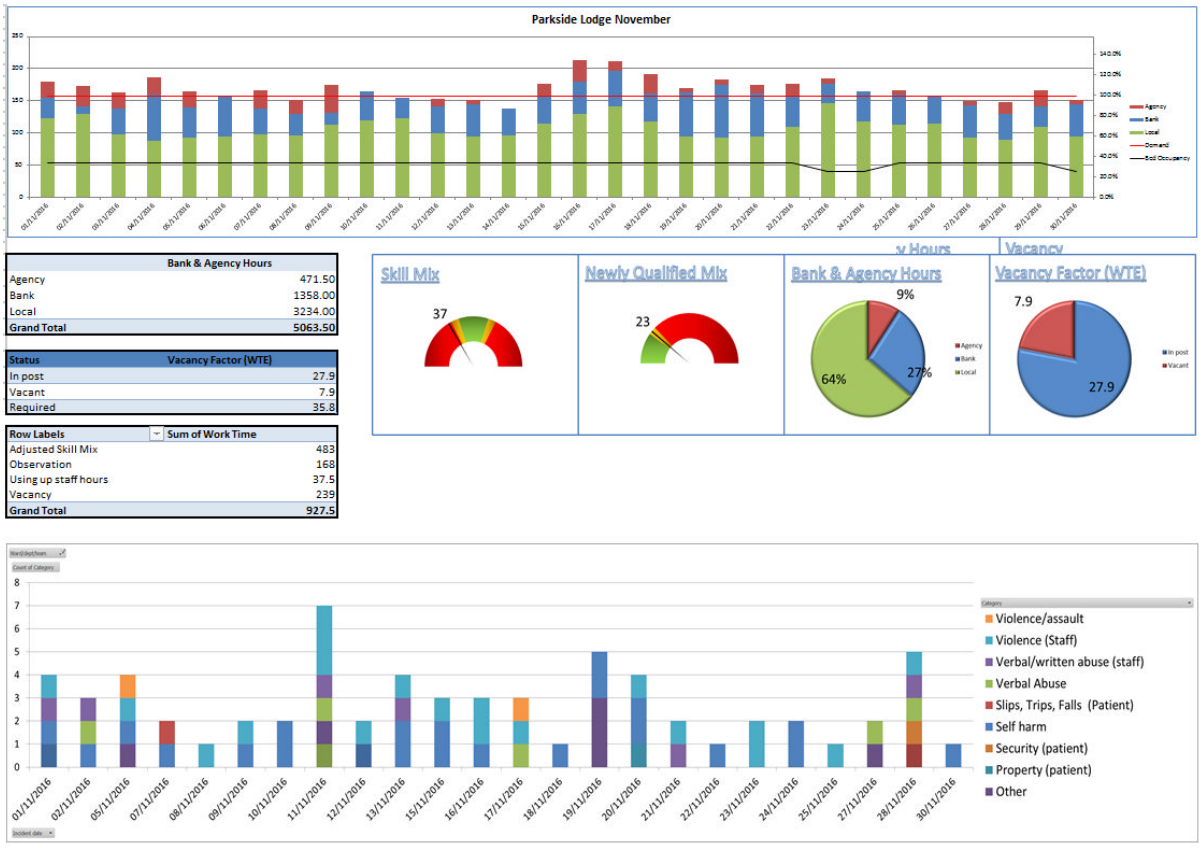
HSW's have been used as backfill for vacant RN hours. Other unavailable RN hours are due to maternity leave and working as a HSW until PIN has been received. The unit has expanded to 8 beds and 6 HSW's were recruited to in order to take numbers to 5 per shift/ 4 at night.

4.2.11 Parkside Lodge (LD acute assessment and treatment)

There was an overfill of HSW hours during the day across this reporting period and an overfill of RN hours during the night in September.



Skill mix was reduced with bank and agency staff have filled over a third of duties in October whist violence is a key feature in incidents.



Contributory factors and mitigation

The overfill of staffing is due to supportive escort duties, section 17 leave. And within eyesight observations for a service user requiring a prolonged period outside of care outside of the usual staff complement.

4.2.12 No 2 Woodland Square (LD respite for complex physical health)

There was an underfill of HSW and RN hours during the day in September and October.

Contributory factors and mitigation

This was as a result of vacancies and sickness absence. In addition, the service has had fewer service users attending.

4.2.13 No 3 Woodland Square (LD continuing care and rehabilitation / health respite)

In September there was an overfill of HSW hours in the night and in October there was an overfill of HSW hours during the day and night.

Contributory factors and mitigation

Staffing was increased to support service users requiring assistance with sleep and other higher levels of interventions.

4.2.14 Mill Lodge (CAMHS)

There was an overfill of HSW hours during the night across the reporting period and an underfill of HSW hours during the day in November.

Contributory factors and mitigation

The overfill of staffing has been in relation to responding to additional care needs of service users, backfilling vacant RN posts and providing within eyesight observations. The underfill of hours in November has been affected by 3.8 WTE vacancies, long term sickness absence and maternity leave.

5. Conclusion

This report highlights that whilst the services continually actively try to recruit staff there remains a staffing crisis, particularly in terms of the recruitment of Registered nurses. This is not out with of the national picture.

Though the dashboards highlight bank and agency usage is high in some areas, the overall Bank and Agency usage reduced by 8% in the 2nd quarter of this financial year (Potentially due to up-staffing on substantive during CQC inspection in July). (See appendix D).

However, staffing has been of particular concern in the Forensic inpatient service and in response to these concerns, an external review has been commissioned to examine the nature and severity of the issues.

In terms of incidents, the dashboard identifies a few themes:

- Slips, trips and falls. As of April 2016, a report has been produced to provide assurance that all falls within LYPFT services are reported, reviewed, investigated, and have systems in place to share lessons and improve patient safety.

- There are a number of challenging behaviour and violence and aggression incidents. Staff require support in learning from this type of incident and increasing their confidence in managing such situations. This work is being progressed as part of LYPFT's Reducing restrictive interventions working group.

- Multi-disciplinary teams are supported to consistently apply the smoke free policy and there is continued involvement from the smoking cessation advisors. However, smoke free premises are a challenge to staff attempts to manage fire and smoking incidents as a small group of service users continue to disregard the no smoking policy despite staff removing lighters. A trust position on not returning certain items to patients which are prohibited on wards and the risks this presents is required and service users may be denied items that are rightfully theirs in support of our duty to ensure that people

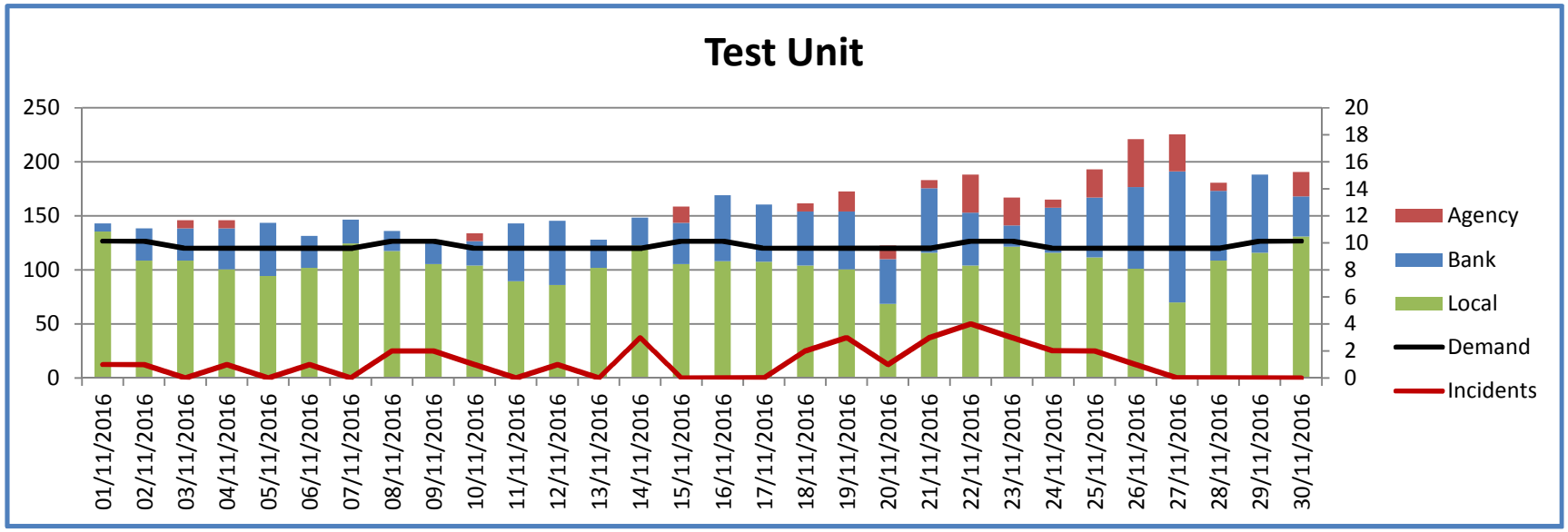
experience safe care. LYPFT has sought to clarify the legal and ethical position further.

6. Recommendations

- Receive the report and note the contents.
- Discuss any issues raised by the content

Appendix A- Key to metrics and dashboard reports:

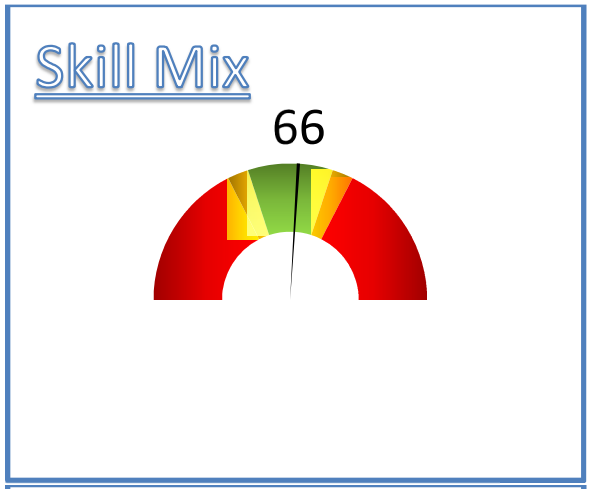
As part of the Safe Staffing Task and Finish Group a number of metrics were discussed with clinical colleagues to define what safe staffing should look like in Mental Health Trusts. These metrics are described below.



The chart demonstrates:

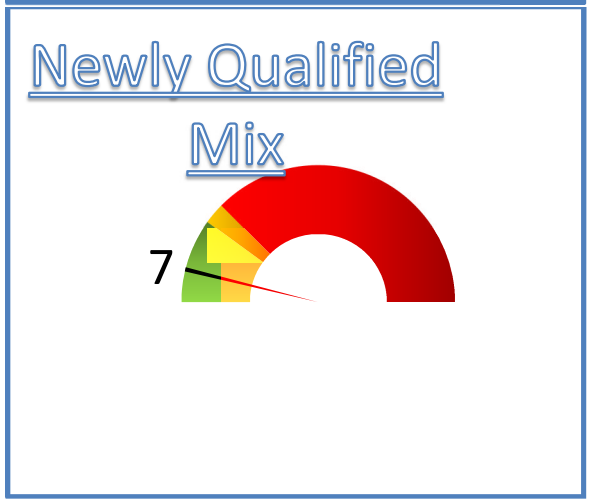
The combined RN and HCA hours per day (Care Hours Per Patient Day) broken down by fulfilment type (Local/Bank/Agency) – The bar chart shows the actual RN and HCA hours against the total RN and HCA hours identified as required per day (shown as a black line)

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



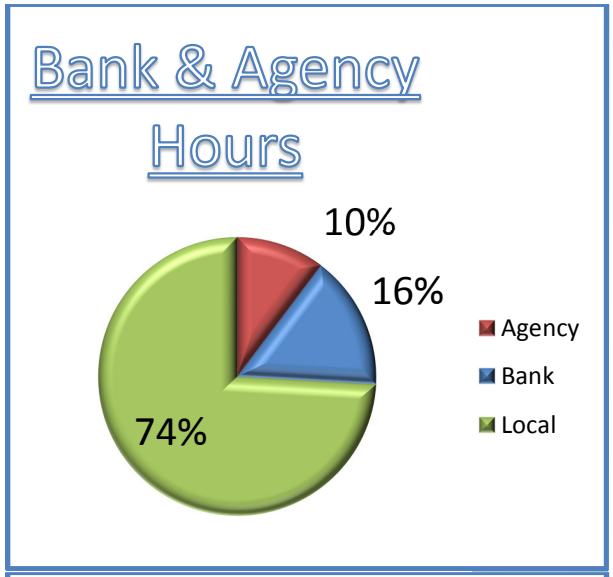
Skill Mix:

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 HCAs available to support services users. Each unit should have a balanced overview for the acuity type on that unit.



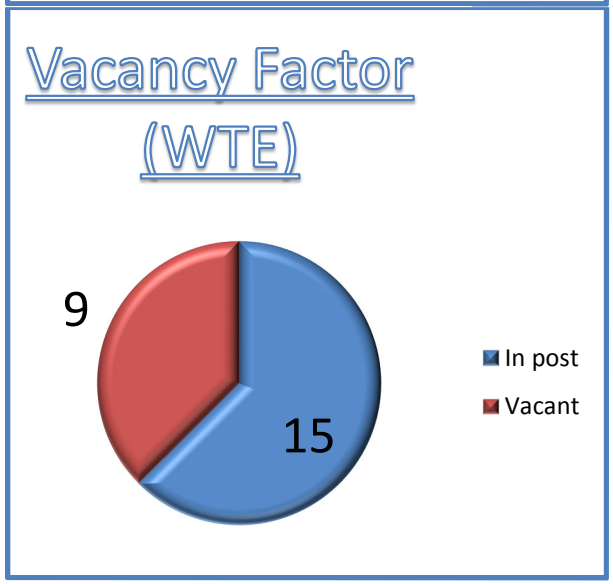
Newly Qualified Mix:

The percentage of Newly Qualified RNs 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 staff.
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 usage does not directly indicate 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.

Appendix B Metric Trend Analysis

Skill Mix	Nov	Dec	Jan	Feb	Mar	Apr	May	June	July	August	September	October	November
Becklin 5	43	49	57	42	35	41	38	49	44	35	37	48	51
Mount 3	38	36	37	38	35	31	33	31	31	33	32	35	37
York Westerdale	46	35	33	31	22	21	24	18	32	28	32	36	41
Parkside Lodge	35	39	39	34	35	29	29	27	35	33	36	32	37
Mother and Baby Unit	63	35	45	48	45	43	47	47	50	52	57	60	57
YCPM	69	77	82	67	75	70	69	66	67	69	60	61	66

Newly Qual mix	Nov	Dec	Jan	Feb	Mar	Apr	May	June	July	August	September	October	November
Becklin 5	18	22	22	22	18	41	25	7	25	19	19	22	19
Mount 3	9	8	8	8	16	23	15	15	8	0	0	8	0
York Westerdale	13	22	22	22	20	21	27	9	9	10	11	11	11
Parkside Lodge	16	15	15	21	21	29	24	15	15	23	17	31	23
Mother and Baby Unit	8	22	14	13	14	43	25	9	20	20	11	11	11
YCPM	19	12	0	6	6	7	7	6	7	7	7	7	7

Bank and Agency	Nov	Dec	Jan	Feb	Mar	Apr	May	June	July	August	September	October	November
Becklin 5	42	39	31	40	52	41	35	25	37	44	45	35	25
Mount 3	30	28	27	26	26	22	16	22	21	22	14	13	12
York Westerdale	12	14	12	30	45	51	40	48	26	24	16	12	14
Parkside Lodge	27	26	34	33	52	55	58	54	43	40	34	38	36
Mother and Baby Unit	25	25	36	34	44	38	45	39	35	40	30	30	29
YCPM	10	3	5	16	26	20	15	18	26	28	29	28	26

Vacancy Factor	Nov	Dec	Jan	Feb	Mar	Apr	May	June	July	August	September	October	November
Becklin 5	4.5	4.2	3.4	4.5	4.4	5.14	3.9	2.8	4.7	3.8	2.6	8	2.83
Mount 3	2.3	2.7	2.3	1.9	2.8	-2.74	0.8	1.1	1.7	3	3.6	3.3	3.2
York Westerdale	1.3	1.3	1.3	1.3	1.3	-0.43	-1.9	-2.7	-3.1	-2	-2.1	-1.2	2.6
Parkside Lodge	14.5	15.4	17.8	17.3	16	15.8	13.9	13.6	7.4	8.6	8.7	7	7.9
Mother and Baby Unit	0.7	2.3	-0.1	2.3	2	2.2	2.3	2.7	0.4	0.6	0.6	2.8	5.7
YCPM	5.1	6.3	6.3	7.9	7	6.6	6.4	6.5	7.3	7.3	7.5	7.5	9

Appendix C: November Unify

HospitalName	HospitalSiteCode	WardName	Type	PlannedRegHoursDay	ActualRegHoursDay	PercentRegDay	PlannedRegHoursNight	ActualRegHoursNight	PercentRegNight
ASKET HOUSE	RGDAP	Asket Inpatient Unit	HCW	1,309	1,433.16666667	109.49%	990	1,056	106.67%
			Nursing	1,039	1,140.25	109.74%	660	660.83333333	100.13%
BECKLIN CENTRE	RGDBL	Becklin Ward 1	HCW	615.5	951.5	154.59%	660	792	120.00%
			Nursing	1,200	1,087.25	90.60%	660	660	100.00%
		Becklin Ward 2 CR	HCW	670.5	752	112.16%	678.5	816.5	120.34%
			Nursing	690	682	98.84%	690	575	83.33%
		Becklin Ward 3	HCW	685.25	1,105.5	161.33%	660	671	101.67%
			Nursing	965	979.5	101.50%	660	682	103.33%
		Becklin Ward 4	HCW	711	1,169.75	164.52%	660	726	110.00%
			Nursing	1,225	966.5	78.90%	660	649	98.33%
		Becklin Ward 5	HCW	780	1,035	132.69%	627	715	114.04%
			Nursing	1,200	1,085.25	90.44%	660	669.5	101.44%
Clifton House	RGDT5	York - Bluebell	HCW	662	1,096	165.56%	642.9	632.28333324	98.35%
			Nursing	733.5	436.75	59.54%	321.6	326.5000001	101.52%
		York - Riverfields	HCW	663	942	142.08%	642.9	632.28333324	98.35%
			Nursing	770	704	91.43%	300.16	300.06666676	99.97%
		York - Rose	HCW	729	759	104.12%	642.9	748.39999994	116.41%
			Nursing	735	739.5	100.61%	321.6	310.78333343	96.64%
		York - Westerdale	HCW	654	919.5	140.60%	632.19	642.99999991	101.71%
			Nursing	756	775.5	102.58%	321.6	289.35000009	89.97%
LEEDS GENERAL INFIRMARY	RGD03	YCPM LGI	HCW	474	436.33333333	92.05%	315	321	101.90%
			Nursing	897	907.08333333	101.12%	630	619.5	98.33%
NEWSAM CENTRE	RGDAB	New sam Ward 1 PICU	HCW	1,392	1,931.5	138.76%	660	1,186	179.70%
			Nursing	1,255.5	1,072.5	85.42%	660	614	93.03%
		New sam Ward 2 Forensic	HCW	831.5	1,239	149.01%	645	1,032	160.00%
			Nursing	811.5	986.66666667	121.59%	322.5	322.5	100.00%
		New sam Ward 2 Womens Services	HCW	840	1,145.5	136.37%	645	645	100.00%
			Nursing	814	808.33333333	99.30%	322.5	322.5	100.00%
		New sam Ward 3	HCW	769.5	1,097.41666667	142.61%	602	813.41666667	135.12%
			Nursing	723	722.5	99.93%	322.5	324.5	100.62%
		New sam Ward 4	HCW	751.5	1,200.5	159.75%	649	913	140.68%
			Nursing	1,206	1,035	85.82%	649	649	100.00%
		New sam Ward 5	HCW	1,441	1,568	108.81%	660	737	111.67%
			Nursing	1,044	745.5	71.41%	660	608	92.12%
		New sam Ward 6 EDU	HCW	775	1,467.16666668	189.31%	630	567	90.00%
			Nursing	863	890.25	103.16%	315	409.5	130.00%
PARKSIDE LODGE	RGDPL	Parkside Lodge	HCW	1,342.5	1,779	132.51%	1,218	1,459.5	119.83%
			Nursing	1,184.98	1,217	102.70%	630	608	96.51%
ST MARY'S HOSPITAL	RGD17	2 Woodland Square	HCW	647	534.5	82.61%	304.5	304.5	100.00%
			Nursing	593.5	485.5	81.80%	315.75	326.25	103.33%
		3 Woodland Square	HCW	848.25	839.5	98.97%	315	315	100.00%
			Nursing	603	625.5	103.73%	315	325.5	103.33%
THE MOUNT	RGD05	Mother and Baby The Mount	HCW	431	816.25	189.39%	363	484	133.33%
			Nursing	834.5	902.33333333	108.13%	605	628.58333333	103.90%
		The Mount Ward 1 New (Male)	HCW	1,632	1,841.75	112.85%	956.75	1,472.75	153.93%
			Nursing	826	880.5	106.60%	645	322.5	50.00%
		The Mount Ward 2 New (Female)	HCW	1,212	1,887.5	155.73%	645	1,311	203.26%
			Nursing	853.5	874	102.40%	645	463.25	71.82%
		The Mount Ward 3a	HCW	1,218.75	1,249.08333333	102.49%	660	705	106.82%
			Nursing	809	767.58333334	94.88%	330	331	100.30%
		The Mount Ward 4a	HCW	1,255.25	1,313.91666667	104.67%	660	703.16666666	106.54%
			Nursing	792.5	721.66666667	91.06%	308	331	107.47%
York - Mill Lodge	RGDVE	York - Mill Lodge	HCW	1,299	1,014.16666665	78.07%	660	958.25	145.19%
			Nursing	1,332	1,430.58333332	107.40%	660	663.5	100.53%

Appendix C -October Unify:

HospitalName	HospitalSiteCode	WardName	Type	PlannedRegHoursDay	ActualRegHoursDay	PercentRegDay	PlannedRegHoursNight	ActualRegHoursNight	PercentRegNight
ASKET HOUSE	RGDAP	Asket Inpatient Unit	HCW	1,365	1,527.66666666	111.92%	1,023	1,157	113.10%
			Nursing	1,074	1,219	113.50%	682	685	100.44%
BECKLIN CENTRE	RGDBL	Becklin Ward 1	HCW	627.75	1,019.25	162.37%	671	716	106.71%
			Nursing	1,153.25	1,053.25	91.33%	682	683	100.15%
		Becklin Ward 2 CR	HCW	680.5	820	120.50%	713	940	131.84%
			Nursing	713	628.5	88.15%	713	583.5	81.84%
		Becklin Ward 3	HCW	639	1,141	178.56%	682	739	108.36%
			Nursing	1,214	1,104	90.94%	682	695.8	102.02%
		Becklin Ward 4	HCW	779	1,329	170.60%	682	770	112.90%
			Nursing	1,266	936.5	73.97%	671	704	104.92%
		Becklin Ward 5	HCW	732.5	1,211.25	165.36%	671	891	132.79%
			Nursing	1,243	1,084.25	87.23%	682	682	100.00%
Clifton House	RGDT5	York - Bluebell	HCW	694	1,014.75	146.22%	664.33	666.43333323	100.32%
			Nursing	750	605.66666667	80.76%	332.32	333.21666677	100.27%
		York - Riverfields	HCW	666.5	1,055.2	158.32%	664.33	632.28333325	95.18%
			Nursing	736	489	66.44%	332.32	332.21666677	99.97%
		York - Rose	HCW	781.5	883	112.99%	664.33	953.7833333	143.57%
			Nursing	750	795	106.00%	332.32	321.5000001	96.74%
		York - Westerdale	HCW	655.5	1,247	190.24%	664.33	642.99999991	96.79%
			Nursing	809	610.5	75.46%	332.32	333.21666677	100.27%
LEEDS GENERAL INFIRMARY	RGD03	YCPM LGI	HCW	564	589.5	104.52%	325.5	346.5	106.45%
			Nursing	883.5	779.83333333	88.27%	651	640.5	98.39%
NEWSAM CENTRE	RGDAB	New sam Ward 1 PICU	HCW	1,303.5	2,381.5	182.70%	660	1,650.5	250.08%
			Nursing	1,299	1,074	82.68%	660	593	89.85%
		New sam Ward 2 Forensic	HCW	901.5	1,295.83333333	143.74%	666.5	969	145.39%
			Nursing	867	965.55	111.37%	333.25	345.5	103.68%
		New sam Ward 2 Womens Services	HCW	888	1,673.5	188.46%	666.5	970.5	145.61%
			Nursing	873	693.83333333	79.48%	333.25	311.75	93.55%
		New sam Ward 3	HCW	751.5	1,704.06666667	226.76%	666.5	1,419	212.90%
			Nursing	870	746.5	85.80%	333.25	322.5	96.77%
		New sam Ward 4	HCW	760.5	1,336	175.67%	682	858	125.81%
			Nursing	1,257	925.5	73.63%	682	660	96.77%
		New sam Ward 5	HCW	1,225.48	1,611.9	131.53%	671	840.5	125.26%
			Nursing	832.5	846	101.62%	605	617	101.98%
		New sam Ward 6 EDU	HCW	835.5	910.75	109.01%	649.75	579.5	89.19%
			Nursing	864.5	839	97.05%	325.5	398.75	122.50%
PARKSIDE LODGE	RGDPL	Parkside Lodge	HCW	1,424.5	2,166.5	152.09%	1,302	1,411.75	108.43%
			Nursing	1,201.5	1,027.33333333	85.50%	640.5	651.25	101.68%
ST MARY'S HOSPITAL	RGD17	2 Woodland Square	HCW	665.5	529.5	79.56%	325.5	294	90.32%
			Nursing	636	464	72.96%	325.5	294	90.32%
		3 Woodland Square	HCW	882	1,083	122.79%	325.5	462	141.94%
			Nursing	628.5	584	92.92%	325.5	326	100.15%
THE MOUNT	RGD05	Mother and Baby The Mount	HCW	441	510.33333333	115.72%	330	476	144.24%
			Nursing	837	900	107.53%	605	618	102.15%
		The Mount Ward 1 New (Male)	HCW	1,753	1,886	107.59%	999.75	1,408.25	140.86%
			Nursing	845	816.5	96.63%	666.5	333.25	50.00%
		The Mount Ward 2 New (Female)	HCW	1,193	1,709.25	143.27%	752.5	1,300.75	172.86%
			Nursing	945	943.5	99.84%	580.5	365.5	62.96%
		The Mount Ward 3a	HCW	1,253.5	1,374.75	109.67%	682	686	100.59%
			Nursing	836.5	709.41666666	84.81%	341	331	97.07%
		The Mount Ward 4a	HCW	1,306.23	1,516.48333333	116.10%	682	707.5	103.74%
			Nursing	849	621.58333332	73.21%	341	343	100.59%
York - Mill Lodge	RGDVE	York - Mill Lodge	HCW	1,347	1,317.08333333	97.78%	682	858	125.81%
			Nursing	1,380	1,263.49999998	91.56%	682	682.5	100.07%

Appendix D Bank and Agency Usage:

Unit	Ad Hoc Agency	Ad Hoc Bank	Regular Agency	Regular bank	Substantive	Substantive Bank	Total B&A Usage	Regular Workers	Irregular B&A	Grand Total	Comments
Q2 2016 Grand Total Averages	1.06%	1.26%	1.95%	7.49%	85.52%	2.71%	14.48%	21.96%	7.90%	100.00%	
Q1 2016 Grand Total Averages	1.33%	2.50%	1.77%	10.85%	77.17%	6.37%	22.83%	18.99%	3.83%	100.00%	
Q4 2015 Grand Total Averages	1.23%	2.04%	2.24%	12.02%	75.01%	7.46%	24.99%	21.72%	3.27%	100.00%	

Bank and Agency Total - Total % of hours in quarter complete by Bank and Agency staff	**Regular Workers -** The total percentage of hours worked by Regular Bank and Agency workers classed as those that work 15 hours or more on average per week in the Trust (15 Hours * 13 Weeks = 195 Hours) Also includes those staff who have a substantive post in the Trust.	**Irregular B&A -** The total percentage of hours worked by Bank and Agency staff who work less than an average of 15 hours per week in the Trust.

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:	26 January 2017
LEAD DIRECTOR: (name and title)	Anthony Deery, Director of Nursing, Professions & 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)							
Quality	✓	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 report provides activity and performance information about complaints, PALS, compliments and claims received during December 2016.
What are the key points and key issues the Board needs to focus on	Complaints Management training has now been in place since May 2015, with a total of 17 sessions having been delivered to date. Uptake of training continues to rise and a total number of 145 staff have now been trained (with a further 11 staff booked on future training). Training is evaluated after each session with positive comments being received. Feedback from the Complaints Management training highlighted the need for additional customer service training for front-line support staff (bands 2 to 5). As a result, a Customer Services training package has been developed. A total of eight training sessions have been delivered to date with future dates scheduled for 2017. Training is evaluated after each session with positive comments being received. Our next complaints review panel meeting, made up of people with lived experience of mental health services, is scheduled for March 2017. The purpose of these meetings is to quality assess a random selection of final response letters (anonymised). Panel members will review the complaints and our final responses, and comment on their view of the impact of the response (have we demonstrated compassion, warmth, responsiveness, openness to learning?). This is a significant new development, aiming to improve the quality of complaints responses. In our second meeting we heard positive comments about the structure of the letters and how wording could be changed in our acknowledgement letters to be more personable (less corporate). We will feed learning from these sessions into complaints training, and where appropriate capture learning in the CLIP report. Compliments are a key measure of patient experience and we would therefore like to be in a position to consider compliments alongside complaints, aiming to create a stronger patient focus and further develop a culture that learns from feedback. Since April 2016, 295 compliments were formally recorded in DATIXWeb.
What is the Board being asked to consider	To be assured of sustained improvements in relation to Complaints, PALS, compliments and claims.
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 has there been	Complaints Management is a key means by which we measure service user experience. Service users now participate in panels to quality assess a random selection of final response letters (anonymised).
Previous meetings where this report has been considered (including date)	The Board of Directors and the Council of Governors 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.

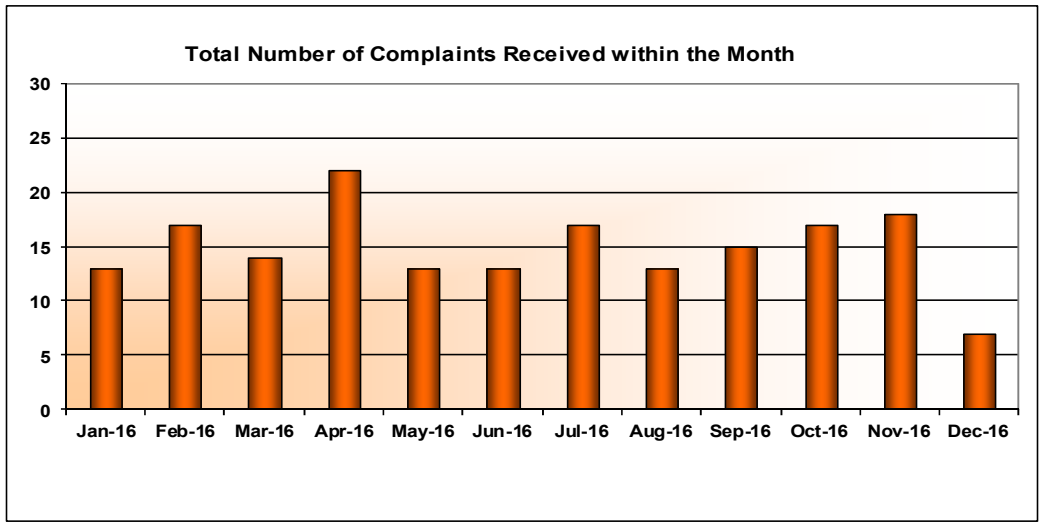
*** EQUALITY ACT 2010**

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: January 2017 (based on December 2016 data)

This report provides data on activity and performance information about complaints, PALS, compliments and claims for December 2016.

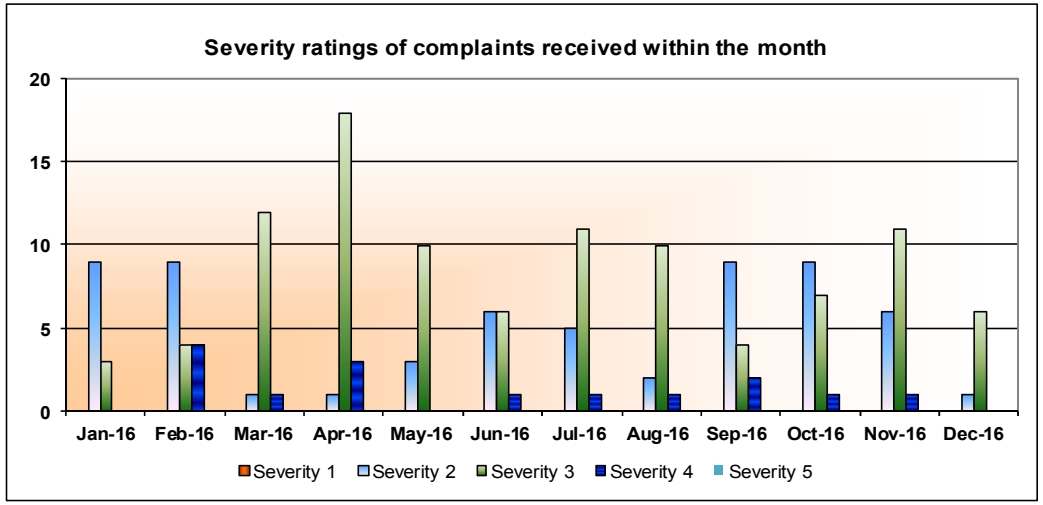
1. Total number of complaints received within the month



In December 2016, the Trust received seven formal complaints. The reduction in complaints could be attributed to the Christmas and New Year holidays.

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

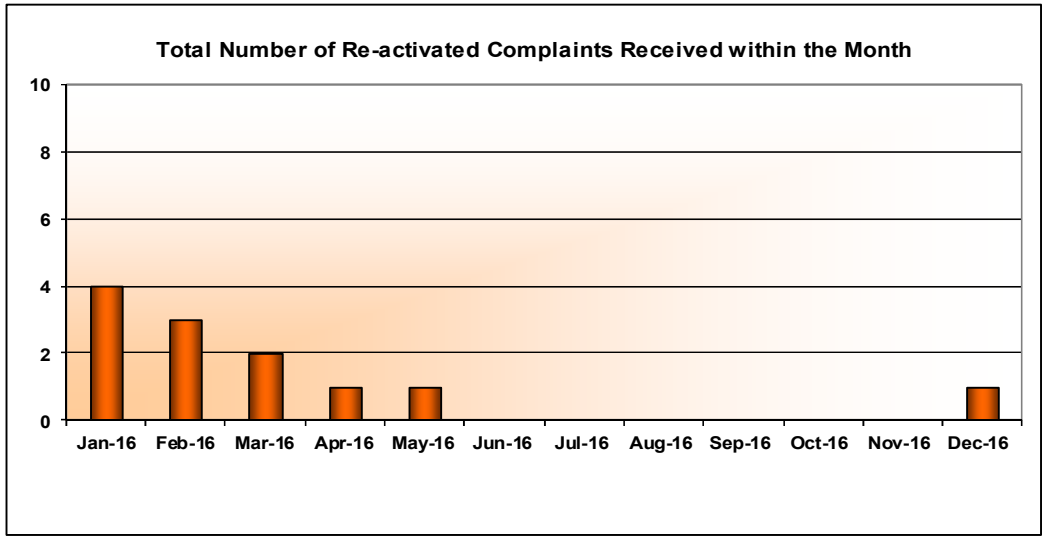


There were no “Severity 4” rated complaints received in December 2016.

Updates

- Severity 4 complaint received in September 2016 was fully investigated and a case conference was held which also included the Safeguarding Police Team and the Trust’s Safeguarding team. The police did not find any evidence of crimes involving staff and medical staff have also seen the complainant and found nothing untoward regarding her health.
- Severity 4 complaint received in September 2016 was fully investigated. There was evidence to support the injuries sustained by the service user were not caused by anything untoward.
- Investigations are continuing with regards to the Severity 4 complaint received in October 2016. Complainant feels that the lack of support from staff has resulted in their relative taking two overdoses and significantly harming themselves.
- Investigations are continuing with regards to the Severity 4 complaint received in November 2016. Complainant raises significant issues of abuse from staff. A safeguarding referral has been made to the Trust’s safeguarding team.

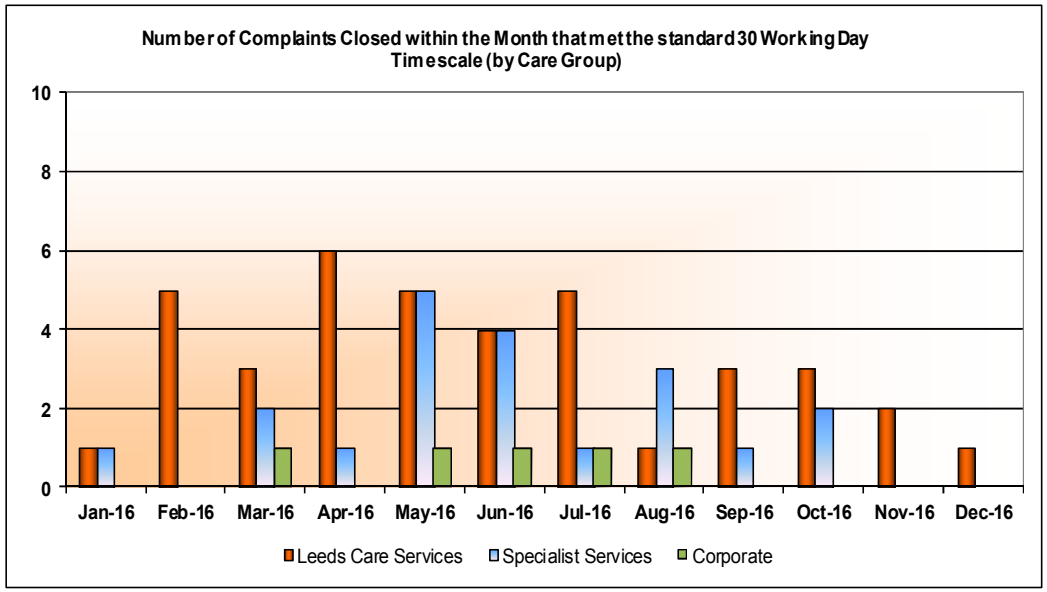
3. Total number of re-activated complaints received within the month



One re-activated complaint was received in December 2016, from a service user who felt the investigation carried out into their complaint had not fully answered their concerns. The complainant has requested further explanation and clarification into the issues they have raised which are currently under re-investigation.

In line with the Complaints Management Procedure, should a complainant remain dissatisfied following a reinvestigation of their complaint, we provide details of how they can access further independent help, including the Parliamentary and Health Services Ombudsman.

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



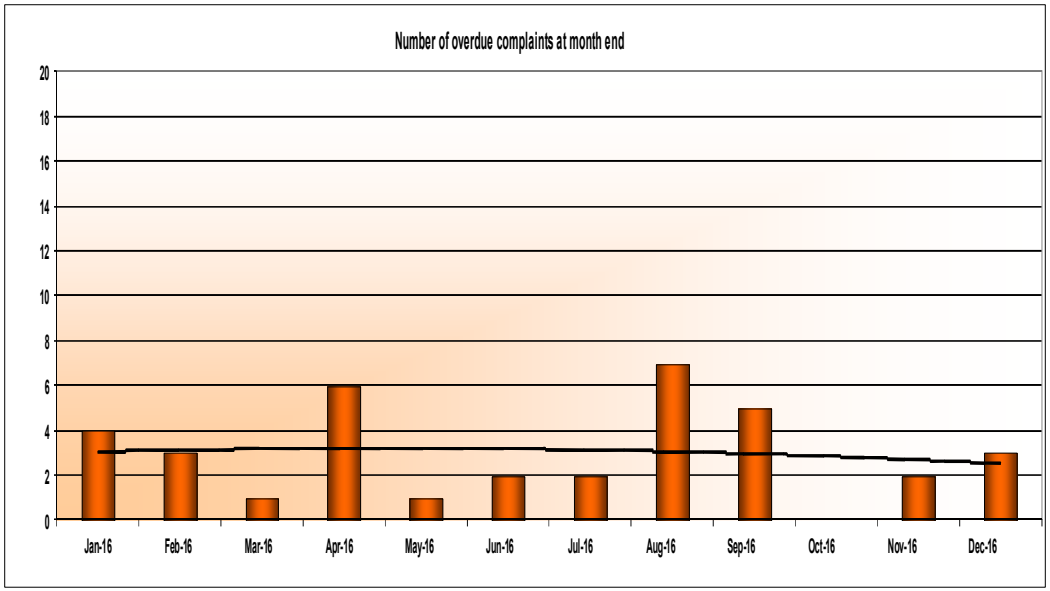
Of the 10 complaints closed in December 2016, one was responded to within the standard 30 working day timescale. Five complaints had a revised timescale which were fully agreed by each of the complainants.

The remaining four complaint responses were overdue by between 34 and 51 working days. The delays were attributed to:-

- Two complaints were delayed due to the difficulties experienced by the investigators obtaining further information/clarification from the complainants.
- One complaint was delayed due to the investigator obtaining further information from a particular staff member who was on sick leave.
- One complaint was delayed due to the complexities of the case and the involvement of a third party agency.

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.

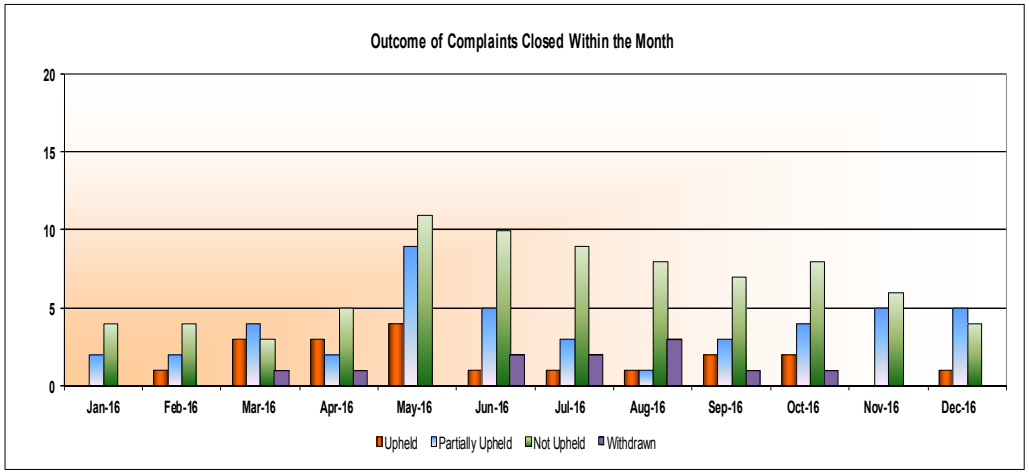
5. Number of complaints overdue at month end



As of the 4 January 2017, there are two overdue complaints. One complaint requires additional information prior to Chief Executive sign off and the other complaint is still with the investigator to compile their draft response.

The Complaints team regularly 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 interim Chief Operating Officer has confirmed that she is made aware of any delays through the weekly tracker and intervenes as necessary to prevent delays.

6. Outcome of complaints closed within the month



Of the 10 complaints closed during December 2016, four were not upheld, five were partly upheld, and one was upheld.

The upheld and partly upheld complaints related to the following issues:

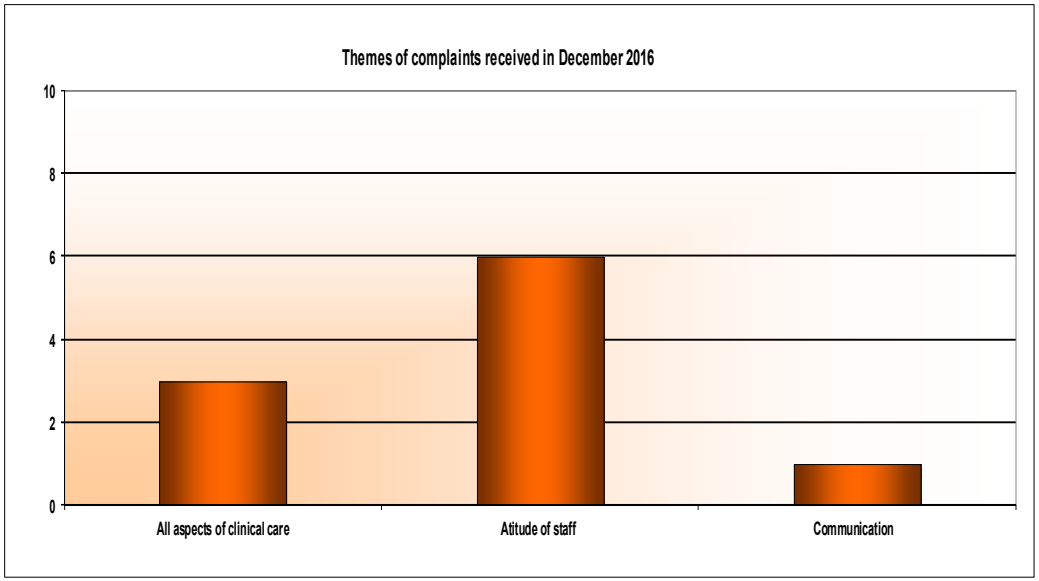
- The investigation identified that due to a particular member of staff being on leave, this led to a delay of five working days in the referral of a service user. This has been raised with the Service Manager.
- During the investigation, it was ascertained that the service user's preferred method of contact was not adhered to causing unnecessary distress. Their records have been updated to record their preferred method of contact.
- The investigation identified that a particular member of staff did not conduct themselves to the standard the Trust would expect. As a result, this member of staff will be required to work alongside their manager in order to bring about an improvement in some areas of their practice.
- It transpired that unfortunately, the support in place did not prevent a readmission to hospital for the service user. The service hope to learn from this experience and ensure, where possible, all precautions are explored to avoid such a rapid return to hospital.
- Permission had not been sought from a service user, for a member of staff to attend their CPA which caused unnecessary distress. Staff apologised for this error and explained that it is considered good practice to ask permission from service users, for additional staff to attend clinical meetings.

- Following an investigation, there was evidence to support that there had been no identified lead person through the service user's treatment with community teams. This was not the standard the service normally expect and offered their apologies for any distress and as a result, have addressed this issue within the service.

A robust process is in place to ensure all issues identified in complaints are identified and 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



Categories used to capture complaints themes are devised by NHS England for reporting purposes; they are very broad and do not support learning.

Through the 'Learning to Improve' process we are now categorising *actions* arising from complaints; claims; serious incidents (SIs); CQC MHA visits; and safeguarding; to identify more meaningful cross-cutting trends and themes.

The rationale for considering themes from agreed actions is that these will always relate to areas where we have identified learning and improvement actions required.

Themes from complaints are reported to each Care Group, via the CLIP (Complaints, Litigation, Incidents and PALS) report, for their actions. Themes from actions will also be included in future CLIP reports.

8. Training

Complaints Management Training, delivered by the Complaints Manager and the Head of Patient Experience

Complaints Management training has now been in place since May 2015, with a total of 17 sessions having been delivered to date. Uptake of training continues to rise and a total number of 145 staff have now been trained (with a further 11 staff booked on future training). Training is evaluated after each session with positive comments being received (reproduced as written):

- *"Good course - interesting. Well led, good opportunity for discussion".*
- *"Really informative training day. I feel that I would be able to undertake an investigation if this was required".*
- *"It was useful to learn that complaints help the service improve and lessons can be learnt from some mistakes made".*
- *"Supportive and effective. Complaints team are always supportive throughout the complaints process.".*

- 97% of attendees felt that the topics covered in the training course helped them to understand the complaints process better.
- 99% of attendees felt that the content of the training course was organised and easy to follow.
- 89% of attendees felt more confident in investigating a complaint.

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

Customer Services Training, delivered by the Complaints Manager and the Head of Patient Experience

Feedback from the Complaints Management training highlighted the need for additional customer service training for front-line support staff (bands 2 to 5). As a result, a Customer Services training package has been developed. A total of eight training sessions have been delivered to date with future dates scheduled for 2017. Training is evaluated after each session with positive comments being received (reproduced as written):

- *"I wish this training could be offered to all staff members in the Trust. There is a lot of relevant information which everyone can benefit from."*
- *"Good training, enjoyed it. Friendly staff."*
- *"Very informative trainer, Clare and Andrew very good."*
- *"Very interactive session. Good examples of real life situations that bring important points to life."*

9. Learning from complaints

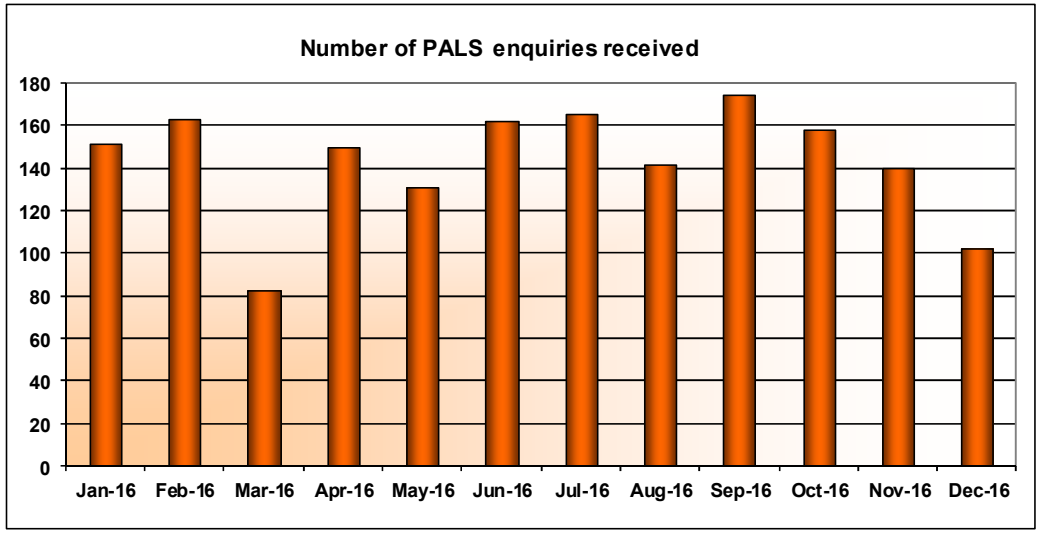
Our next complaints review panel meeting, made up of people with lived experience of mental health services, is scheduled for March 2017.

The purpose of these meetings is to quality assess a random selection of final response letters (anonymised). Panel members will review the complaints and our final responses, and comment on their view to the impact of the response (have we demonstrated compassion, warmth, responsiveness, openness to learning?). This is a significant new development, aiming to improve the quality of complaints responses. In our second meeting we heard positive comments about the structure of the letters and how wording could be changed in our acknowledgement letters to be more personable (less corporate). We will feed learning from these sessions into complaints training, and where appropriate capture learning in the CLIP report.

Learning from complaints is disseminated through the CLIP report, via Clinical Governance Councils. Learning can also be shared through Lessons Learned bulletins, or through Ward Managers and Community Managers Forums and the Consultants Committee, where appropriate.

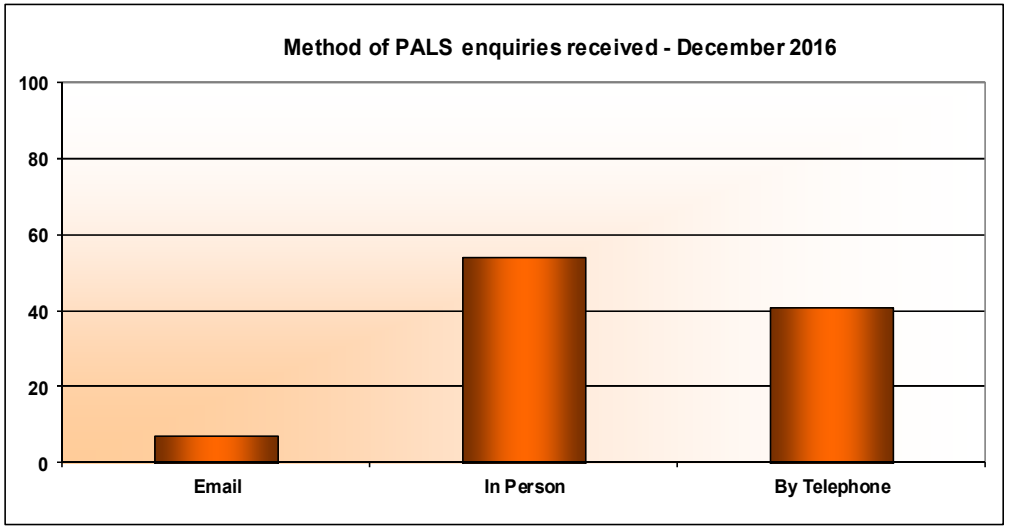
Feedback from complainants is actively pursued and each response letter is accompanied by a feedback form, with a self-addressed envelope. The format of the complaints feedback questionnaire has been revised in line with national best practice. Since April 2015, 34 responses have been received. Feedback broadly indicates that complaint responses are easy to understand; however 66% of responses to date indicated a lack of confidence that the Trust will learn from the complaint. Improving feedback remains a key priority for the PALS & Complaints Manager and we continue to explore ways of improving feedback rates, one possible development may be around the use of Peoples Stories coming out of complaints?.

10. Number of PALS enquiries received



During December 2016, records indicate that there were 102 PALS enquiries. The reduction in enquiries could be attributed to the Christmas and New Year holidays.

11. Method of PALS enquiries received



Contacting the PALS team "in person" continues to be the preferred method. This could be attributed the PALS team visiting inpatient areas across the Trust in order to raise the profile of the team.

In 2017, the PALS team will explore the options of visiting other areas around the Trust depending upon capacity within the team.

12. Themes of PALS enquiries received

Of 102 PALS enquiries recorded in December 2016, the majority of enquiries were individuals wanting to have a general advice about their health. Between April 2016 and December 2016, the team have received a 8% of queries for other neighbouring NHS Trusts which they signpost to the relevant PALS teams.

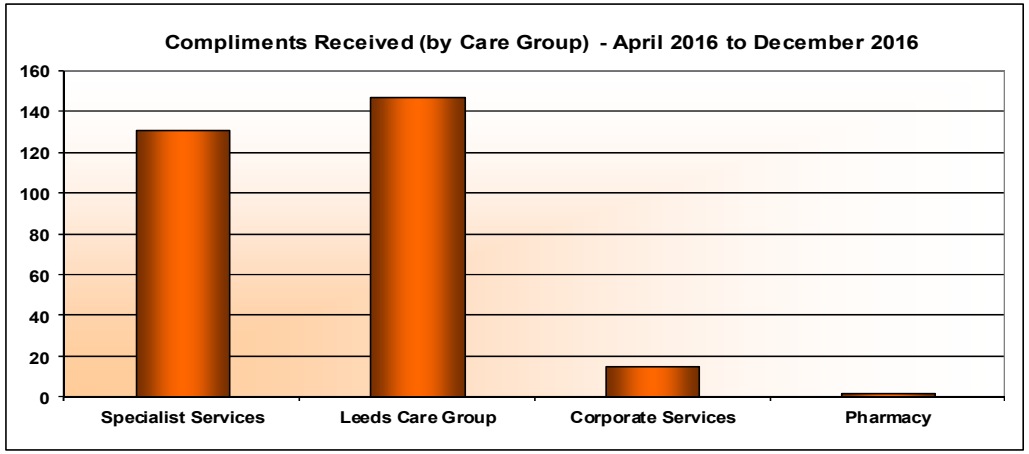
The PALS team liaise directly with services as soon as issues are raised, to secure speedy resolution. As part of our review of data collection and reporting we plan to develop a methodology for routinely capturing whether PALS contacts are meeting service user requirements.

13. Compliments Received

Staff often receive compliments by letter or card, verbally or via a gift. They are thanked for treatment, care and support, or complimented on the environment, atmosphere, and cleanliness of the ward. We now have the functionality within DATIXWeb to formally record all of our compliments. There is a link on the Staffnet site (under QuickLinks) where staff are able to report all compliments received (either written or verbally) as well as being able to attach any cards/letters.

Compliments are a key measure of patient experience and we would therefore like to be in a position to consider compliments alongside complaints, aiming to create a stronger patient focus and further develop a culture that learns from feedback.

Since April 2016, 295 compliments were formally recorded in DATIXWeb.



The Complaints team continually remind all staff via Trust-wide email communication and through Clinical Governance meetings, to formally record all compliments.
Examples of compliments received during the month are:

- *Service user thanked staff for all the help and support they had given her on the ward. She stated that she was doing really well in the community and was engaged in a lot of volunteer projects thanks to the improvements in her mental health.*
- *To all the wonderful staff on the ward. Thank you for the abundant kindness, love and care, which you have shown to my relative during his stay on the ward. The patience and gentleness which you have shown, whilst giving help, has been remarkable. We greatly appreciate everything you have done for him. With grateful thanks, and lots of love.*

14. Patient Opinion/NHS Choices Postings

The patient 'stories' can either be published on the Patient Opinion website, NHS Choices or received directly by our staff. Patient stories relating to LYPFT can be found at http://www.patientopinion.org.ukor www.nhs.uk. The Trust continues to promote feedback and are committed to using the experiences of our service users and carers to further improve our services.

There were no postings during December 2016.

15. Claims Received

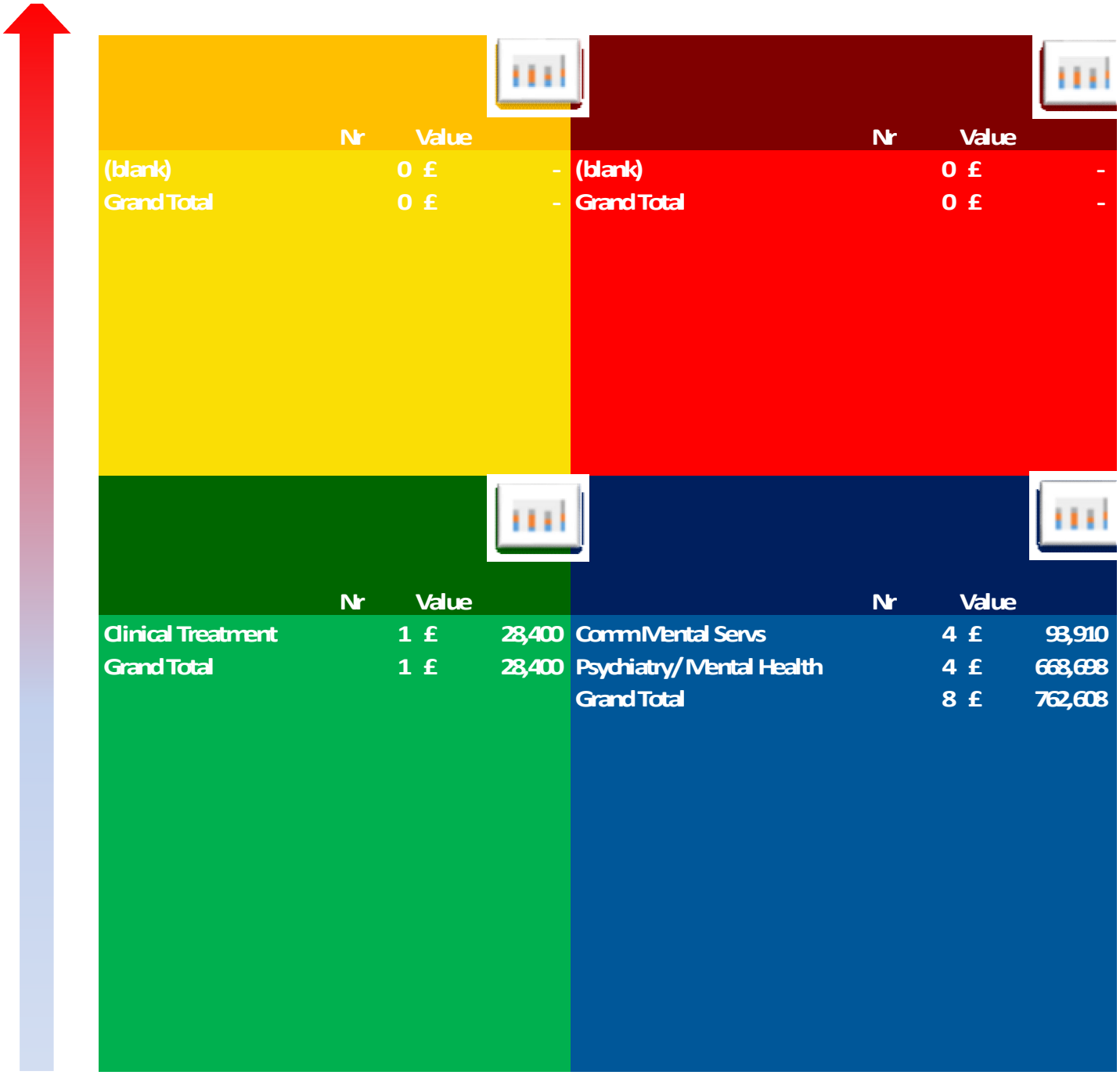
A summary of all open claims is shared via the care group CLIP reports to Clinical Governance Councils. Clinical Directors and Associate Directors are informed of any new claims.

Claims scorecards are provided by the NHSLA and are split into coloured zones based on the volume and value of the claims. It is important to note that for this latest scorecard the reporting period is **between 1 April 2011 and 31 March 2016**.

Clinical Claims Scorecard (data correct at 31 August 2016 in line with national NHSLA updated information)

The scorecard shows the number of clinical negligence claims relating to the period 1 April 2011 and 31 March 2016. Nine clinical claims were received in this reporting period, all of which fell into the high volume, low value category. High value is considered at over £1m and high volume over three claims in a specialty.

In total the number of claims for the Trust is nine, with a total value of £791,008. The claim for £28,400 is in relation to a pressure ulcer risk assessment and not mental health provision.



Non-Clinical Claims Scorecard (data correct at 31 August 2016 in line with national NHSLA updated information)

The scorecard shows the number of non-clinical claims relating to the period 1 April 2011 to 31 March 2016. The majority of non-clinical claims (by value) were high volume, low value. High value for non-clinical claims is considered at over £25k. High volume is three claims or over of this value.

In total there have been 56 claims, with a total value of £747,411.

	Nr	Value
Manual Handling	1	£ 42,487
Slip or Trip	2	£ 56,177
Assault	2	£ 263,000
Grand Total	5	£ 361,663

	Nr	Value
(blank)	0	£ -
Grand Total	0	£ -

	Nr	Value
Manual Handling	2	£ 36,000
Lifting/Loading/Unloading	1	£ 15,000
Electric Shock	1	£ 3,850
Unlawful Detention	2	£ -
Breach of DPA	1	£ 17,277
Directors and Officers Liability Cla	1	£ 13,412
Sharps Injury	1	£ 7,289
Breach of COSHH	1	£ -
Grand Total	10	£ 92,829

	Nr	Value
Workplace (Health, Safety and Welf	7	£ 45,511
Hit by Object	3	£ 4,674
Defective Tools/Equip	4	£ 30,500
Assault	21	£ 149,049
Slip or Trip	6	£ 63,186
Grand Total	41	£ 292,919

AGENDA ITEM

12

LEEDS AND YORK PARTNERSHIP NHS FOUNDATION TRUST

MEETING OF THE BOARD OF DIRECTORS

PAPER TITLE:	Sharing Stories Update Report
DATE OF MEETING:	26 January 2017
LEAD DIRECTOR: (name and title)	Lynn Parkinson; Interim Chief Operating Officer
PAPER AUTHOR: (name and title)	Andrew Howorth; Head of Patient Experience

CATEGORY OF PAPER (please tick relevant box) ✓ (This will link to the relevant section on the agenda)							
Quality	✓	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 purpose of this paper is to demonstrate how issues raised at the sharing stories sessions are being addressed as part of the wider development work within the Trust and to acknowledge the potential of developing this opportunity further.
What are the key points and key issues the Board needs to focus on	To note the examples provided in the paper of how issues have been addressed from recent stories shared with the Board and the potential to develop this approach further.
What is the Board being asked to consider	The Board is being asked to consider that further development work takes place in order that the impact of this opportunity is maximised to support organisational learning and development.
What is the impact on the quality of care	Sharing stories provides an opportunity to hear directly from people who have experience of using or working with our services in order to learn from these and make improvements to the quality of care we provide.
What are the benefits and risks for the Trust	Benefits • Significant opportunity for organisational development and learning • Improvements in the quality of care and services we provide • Demonstration of the boards focus on directly hearing from a diverse range of people's views and concerns
What are the resource implications	None
Next steps following this paper being presented to the Board	Development work will continue to take place to address the issues raised by peoples stories as described in the paper. Further work will be undertaken by the executive team to develop the impact on organisational development that the sharing stories opportunity provides.
What are the reputational implications and how will these be addressed	Sharing peoples stories provides both an opportunity to hear positive experiences of the services we provide and also where care and support falls short of expected standards to identify where improvements needs to be made.

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	Sharing peoples stories is a positive example of service user, carer and staff involvement in developing learning and improvement in the 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:

Agree that further development work takes place in order to optimise the opportunity that sharing peoples stories provides.

*** 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).

Sharing Stories Update Report

1. Introduction

Bringing "People's Stories" to the Board has provided a very useful and personal insight into the lives and circumstances of a variety of people. This has included those who, use the Trusts services, care for people who use our services, or who work to provide those services. To date we have heard people's stories in the private section of the Board where they have been scheduled for alternate meetings. These sessions have been led by the Head of Patient Experience, who has supported the person in preparing their story, and then facilitated the telling of it. The purpose of this paper is to demonstrate how issues raised at the sharing stories sessions are being addressed as part of the wider development work within the Trust and to acknowledge the potential of developing this opportunity further.

2. Summary of recent Peoples Stories

Over the last eighteen months there have been a wide variety of people sharing their stories. Along with others we have listened to people with experiences of; intensive community services, women's in-patient services at the Becklin Centre, two members of the Arts and Minds Network, a service user governor, a carer (mum of son with complex needs), a transgender male who worked for the Trust, a service user development worker, a young man who is supported by the community learning disability team, and a member of the service user network.

In the telling of these stories the Board has heard first-hand about what it is really like to engage with Trust services. The story tellers are encouraged; to identify what has worked very well, what hasn't worked well and what we could do to improve our care.

Addressing issues in the stories: Each person has been encouraged to tell their story as openly and honestly as possible. Some of these stories have provided the Board with insights into how and where things are not always as we would like them to be. Some stories have referred to individual problems about referrals not being followed up, or difficulties in relationships with staff, issues around the way that patient records are used or managed, or situations where waiting times and responses have taken far too long. During the telling of stories individual directors have identified issues that fall into their portfolios, and an assurance has been given that those identified difficulties will be addressed. In follow up conversations with the story-tellers, the Head of Patient Experience has reinforced that the actions would be addressed and has received assurances that this is the case.

Example 1 of supporting a story teller: A young person who was in the process of transgendering also worked for the Trust, was engaged with services and was quite a long way along their care pathway. At the same time that they were establishing a new identity, they were also trying to deal with some family issues and were receiving support via a CMHT. As a transgender male he had requested formally for his birth name to be removed from PARIS and for his new official name to become his "known name". In requesting this he encountered a number of very negative attitudes from various members of the CMHT. His key worker had asked him why he was so upset about being referred to as she, as this member of staff suggested that it wasn't really a matter of life or death. He was receiving letters addressed using his birth name and his pre-noun was frequently "she" rather than "he". Whilst these mistakes occurred within the notes and records of a CMHT, rather than the Gender Service, it was very disappointing to find that these issues were happening within a Trust that delivers a gender services. Following his story, he was supported to address the name issue on PARIS and consequently agreed to help with the delivery of Trans-awareness training for staff.

Example 2 of supporting of a story teller: One person who came to tell her story to the Board had experienced a very long and difficult relationship with the Trust and with her expectations of the care that she wanted for her son, who has very complicated enduring mental health needs. There had been repeated shortcomings in supporting the Mum, and in providing consistent quality of care for her son. Within the story she spoke a number of times about how community staff in particular failed to fully comprehend the needs of her son and therefore made unrealistic recommendations about his care. She also spoke very honestly about how it felt to be a primary carer and still be made to feel that her experiences were unimportant and that her great understanding of her son's complicated condition was unhelpful. Reluctantly she reached a position where she felt she had to make a formal complaint. In her story she explained what it meant to her to meet with a Director on a regular basis and how this time investment helped her to re-establish some trust and a start to reach a better understanding from both sides. Mum agreed to come along and tell her story. As a result she was invited to join the Triangle of Care project and to be involved in the training of our staff so that they can benefit from hearing about her experience in order to improve how we respond to the vital role that carers have in the recovery of the servicer users we work with.

Whilst both of these examples describe story-tellers going on to deliver training, others have become involved in reviewing complaints responses, helping with selection and recruitment processes, or other types of involvement in order that services can learn and improves as a consequence of these experiences. There are other occasions when, following the story, a referral has been hurried along, or a care co-ordinator has been supported to address an issue through supervision and appraisal.

Other forms of Peoples Stories: A number of stories have been captured on video and a catalogue of these has been started so that they can be shared with other staff groups to support training, learning and development. Our Foundation Trust Members Magazine "*Imagine*" also has a regular space for "People's Stories", these are also available for discussion.

3. Conclusion

This paper demonstrates that issues raised in the sharing stories sessions are being addressed and taken forward in the wider development work in the Trust however there is potential to increase further the positive impact of this opportunity. The Well Led Review undertaken earlier this year recognised the Peoples Stories element to the Board agenda as a positive approach and provided evidence that the Board engaged with a full and diverse range of people's views and concerns. It was acknowledged that by listening to stories the Board are encouraged, and able to act on any information provided. However it was also recommended that the Board might consider adapting their approach to these stories. These stories could be better triangulated for example by sharing the story with a member of staff and/or with a carer and that outcomes and the evidence of organisational learning might feature more explicitly in the stories. It was also recommended that these stories might be received in the public open session of the Board meetings. The Board is therefore being asked to agree that further development work takes place.

AGENDA ITEM
13

LEEDS AND YORK PARTNERSHIP NHS FOUNDATION TRUST

MEETING OF THE BOARD OF DIRECTORS

PAPER TITLE:	Operational Plan Implementation Quarter 3 Report
DATE OF MEETING:	26 January 2017
LEAD DIRECTOR: (name and title)	Lynn Parkinson, Interim Chief Operating Officer
PAPER AUTHOR: (name and title)	Amanda Burgess, Programme Management Office 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	This is our quarterly Operational Plan Implementation report. It is provided in summary format to highlight to the Board challenges, areas of achievements, strategic risks and overall progress against our agreed annual priorities.
What are the key points and key issues the Board needs to focus on	The Board is asked to note that this is our third report of 2016/17. The summary includes an overview of our Operational Plan, and highlights any objectives that have not been achieved in the third quarter. Where applicable a brief description of the challenge and actions that will be taken is highlighted. This paper also includes the Trust's strategic risk register.
What is the Board being asked to consider	The Board are asked to note the progress made against our Operational Plan priorities at the end of quarter three 2016/17.
What is the impact on the quality of care	Monitoring progress against our operational plan and strategy is a key part of assessing the impact on the quality of care we provide. In some instances the Operational Plan sets out intent to develop improvements to the care we provide.
What are the benefits and risks for the Trust	The Operational Plan summary highlights our ongoing commitment to improving the services we provide and highlights areas for improvement.
What are the resource implications	The summary provides a high level overview of our annual CIP plans and progress towards delivery.
Next steps following this paper being presented to the Board	We are currently in the process of redefining our strategy, taking into account such initiatives as the 5 Year Forward View and the local Sustainability and Transformation Plan.
What are the reputational implications and how will these be addressed	The Operational plan should be achievable without any reputational impact.
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, the recommendations are focused on the summary review of the Trust operational plan.
What public / service user / staff / governor involvement has there been	The Operational Plan priorities are often drawn from processes related to staff, stakeholder and service user and carer involvement.
Previous meetings where this report has been considered (including date)	Executive Team meeting scheduled for 18th January 2017

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 progress made against our Operational Plan priorities at the end of quarter one 2016/17; and confirm that it is assured of progress made and that areas where we will be seeking to improve and review are identified.

*** 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

OPERATIONAL PLAN IMPLEMENTATION QUARTER 3 REPORT

1. Purpose

This report provides a summary of the Trust's progress against our objectives within our 2016/17 Operational Plan, and the strategically significant projects monitored via the Programme Management Office.

This is our third report of 2016/17 and is set out to provide an overall summary of our progress against each of the schemes in the 2016/17 Operational Plan.

2. 2016/17 Operational Plan status summary

We have now assessed ourselves against our quarter three milestones as set out within our 2016-2017 Operational Plan. The programme of work is being closely supported, monitored and reported upon via our Programme Management Office to track the progress we have made. Our 2016/17 Operational Plan includes schemes for delivery over a one year or longer timeframe. Where a longer timeframe has been agreed, the Operational Plan tracks progress for this year only against the planned one year milestone. A summary of our overall performance is provided at appendix 1, with further detailed information available upon request.

Our 2016/17 Operational Plan schemes have clearly defined milestones for achievement each quarter. Where a scheme has not achieved its milestones at the end of quarter three and we anticipate not doing so by the end of the financial year these have been rated as red (including unmet third quarter performance target trajectories).

For the schemes where we are behind on delivering against key milestones at the end of quarter three but a clear plan is in place to be back on track by the end of the fourth quarter, these schemes are rated as amber. A green rating has been applied to one year schemes which have been delivered and/or are on track for delivery by the end of March 2017.

At the end of quarter three all of our schemes set out in the 2016/17 Operational Plan are underway. There are 2 schemes which have been fully delivered:

- CQUIN: Development of an MOU and integrated mental health pathways for clusters 4 – 17
- Launch new Trust member engagement campaign

At the end of the third quarter we have assessed all schemes in order to report on those we know are amber or red. The details of the schemes that are reporting as red at the end of quarter three are:

- **CQUINs and performance targets:** At the end of quarter three we have not achieved some of our delivery targets. These include: access to memory services and diagnosis within 12 weeks; number of people placed out of area; and flu vaccination of 75% of all staff. Remedial action plans are in place to address performance across these areas.

- **New clinical service developments:** Tier 4 inpatient CAMHS & forensic services tenders: Tender notifications have not yet been released for tier 4 inpatient CAMHS and forensic services. We are awaiting further details being released from NHS England and no timescales are known at this point.

- **Information Technology:** Exploratory work concerning mHabitat becoming a subsidiary company has been undertaken. The revised business model with options is to be pulled together for further consideration, however the initial analysis shows that establishing mHabitat as an arms-length body is now unlikely at this stage.

- **Finance and contracting:** The Trust has adopted a robust approach to developing 2016/17 cost improvement plans, taking into account 2% (£2.7m) national efficiency assumptions. As at quarter three, the cost improvement plan position is £247k behind plan, this equates to a 25% shortfall.

At the end of quarter three the details of the schemes that are reporting amber are:

- **CQC fundamental standards (appraisal and compulsory training):** We have agreed to reduce both the appraisal and compulsory training target threshold from 90% to 85% for overall achievement by the end of quarter one 2017/18. At the end of quarter three we are at 88% for compulsory training and 84% for appraisals. In addition, we have agreed that the 85% target must be achieved for each service area across the Trust. Given the standards we have set ourselves we are now reporting an amber rating for this scheme.

- **CQUINs and performance targets:** At the end of quarter three we have 12 people currently placed out of area from our locked rehab service. Work is currently underway to scope out and identify a new pathway for how our locked rehab service is accessed and how discharge procedures are better aligned. This work will be completed and fully implemented during quarter four.

- **Key performance indicators:** The mental health clustering target has not been achieved. At the end of quarter three we are at 86% against a target of 95% for people in scope of mental health payments. On 1st April 2016 we committed to achieving a 10% increase on our 2015/16 performance, at the end of quarter three we are -1.5% on the same position last year, hence an amber rating has been applied.

- **Outcomes and mental health payments:** The Clinical Reported Outcome Measure (CROM) target has not been achieved. At the end of quarter three we are 66% against a target of 90% for people in and out of scope of mental health payments. In addition, during quarter three we commenced DEMQOL (measure of health-related quality of life for people with dementia) and REQOL (measure of health-related quality of life and recovery for people with mental health conditions) Patient Reported Outcome Measure pilots. Since establishing the pilots we have already seen an improvement in the number of people being offered and agreeing to complete the PROM across our piloted service areas.

- **Trust strategy and functional strategy/plan development (schemes 1.6, 3.4, 4.1, 4.2.1, 4.5.3, 5.1):** A number of schemes have objectives for completion at the end of quarter three related to the approval and ratification of a functional strategy/plan. There have been delays encountered with the finalisation of the Trust strategy owing to the need to check out whether our new goals and strategic objectives align with the key themes within new national and local strategies. We intend to commence a further consultation utilising the Crowdsourcing platform during quarter four, with the outcomes presented to both the Board of Directors and Council of Governors. Consequently, the timescales for producing the underpinning functional strategies: Clinical Services Strategy; Quality Strategy; Workforce and OD Strategy; Health Informatics Strategy and Estates Strategy will now be finalised over the course of quarter four and early quarter one of 2017/18 hence an amber rating has been applied to these schemes.

- **Strategic clinical service developments:**
  - **New model for older peoples services in Leeds**: There have been further delays with the compilation of the implementation plan, owing to the need to identify a new project

management resource to support the work. The implementation plan is currently being finalised and will be ready for approval by the executive team meeting scheduled for 18 January 2017. Subject to approval, implementation can get underway in earnest however it is anticipated that the implementation will run beyond the end of quarter four.

- **New clinical service developments:**
  - **Rebranding CFS/ME (chronic fatigue):** A review to rebrand the CFS/ME service is now underway with a report on the outcome of the review being compiled. This report will be presented to the executive team in early quarter four and subject to agreement the new rebranded service with improved access will be implemented.
  - **Future Trust input into Garrow House:** Modelling work is underway to develop a new strategy including costing for the future of the tier 4 personality disorder service, ahead of any new commissioning intentions being released. This modelling work is to be presented to the executive team during quarter four.

- **Commissioner clinical service developments:**
  - **New primary care mental health initiative:** At the end of quarter three we have fully recruited six primary care liaison workers (two per CCG), with the last new post holder intending to start in January 2017. Early indications show that the south pilot is demonstrating a positive impact, however a comprehensive evaluation will be undertaken much later into the pilot. Owing to the delays in recruitment and commencing the pilot this scheme has been highlighted as amber.
  - **New community service model:** Work to formalise a joint working relationship between ourselves and Adult Social Care (ASC) is to be presented to ASC management meeting on 1 February 2017. We are collectively aiming for closer working and to generate a more efficient use of resources across the two organisations. The proposed joint model will look to create a recovery based pathway from out of hospital/home treatment to enablement and onto non-statutory support. Subject to agreement this work will commence during quarter four.
  - **Liaison psychiatry model:** There have been delays to the implementation of a new all-age liaison psychiatry model, as we are awaiting confirmation of definitive funding from commissioners which will be known in early January. If a positive outcome is reached, it is envisaged that the new service will be implemented by the end of quarter four, however the evaluation will not commence until next financial year.

- **Local strategic developments and partnerships (place-based plans):**
  - **New models of care prototypes**: The new models of care prototypes across both the Leeds South/East and North CCGs are well underway with two mental health practitioners per CCG now fully recruited during quarter three and working across GP practices. Early indications emerging from the prototype evaluation show a positive outcome in the reduction of referrals into secondary mental health services. The prototype across Leeds West CCG has been slightly delayed, however plans are now in place utilising the learning from the South/East/North prototypes, with two mental health practitioners now in post. Now underway we will evaluate alongside the South/East and North prototypes with the outputs informing long term funding streams.

- **Regional/specialist strategic developments and partnerships:**
  - **New approach to partnership working:** We set a target to have a memorandum of understanding in place across providers to support partnership working related to forensic services and our child and adolescent mental health service. Development of the memorandum of understanding has begun but not yet finalised. The release of the STP has led to the development of a cross provider working group for both forensic and CAMHS services. This partnership group is set up to determine how services will be provided and managed across the STP geographical footprint in future.

- **Recruitment and retention:**
  - **Significantly reduce vacancies:** Extensive work has been undertaken to implement different approaches to recruitment and selection that go some way to reducing the number of vacancies in some areas, however due to continued staff turnover this does not reflect an overall reduction in vacancies across the Trust. At the end of quarter three we are yet to fully develop our internal assessment process and it is now agreed to do this as part of the Leadership and Management Programme which is being implemented from 1 April 2017.
  - **Administration review:** Implementation of the new admin and clerical model across our inpatient services is nearing completion across both of the care groups. The full integration of administration staff within clinical teams will be fully completed by the end of the financial year.

- **Workforce planning:** There have been delays in staff accessing the Calderdale Framework training for facilitators and therefore identifying project areas for completion. Training has now been scheduled for January 2017, with projects being identified fully prior to this.

- **Staff engagement/promoting the Trust:** The work to launch a new Trust website was originally scheduled to be completed at the end of December. Unfortunately, given the delay with the launch of the new Trust intranet (launched on 1 November 2016), the work to re-launch the new Trust website has been deferred until the end of quarter four.

- **Information technology:** The digi pen trial was conducted during the first half of this year with varying degrees of success, upon evaluation it has been agreed that a further full scale rollout of digi pens was not appropriate given the findings of the first trial. We will however extend the trial of twenty pens across some of our specialist areas for use and evaluation over the next 12 months. The outcome of this trial will be known in quarter four 2017/18. In addition, the work to finalise the new mobile phone contract has been delayed and resulted in the new phones not now being deployed until quarter four. Full deployment will be fully completed by the end of the financial year.

  Furthermore, our plans to rollout public WIFI access across all appropriate sites is underway, with the exception of our specialised supported living services. This work will be completed by the end of the financial year.

- **Estates:** The development and agreement of business cases to support outstanding commissioning intentions at Parkside Lodge and St Mary's Hospital are underway with possible options being considered connected with the future vision of the Clinical Services Strategy. In addition, discussions are ongoing with Leeds Teaching Hospitals Trust concerning an alternative solution for the housing of Yorkshire Centre for Psychological Medicine. Further clarity concerning these sites will be known by the end of quarter four.

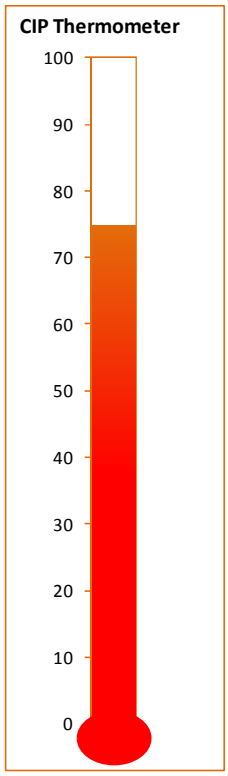
- **Finance and contracting:** Exploratory work to review our PFI funding arrangements is underway. Our third party financial organisation (Ernst & Young) are assisting the Trust in drafting an options appraisal with options including the possibility of refinancing, transferring to a lease arrangement or full purchase. A full options appraisal is to be concluded by the end of the financial year.

- **Well-led review and Board of Directors:** We are currently in the process of finalising the action plan following the CQC well-led inspection. This will be completed in quarter four and in-line with our CQC action plan governance and delivery timescales.

3. Delivery of our 2016/17 Cost Improvement Plans

Major cost improvement plans (CIPs) identified as part of our Operational Plan are managed as formal programmes or projects and adhere to MSP/PRINCE2 methodology. All our CIPs for 2016/17 have been quality and delivery impact assessed, with the CIP proforma being completed for each individual scheme.

In 2016/17 as part of our ongoing rolling programme to identify transformational service change as well as incremental opportunities for efficiency we identified £2.094m of achievable cost savings and £0.25m revenue generation opportunities. In order to achieve the national efficiency target of 2% a further planned cost saving of £0.411m is to be identified in year.



As at quarter three 2016/17 the CIP position is £247k behind plan, this equates to a 25% shortfall.

Whilst a number of potential initiatives have been identified they are not yet delivering efficiencies in quarter three, resulting in a £265k year to date shortfall. Further recurrent efficiencies need to be identified in year to avoid impacting on the underlying financial position of the Trust.

Delays with the implementation of skill mix across both the Leeds Care Group and Specialist Care Group is contributing £206k to the CIP shortfall position as at quarter three.

4. 2016/17 Operational Plan risks and Strategic Risks

At the end of quarter three we have three risks recorded on the electronic risk register. These relate to redesign of older peoples community service (scored as 'extreme'), recruitment and retention of staff (score as 'high'), and redesign of staffnet (scored as 'moderate'). All risks are monitored routinely via the individual project group meetings, Executive Team on a monthly basis and are recorded on the operational/local risk register.

The Trust's strategic risk register is provided at appendix 2 and includes a number of high risk items with three current extreme risks related to delayed transfers of care, high level of vacancies in Care Services and estate not under the direct ownership/control of the Trust.

5. Recommendation

Members of the Board of Directors are asked to note the progress made against our Operational Plan priorities at the end of quarter three 2016/17; and confirm that they are assured of progress being made to address areas for improvement.

APPENDIX 1 – OPERATIONAL PLAN PROGRESS DASHBOARD AT Q3 2016/17

Operational Plan scheme dashboard		✓	Objective completed
			Objective suspended

1.1	**CQC fundamental standards**	
1.1.1	Prepare for a full comprehensive CQC Inspection	
1.1.2	Ensure deliver of CQC action plan, including appraisal and compulsory training targets*	
1.1.3	Support staff to demonstrate compliance with CQC fundamental standards and compliance through Quality Reviews	
1.2	**CQUINs and performance targets**	
1.2.1	Maintain delivery of targets; achieve new CQUINs	
1.2.2	CQUIN: Development of an MOU and integrated mental health pathways for clusters 4 - 17	✓
1.2.3	Significantly reduce reliance on out of area placements for long term rehabilitation	
1.2.4	Implement smoke-free services from 4 April, 2016 *	
1.3	**Key performance indicators**	
1.4	**Outcomes and mental health payments**	
1.4	Recovery, Care Pathways and Outcomes *	
1.5	**Mental Health legislation**	
1.6	**Strategic clinical service developments**	
1.6.1	Develop clear clinical services strategy to inform estates strategy	
1.6.2	Continue development of recovery-focused services	
1.6.3	Implement a prototype Recovery College with partners	
1.6.4	Complete review of learning disability services and implement changes agreed with commissioners	
1.6.5	Agree and finalise implementation plan for an integrated, system-wide model for older people's services	
1.6.6	Implemented governance and programme management arrangements for service development programme	
1.7	**New clinical service developments (CFS)**	
1.7.1	Increase capacity in gender identity services to reduce RTT waits in line with agreed trajectory	
1.7.2	Rebrand CFS/ME service to improve access	
1.7.3	Tender for Tier 4 inpatient CAMHs	
1.7.4	Tender for forensic services	
1.7.5	Agree future of Trust input to Garrow House, personality disorder service and develop strategy for PD model	
1.7.6	Implement in-house extended pharmacy service for 7 days, in house on call 24/7 service	✓
1.8	**Commissioner clinical service developments**	
1.8.1	Implement and evaluate a new primary care mental health initiative	
1.8.2	Develop and implement single point of access and assessment, to include IAPT	
1.8.3	Develop plans and processes to develop new community service model, SPA and assessment, longer term rehab out of area placements	
1.8.4	Reduce acute inpatient oats	
1.8.5	Implement the new urgent/emergency/crisis care model with commissioner plans and MH Urgent care Vanguard	
1.8.6	Implement new all-age liaison psychiatry model following service review	
1.9	**Performance reporting and management**	
1.10	**Research and evaluation**	
1.10.1	Agree and implement evaluation framework for service developments	
1.10.2	Develop nurse and AHP research training opportunities and joint clinical/research posts	
1.10.3	Continue engagement in Yorkshire & Humber CLAHRC research capacity building initiative	
2.1	**Local strategic developments and partnerships (place-based plans)**	
2.1.1	Fully participate in the development of place-based plan for Leeds and West Yorkshire sustainability and Transformation Plan	
2.1.2	Develop and implement new models of care prototypes with Leeds West, South & East and North CCG	
2.1.3	Develop and refocus the PMO to provide more strategic support to internal and external initiatives	
2.1.4	Explore delivery of shared back office functions with Leeds Community Healthcare and other partners	
2.1.5	Work with partners to agree best community based services provider model to deliver new models of care	
2.1.6	To further develop partnerships with local education and training providers	

Operational Plan scheme dashboard		✓	Objective completed
			Objective suspended
2.2	**Regional specialist strategic developments and partnerships (MoU)**		
2.2.1	Implement MH Urgent Care Vanguard plans with other West Yorkshire providers		
2.2.2	Agree approach to partnership working with other providers		
2.3	**Partnership initiatives**		
3.1	**Staff engagement**		
3.1.1	Continue new programme of staff engagement		
3.1.2	Launch Strategy refresh using crowdsourcing for engagement		
3.1.3	Launch new staff intranet *		
3.2	**Recruitment and retention**		
3.2.1	Significantly reduce vacancies through different approaches to recruitment*		
3.2.2	Implement recommendations from review of administration support to clinical teams to retain staff		
3.2.3	Develop and implement plans for improved retention, career development framework		
3.2.4	Implement plans to ensure we have a workforce that reflects the diversity of the population we serve		
3.3	**Workforce planning (planning models)**		
3.4	**Organisational development**		
4.1	**Clinical services strategy**		
4.2	**Promoting the Trust (market test)**		
4.2.1	Building on the outcome of the stakeholder survey, develop different approaches to communicate with key stakeholders		
4.2.2	Agree plans in response to 360 degree survey of key stakeholders to benchmark reputation and perceptions		
4.2.3	Develop improved communications channels, including staff intranet and public website as well as social media and e-marketing channels		
4.2.4	Ensure maximum media coverage of Trust member engagement campaign, positive news stories and awards		
4.2.5	Pilot external media monitoring and evaluation service and assess impact		
4.2.6	Launch new Trust member engagement campaign	✓	
4.3	**Business development**		
4.4	**Information technology (WIFI)**		
4.4.1	Procure new clinical information system		
4.4.2	Ensure public WIFI access across all appropriate sites across the City		
4.4.3	Pilot and rollout new technology solutions to reduce burden on clinical staff		
4.4.4	Develop digital strategy to improve outcomes for service users*		
4.4.5	Procure a document management system		
4.4.6	Procure a new contract and deploy smart phones for staff Trustwide		
4.4.7	Develop delivery vehicle for mHabitat		
4.5	**Estates**		
4.5.1	Implement new process for achieving timely response to requirements for estates and facilities improvement works and monitor delivery		
4.5.2	Agree revised arrangements with NHS Property Services for York premises and PFT provider for Leeds premises		
4.5.3	Agree estates strategy by end of Q3 that better reflects use of space, mobile working and involves staff in discussions		
4.5.4	Implement estates strategy including development and agreement of business cases		
4.6	**Finance and contracting**		
4.6.1	Deliver agreed control total for 2016/17.		
4.6.2	Deliver CIPs for 2016/17, including procurement savings		
4.6.3	Review PFI funding arrangements		
5.1	**Trust strategic direction**		
5.2	**Well-led Review and Board of Directors**		
5.2.1	Complete well-led review by April 2016 and implement recommendations		
5.2.2	Agree and implement Board Development Plan		
5.2.3	Review risk management processes and implement required improvements		
5.3	**Reporting and performance framework**		

APPENDIX 2 – STRATEGIC RISK REGISTER PROGRESS AT Q3 2016/17

Strategic risk register 30/12/16

ID	Care Group	Handler	Latest Review date	Description	Risk level (initial)	Controls in place	Risk level (Current)	Action	Action due date	Action completed date	Risk level (Target)
2	Professions and Quality - Corporate	Jackson, Andrew - Resilience Lead and Corporate Business Manager	11/07/2016	Failure to meet deadlines for implementation of agreed procedures/systems and improvements for all compliance actions notified to CQC	High Risk	Action Plan has been developed and is being actively followed up. CQC fundamental standards group comprising of Executive Directors who monitor actions. Actions are monitored by A Jackson using a audit action tracker.	High Risk	Evidence has been requested for all CQC actions that support the declared completion level i.e. complete or partial.	31/03/2016	11/07/2016	Moderate Risk
								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.	15/04/2016	04/08/2016	
3	Finance - Corporate	Brewin, David - Assistant Director of Finance	24/06/2016	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	Extreme Risk	Good working relationships established with commissioners Commissioning activity around new and existing business is monitored through the Clinical Income Management Group (CIMG): attended	High 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	31/03/2017		Moderate Risk

ID	Care Group	Handler	Latest Review date	Description	Risk level (initial)	Controls in place	Risk level (Current)	Action	Action due date	Action completed date	Risk level (Target)
				Trust) - uncertainty of potential tender processes(mainly specialist services) - commissioner and local authority funding positions and wider system 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.		by Chief Financial Officer, Chief Operating Officer and Director of Nursing, Professions and Quality. 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. 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		Longer term savings plans to be developed and agreed (as part of wider system planning through Sustainability and Transformation plan).	31/03/2017		
								Work-stream to address variation in bed occupancy and length of stay to mitigate out of area risks	31/03/2017		
								Developing risk share arrangements with commissioners to manage demand.	30/04/2016	24/06/2016	
								Develop service line management and detailed benchmarking analysis to understand cost profile of services to inform financial strategy	31/03/2017		

ID	Care Group	Handler	Latest Review date	Description	Risk level (initial)	Controls in place	Risk level (Current)	Action	Action due date	Action completed date	Risk level (Target)
						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					
5	Workforce Development	Jensen, Lindsay - Deputy Director of Workforce Development	10/08/2016	Requirement for new skills in the workforce to support new models and also lack of staff engagement and involvement in the new models. As previous page	High Risk	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 focus sing 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.	High 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	31/12/2016	14/12/2016	Moderate Risk
								Review of job descriptions to ensure skill requirements are fully reflected and updated following any redesign of service	31/12/2016		
								Funding is being sought to improve specialist clinical skills in Community teams	16/10/2016		
								Vocational skills programme for bands 1-4 including care certificate for unqualified health support workers	06/10/2016	08/03/2016	
								Funding received to train staff to deliver the Calderdale Framework a workforce planning tool from May 2016 to develop workforce planning and re-design skills to support new models of care	30/11/2016		

ID	Care Group	Handler	Latest Review date	Description	Risk level (initial)	Controls in place	Risk level (Current)	Action	Action due date	Action completed date	Risk level (Target)
				As previous page		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 collaboration with partners across Leeds on City Wide transformation Project		Use of crowd sourcing technology to improve staff engagement and communication to support changes programmes	31/12/2016	14/12/2016	
								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.	31/03/2017		
9	Facilities (Finance)	Furness, David - Head of Facilities	11/03/2016	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	Extreme Risk	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	Extreme Risk	Group to review ALL processes linked to reactive and planned maintenance including ligature assessment process, and change request process to determine best practice document lean approach and embed - all to be delivered by 30th June 2016	30/06/2016		Moderate Risk

ID	Care Group	Handler	Latest Review date	Description	Risk level (initial)	Controls in place	Risk level (Current)	Action	Action due date	Action completed date	Risk level (Target)
				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)		process managed by monthly meetings with third party suppliers Site management escalation to third party supplier suitability for admission. Formal partnership working with PFI partners Working arrangements with NHS Property Services Ltd, improving but under review due to further organisational restructure.		New robust lease arrangements to be negotiated with NHSPS and their third party maintenance supplier MITIE.	30/04/2016		
								Negotiate change/improvements to contract with Equitix , including market testing of elements of service	30/06/2016		
58	Clinical Services (for Risk Management Dept use Only)	Parkinson, Lynn - Deputy Chief Operating Officer	04/11/2016	High number of vacancies in Care Services (Clinical staff) As previous page	Extreme Risk	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. Recruitment events have taken place and staff have been recruited, risk still remains within Community, Forensic and CAMHS services.	Extreme Risk	Leeds care group to ensure this is included on their risk register	16/09/2015	03/03/2016	High Risk
								York care group to ensure this is included on their risk register	16/09/2015	03/03/2016	
								Specialist and Learning Disability services to ensure this is included on their risk register	16/09/2015	13/07/2016	
								Hot spots identified in relation to recruitment and bespoke recruitment plans to be developed for the individual areas. This will be monitored by the Recruitment Steering Group.	31/03/2017		
								Review of current retention of staff and development of plan to increase retention of staff. this will be monitored by the Recruitment Steering Group	31/03/2017		

ID	Care Group	Handler	Latest Review date	Description	Risk level (initial)	Controls in place	Risk level (Current)	Action	Action due date	Action completed date	Risk level (Target)
96	Leeds Mental Health Care Group	Cushley, Maureen - CSM	28/11/2016	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	Extreme Risk	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 inpatient acute ward and is being rolled out to older peoples wards	Extreme Risk	the attached document details the actions identified to mitigate and control this risks, these are monitored through the Inpatient Bed Management Improvement Project	31/03/2016	14/03/2016	High Risk
105	Health Informatics Services (Finance)	Fawcett, Bill - Chief Information Officer	05/08/2016	The danger of a cyber attack to the Trust's ICT infrastructure through malitious hacking or system virus infection. As previous page	High Risk	The ICT infrastructure has firewalls, virus protection software and e-mail protection systems that are continually updated to prevent attack. A working programme to improve our awareness and response to threats is in progress.	High 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.	03/06/2016	05/08/2016	Moderate Risk

ID	Care Group	Handler	Latest Review date	Description	Risk level (initial)	Controls in place	Risk level (Current)	Action	Action due date	Action completed date	Risk level (Target)
								Security Policy to be created and approved at the Finance and Business Committee and published on the Intranet.	04/08/2016	04/08/2016	
								Bases on the work conducted by BT in 2016 create and deploy a programme to address the primary areas of weakness in the Trust's technology defences with and penetration test of our systems to be conducted at the end of the financial year 2016-17	31/03/2017		
128	Finance - Corporate	Hanwell, Dawn - Chief Financial Officer	13/04/2016	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 Disorder, Yorkshire Centre for Psychological Medicine).This is impacting the development of long term estate strategy and business cases for key changes required.	High Risk	A number of business cases are already in development Commissioner discussions progressing specifically with regard to LD Partnership arrangements being developed re CAHMS with LCH	High Risk	Work on going in care services to define and agree clinical priorities aligned to commissioner intent, workshop to agree with Board of Directors	30/09/2016		Moderate Risk
								Work on going working with care services to refresh estate strategy linked to emerging clinical priorities	31/10/2016		
156	Workforce Development	Gaunt, David - Performance and People Development Manager	14/07/2016	The Trust has a ratified Compulsory Training Procedure and a Trust Board KPI of achieving 90% compliance against all compulsory training specified in this	Extreme Risk	- A ratified Compulsory Training Procedure is in place that articulates the required training for every role in the Trust - A compulsory training programme is in place with	High Risk	Current coverage at Service Area level is not 100% across all services - to be reviewed and 100% coverage to be achieved using automated 2 weekly iLearn reports	31/05/2016	14/07/2016	Moderate Risk

ID	Care Group	Handler	Latest Review date	Description	Risk level (initial)	Controls in place	Risk level (Current)	Action	Action due date	Action completed date	Risk level (Target)
				procedure. The Trust is not achieving this target with compliance standing at 85% as of 1.7.16. This risk was recorded on the previous risk register for the Trust and has been since 2010, when the compliance rate was 55%.		sufficient training for all staff to be trained and remain in date and compliant - Compulsory training is recorded centrally and is performance reported at a Trust, Care Group, Service Area and Individual levels through ILearn		Reporting at Departmental level is not in place - coverage to be achieved using automated 2 weekly iLearn reports to assist in local departments managing compliance	01/06/2016	14/07/2016	
								Reporting at Manager level is through iLearn Manager Self Service - the data needs to be pushed out to managers in 2 weekly iLearn reports	30/06/2016	08/08/2016	
								Bank staff compliance to be driven up to the same standard as substantive through introduction of payment, and restriction to shifts using E-Roster as the gateway for staff not trained	30/09/2016		
								Ensuring all staff can access iLearn has been reviewed several times - currently circa 2300 of 3000 staff have used iLearn in the first 6 months - review and prompt users yet to log in and assist in ensuring all staff have a registered email	30/06/2016	08/08/2016	
				As previous page				A number of Block Compulsory Training Events were delivered in 2015/16 Q4 - the efficiency was poor with low uptake of places as a percentage - modifications to be made an further to be scheduled for inpatient services staff	30/09/2016		

Leeds and York Partnership NHS
NHS Foundation Trust

AGENDA ITEM

14.1

LEEDS AND YORK PARTNERSHIP NHS FOUNDATION TRUST

MEETING OF THE BOARD OF DIRECTORS

PAPER TITLE:	Minutes of the meeting of the Audit Committee held the 26 October 2016
DATE OF MEETING:	26 January 2017
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)							
Quality		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 minutes of the Audit Committee meeting held 26 October 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 that a verbal report of these minutes was made to the Board of Directors at the meeting held on the 30 October 2016.
What is the Board being asked to consider	The Board is asked to note the content of the minutes and that 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	There were no risks highlighted in relation to the items discussed.
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 received these minutes at its meeting held on 12 January 2017.
What are the reputational implications and how will these be addressed	There were no reputational risks identified
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.

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 and note the content of the minutes of the Audit Committee for the meeting held on 26 October 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 26 October 2016 in Meeting Rooms 1 & 2, Trust Headquarters

Present:

Mrs J Tankard, Non-executive Director (Chair of the Audit Committee)
Dr G Taylor, Non-executive Director

In Attendance:

Mr F Griffiths, Chair of the Trusts
Mr D Brewin, Assistant Director of Finance
Ms N Ishaq, Audit Manager, PricewaterhouseCoopers LLP
Mrs L O'Reilly, Local Counter Fraud Specialist, West Yorkshire Audit Consortium
Mrs S Blackburn, Deputy Head of Internal Audit, North Yorkshire Audit Services
Mrs L Jensen, Deputy Director of Workforce (for agenda items 5.2 & 8 only)
Ms Christine Woodward, Head of Risk Management (for agenda items 7.1 & 7.2 only)
Mrs C Hill, Head of Corporate Governance (Committee Secretariat)
Ms R Cooper, Governance Assistant (minutes)

Full details and supporting agenda papers are filed in the Corporate Governance 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 at 12.30 and welcomed everyone.	
16/048	**Apologies** (agenda item 1) Apologies were received from Mrs M Sentamu, Non-executive Director (substantive member of the committee). Apologies were also received from Dr S Munro, Chief Executive; and Mrs D Hanwell, Chief Financial Officer who normally attend the committee meetings.	
16/049	**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.	
16/050	**Minutes of the meetings held on 21 April and 18 May 2016** (agenda item 4.1 & 4.2) The minutes of the meetings held on 21 April and 18 May 2016 were **agreed** as a true record.	
16/051.1	**Matters arising** **Assurance in regard to legal advice about the signing of employee contracts (action log 115 min 16/038)** (agenda item 5.1) Ms Ishaq advised the committee that the legal advice HR had sought from Hempsons Solicitors had been reviewed. Ms Ishaq confirmed it was sufficient for the Trust to provide evidence that an employment contract had been sent even if it contract had not been signed and returned by the employee and that this would mitigate any possible	

	legal implications. It was noted that this would be recorded as part of the payroll audit.	
16/051.2	**Assurance on the process for signing outstanding employee contracts (action log 107 min 16/007)** (agenda item 5.2) Mrs Jensen explained the position now noting that when contracts are sent out to successful applicants they include a return-by date, along with a disclaimer that if the contract is not returned by that date then it is assumed to be signed. She noted that their receipt of the contract can be evidenced using the email trail.	
	The committee **agreed** that in relation to employee contracts it was satisfied a robust process exists to capture the relevant evidence.	
16/052	**Workforce Directorate risk register** (agenda item 8) Mrs Jensen introduced the paper and provided a summary of the current risks and mitigations in relation to the Workforce Development directorate. She explained that there are currently five risks in total, three identified as high and two as medium. She also noted that two of the risks are identified as strategic, one in regard to developing skills in the workforce in order to adapt to change, and another one in regard to compulsory training; however she asked the committee to note that compulsory training was now classified as a medium risk. The committee discussed the benefits of partnership working with local education providers to support the apprenticeship programme and Mrs Jensen noted these plans will be incorporated into the new workforce strategy. Dr Taylor noted that there was no reference to agile or mobile working in the mitigating actions of the Workforce Development risk register. Mrs Jensen assured Dr Taylor that a strategy was currently being developed to enable more flexible working. Dr Taylor also noted the amount of process-related mitigating actions against the compulsory training risk, but that there was little evidence of proactive enforcement or consequences for poor performance in relation to the completion of compulsory training. The committee suggested that ET looks at ways to better hold staff and managers to account and which emphasises personal responsibility in regard to compulsory training. The then committee discussed the risk relating to the number of individuals across the Trust who are on 'private contracts' or who are self-employed and whose employment contracts may present a risk from an HMRC or national insurance perspective. It also noted that some of these staff may also be accruing employment rights and that this needs to be monitored. Mrs Jensen noted that Mrs Hanwell had requested a group be established to manage this risk. Mrs Tankard asked for this problem to be quantified, and assurance that there was a plan in place to address this.	**ST** **DH**
	The committee **noted** the paper and was **assured** that a clear process was in place for the identification, assessment and management of risks within the Workforce Development Directorate.	

16/053.1	**Risk management process update (action log 110 min 16/022)** (agenda item 7.1) Mrs Woodward introduced the Risk Management Action Plan and explained that some of the actions could not be closed due to capacity restrictions within the team. The committee discussed how emphasis should be on supporting people to identify risks, and not just focus on system training. Mrs Woodward explained that the team is currently developing online training for Datix and the committee suggested that it might be useful for a desktop package to be developed which raises the profile of risk in a way that supplements the work being done by the Risk Management team. It also noted that the team could look at learning from good practice at other Trusts. Mrs Blackburn agreed to look at how this is managed at other trusts and provide advice to the risk management team.	**SB**
	The committee **reviewed** the action plan and **noted** the progress being made.	
16/053.2	**Audit of the Risk Management Process** (agenda item 7.2) Mrs Woodward noted that by managing the risks that go live, the Risk Management Team had improved consistency in the way these are classified and recorded. She noted that the risks remained in draft until they had been reviewed by Mrs Woodward, and that it was now required that all new risks now must set out actions for mitigation. The committee agreed that in the future they would like this audit to be included in the Assurances on the Risk Management Process report. Mrs Woodward informed the committee that she plans to visit Northumberland, Tyne and Wear NHS Foundation Trust and bring back learning from relevant areas where they perform highly.	
	The committee **reviewed** the random audit and **agreed** the frequency at which it should be presented to the Audit Committee in the future.	
16/054	**Cumulative Action Log** (agenda item 6) Mrs Hill asked the committee to confirm they were satisfied that all the actions could now been closed and this was agreed by the committee.	
	The committee **received** the cumulative action log and **noted** the progress made.	
16/055	**Local Counter Fraud Annual Report and Annual Work-plan for 2016/17** (agenda item 9) Mrs O'Reilly introduced the Counter Fraud Annual Report and Work Plan which summarised the anti-fraud work completed during 2015/16 and also the proposed work-plan for 2016/17. Mrs Tankard asked if sufficient time and focus was spent on anti-fraud, bribery and corruption in the Trust and Mrs O'Reilly informed the committee it performed comparably to other Trusts in a benchmarking exercise.	
	The committee **received** the report and was **assured** by the processes in place.	

16/056 **Clinical Audit Annual Work-plan 2016/17** (agenda item 10)

The committee noted that the Head of Clinical Audit and the Medical Director will be invited to attend the January meeting to discuss the report further and provide some clarity on findings from the work undertaken. **CH**

Dr Taylor and Mrs Tankard agreed that the information in the report lacked context and required further indication of scale and proportion, and as such the level of operational detail did not provide the right level of assurance to the committee.

The committee **received** the report and **discussed** the contents.

16/057 **External Audit Progress Report** (agenda item 11.1)

Ms Ishaq introduced the report which gave a high level summary of the progress of the 2016/17 external audit. She explained that the audit plan will be presented to the Audit Committee in January and confirmed that as of now there were no new legislative requirements that might impact the year-end audit.

Ms Ishaq informed the committee they are currently mapping the possible implications of Brexit, particularly in relation to workforce, and noted that any relevant publications will be brought to the Audit Committee. The committee discussed the possible implications Brexit may have on the Trust, looking at number of employees potentially affected and the impact on departments such as research and development and suggested that the relevant risk registers should reflect these.

Mrs Hill agreed to recirculate the link to Non-executive Director training courses provided by PwC to the NEDs. **CH**

The committee **noted** the plan for upcoming activities for external audit.

16/058 **Internal audit progress report** (agenda item 12.1)

Mrs Blackburn introduced the progress report which summarised performance to date in delivering the Internal Audit Annual Plan for 2016/17. As initially discussed at the audit planning session and following a challenge from commissioners on the timeliness and impact of learning from the serious incident process, the committee agreed that the time previously spent on the complaints audit would now be used for an in-depth review of the process for serious incidents. It was also agreed that the quality accounts and reporting audit will continue as previously noted.

The committee discussed the Service User Experience and Involvement internal audit report and expressed concern that at present no KPI appears to have been set to specify a target for involving service users. It noted that this resulted in it being unclear as to whether the Trust had achieved an acceptable level of service user experience and involvement as determined by the Board. The committee supported recommendation three in the report around developing and agreeing measurable SMART indicators to improve this.

While discussing the Management of Estate Risks internal audit report the committee noted that there needs to be greater transparency regarding estates issues. One suggestion was to collect the estates data into a RAG rated dashboard that would readily highlight buildings that may contravene health and safety regulations and make this

	easily available to the Board. Mr Brewin agreed to look at this further. Mrs Tankard felt an estates dashboard would be beneficial in providing oversight to help make more effective decisions and identify potential efficiency savings that could be made.	**DB**
	In regard to report LY/01/17 the committee reviewed the draft report and made recommendations as to the further work to be carried out and agreed that the final report should be provided to the Board. Mrs Blackburn agreed to discuss with Mrs Hanwell the option of writing to the two employees named to provide them with an opportunity to read the report and make any comments before it is finalised.	**SB**
	The committee **received** the Internal Audit Progress Report and was **assured** by the findings of the audit reports included in it.	
16/059	**Counter fraud progress report** (agenda item 12.2)	
	Mrs O'Reilly explained that this report covers the work carried out since the last Audit Committee meeting. She noted the updated fraud awareness e-learning package now available on iLearn. She informed the committee of the Chief Financial Officer's upcoming meeting with NHS Protect as part of the Trust's quality assurance review. Outcomes from this will be brought to the next meeting.	**LO**
	Mrs O'Reilly went on to explain that recommendations have been made and agreed with HR regarding declarations of secondary employment and sickness procedures and these will be brought to the next meeting.	**LO**
	The committee **noted** the Fraud Progress Report for October 2016.	
16/060	**Board Assurance Framework** (agenda item 13)	
	Mrs Tankard suggested triangulating the key controls in the report with the audit work completed by Mrs Blackburn and Mrs O'Reilly during their time with the Trust to help identify any gaps. Mrs Blackburn will work with Mrs Hill to take this forward.	**SB**
	The committee was **assured** as to the completeness of the Board Assurance Framework and **noted** that each sub-committee receives and has scrutinised the framework where is applies to their work.	
16/061	**Follow up of outstanding audit actions** (agenda item 14)	
	The committee requested that an indication of the timescale for completion, as well as the original agreed date, is included in the report for the next meeting. The committee also asked that a concerted effort be made by ET to complete their outstanding actions and also determine whether long standing actions are still relevant or have been superseded.	**DH**
	The committee **reviewed** the schedule of outstanding actions, noted explanations for actions not implemented by the due date and was **satisfied** with the explanations given.	

16/062	**Tender and Quotation Exception Report** (agenda item 15) Mr Brewin presented the report to the committee which detailed the occasions when the procurement process had been waived and a single supplier had been accepted without use of prior quotations or tenders. It also reported any occasions where a supplier had been chosen despite not being the cheaper option.	
	The committee **received** the report, **noted** its contents and **supported** the reasons for the tender process being waved.	
16/063	**Losses and special payments register (action log number 113)** (agenda item 16.1) The committee received the losses and payments register and noted the contents, the committee suggested that the money recovered through the Patients Affairs Department should be transferred to Charitable Funds. Mr Brewin agreed to look at this.	**DB**
	The committee **received** the report and **discussed** its contents.	
16/064	**Sponsorship Register** (agenda item 16.2)	
	The committee **received** the report and **noted** its contents.	
16/065	**Hospitality register** (agenda item 16.3)	
	The committee **received** the report and **noted** its contents.	
16/066	**Management Consultant register** (agenda item 16.4) Mr Brewin explained that the report listed the use of management consultants as recorded in the management consultancy register and identified related costs currently recorded in the financial ledger. He informed the committee that a group had been established to revisit the policy and make recommendations for improvement.	
	The committee **received** the report and **noted** its contents.	
16/067	**Strategic Planning Delivery Cycle** (agenda item 17)	
	The committee **received** the report and **noted** the timescales for delivery.	
16/068	**Review of the committee's Terms of Reference** (agenda item 18)	
	The committee **approved** the changes to the Terms of Reference, prior to these being presented to the Board of Directors for ratification.	

16/069	**Meeting dates for 2017** (agenda item 19)
	The committee **agreed** the meeting dates for 2017 subject to moving the next committee meeting to the 12 January.
16/070	**New and future risks** (agenda item 20)
	The committee did not identify any new or future risks.
16/071	**Any other business** (agenda item 21)
	The committee did not discuss any other business.

The chair of the committee thanked everyone for attending and closed the meeting at 14:35.

AUDIT COMMITTEE - ACTION SUMMARY
26 October 2016

MINUTE	ACTION SUMMARY	LEAD
16/052	**Workforce Directorate risk register** (agenda item 8) Dr Taylor also noted the amount of process-related mitigating actions against the compulsory training risk, but that there was little evidence of proactive enforcement or consequences for poor performance in relation to the completion of compulsory training. The committee suggested that ET looks at ways to better hold staff and managers to account and which emphasises personal responsibility in regard to compulsory training.	**ST**
16/052	**Workforce Directorate risk register** (agenda item 8) The committee discussed the risk relating to the number of individuals across the Trust who are on 'private contracts' or are self-employed and whose employment contracts may present a risk from a HMRC and national insurance perspective. Mrs Tankard asked for this problem to be quantified, and a plan and process be developed.	**DH**
16/053.1	**Risk management process update (action log 110 min 16/022)** (agenda item 7.1) The committee discussed how emphasis should be on supporting people to identify risks, and not just focus on system training. Mrs Woodward explained that the team is currently developing online training for Datix and the committee suggested that it might be useful for a desktop package to be developed which raises the profile of risk in a way that supplements the work being done by the Risk Management team. It also noted that the team could look at learning from good practice at other Trusts. Mrs Blackburn agreed to look at how this is managed at other trusts and provide advice to the risk management team.	**SB**
16/056	**Clinical Audit Annual Work-plan 2016/17** (agenda item 10) The Head of Clinical Audit and the Medical Director will be invited to attend the January meeting to discuss the report further and provide some clarity.	**CH**
16/057	**External Audit Progress Report** (agenda item 11.1) Mrs Hill agreed to recirculate the link to Non-executive Director training courses provided by PwC to the NEDs.	**CH**
16/058	**Internal audit progress report** (agenda item 12.1) The committee agreed there needed to be greater transparency regarding estates issues. One suggestion was to collect the estates data into a RAG rated dashboard that would readily highlight buildings that contravene health and safety regulations and make this easily available to the Board. Mr Brewin will pick this up.	**DB**

MINUTE	ACTION SUMMARY	LEAD
16/058	**Internal audit progress report** (agenda item 12.1) Mrs Blackburn agreed to discuss with Mrs Hanwell the option of writing to the two employees named to provide them with an opportunity to read the report and make any comments before it is finalised.	**SB**
16/059	**Counter fraud progress report** (agenda item 12.2) Mrs O'Reilly noted the Financial Officer's upcoming meeting with NHS Protect as part of the Trust's quality assurance review. Outcomes from this will be brought to the next meeting. Mrs O'Reilly went on to explain that recommendations have been made and agreed with HR regarding declarations of secondary employment and sickness procedures and these will be brought to the next meeting.	**LO** **LO**
16/060	**Board Assurance Framework** (agenda item 13) Mrs Tankard suggested triangulating the key controls in the report with the audit work completed by Mrs Blackburn and Mrs O'Reilly during their time with the Trust to help identify any gaps. Mrs Blackburn will work with Mrs Hill to take this forward.	**SB**
16/061	**Follow up of outstanding audit actions** (agenda item 14) The committee requested that an indication of timescale for completion, as well as the original agreed date, is included in the report for the next meeting. They also asked that a concerted effort be made by ET to complete their outstanding actions and also determine whether long standing actions are still relevant or have been superseded.	**DH**
16/063	**Losses and special payments register (action log number 113)** (agenda item 16.1) The committee received the losses and payments register and noted the contents, the committee suggested that the money recovered through the Patients Affairs Department should be transferred to Charitable Funds. Mr Brewin agreed to look at this.	**DB**

AGENDA ITEM
14.2

LEEDS AND YORK PARTNERSHIP NHS FOUNDATION TRUST

MEETING OF THE BOARD OF DIRECTORS

PAPER TITLE:	Revised Terms of Reference for the Audit Committee
DATE OF MEETING:	26 January 2017
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)	

SUMMARY DETAILS OF THE PAPER	
Purpose of paper	In accordance with its Terms of Reference the Audit Committee is required to review the these annually. This paper askes the Board to ratify the revisions made.
What are the key points and key issues the Board needs to focus on	The Head of Corporate Governance reviewed the Terms of Reference and made amendments in respect of: • The Trust's values; the new values have been inserted into the document • Removed the 'monitoring' section which referred to the requirements under the Risk Management Standards as this requirement has now been removed from organisations. The committee reviewed and agreed these changes at its meeting on the 26 October 2016.
What is the Board being asked to consider	The Board is asked to consider and ratify the revisions to the Terms of Reference, noting that these do not change the duties of the committee.
What is the impact on the quality of care	There will be no adverse impact on quality of care in respect of the proposed changes to the Terms of Reference.
What are the benefits and risks for the Trust	Not applicable
What are the resource implications	There are no resource implications other than staff will not be required to evidence the monitoring of these Terms of Reference.
Next steps following this paper being presented to the Board	Once ratified they will become live Terms of Reference for the committee
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	Not applicable.
Previous meetings where this report has been considered (including date)	None, not applicable.

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 ratify the revised Terms of Reference for the Audit 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

LEEDS AND YORK PARTNERSHIP NHS FOUNDATION TRUST

Audit Committee

Terms of Reference
To be ratified by the Board of Directors on 26 January 2017

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1 NAME OF GROUP

The name of this committee is the Audit 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
Non-executive director	Committee chair and responsible for evaluating the assurance given and identifying if further consideration / action is needed.
2 non-executive directors	Responsible for evaluating the assurance given and identifying if further consideration / action is needed. Either of the routine non-executive members may chair if the chair of the committee is absent.

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

In attendance

Title	Role in the committee	Attendance guide
Chief Executive	Executive lead	Every meeting
Chief Financial Officer	Key responsibilities regarding audit and reporting	Every meeting
Internal Audit representation	Independent assurance providers	Every meeting
External Audit representation	Independent assurance providers	Every meeting

Title	Role in the committee	Attendance guide
Local Counter Fraud representation	Independent assurance providers	Dependant on the agenda
Head of Clinical Audit	Assurance provider	Dependant on the agenda
Head of Corporate Governance	Committee support and advice	Every meeting

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

Executive directors and other members of staff may attend by invitation in order to present or support the presentation of agenda items / papers to the committee.

Other than where their own papers are being presented to the committee, meetings may also be attended by External Audit, Internal Audit, and Clinical Audit. This shall be to provide an independent view of any item under discussion, and to provide a point by which the committee can validate the assurances it has been provided with.

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

3 QUORACY

Number: The minimum number of members for a meeting to be quorate is 2. Attendees do not count towards this number. If the chair of the committee is unable to attend the meeting, and if otherwise quorate, the meeting will be chaired by another non-executive director.

Deputies: All non-executive directors are counted as members of the committee although only two core members in addition to the chair are identified with on-going responsibility for attending. Non-core non-executive director members will be asked to attend if there is a risk to the meeting not being quorate.

Attendees should nominate a deputy to attend in their absence. A schedule of deputies, attached at appendix 2, should be reviewed at least annually to ensure adequate cover exists.

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

4 MEETINGS OF THE GROUP

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

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

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

Minutes: 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. The chair will give a verbal update to the Board of Directors which may be in advance of the Audit Committee formally approving the minutes of the prior meeting. This is to ensure any urgent information is reported promptly to the Board of Directors; wherever possible draft minutes will be presented to the Board to support the verbal report from the chair of the committee.

Papers will be distributed to all non-executive directors as part of the circulation of papers for each meeting.

Minutes will be distributed to the Board for assurance purposes.

Private Sessions of the Committee

At least once a year the committee will meet privately with:

- Representative/s from Internal Auditor
- Representative/s from External Auditor.

At the discretion of the chair of the committee, it may also choose to meet privately with the following:

- The Chief Executive
- The Chief Financial Officer
- The Head of Risk Management
- The Head of Clinical Audit
- The Medical Director
- The Chief Operating Officer
- The Chief Nurse and Director of Quality Assurance
- Representative/s from the Mental Health Act Managers.

These private meetings will not preclude there being any other private meetings as requested by members of the Audit Committee, or requested by officers in the Trust.

Members of the committee should also meet together in private.

The frequency of these private meetings shall be determined by members of the committee and recorded on the work schedule.

5 AUTHORITY

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

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

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

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

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

6 ROLE OF THE COMMITTEE

6.1 Purpose of the Committee

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

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

The committee shall execute its role by providing active and independent challenge to the organisation and thereby 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.

In terms of objectives, the remit of the Audit Committee enables it to seek assurance that priority activities for all five strategic objectives are progressing to plan. However, the work of the committee will be of particular relevance to the following objectives:

Objective	Committee roles
Quality and outcomes	The Audit Committee has a key mandatory role in assurance regarding the preparation of the Quality Accounts produced by the Trust.
Efficiency and sustainability	The Audit Committee exercises scrutiny of the annual financial reporting of the organisation, its on-going financial health and controls designed to deliver efficiency, effectiveness and economy of all Trust functions.
Governance and compliance	As the principle governance committee the Audit Committee has a core responsibility to scrutinise the Trust's governance arrangements to determine they are operating effectively and that the Trust is fulfilling all of its statutory responsibilities.

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

In carrying out their duties members of the group and any attendees of the group 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.~~

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

6.3 Duties of the Audit Committee

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

Board Assurance Framework

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

Strategic Plan

- Be presented with the Strategic Plan delivery cycle and be assured of the process to produce each year's Plan
- Be presented with the draft Strategic Plan - Corporate Governance Statement and any other related Board statement, and receive assurance as to the completeness of the evidence to support the statement/s, and the process for the completion of the statement/s
- Be presented with the final Strategic Plan Corporate Governance Statement and any other related Board statement, prior to sign-off by the Board of Directors and receive assurance as to the completeness of the evidence to support the statement/s, and the process for the completion of the statement/s.

Quality Report

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

Risk Management

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

Compliance and Disclosure Statements

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

Governance

- Receive assurance that all reviews by external assurance or regulatory bodies have been properly considered by other governance committees and operational executive committees, that action is progressing and any systemic weaknesses have been rectified.
- Review the Effectiveness of the Governance Framework to be assured as to its completeness, and continuing appropriateness.

Annual Accounts and Annual Report

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

Annual Governance Statement and Head of Internal Audit Opinion

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

Project Initiation Documents (PIDs)

- Be presented with all major PIDs in order to be assured that due process has been followed, and to allow a deep dive into any areas where assurance cannot be fully given (a significant transaction is defined in the Constitution).

Registers

- Be presented with the Losses and Special Payments Report to be assured as to the appropriateness of payments made and that control weaknesses have been addressed
- Be presented with the Sponsorship Register to be assured that it is complete and that sponsorship received by the organisation / individuals is appropriate and has been applied for according to the procedure

- Be presented with the Hospitality Register to be assured that it is complete and that hospitality received by individuals is appropriate, proportionate, and unable to be considered an inducement and has been recorded according to the procedure
- Be presented with the register of Management Consultants to be assured that it is complete and that consultants have been appointed appropriately, and according to the procedure.

Internal Audit

- The committee shall ensure there is an effective Internal Audit function established by management that meets mandatory NHS Internal Audit standards and provides appropriate independent assurance to the Audit Committee, Chief Executive and Board of Directors. This will be achieved by:

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

External Audit

- The committee shall review the work and findings of the External Auditor. In addition to this the committee will:

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

Counter Fraud

- The committee's responsibilities regarding counter fraud are governed by Section 47 of the Base Model Contract between Foundation Trusts and PCTs and Schedule 13 of this contract and the duties of the Audit Committee are set out in this contract specifically that:
    - The committee shall allow the Local Counter Fraud Specialist service (LCFSs) to attend Audit Committee meetings
    - The committee shall receive a summary report of all fraud cases from the LCFSs
    - The committee shall receive reports from the LCFSs regarding weaknesses in fraud related systems
    - The committee shall receive and review the LCFSs' Annual Report of Counter Fraud Work
    - The committee shall receive the LCFSs' annual work plan for comment.

Security Management

- Receive an annual report on security management.

Clinical Audit

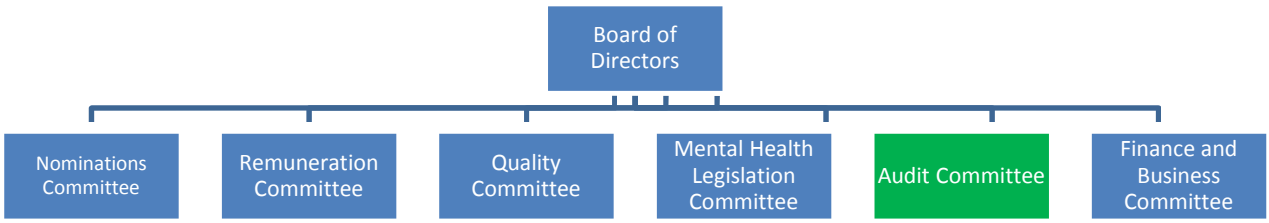
- Receive the Clinical Audit Annual Plan having the opportunity to request amendments if necessary and be assured as to its completeness
- Be assured as to the development of clinical governance as part of the quality assurance framework for the Trust.

7 RELATIONSHIP WITH OTHER GROUPS AND COMMITTEES

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

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

The following is a diagram setting out the governance structure in respect of assurance:



Reporting:

The Audit Committee's minutes will be sent to the Board of Directors for information.

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

In the event of there being a dispute between any groups in the hierarchy 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 Audit Committee	All minutes of Audit Committee	Minutes of meeting	Following all Audit meetings	Board of Directors
Membership, including frequency of attendance/ quorum	Monitoring	Head of Corporate Governance	Minutes of Audit Committee	All minutes of Audit Committee	Minutes of meeting	Attendance will be monitored throughout the year and included in the annual report (annually)	Board of Directors
Reporting arrangements into Audit Committee	Monitoring	Head of Corporate Governance	Minutes and reports received by Audit Committee	All minutes of Audit Committee	Agenda of meeting	Record of minutes and reports received by the Audit 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 2

Schedule of Deputies

Committee member or attendee	Deputising officer
Chief Executive	Chief Operating Officer / Deputy Chief Executive
Chief Financial Officer	Deputy Director of Finance
Head of Corporate Governance	Governance Officer

Leeds and York Partnership NHS
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AGENDA ITEM

15.1

LEEDS AND YORK PARTNERSHIP NHS FOUNDATION TRUST

MEETING OF THE BOARD OF DIRECTORS

PAPER TITLE:	Minutes of the Quality Committee meeting held the 15 December 2016
DATE OF MEETING:	26 January 2017
LEAD DIRECTOR: (name and title)	Prof John Baker – 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)		

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NHS Foundation Trust

SUMMARY DETAILS OF THE PAPER	
Purpose of paper	The draft minutes of the Quality Committee meeting held 19 July 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: • Assurance around the impact on quality in regard to the CIP programme • Assurance on the process for agreeing the CQC action plan prior to this being submitted on the 16 December • Noted the timelines for developing the Quality Strategy • Reived an update on the closure of Westerdale Ward
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.

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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
Tuesday 15 December 2016
at 9.30am in Meeting Room 1&2 at Trust Headquarters

Present: Prof John Baker (Non-Executive Director) - Chair of the Committee
Mr Steven Wrigley-Howe (Non-Executive Director)
Mrs Lynn Parkinson (Interim Chief Operating Officer)
Mr Anthony Deery (Director of Nursing, Professions and Quality)
Mrs Susan Tyler (Director of Workforce Development)

In attendance: Mr Tom Mullen (Clinical Director - 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 / Freedom to Speak Up Guardian)
Dr Guy Brookes (Clinical Director for Leeds Mental Health Care Group)
Mr Mark Gallacher (Head of Performance and Quality)
Mr Bill Fawcett (Chief Information Officer)
Mrs Amanda Burgess (Programme Management Office Manager) - for agenda number 6
Ms Fran Limbert (Governance Assistant)
Ms Rose Cooper (Governance Assistant)

Action

Welcome and Introduction

Mr John Baker welcomed everyone to the meeting.

16/101 Apologies for absence (agenda item 1)

Apologies were received from: Dr Sara Munro (Chief Executive); and from Beverley Thornton, Service User Involvement Lead.

16/102 Declaration of interests (agenda item 2)

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

16/103 Minutes of meeting held 11 October 2016 (agenda item 3)

The minutes of the meetings held on 11 October 2016 were **accepted** as a true record.

16/104 Matters arising (agenda item 4)

There were no matters arising.

16/105 Cumulative action log (agenda item 5)

Mrs Hill presented the cumulative action log. It was noted that this was an extraordinary meeting and as such the committee would look at this document in more detail at the January meeting.

16/106 CQC Provider Action Plans for approval prior to submission to the CQC (agenda item 8)

Mr Deery presented the CQC action plans which detailed the Trust's responses and proposed actions to the regulatory requirements that have been set by the CQC following the publication of their comprehensive Inspection report in November 2016. Mr Deery advised that following receipt of the report the compliance actions were allocated to services and directorates accordingly and that responses have been cross-referenced to ensure there is consistency where action cut across different areas. Mr Deery noted that the date of submission for the action plans was 16 December 2016, and asked the committee to review the proposed actions to meet the regulatory requirements and confirm that it was assured by this process.

Prof Baker noted the quantity of detail contained in the report and asked that the committee focus on just a few areas to be assured of the process. Mr Gallacher gave an overview of the 'must do' regulatory requirements that had been issued. He explained how the actions against these regulatory requirements had been agreed upon and provided assurance about the process that had been followed. Mr Gallacher explained the process for managing 'should dos' and 'must dos' and the importance of having a co-ordinated, consistent approach to the actions that overlap across numerous services.

Prof Baker expressed concern that the plans were lacking qualitative evidence and noted that emphasis was being placed on achieving training targets, rather than ensuring the effective application of training in the workplace to change behaviours and improve the quality of care. Mrs Tyler responded by saying that the impact of training on staff practice and behaviour needed to be evaluated within clinical teams at a local level. Mr Mullen highlighted the resource implications of providing monthly clinical supervision, particularly within an inpatient setting.

Prof Baker asked for further consideration of the themes that cut across multiple services at a strategic level and for there to be a deep dive into some of the areas. In particular, the quality and provision of training and how clinical supervision is managed relating to regulation 18; the use of the seclusion policy referred to in regulation 13; and e-prescribing. He asked for assurance that learning is implemented across the organisation to improve the quality of services. He asked for this to be brought back to the April meeting for further discussion. **AD**

The committee **reviewed** the proposed actions to meet the regulatory requirements and **confirmed** it was assured by this process.

16/107 CIP Quality Impact Assessments (agenda item 6)

Mr Deery introduced the report which provided a summary of the 2017/18 quality and delivery impact assessment process, the schemes for delivery and the initial quality impact scoring, in preparation for submission of the Operation Plan to NHS Improvement on 23 December 2016. Mr Deery emphasised that this process had been completed with significant involvement and scrutiny from the care groups. Mrs Burgess added that the CIPs will be monitored by senior staff going forward at Extended ET meetings where it will be a standing agenda item.

Mr Wrigley-Howe referred to the reduction of an art therapy post on page 5 as an example of where service user experience could be impacted despite being rated 'green' on several quality impact indictors. Mr Mullen assured him this was part of a reorganisation of resource and enabled the service to be provided by the therapist more widely than it currently is.

Mr Mullen and Dr Brookes provided assurances to the committee that considered and meaningful reorganisation of resources was taking place across the care groups, although Mr Mullen suggested that at some point in the future the CIP process may have a significant impact on the quality of services the Trust is able to provide.

Prof Baker asked what is being done to help alleviate the burden on clinical staff, particularly time-consuming administrative work. The committee discussed the example of the development of a simplified assessment form which has improved the quality of information returned and reduced the use of clinical staff time. Mr Fawcett linked this to the wider agenda for agile working that could benefit clinical staff in the future, saving time and money freeing up the time of clinical staff for more service user interface.

Prof Baker then asked the Committee if a longer-term strategy had been considered that involves increasing spending on staff to save money in the future. Mrs Tyler responded by saying that a skill-mix review does not always equate to reducing headcount. Mrs Parkinson also referred to the recent care group administration review that was designed to increase staff headcount and streamline administration processes. She also drew attention to those schemes which do not directly save money but which make services more efficient and increase productivity, adding that going forward these would be included in the Cost Improvement Plan document.

Prof Baker examined each of the 3 red rated schemes.

1) The committee discussed the red rating for the stakeholder involvement indicator within the Deaf CAMHs service and Mrs Burgess agreed to look into this further as it was unclear why that rating had been chosen. **AB**

2) Mr Mullen provided some context to the decision not to re-recruit to the service specific band 8a Senior Research Nurse post, noting that instead the intention is to appoint a research nurse who will work

across the care group, increasing the range of research that can be supported.

3) The final red referred to a reduction in capacity and capability following the removal of band 6 posts and the re-banding of band 4 posts as part of the administration review. Mr Mullen described the risks around losing senior administration staff and the struggle to recruit to the newly banded posts.

Mr Mullen discussed a potential review of the CIP Quality Impact Assessment form and Prof Baker agreed it needed to be amended to highlight direct clinical impact regarding quality of care.

Mrs Burgess described the Star Chamber process and Prof Baker was assured by this. Mrs Burgess then explained the option of reversing a CIP and Prof Baker requested to see where quality was being impacted adversely as a supplement to this paper, identifying the checks in place to resolve this or decision and actions taken to reverse schemes. He also felt it would be useful to have sight of the discounted schemes. **AB**

Mrs Wiseman reminded the Committee that her role now includes Freedom to Speak Up Guardian. She explained that staff are able come to her with concerns about safety and quality and that this information is communicated directly to the Chief Executive, which is reported to the Board in a 6 monthly report, providing another mechanism for quality feedback.

Prof Baker asked members of the committee to send any reflections they have on the paper to Mrs Hill by 16 December 2016, and for her to pass these to Mrs Burgess. **All**

The committee **confirmed** that it was sufficiently assured of the rigour of the quality and delivery impact assessment process.

16/108 Process for the development of the Quality Strategy and related timeline (agenda item 7)

Mr Deery introduced the paper and provided some high-level detail about how the Trust will develop its Quality Strategy and the timeline for completion. He noted that this process will include internal and external engagement via Crowdsourcing and focus groups and that there will be an emphasis on improving qualitative learning.

Mr Wrigley-Howe fully supported the proposal but suggested the process might benefit from learning from quality strategies developed by other trusts, and asked whether this strategy should align with commissioners' approach to their quality assessments. Mrs Tyler raised a concern regarding the number of consultations currently being carried out or about to start for various strategies and asked if they could be scheduled more effectively and cross-referenced to ensure questions were not repeated and for data to be shared when possible.

Prof Baker asked for the committee to be assured by Dr Munro that the

consultation periods and processes for the various strategies currently being developed were being monitored and that there was a procedure in place to share outputs. **SM**

Mr Mullen felt it was important for the quality strategy to be aligned with the new clinical strategy and felt that "quality givens" should be agreed prior to wider engagement so these can then be tested during the consultation period. Mr Gallacher agreed, adding that comments made by the CQC will also need to be considered.

Mr Fawcett shared some learning from the recent IT strategy consultation phase where he had attended several Clinical Improvement Forums and he emphasised the value of this kind of direct dialogue when engaging with staff.

Finally, Mrs Hill noted there is no Quality Committee in March therefore the timeline will need to be adjusted and the Quality Strategy would need to be presented at the meeting in April instead.

The committee **received** the report and **approved** the proposal for the development of the clinical strategy.

16/109 Discussion of the frequency and role of the committee, how we define quality and how it receives assurance (agenda item 9)

The committee **agreed** this agenda item would be deferred until further development of the Quality Strategy.

16/110 Any other business (agenda item 10)

Firstly, Mrs Parkinson discussed the closure of the Westerdale Ward in December 2016, noting that staff had worked hard to ensure the impact on service users was minimal and that those staff who had been redeployed had received additional training before moving. Prof Baker asked for assurance that this disruption to staff would be managed so as to not impact on the quality of care provided. Mr Mullen explained the pre-existing staffing challenges at Clifton House, and talked through the process for redistributing staff across the various wards noting that this would mean a significant reduction in the use of bank and agency during this period. However, Mr Mullen did express concern that TEWV's approach to recruitment was having a detrimental effect on this Trust's retention of staff and informed the committee that a meeting between Dr Munro and the Chief Executive of TEWV had been suggested, and this approach had been supported by NHS England.

Mr Mullen then described the skill-mix exercise that had been completed to identify key functions and competencies across the service. He recognised that creating opportunities for development and having clearly-defined roles for staff in a multi-disciplinary setting produces an environment where people want to work and where a quality service is provided. To support this the staff at Clifton House now have two hours of protected time each week for development

activities.

Finally, Prof Baker asked the committee for assurance that there is a robust learning process following the investigations into deaths that have occurred within the organisation. Mr Deery responded by explaining that the Trust operates within the National Serious Incident Framework, that the Trust Incident Review Group investigates all unexpected deaths that occur and that the Mortality Review Group assesses all deaths across the organisation. He also noted that the Trust is part of the Northern Alliance Collaborative which helps to provide consistency in the investigations of deaths across the North of England. Mr Deery explained that learning from the reports is fed back to the care groups via the clinical governance meetings.

Prof Baker asked for assurance that there is a process for carers to have appropriate and meaningful involvement in these investigations and Dr Brookes explained an offer is made to carers to view the report once it is written, but that this is not always formally documented. It was agreed that going forward this would be evidenced as part of the TIRG report.

The committee **noted** the other business raised.

Quality Committee
Action summary

Meeting held on 15 December 2016

MINUTE	ACTION SUMMARY	LEAD
16/106	**CQC Provider Action Plans for approval prior to submission to the CQC** (agenda item 8) Prof Baker asked for further consideration of the themes that cut across multiple services at a strategic level and for there to be a deep dive into some of the areas. In particular the quality and provision of training provided and how clinical supervision is managed relating to regulation 18; the use of the seclusion policy referred to in regulation 13; and e-prescribing. He asked for assurance that learning is implemented across the organisation to improve the quality of services. He asked for this to be brought back to the April meeting for further discussion.	**AD**
16/107	**CIP Quality Impact Assessments** (agenda item 6) The committee discussed the red rating for the stakeholder involvement indicator within the Deaf CAMHs service and Mrs Burgess agreed to look into this further as it was unclear why that rating had been chosen. Mrs Burgess then explained the process for reversing a CIP and Prof Baker requested to see where quality was being impacted adversely as a supplement to this paper, identifying the checks in place to resolve this or decision and actions taken to reverse schemes. He also felt it would be useful to have sight of the discounted schemes. Prof Baker asked members of the committee to send any reflections they have on the paper to Mrs Hill by 16 December 2016, and for her to pass these to Mrs Burgess.	**AB** **AB** **All**
16/108	**Process for the development of the Quality Strategy and related timeline** (agenda item 7) Prof Baker asked for the committee to be assured by Dr Munro that the consultation periods and processes for the various strategies currently being developed were being monitored and that there was a procedure in place to share outputs.	**SM**

AGENDA ITEM

16.1

LEEDS AND YORK PARTNERSHIP NHS FOUNDATION TRUST

MEETING OF THE BOARD OF DIRECTORS

PAPER TITLE:	Minutes of the meeting of the Finance and Business Committee held the 26 October 2016
DATE OF MEETING:	26 January 2017
LEAD DIRECTOR: (name and title)	Dr 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)							
Quality		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 26 October 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 that a verbal report of these minutes was made to the Board of Directors at the meeting held on the 30 October 2016.
What is the Board being asked to consider	The Board is asked to note the content of the minutes and that there are no decisions to be made in relation 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 risks discussed were in relation to the; contract with DISC, slippage in the CIP programme and the implications on finance and quality of the control total for the Trust.
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	None, these minutes were presented to the meeting held on 23 January 2017.
What are the reputational implications and how will these be addressed	The potential reputation issues for the Trust are in relation to the two risks identified; contract with DISC, not achieving the control total and the impact on the West Yorkshire STP, and the continuing slippage in the CIP programme. The Finance and Business Committee are monitoring both of these risks with further updates being presented to the Board for assurance or escalation purposes.
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 for the meeting held on 26 October 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
26 October 2016 at 9.30 am
in the Chief Executive's Office at Trust Headquarters

Present: Dr G Taylor, Non-Executive Director, Chair of Committee
Mrs D Hanwell, Chief Financial Officer and Deputy Interim Chief Executive
Mrs L Parkinson, Interim Chief Operating Officer

In attendance: Mr B Fawcett, Chief Information Officer
Mr D Brewin, Deputy Director of Finance
Mr K Rowley, Managing Director for the NoE CPC (for agenda item 16/072)
Mrs C Hill, Head of Corporate Governance

		Action
	Welcome and Introduction	
16/067	**Apologies for absence** (agenda item 1) Apologies were received from Dr Sara Munro, Chief Executive; and Lynn Parkinson, Interim Chief Operating Officer. The committee asked for it to be formally noted that Mark Powell had made a huge contribution to the work of the committee, and also noted that he will be sadly missed.	
16/068	**Members and attendees declaration of any conflict of interest in any agenda items** (agenda item 2) Mrs Tankard asked for it to be noted that the committee had been updated in the papers in regard to the EE contract and noted that whilst she had no involvement or influence in regard to this matter, she felt it should be noted as a potential conflict of interest given that she was employed by BT. The committee noted this. The committee also noted there were no conflicts of interests to declare from other member of the committee or attendees.	
16/069	**Minutes of committee meeting held on 21 July 2016** (agenda item 3.1) The minutes of the meeting held on 21 July 2016 were **accepted** as a true record of the meeting.	

16/070.1	**Matters Arising** (agenda item 4) **Yorkshire Centre for Psychological Medicine Update** Mrs Hanwell provided an update noting that formal notice had been received from the Leeds Teaching Hospitals and that the Trust will need to relocate the service with effect from June 2019, noting that this would be picked up in more detail within the Estates Strategy. The committee **received** and **noted** the update.	
16/070.2	**PFI update** (agenda item 4.1) See confidential appendix.	
16/071	**Cumulative action log** (agenda item 5) Mrs Hill presented the cumulative action log for those items that had been identified to come back to future meetings and those actions that had been passed into the management route. The committee agreed that action 39 should now be closed as this had been completed. In regard to the issue of the Estate Mrs Tankard noted that it had been reported to her by a member of staff that it was felt that there had been an underinvestment in the Trust's estate. Mrs Hanwell acknowledged that there were issues in those properties where there has been for some time an expectation that these would be disposed of and that this may have led to these properties being maintained to a minimum standard rather than optimum standard, but that overall there is a commitment within the Estates Strategy to maintain the properties to a standard where they are fit for purpose. She also noted that there is an ongoing discussion with PFI partners about the rigour of the life-cycle. With regard to action 59 (mHabitat) and agenda item 8 Mrs Hanwell reported that the issues previously raised about the transfer of NHS pension rights had now been resolved. She also noted that a draft set of articles had been provided to the Trust which were to be reviewed. She also noted that a further report would be made to the January meeting, but that there needs to greater clarity around the business model being proposed to allow any clear decision to be made as to how this is progressed. The committee agreed that actions 65, 67 and 69 could be removed from the log as these had been completed. The committee **received** the cumulative action log and was **assured** of the progress with the actions.	**DH**

16/072 **North of England Commercial Procurement Collaborative (NoE CPC) update** (agenda item 11)

See confidential appendix.

16/073 **NHS Improvement quarter 2 and forecast outturn** (agenda item 12)

Mr Brewin outlined the income and expenditure position at quarter two noting that this was ahead of the revised plan and that the Trust had achieved an acceptable financial sustainability risk rating.

However, he noted that there had been a number of fortuitous and non-recurrent benefits that had contributed to the headline income and expenditure surplus position of £0.93m at quarter two which he noted excluded the Sustainability and Transformation Funding.

Mr Brewin advised the committee that this was masking a deteriorating underlying financial position, and that without the fortuitous and non-recurrent benefits, the underlying position at quarter two was £2m in deficit.

Whilst the forecast income and expenditure position demonstrates achievement of the control total, the forecast position is predicated on a number of key assumptions and the level of risk to achievement is still considered significant at the end of quarter two. Mr Brewin then outlined the risks as detailed in the paper which the committee discussed.

The committee **considered** the quarter 2 position for 2016/17, specifically noting the achievement of the quarter 2 surplus plan, and the deteriorating underlying I&E position. It **noted** the assurance that the Trust anticipates achieving a good overall financial risk rating assessment over the next 12 months; and **agreed** to support the Board of Directors' requirement to confirm to NHS Improvement that the Trust will continue to maintain a financial sustainability risk rating of at least 3 over the next 12 months.

16/074 **Cost Improvement Plans (CIPs)** (agenda item 7)

Mr Brewin presented the CIP report noting that this provided an analysis of the cost improvement programme position as at quarter two for 2016/17. Mr Brewin outlined the key issues, in particular that CIPs are £0.25m behind plan which equates to a 22% shortfall.

He also noted that the financial plan assumed that £411k of recurrent CIPs would be identified in-year and that whilst a number of potential initiatives had been identified he indicated that they were not delivering efficiencies in quarter two and that this had resulted in a £164k year-to-date shortfall. In view of this Mr Brewin noted that further recurrent efficiencies would need to be identified in year to avoid impacting on the

underlying financial position of the Trust.

Mr Brewin also highlighted a further issue, that of the delayed implementation of skill-mix savings in the Leeds Care Group and Specialist Care Group noting that together these are contributing £112k to the CIP shortfall position as at quarter two.

Dr Taylor noted that at the last meeting ET had been asked to look at the CIP position and to agree what will be done differently to take control of the CIP programme and to report back to the committee. Dr Taylor asked for this to be included in the report to the January meeting. **DH**

The committee expressed concern at the underachievement of this and past CIP programmes noting the risks this posed to the overall financial position and the achievement of the control total.

The committee **received** the CIP report and **noted** the current position and expressed concern at the slippage.

16/075 **Operational plan financial framework** (agenda item 9)

Mrs Hanwell presented a paper which provided an early assessment of the issues and risks associated with developing the two-year operational financial plan. Mrs Hanwell explained the context to the identification of control total noting that the Trust is being asked to contribute a higher surplus to help support the wider NHS economy.

Mrs Hanwell noted that the Trust has a choice to make as to whether it would accept or reject the control total, and explained the impact of these two choices both on the Trust's own financial position and also on the West Yorkshire STP partners. The committee then looked in detail at the calculation for the achievement of the control total and its impact on the financial position.

The committee supported the position of accepting the control total, but with a number of fully reasoned arguments and caveats which set out a clear and evidenced rational as to why the control total is potentially too much to achieve whilst accepting that the Trust has to contribute what it can to the overall financial position in the NHS.

The committee discussed the caveats that should be highlighted.

The committee **supported** the way forward in regard to the control total and **agreed** to make a recommendation to the Board that the control total is accepted, but has a number of reasoned caveats.

16/076	**Single oversight framework** (agenda item 6) Mrs Hanwell presented the oversight framework and the new metrics on which the Trust now needs to report. She assured the committee that there did not appear to be any major ramifications for the Trust at this point, but did note that in future there could be an impact on capital should a cap be introduced.
	The committee **received** the report and was **assured** on the impact for the Trust's metrics.
16/077	**Contract income update** (agenda item 10) Mr Brewin presented the paper which provided an update and assessment of the main clinical contracts, the issues and potential risks and opportunities going forward. In particular Mr Brewin drew attention to the CQUIN around the uptake of the flu vaccine. Mrs Hanwell assured the committee that there is a plan in place to ensure the Trust meets this target. Mr Brewin also drew attention to the CQUIN for physical health checks for service users again noting that there is a plan in place to ensure achievement of this. The committee considered the risks to income as outlined in the paper. It expressed concern that there had been no movement with the DISC contract. Mr Brewin explained the next steps in regard to this contract.
	The committee **received** a report on contract income and **noted** the key issues and risks.
16/078	**Estates Strategy update** (agenda item 13) Mrs Hanwell presented the Estates Strategy update report and noted the difficulties being encountered with the update programme, noting that some delays had been due to a new Estates Strategy being produced and a lack of clarity as to what will be required by clinical services going forward. In relation to the delays Mrs Hanwell noted the comments made byt the committee that there needs to be clarity as to the risks these delays pose in relation to the estate.
	The committee **received** the update and **noted** the detail of the paper.
16/079	**Informatics Strategy update** (agenda 14) Mr Fawcett presented the paper and provided the committee with an update on the future development and/or procurement of the patient information and document management system. Mr Fawcett outlined

	the timetable for the analysis of what is needed and noted that this project would form a major part of the informatics strategy. Mr Fawcett gave an update on the consultation in regard to the strategy and explained the links to the estates and clinical strategies. He also explained the work being undertaken to look at the implementation of remote desktop. The committee discussed remote working and digital solutions and the barriers to fully implementing these initiatives in some groups of staff. Mrs Hanwell outlined a piece of targeted work that was taking place from a culture and OD perspective to seek to understand staff's preferences for working methods to help support implementation of new digital solutions both locally and more widely in the Trust. The committee acknowledged the barriers that staff had identified locally, but asked what the strategic approach is to this project and the links to transforming the way in which people work across the Trust, the way in which services are provided, the impact on estates and costs and asked for further information to be brought back to the committee.	**BF**
	The committee **received** the report and **noted** the progress being made in the achieving projected savings.	
16/080	**Emergency Preparedness, Resilience and Response Assurance and Annual Report** (agenda item 15) The committee considered the EPRR assurance report and the annual report. Mrs Hanwell noted the operational links with business continuity and indicated that this would pass into the portfolio of the Chief Operating Officer at some point in time. The committee supported such a proposal.	
	The committee **received** the EPRR self-declaration and annual report and **noted** that this had already been submitted and supported the declaration made.	
16/081	**Board Assurance Framework** (agenda item 16) Mrs Hill presented the Board Assurance Framework explaining that it was an assurance document for the Board of Directors that details key controls in place to ensure that the risks to achieving the Trust's strategic objectives are well managed.	
	The committee **received** the Board Assurance Framework and felt **assured** that the committee was involved appropriately in those areas where it was named as an assurance receiver.	

16/082	**Review of the Terms of Reference** (agenda 17) Mrs Hill presented the revised Terms of Reference noting that the changes were minimal. The committee agreed the changes, noting that these would be presented to the Board for ratification.
	The committee **received** the revised Terms of Reference for the committee and **agreed** the changes.
16/083	**Ratification of the Terms of Reference for the Information Governance Group** (agenda item 18) Dr Taylor noted that for some of the IGG meetings that had taken place in the recent past there had been a very low attendance. Mr Fawcett acknowledged this. He also noted the importance of having the Medical Director in attendance.
	The committee **approved** the revised Terms of Reference for the Information Governance Group.
16/084	**Social Media Policy for ratification** (agenda item 19) Dr Taylor asked for assurance that this will be widely communicated through the Trust in an accessible way, given that the procedure is a very long document. Mr Fawcett acknowledged the need to ensure that this is done in a variety of ways to ensure staff are clear as to what they are able to do. Mrs Hill also noted that the procedure was in the old format and suggested that Mr Fawcett speaks to Mrs Woodward particularly as the new format has a simple executive summary for staff at the beginning.
	The committee **approved** the Social Media Policy, and noted the need for this to be communicated widely and in an accessible way.
16/085	**Leeds Digital Road Map for the Sustainability and Transformation Plan** (agenda item 20)
	The committee **received** and **noted** the Leeds Digital Road Map.
16/086	**Assurance report from the Information Governance Group for meetings held 27 July, 24 August, and 28 September 2016** (agenda item 21)

	Mrs Tankard asked if a note was made on an individual's personal file where there had been a breach in IG. Mrs Hanwell advised that this would be determined by whether the breach had been due to a personal or system failure and would only be recorded where formal action had been taken in relation to the individual.
	The committee **received** and **noted** the assurance report from the IGG meetings.
16/087	**Proposed dates of meeting for 2017** (agenda item 22)
	The committee **agreed** the proposed dates for 2017, but **noted** that some of the dates may need to change with the change in NHS Improvement reporting cycle.
16/088	**Any Other Business** (agenda item 23)
	There were no items of other business discussed at the meeting.

Finance and Business Committee
Action summary
Meeting held 26 October 2016

MINUTE	ACTION	LEAD PERSON
16/071	**Cumulative action log** (agenda item 5) With regard to action 59 (mHabitat) and agenda item 8 Mrs Hanwell reported that the issues previously raised about the transfer of NHS pension rights had now been resolved. She also noted that a draft set of articles had been provided to the Trust which were to be reviewed. She also noted that a further report would be made to the January meeting, but that there needs to further clarity around the business model being proposed to allow any clear decision to be made as to how this is progressed.	**DH**
16/074	**Cost Improvement Plans (CIPs)** (agenda item 7) Dr Taylor noted that at the last meeting the ET had been asked to look at the CIP position and to agree what will be done differently to take control of the CIP programme and to report back to the committee. Dr Taylor asked for this to be included in the report to the January meeting.	**DH**
16/079	**Informatics Strategy update** (agenda 14) The committee acknowledged the barriers that staff had identified locally, but asked what the strategic approach is to this project and the links to transforming the way in which people work across the Trust, the way in which services are provided, the impact on estates and costs and asked for further information to be brought back to the committee.	**BF**

Leeds and York Partnership NHS
NHS Foundation Trust

AGENDA ITEM

16.2

LEEDS AND YORK PARTNERSHIP NHS FOUNDATION TRUST

MEETING OF THE BOARD OF DIRECTORS

PAPER TITLE:	Revised Terms of Reference for the Finance and Business Committee
DATE OF MEETING:	26 January 2017
LEAD DIRECTOR: (name and title)	Dr 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)		

SUMMARY DETAILS OF THE PAPER	
Purpose of paper	In accordance with its Terms of Reference the Finance and Business Committee is required to review these annually. This paper askes the Board to ratify the revised ToRs.
What are the key points and key issues the Board needs to focus on	The Head of Corporate Governance reviewed the Terms of Reference and made amendments in respect of: • The Trust's values; the new values have been inserted into the document • Removed the 'monitoring' section which referred to the requirements under the Risk Management Standards as this requirement has now been removed from organisations • Removing reference to the Payment by Results group • Making other minor changes as required for the supporting governance arrangements. The committee reviewed and agreed these changes at its meeting on the 26 October 2016.
What is the Board being asked to consider	The Board is asked to consider and ratify the revisions to the Terms of Reference, noting that these do not change the duties of the committee.
What is the impact on the quality of care	There will be no adverse impact on quality of care in respect of the proposed changes to the Terms of Reference.
What are the benefits and risks for the Trust	Not applicable
What are the resource implications	There are no resource implications other than staff will not be required to evidence the monitoring of these Terms of Reference.
Next steps following this paper being presented to the Board	Once ratified the Terms of Reference will become a love document.
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	Not applicable.
Previous meetings where this report has been considered (including date)	None, not applicable.

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 revised 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

Finance and Business Committee

Terms of Reference
(To be ratified by the board 26 January 2017)

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1 NAME OF GROUP

The name of this committee is the Finance and Business 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: eligible to vote

Title	Role in the committee
Non-executive Director	Committee chair
Non-executive Director	Additional non-executive member (see section 3)
Chief Financial Officer	Executive Lead/ deputy chair (see section 3)
Chief Executive	Accounting officer with ultimate responsibility for the Trust's use of resources.
Chief Operating Officer	Care services responsibility and responsibility for clinical services business case development

In attendance as and when required in an advisory capacity: not eligible to vote

Title	Role in the committee	Attendance guide
Director of Workforce Development	Workforce related issues under consideration	As determined by agenda.
Managing Director North of England NHS CPC	Operational responsibility for CPC and some elements of procurement	Dependant on the agenda

Title	Role in the committee	Attendance guide
Head of Information and Knowledge	Lead for IT and Information/ Informatics	Dependant on the agenda
Head of Facilities	Estates lead	Dependant on the agenda
Head of Corporate Governance	Governance advice/ informational flow between committees	Every meeting
Assistant Director of Finance	Advice and specialist input regarding financial strategy and commissioning	Dependant on the agenda

The Finance and Business Committee may also invite other members of the Trust's staff~~,~~ or its non-executive directors ~~or governors~~ to attend at the discretion of the chair and may request individuals to attend to provide advice and support for specific items from its work plan when these are discussed in the committee meetings.

3 QUORACY

Number: The minimum number of members for a meeting to be quorate is 2 providing one of those members at the meeting is a non-executive director. Attendees do not count towards this number. If the chair is unable to attend the meeting, and if otherwise quorate, the meeting will be chaired by the deputy chair.

Deputies Members may nominate deputies to represent them at a committee but deputies do not count towards the calculation of whether the meeting is quorate except if the deputy is representing the member of the committee under formal "acting up" arrangements*. In such circumstances the deputy will be deemed a full member of the committee.

Attendees should nominate a deputy to attend in their absence. A schedule of deputies, attached at appendix 2, should be reviewed at least annually to ensure adequate cover exists.

Non-quorate meeting: Non-quorate meetings may go forward unless there has been an instruction from the chair not to proceed with the meeting. Any decisions made by the non-quorate meeting must be reviewed at the next quorate meeting.

Alternate chair: The unique character of Board sub-committees is that they are non-executive director chaired. However, in the case of the Finance and Business Committee the second non-executive director member cannot chair the committee if they currently chair the Trust's Audit Committee. This is in

keeping with best practice ensuring the chair of the Audit committee is seen to be suitably independent.

Therefore, if the chair cannot attend the meeting the Executive lead - Chief Financial Officer chairs the committee.

4 MEETINGS OF THE GROUP

Frequency: The Finance and Business Committee will normally meet four times a year (in advance of quarterly ~~MONITOR~~ NHS Improvement submissions) or as agreed by the committee.

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

Minutes: The ~~Chief Financial Officer~~Head of Corporate Governance will ensure that a minute taker is present at the meeting. This will normally be ~~their personal assistant~~Governance Assistant who will provide wider support to the committee including collecting agenda items, bringing forward actions and items from previous meetings.

Draft minutes will be sent to the chair for review and approval within 5 working days of the meeting. Approved minutes will be circulated to all members and attendees within 10 working days from the day of the committee taking place.

Minutes will also be distributed to the Board for assurance purposes

5 AUTHORITY

Establishment: The Finance and Business Committee is a sub-committee of the Board of Directors and has been formally established by the Board of Directors.

Powers: Its powers, in addition to the powers vested in the executive members in their own right, are detailed in the Trust's Scheme of Delegation.

Cessation: The Finance and Business Committee is a standing committee in that its responsibilities and purpose are not time limited. However, the committee has a responsibility to review its effectiveness annually and on the basis of this review and if agreed by a majority of members the chair may seek Board authority to end the Finance and Business Committee's operation.

In addition, the Trust should periodically review its governance structure for continuing effectiveness and as a result of such a review the Board may seek the winding up of the Finance and Business Committee.

6 ROLE OF THE GROUP

6.1 Purpose of the Group

The Finance and Business Committee both directly and via the management and direction it gives to its sub committees contributes to the Trust's three 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 Committee will adopt a forward looking approach and ensure developing issues pertinent to its remit receive suitable strategic level discussion

Supporting objectives that fall within the oversight remit of the Finance and Business Committee are:

Objective	Committee roles
Efficiency and sustainability	The Finance and Business Committee has lead responsibility for overseeing the Trust's financial planning, its estates strategy and information/ It strategies. Working with the Quality Committee it also leads on Payment by Results.
Governance and compliance	A key part of the Finance and Business Committee's role is to assure the Board regarding the Trust financial duties required of it as a foundation trust.

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

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

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

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

6.3 Duties of the Finance and Business Committee

The Finance and Business Committee has the following duties.

i. General governance duties

- Ratify plans, policies and procedures relevant to the remit of the Committee.
- Develop a forward plan for the work of the Committee that ensures proper oversight and consideration of all mandatory and statutory declarations is scheduled into the business of the Committee.
- To review the Board Assurance Framework to ensure that the Board of Directors receives assurances that effective controls are in place to manage strategic risks related to any area of the Finance and Business Committees' responsibilities

ii. Financial governance

- Ensuring that there is a high standard of financial management in the Trust as a whole.
- Ensuring financial systems and procedures promote the efficient and economical conduct of business and safeguard financial propriety and regularity throughout the NHS foundation trust.
- Ensuring financial considerations are fully taken into account in decisions on NHS foundation trust policy proposals.
- Ensure the effective management of financial and business risks.
- Ratify the Trust's Financial Procedures.
- Approve the Trust's Standing Financial Instructions and submit for Board ratification.
- Review and assess the impact of any issues that may affect mandatory and regulatory financial duties.
- To review and assure the Board regarding the following aspects of Monitor's Corporate Governance Statement:
  - To ensure compliance with the Licence holder's duty to operate efficiently, economically and effectively;
  - For effective financial decision-making, management and control (including but not restricted to appropriate systems and/or processes to ensure the Licence holder's ability to continue as a going concern);

iii. Procurement

- Approve and obtain assurance regarding the implementation of the Trust's Procurement Strategy to drive reductions in all non-pay expenditure.
- Review reports (and seek improvements if warranted) regarding compliance with effective procurement procedures.
- Develop, agree and implement an assurance system to minimise the risk of Standing Financial Instruction and EU Procurement Law breaches for all Trust non-pay expenditure.

iv. Financial strategy

- Review the detailed medium term financial plans as part of the annual Strategic plan, prior to ratification by Board and onward submission to Monitor.
- Scrutinise the quarterly financial reports to Monitor and provide assurance to the Board on the continuity of services rating, to ensure compliance with the Risk Assessment Framework.
- Specifically review and monitor the financial impact and achievement of cost improvement plans.

v. Contracting including Payment by Results (PbR)

- Review contracting arrangements and gain assurance regarding the Trust's contracting performance and the robustness of information provided to document activity.
- Have an oversight role in the on-going development of PbR tariff system and processes within the Trust to ensure that these are effective and will be deployed meeting national targets and mandatory guidance.

vi. IT and information governance

- Oversee development and implementation of the Trust's Information Technology Strategy, including the monitoring and assurance of the strategy
- Monitor the work of the Information Governance Group specifically in relation to assurance of compliance with the IG Toolkit and be responsible for sign off of the information governance toolkit.

vii. Capital and estates

- Oversee development and implementation of the Trusts Estate Strategy, including monitoring and assurance of the strategy.
- Review business cases relating to estates acquisition and sale, in line with scheme of delegation
- Monitor the key elements of implementation in line with the Trust's Estates Strategy
- Monitor the performance and actions related to the Trust capital programme and key projects and to advise the Board of exceptional issues
- To receive any report relating to the Trust's estate from regulatory and statutory bodies and oversee any resultant action plan
- Receive updates in respect of sustainability where these refer to matters on which the Board of Directors (through its sub-committee structure) must be sighted.

viii. Business planning and organisational growth

- Review any significant business transactions linked to acquisition or disposal plan and make recommendation to the Board.
- Ensuring effective governance of organisational growth projects, including application of the agreed principles and criteria for

assessing growth projects agreed by the Board of Governors and Board of Directors.
- Obtain assurance of the appropriateness and process for acquisitions to be undertaken by the Trust in line with agreed governance framework for growth.
- Consider the stability/sustainability of the business.

ix. Workforce

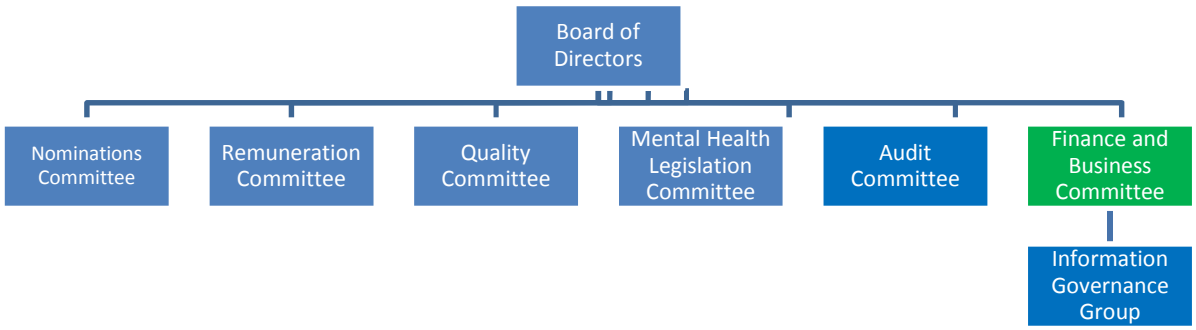
- Review and assess workforce related cost improvement plans.

x. Emergency preparedness, resilience and response (EPRR)

- Provide oversight of effectiveness and efficiency of the Trusts arrangements for business continuity and responding to major incidents.
- Ratify the Major Incident and Trust wide Business Continuity plan.
- Ratify any other plan, policy or procedure required to ensure compliance with NHS England core EPRR standards
- Review business risks related to resilience.

7 RELATIONSHIP WITH OTHER GROUPS AND COMMITTEES

7.1 Governance



Reporting:

The Finance and Business Committee will receive an assurance report from the Information Governance Committee. This will provide the Finance and Business committee with an exception report on those important things that need to be communicated to the committee. The minutes of the meeting may be attached to the assurance report for further information, but the assurance report should be the main vehicle for reporting items by exception. Guidance in respect of this is attached at Appendix 1.

The Finance and Business Committee's minutes will be sent to Board of Directors.

In addition, reports relevant to the roles of other Board sub-committee will be sent to these committees by the chair of the committee.

Links with operational processes

The Finance and Business Committee will receive high level reports from operational functions such as estates, information and informatics and North of England NHS Commercial Procurement Collaborative.

In addition operational groups within the Chief Financial officer's portfolio will report any significant governance implications by way of highlight reports into the Finance and Business Committee. Groups dealing with the following areas have thus far been identified:

- Information Strategy Steering Group
- Estates Strategy Steering Group
- Procurement group
- Clinical Income Management Group
- The Resilience and Business Continuity Group

The Finance and Business Committee maintain strong links with the operational services via the Care Services Management and Governance Committee regarding any financial or business related issues.

~~The Payment by Results (task and finish group) is an operational task and finish group tasked with practical implementation of payment mechanisms. It reports in terms of oversight, given the scope of this work, into both the Finance and Business Committee and the Quality Committee. Both the Chief Financial Officer and the Chief Nurse and Director of Quality Assurance sit on the PBR Group.~~

8 DUTIES OF THE CHAIRPERSON

The chair of the committee shall be responsible for:

- Agreeing the agenda with the Chief Financial Officer
- 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 it is beneficial to vote on a motion or decision.
- 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 Finance and Business Committee to ensure that the Committee (or any group that reports to it) carries out an assessment of the group'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	Board effectiveness process	Chair of the Trust	Views of all Board members	All	Questionnaire elements regarding adequacy of Finance and Business Committee reports	Annually as a minimum	Board
Membership, (including nominated deputy) including frequency of attendance and quorum	Committee effectiveness process	Chair of the committee	View from all members and attendees	All	Questionnaire, evidence from minutes, rescheduled or cancelled meetings	Annually and on-going at chair's discretion	Finance and Business Committee – report to Board regarding changes identified for approval via revised ToR
Reporting arrangements into the Finance and Business Committee.	Committee effectiveness process Review at each meeting	Chair of the committee	View from all members and attendees	All	Questionnaire, opinions regarding report quality, extent follow up requests required	Annually and if necessary at each meeting (chairs of all sub groups are members of the committee)	Finance and Business Committee
Duties of the group.	Committee effectiveness process	Chair of the committee	View from all members and attendees	All	Questionnaire	Annually	Board
	Review ensuring duties of all supporting groups are consistent	Chief Financial Officer	All Committee ToRs	All ToRs	Review of all Finance and Business committee groups ToRs.	Decided by Finance and Business Committee	Finance and Business Committee

Appendix 1

Schedule of Deputies

Committee member or attendee	Deputising officer
NED Chair	Dawn Hanwell (as chair)
NED member	Another NED
Chief Executive	Deputy Chief Executive
Chief Financial Officer	Deputy Director of Finance
Chief Operating Officer	Associate Director
Head of Corporate Governance	Governance Officer

Appendix 2

Guidance for presenting reports from sub-committees to the Finance and Business Committee
(Information Governance Committee (IGC) / Sustainability Committee (SC))

1. The chair of the sub-committee is already attendees of F&B (Chief Information Officer for the IG Committee). They should ensure that either they attend any F&B meeting where there is a report from their committee (or in their absence another member of the sub-committee attends the meeting for that item). The role of the chair is to answer any questions committee members may have on any issues being reported

2. The chair of the committee will provide a **verbal report** to F&B of any meeting which has taken place in such a short time-scale prior to F&B that a written report cannot be provided

3. The verbal report will cover those things that came up at the meeting which, had they had time to produce a written report, would have been included in that written report (see section 4 below for the details that should be covered)

4. The chair of the committee will also need to provide a **written report** of any meeting that has taken place between F&B meetings. This written report will be the main vehicle for conveying information to the committee. It should be set out on a cover sheet. It must be brief and contain positive statements of assurance about any issues *by exception*. For each issue being reported it should cover:

    - An outline of the issue discussed by IGC / SC
    - Any risks including any new risks that require escalating to F&B or which need to be entered in the risk register
    - What the wider impact might be on the relevant strategy measure / Monitor, CQC, contractual, regulatory standard or target / CIP etc
    - What action has been agreed including any timescales for resolution

    The written report is not a list of everything that was discussed at the meetings, it reports by exception. It provides the "script" of those important things that you need to tell the committee.

    The minutes of the meeting should still be attached for completeness, but there is no expectation that members of the committee will read these in any detail and it will be up to the chair of IGC or SC to ensure the issues are reported to F&B. These minutes will be considered 'an appendix' and as such will be contained at the end of the agenda paper pack and will not be attached to the cover sheet.

AGENDA ITEM

17.1

LEEDS AND YORK PARTNERSHIP NHS FOUNDATION TRUST

MEETING OF THE BOARD OF DIRECTORS

PAPER TITLE:	Draft minutes of the meeting of the Mental Health Legislation Committee held 7 November 2016
DATE OF MEETING:	26 January 2017
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)							
Quality		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 draft minutes of the Mental Health Legislation Committee meeting held 7 November 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 key issues: • The Committee was assured that progress is being made in regards to the MHL action plan. The annual audit is being repeated in January 2017 the results of which will be reported to the Committee. • A programmed of training for Mental Health Act Managers was agreed which will be rolled out following recruitment during Feb/March 2017.
What is the Board being asked to consider	The Board is asked to note the content of the draft minutes and that there are no decisions to be made in relation 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 risks discussed were in relation to the; MHL Audit.
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 Mental Health Legislation Committee will receive these draft minutes for approval and follow up any actions identified. It is considered good practice to formally monitor progress against actions agreed by the Mental Health Legislation Committee so that undue delay or failure to complete actions is formally challenged. The actions will be reviewed at each meeting of the Mental Health Legislation Committee until the Committee agrees that they are complete.
What are the reputational implications and how will these be addressed	The potential reputation issues for the Trust are in relation to the MHL Audit.
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 /	None applicable to the minutes of the Mental Health Legislation

staff / governor involvement has there been	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 Mental Health Legislation Committee for the meeting held on 7 November 2016 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 Mental Health Legislation Committee
Monday 7 November 2016
at 13:00 in Meeting Rooms 1 & 2, Trust Headquarters

Present:
Mr Steven Wrigley-Howe (Non-Executive Director) - Chair of the Committee
Mrs Margaret Sentamu (Non-Executive Director)
Ms Sue White (Non-Executive Director)
Mr Anthony Deery (Director of Nursing, Performance and Quality)

In attendance:
Dr Nuwan Dissanayaka (Associate Medical Director, Mental Health)
Ms Alison Kenyon (Associate Director)
Mrs Cath Hill (Head of Corporate Governance and Trust Board Secretary)
Ms Maxine Nai-Smith (Head of Adult Social Care)
Mr Jeffrey Tee (Mental Health Act Manager)
Mr Andrew Howorth (Head of Patient Experience)
Mr Mark Gallacher (Head of Performance and Quality)
Mr Oliver Wyatt (Head of Mental Health Legislation)
Miss Sarah Layton (Mental Health Legislation Team Leader, Minutes)

Governor observers: No observers in attendance

		Action
16/057	**Welcome and Introduction** Mr Wrigley-Howe welcomed everyone to the meeting.	
16/058	**Apologies for Absence** (agenda item 1) Ms Lynn Parkinson (Interim Chief Operating Officer) Mr Andy Weir (Associate Director) Ms Lindsay Britton (Head of Safeguarding) Richard Hattersley (Safeguarding) Rachel McClusky (Leeds North CCG)	
16/059	**Minutes of Meeting held 22 July 2016 (**agenda item 3)	
	The minutes of the meeting held on 22 July 2016 were **accepted** as a true record. It was noted that Kwai Mos title should be recorded as Service Manager.	
16/060	**Matters Arising** (agenda item 4)	
	The Committee did not discuss any matters arising.	
16/061	**Cumulative action log** (agenda item 5)	

	The Committee **received** the cumulative action log and was **assured** of the progress with the actions.	
16/062	**Gathering Service User Information** (agenda item 6) Mr Howorth attended the meeting and to provide Service User Experience feedback regarding Community Treatment Orders (CTOs). Mr Howorth reported mixed feedback, some service users reported feeling the CTO was a 'safety net' that the felt 'chaotic without it' others reports they perceived the CTO to be 'controlling' or 'punishment'. Mr Howarth advised that Lee Marklew be invited to the next meeting as he is completing a PHD in this subject area and may be able to provide some further information to the Group. Mr Wrigley-Howe and Mr Howorth to agree topic areas for future consideration	SL SWH & AH
	The Committee **received** and **noted** the information.	
16/063	**Mental Health Legislation Operational Steering Group (MHLOSG) Feedback** (agenda item 7) Ms Kenyon confirmed that the contact procurement process for secure transport includes standards for security and care. Restraint data is reviewed, one of the three providers was unable to provide this data and tat provider is no longer used. A seclusion group has been established to review and update seclusion policy and procedures and ensure effective implementation.	
	The Committee **received** the minutes of the MHLOSG and **noted** the update.	
16/064	**Mental Health Act Managers (MHAMs) Forum Feedback** (agenda item 8) Mr Wrigley-Howe informed the Committee of the discussions held at the MHAMs Forum and highlighted that the Forum had requested more statistical information be provided in relation to hearing attendance and outcomes.	
	The Committee **received** the minutes of the MHAMs Forum and **noted** the update.	

16/065	**Mental Health Act Managers Training** (agenda item 9)
	
	Mr Wyatt and Miss Layton presented a paper outlining the MHAMs training proposal. Mr Wyatt the proposal had been discussed and updated following the recent MHAMs Forum. The proposal provides that training include;
	• Procedural matters, in particular
	  ○ the role of the managers
	  ○ the role of the chair and specific responsibilities (e.g. when to adjourn)
	  ○ the role of the legal representative
	• Decision making, in particular
	  ○ nature/degree of mental disorder
	  ○ Criteria
	  ○ understanding and assessing risk and dangerousness
	  ○ Recording decisions.
	• Training for staff presenting evidence at hearings.
	• Duration, frequency and costings of training provided (included refresher events at MHAM Forum meetings)
		OW/SL

	The Committee **supported** the suggestions and **approved** the recommendations.	
16/066	**Mental Health Legislation Report, Q2 2016** (agenda item 10) The Committee received the report and noted the following: • Mr Wyatt confirmed that training places are available to meet 100% MHL training compliance. The below actions were agreed: • Advocacy data to include referrals source and wait times if possible, case studies to be removed. • Tribunal and MHAMs hearing outcomes to include % • Restrictive practice data to be removed from the report, to continue to report to MHLOSG and any issues to be escalated as appropriate.	
	The Committee **received** and **noted** the Mental Health Legislation report.	
16/067	**CQC Action Monitoring** (agenda item 11) It was agreed to remove this agenda item from the Committee, CQC action monitoring will be reviewed and feedback provided by the MHLOSG.	
	The Committee was **assured** on the management of CQC action monitoring.	
16/068	**Board Assurance Framework** (agenda item 12) Mrs Hill brought to the Committees attention the Annual audit report to be completed in January 2017. The Committee confirmed that the audit reports should be submitted to the Committee in April 17 to provide assurance that actions taken following the 2016 Audit have been effective.	**OW**
	The Committee was **assured** on the current position of the Board Assurance	

	Framework and the role that it plays within it.	
16/069	**Publications / Legislative Changes** (agenda item 13)	
	The Committee did not discuss and publications / legislative changes.	
	Any others business (agenda item 14)	
	The Committee did not discuss any other business.	

Mental Health Legislation Committee
Action summary
Meeting held on 7 November 2016

MINUTE	ACTION SUMMARY	LEAD
16/052	**MHAMs review of CTO extension** CTO proposal to be updated into procedure and submitted for ratification to the Policy and Procedure Group.	**SL**
16/062	**Gathering Service User Information** (agenda item 6) Lee Marklew to be invited to provide CTO SU experience information to January 2017 meeting,	**SL**

Leeds and York Partnership NHS
NHS Foundation Trust

AGENDA ITEM

18

LEEDS AND YORK PARTNERSHIP NHS FOUNDATION TRUST

MEETING OF THE BOARD OF DIRECTORS

PAPER TITLE:	Board approval for the new Senior Independent Director
DATE OF MEETING:	26 January 2017
LEAD: (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)		

Leeds and York Partnership NHS
NHS Foundation Trust

SUMMARY DETAILS OF THE PAPER	
Purpose of paper	This paper is to propose a new Senior Independent Director when the current SID comes to the end of their term of office.
What are the key points and key issues the Board needs to focus on	The Board will be aware that it is required to appoint a Senior Independent Director (SID); code Provision A.3.3 in the Code of Governance states: "The board of directors should appoint one of the independent non-executive directors to be the senior independent director, in consultation with the board of governors. The senior independent director should be available to members and governors if they have concerns which contact through the normal channels of chairman, chief executive or finance director has failed to resolve or for which such contact is inappropriate. The senior independent director could be the deputy chairman."
What is the Board being asked to consider	Since 2013 Gill Taylor has carried out the role of the SID, but as she comes to the end of her final term of office on the 5 February 2017the Board is required to identify another of the independent non-executive directors who shall be appointed to this role with effect from 6 February 2017. The Chair of the Trust has approached Steven Wrigley-Howe to take on this role, and he has agreed to do this (subject to this being approved by the Board of Directors).
What is the impact on the quality of care	Having one of the independent non-executive directors as the SID will ensure there is an independent route through which issues of quality of care can be raised.
What are the benefits and risks for the Trust	Having one of the independent non-executive directors as the SID will ensure there is an independent route through which issues can be raised.
What are the resource implications	None, there is no extra payment attached to this role.
Next steps following this paper being presented to the Board	The Council of Governors will be asked to support this appointment.

What are the reputational implications and how will these be addressed	The Trust is required to have one of the independent NEDs as a SID.
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

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 appointment of Steven Wrigley-Howe as the Independent Senior Director.							

*** 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

AGENDA ITEM

20

LEEDS AND YORK PARTNERSHIP NHS FOUNDATION TRUST

MEETING OF THE BOARD OF DIRECTORS

PAPER TITLE:	Mutually Agreed Resignation Scheme (MARS)
DATE OF MEETING:	26 January 2017
LEAD DIRECTOR: (name and title)	Susan Tyler, Director of Workforce Development
PAPER AUTHOR: (name and title)	Lindsay Jensen, Deputy Director of Workforce Development

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

THIS PAPER SUPPORTS THE TRUST'S STRATEGIC GOAL/S (please tick relevant box/s)		✓
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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 information on the implementation of a Mutually Agreed Resignation Scheme (MARS) across the Trust which will be targeted and focused predominantly although not exclusively on staff working in "back office" and non-clinical roles to give flexibility across the organisation to support management of change and service re-design. The scheme would operate for a three month period from March to May 2017.
What are the key points and key issues the Board needs to focus on	• The scheme would only be offered on a limited and targeted basis excluding frontline staff. • The scheme supports the creation of vacancies across the Trust which can be filled by the redeployment of staff from other jobs or as a suitable alternative for those staff facing redundancy. • The scheme will follow the same criteria and process that has previously been adopted in the Trust which mirrors national guidance on MAR Schemes. • The upper salary limit is £80,000. • Any applications from staff need to meet the agreed criteria. • Staff need to sign a compromise agreement on leaving. • Any applications are signed off by the Executive Team.
What is the Board being asked to consider	The Board is asked to note the implementation of a MARS to support organisational change and service redesign.
What is the impact on the quality of care	There is no impact on quality of care as any decision to support an employee to leave under the scheme will have to meet the criteria and any risks will be assessed and considered at that time.
What are the benefits and risks for the Trust	The benefits are that through supporting staff to leave under this scheme would allow the Trust to facilitate skill mix with minimum disruption to staff.
What are the resource implications	The scheme would be administered and managed within the HR Department.
Next steps following this paper being presented to the Board	The scheme needs to be approved by HM Treasury and NHSI. Approval has been given in principle.
What are the reputational implications and how will these be addressed	None - This is a national scheme and therefore a recognised way of supporting organisational change.

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. The scheme has been shared with the Chair of Staff Side.
Previous meetings where this report has been considered (including date)	The Executive Team approved the implementation of the scheme at their meeting on 22 November 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 implementation of a MAR Scheme from March to May 2017.							

*** 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

AGENDA ITEM

21

LEEDS AND YORK PARTNERSHIP NHS FOUNDATION TRUST

MEETING OF THE BOARD OF DIRECTORS

PAPER TITLE:	Annual report of the Leeds Safeguarding Children's Board
DATE OF MEETING:	26 January 2017
LEAD DIRECTOR: (name and title)	Anthony Deery, Director of Nursing, Professions and Quality
PAPER AUTHOR: (name and title)	Lindsay Britton-Robertson, Head of Safeguarding LSCB Chair- Mark Peel (Author)

CATEGORY OF PAPER (please tick relevant box) ✓ (This will link to the relevant section on the agenda)							
Quality		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 summarises the work of the Board over the past year and challenges moving forward.
What are the key points and key issues the Board needs to focus on	Think family work family is firmly embedded into safeguarding training and the Head of Safeguarding is working to add this into the new care planning templates. LYPFT have not been able to provide all the data required by the LSCB due to unavailability of robust data collection systems (for example- number of referrals, attendance at conferences, early help activity) and this needs to stay on the radar. Our section 11 audit is strong, key areas we need to focus on are 'hearing the voices of children and young people,' getting our new supervision policy ratified and the safeguarding team gaining oversight of all the referrals to CSWS.
What is the Board being asked to consider	For information only.
What is the impact on the quality of care	Our contribution to the LSCB is strong giving a mental health focus to the work of the Board. This is through board and sub-committee attendance, chairing of a task and finish group for operational effectiveness from the performance management sub-committee, training contributions, front door presence at daily domestic abuse meetings and good working relationships.
What are the benefits and risks for the Trust	N/A
What are the resource implications	Anecdotally cuts in local authority services are generating an increased requirement from partners.
Next steps following this paper being presented to the Board	Ongoing oversight through Trust Safeguarding Committee.
What are the reputational implications and how will these be addressed	The report on LYPFT contribution written by the LSCB for our 2016 CQC inspection was a positive one.
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, external report.

Previous meetings where this report has been considered (including date)	Trustwide safeguarding 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 report and continue its support of the safeguarding team and partnership working.							

*** 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
Children Board

LSCB
ANNUAL REPORT
2015/16

We are child friendly Leeds

Contents

Foreword

This is my first Annual Report as Independent Chair of the Leeds Safeguarding Children Board, and it's fair to say that the previous Chair Jane Held, Deputy Chair Diane Hampshire along with our recently retired LSCB Business Unit Manager Bryan Gocke, jointly did outstanding work over the past few years to establish the safeguarding partnership in Leeds as one of the very best in the Country. This of course also reflects the commitment, enthusiasm and enormous hard work of every individual and agency with responsibilities for children and young people, but I would like to start here by formally thanking Jane, Diane and Bryan for the inspirational leadership and direction they provided, and wish them well for the future.

Over the past year the first order of business for me has been to ensure that a change of Chair and of structure, with respect to the management of the LSCB Business Unit, ensures that the positive momentum continues. The appointment of Superintendent Sam Millar as Deputy Chair of the LSCB and confirmation of Phil Coneron and Karen Shinn as joint managers of the LSCB Business Unit, has been of tremendous help here, bringing substantial energy, experience and continuity to the work, such that it has been possible to remain, forward looking and positive.

This report clearly evidences the considerable progress that has been made to ensure the safeguarding of children and young people remains a high priority for partner agencies and across the city. In addition it outlines how the LSCB has positively responded to the challenges the Board set itself in 2015/16.

Overall what has struck me most over the course of the last year has been the strongly positive attitude and culture I have directly observed around safeguarding our children and young people. I have seen that what is aspired to for example at Agency and Board level, with respect to approaches such as 'Think Family Work Family' or around working *with* children and young people, is deeply inculcated in the values and day to day practice of professionals, is understood and championed by elected members at all levels and is reflected more widely, in the development of Leeds as a Child Friendly City.

I am delighted to recommend the report to the Partnership, Executive, Chief Executive, Elected Members, and so on through ultimately to the parents, children and young people of Leeds.

I'll go on to discuss the challenges and opportunities that lie ahead for safeguarding and the LSCB in my conclusion to this report. But will end here by saying that the single most powerful and valuable asset I have 'inherited' in my role of Independent Chair, is the culture I have described and goodwill I have seen, reflective of a strong and shared commitment to safeguarding through work in partnership.

Mark Peel
Independent Chair
LSCB

The role of the LSCB

Leeds Safeguarding Children Board (LSCB) is a statutory body established under the Children Act 2004. It is independently chaired (as required by statute) and consists of senior representatives of all the principle stakeholders working together to safeguard children and young people in the City. Its statutory objectives are to:

- Co-ordinate local work to safeguard and promote the welfare of children and young people
- To ensure the effectiveness of that work.

The remit of this Annual Report

This Annual Report sets out the progress made by Leeds LSCB in 2015/16 with its partners, and analyses the effectiveness of:

- Safeguarding arrangements in the city
- The LSCB itself in supporting and coordinating safeguarding arrangements and in monitoring and challenging those who provide them.

Demographic Data relating to the City of Leeds can be accessed on the LSCB website.

The LSCB Board structure and can be found in appendix 1.

Each year's Business Plan sets out objectives and tasks within the three strategic priorities, identifying which sub groups will take the lead and timescales for completion.

The Board engages with other strategic bodies in Leeds and collaborates with and promotes key strategic plans in the city including:

- The Children and Young People's Plan
- Best Council Plan
- The Joint Strategic Needs Assessment
- Best Start Plan
- Safer Leeds Plan
- Leeds Adult Safeguarding Plan.

LSCB partners

The Partners that make up the LSCB have continued to demonstrate their commitment to safeguarding by providing the very resources that are needed to ensure an effective LSCB. Resourcing this programme of work relies to a significant extent on input of staff time from partners who supplement a core base budget.

A Budget of £522,000 was provided for 2014/15 and agreed for 2015/16 through the following partner contributions:

Leeds City Council	£327,900
Health	£162,600
West Yorkshire Police	£ 25,000
Probation Services	£ 6,000
CAFCASS	£ 500
	£522,000

A further breakdown of the LSCB budget and expenditure can be found in *appendix 2*

Leeds as a city has ambitious plans and continues to invest in children and young people to ensure that they are a priority despite the tough challenges of financial restriction and increasing demand for services that were identified and considered in the 2014/15 Annual Report. The potential threat of continued austerity to such commitment and practice has thus been included within the LSCB Risk Register.

In their Annual Safeguarding Reports to the LSCB in 2015/16, partner agencies identified the key challenges that they are facing and the steps that they are taking to respond to them. Common challenges are:

- The management of increasing demand with limited resources
- Financial restrictions on the Public Sector
- The use of IT systems that are not always designed for collecting safeguarding data or have the ability to integrate with each other
- Responding to the widening field of safeguarding eg: human trafficking, forced marriage, female genital mutilation, CSE and missing
- The impact of the national review of LSCB's.

All partners stress the importance of good multi-agency working in responding effectively to the needs of vulnerable children and young people and in improving outcomes for them. Common areas of development include:

- Further embedding and promotion of a restorative culture
- Engaging and supporting the Early Help Approach
- Ensuring the voice of the child influences service development
- Developing more comprehensive and robust quality assurance and audit processes
- Establishing a more qualitative approach to auditing, focusing on outcomes for children and young people as well as compliance with procedures and timescales
- Reviewing the effectiveness of commissioned services
- Learning from complaints and compliments

How the Board undertakes its work

During 2015/16 the Board has continued to meet bi-monthly, with the Executive meeting on the intervening months. Board meetings are well attended and employ a mixture of approaches to ensure the active engagement of participants and the efficient consideration of business.

The work of the LSCB is largely undertaken through the sub / reference / task group structure (appendix to be added), supported by the Business Unit and is heavily reliant on the input of staff from all partner agencies. The commitment shown by agencies and their staff is testament to the seriousness with which the LSCB is viewed and the shared intent across the partnership to improve multi-agency working, services and outcomes for children and young people.

Significant developments in 2015/16 included:

- Reviewing and refreshing the CSE sub group to ensure it captures the wider vulnerabilities that young people face such as Human Trafficking, Female Genital Mutilation (FGM) and Harmful Sexual Behaviour (HSB)
- Developing an Family Group Conference / ICPC reference group to explore a radical change in processes following a S47 enquiry
- Supporting the development of campaigns targeting young people through social media
- Successful LSCB Conference in 2015 on Suicide and Self Harm
- The continued commitment from the partnership to safeguard and promote the welfare of children
- Assurance, through auditing, that children experiencing CSE are being appropriately protected and supported (appendix to be added)
- Assurance, through auditing, that children on Child Protection Plans (CPP's) are receiving good support with positive outcomes
- Considerable review of how the LSCB captures data and the development of a new dashboard leading to improvements on monitoring safeguarding data
- Improvements seen in appropriate partner agency attendance at Child Protection Conference and the quality of reports submitted
- Increase in the numbers of non-statutory services engaging with the LSCB
- Continued implantation of a successful learning and development programme
- Supporting over 400 organisations in undertaking a Section 11 self -assessment to ensure they have the right safeguarding governance within their organisation.

Promoting effective partnership working

The Early Help Approach continues to be embedded in multi-agency working and practice, whilst the implementation of Think Family Work Family (TFWF) protocol has continued to be a priority for 2015/16. The LSCB established a short term TFWF Multi-Agency Strategic Steering Group, supported by a full time worker jointly seconded to the Business Unit and Families First.

Since 2012/13 the LSCB has been promoting the need for practitioners to appropriately challenge each other within the context of decision making in order to facilitate more effective multi-agency working and better planning and reviewing of progress made with children and young people. In 2015 the LSCB Concerns Resolution Process was updated and re-launched, providing a framework for practitioners to air and resolve any concerns about how individual cases are being collectively managed.

A restorative approach to multi-agency working is being promoted across the partnership, with the underpinning framework of policies, procedures and processes being regularly reviewed and updated to reflect this.

Widening partnerships at regional level (across West Yorkshire) also ensures there is a consistent cross-border approach to safeguarding especially as our knowledge of CSE, Human Trafficking, Modern Day Slavery and Missing Children has wider geographical areas to consider.

Communicating and raising awareness

A central part of the leadership role of the LSCB is to ensure that key safeguarding messages and emerging lessons from its activity are disseminated quickly and effectively across the partnership so that professionals can act on them, developing their practice and multi-agency working accordingly in order to improve outcomes for children and young people.

Learning and Development Subgroup

In 2015 / 16 the LSCB provided a multi-agency safeguarding learning and development programme which included a training programme of both core safeguarding courses (Introduction to Working Together to Safeguard Children and Young People and Working Together to Safeguard Children and Young People) on a bi-monthly basis (term time), and a series of 12 'Additional and Specialist' courses on a termly or bi-termly basis (term time). This included of a new full-day Child Sexual Exploitation course, which began delivery in December 2015. The Workshop to Raise Awareness of Prevent (WRAP) was also incorporated into the training package from October 2015.

A total of 104 training sessions were planned for 2015-16, with 101 (97%) running. This is an 11% improvement on last year. Those which were cancelled were either due to low numbers or a lack of trainers. Of those sessions which ran, 22 were Introduction to Working Together to Safeguard Children and Young People (IWT) courses (primarily for Third Sector agencies) and a further 26 sessions were Working Together to Safeguard Children and Young People (WT) courses. The remaining 53 sessions were "Additional and Specialist" (AS) courses.

Of the 2564 training places available to book, a total of 2459 training places were booked. Of those 1876 (76%) participants attended, 406 (16%) withdrew in advance or sent apologies and 182 (7%) did not attend. This shows a slight rise in our attendance rates (72% in 2014/15) but is still significantly below the 90% target. Non-attendance has increased on last year (5% in 2014/15); however the apology rate has been reduced from 23% in 2014/15 to 16% this year.

The "Light Bite" sessions continued to run alongside, and complimented the Training Programme. The aims of these sessions are to provide an introduction to a safeguarding service or topic in an accessible way. Light Bites are no more than an hour in length, with up to five or six running on any given day. These remain popular with professionals both attending and delivering, with organisations approaching the LSCB to put on sessions.

In 2015-16 Light Bite took place on seven separate occasions. 15 topics were covered, including CSE, Prevent, Allegations Management, Forced Marriage, Missing, Young People & the Criminal Justice System. A total of 29 sessions were provided, offering 1102 place available for booking. 756 of these places were booked and 581 participants attended (77%) which is similar to attendance on other courses. 90 (12%) people did not attend which is higher than the rate for other courses by 5%. This may be due to the short length of time the courses last meaning people give them less significance in their diaries.

In addition to the ongoing training programme two conferences were provided for Leeds practitioners, the LSCB city-wide conference "Suicide and Self-Harm" and the Yorkshire and Humber regional conference "That Difficult Age – The Journey Through Adolescence"

A regional Masterclass was also held in Calderdale on Disguised Compliance. This was organised in collaboration with the four other Local Safeguarding Children Boards of West Yorkshire.

The training programme for 2015-16 continued to run through the existing multi-agency training pool. Levels of engagement by trainers have continued to fluctuate with economic pressures on services and workload pressures on individuals having an impact on ability to deliver. This has resulted in the continued use of independent trainers and LSCB Business Unit staff which is not a good use of resources, or the cancellation of sessions. Resolution of this is a priority to ensure a true multi-agency approach to the delivery of multi-agency training.

Communications Task Group

The Communications task group leads and shapes the dissemination of the work of the Board across the partnership. The website continues to receive an increase in traffic with an average of 22,000 hits per month. Social media traffic has also increased with 100 Facebook likes and over 900 followers on Twitter. Over 1300 practitioners have now registered for the LSCB safeguarding e-bulletin. The West Yorkshire Communications group launched the following 2 campaigns:

1 "Think before you send" campaign to raise awareness of risks and consequences of sexting amongst young people. Launched during the school summer holidays materials and website text were produced in consultation with the Leeds Student LSCB. This included:

- Facebook advertising to directly target young people and resulted in a reach of over 25,000 profile pages during August to September 2015
- Provision of campaign materials to school in time for the autumn term, with 3000 posters and over 10,500 postcards distributed to schools across West Yorkshire

2. "Party Animals" campaign (which was subsequently shortlisted for a national award) to raise awareness of the 'Party Model' of CSE. Approximately 40 young people between the ages of 14 and 18, both male and female, took part in four focus groups. Their feedback ensured that the campaign was understood by the target audience and would attract young people's interest due to it being a difficult message to get across. The website text was edited by the Leeds Student LSCB to ensure that it was relevant, appropriate and written in the right tone for teenagers. The main channel of communication was social media advertising with the target audience of young people aged 15+, both male and female. Facebook advertising targeted all teenagers across West Yorkshire and appeared on 125,146 Facebook profile pages.
Within the Leeds area the advert was seen on the profile pages of 17, 292 females (348 clicks to the website) and 12, 011 males (276 clicks to the website), a total of 29,303 views.

"Leeds continues to be a city that is ambitious for its children and young people, and has invested in children because they see children as being the economic future of the City."

OfSTED 2015

Holding partners to account for safeguarding practice

The LSCB's overview of safeguarding practice is predominantly undertaken by two main processes:

1. **A robust auditing** programme which has been central in providing assurance to the Board of safeguarding practice and outcomes. Using a range of methodologies the LSCB audits and reviews focus on multi-agency response to safeguarding through monitoring:

    - Multi-agency response to Child Protection
    - Multi-agency response to Child Sexual Abuse
    - Cluster Response to Domestic Violence
    - The quality of partner agency attendance and reports at Child Protection Conferences
    - The voice of practitioners within front line practice
    - The voice of the child
    - Practice Reviews
    - The City's response to child deaths
    - Serious Child Care Incidents

2. **The monitoring and regular reporting to the LSCB of data** to:

    - Understand the timeliness and effectiveness of child protection systems
    - Assess partner agency attendance and contribution at multi-agency safeguarding meetings
    - Understand attendance at Accident and Emergency
    - Assess Police response to crimes against children and their perpetrators

In addition the LSCB also requires partners to provide evidence and outcomes of their own internal audits. Areas identified for action in 2015/16 included:

- For all partners to improve how they capture safeguarding data within their own organisation
- To monitor the effectiveness of the Think Family, Work Family protocol
- To continue to support the cluster model and Early Help Approach
- Developing more innovative ways of using the voice of young people from all backgrounds / communities / abilities, to influence and shape a better service for them

The effectiveness of safeguarding arrangements in Leeds

To evaluate the effectiveness of the safeguarding arrangements of the Leeds partnership, evidence is drawn down from a range of sources which is then analysed to assess the whole system. This includes:

- Learning from both internal and external reviews and inspections
- Section 11 of the Children Act audits
- Section 175 of the Educational Act audits
- Learning from Child Deaths
- Performance management and quality assurance
- Engagement with young people
- Audit Activity

External Inspections and Reviews

OfSTED Inspection of Schools

The LSCB monitors the judgements given to schools by OfSTED inspections as these are key areas where children and young people receive support.

In 2015/16, OfSTED inspected 33 schools within Leeds, 23 (70%) received a 'Good' judgement, 8 (24%) received a judgement of 'Requires Improvement' and 2 (6%) received an 'Inadequate' judgement. Those schools judged as 'Requires Improvement' or 'Inadequate' are fully supported to address any findings from the inspection by the LCC Education and Early Years Team.

OfSTED Inspections of Early Years Provision

During 2015/16 there were 340 OfSTED inspections of early year's providers within Leeds. Of those 13% were judged as 'Outstanding' and 68% were judged as 'Good', 6% were judged as 'Requires Improvement' and 2.3% 'Inadequate' with notice to improve. Of the aforementioned OFSTED inspections 9% were undertaken in settings where no children were registered.

Her Majesties Inspection Constabulary Report (HMIC)

Following on from the HMIC report in 2014 which found there were areas of concern where children were not receiving the service they deserve, HMIC carried out a post-inspection review in August 2015 which identified:

- A continued commitment to improving outcomes for children who are at risk from harm, with evidence of some positive developments
- A significant increase in the number of officers and staff in the Public Protection Units
- Established Multi-agency Safeguarding Hubs with partner agencies
- The force had established Child Sexual Exploitation Teams to investigate allegations of historical sexual abuse

However, inspectors also identified that:

- Recording standards remained very poor
- Children continued to be detained unnecessarily in police custody
- There were delays in the provision of specialist medical examinations of children
- Important information about children was not always available to frontline officers
- The force was not recording the views of children in child protection matters

It must be noted that the HMIC inspection covers West Yorkshire. The findings from this report were not entirely recognised by the LSCB in Leeds as Police contribution to safeguarding is very positive where significant work at the 'Front Door', partnership working and attendance at Child Protection Conferences has greatly improved.

Police Effectiveness Efficiency Legitimacy (PEEL) Report

The Peel Report is HMIC's (Her Majesties Inspection Constabulary) second assessment of the effectiveness, efficiency and legitimacy with which West Yorkshire Police keeps people safe and reduces crime. PEEL gives information about how the local police force is performing in several important areas. It does this in a way that is comparable both across England and Wales, and year-on-year. In West Yorkshire the judgements were:

- The extent to which West Yorkshire Police is **effective** at keeping people safe and reducing crime was judged as good
- The extent to which West Yorkshire Police is **efficient** at keeping people safe and reducing crime was judged as good
- The extent to which West Yorkshire Police is **legitimate** at keeping people safe and reducing crime was judged as good

Care Quality Commission

Leeds Teaching Hospital Trust was inspected during 2015/16, however a report at the time of writing was not available.

National Offender Management Services (NOMS)

NOMS are responsible for ensuring that people serve the sentences and orders handed out by courts, both in prisons and in the community. West Yorkshire Community Rehabilitation Company (CRC) was subject to a NOMS Management of Risk Audit in 2015 (findings published in February 2016).

The findings concluded that cases were being managed well but the following themes were highlighted as needing improvement:

- Poor risk assessment and planning for Unpaid Work offenders due to a failure to undertake the correct Domestic Violence or

Safeguarding checks and poor recording of actions taken to manage risk

- Offenders are increasingly being seen by third parties for the delivery of their sentence and arrangements to monitor risk via partners are underdeveloped
- There are too many cases without risk flags and risk factors such as Domestic Violence and Safeguarding are not always accurately recorded.

The LSCB have been assured through CRC's Annual Safeguarding Report that the findings are now subject to an Improvement Plan which is regularly being monitored to ensure they are taking corrective steps. Risk flags are now subject to regular checks and reviews to ensure that risk is correctly identified.

Community Payback staff have recently been trained in Safeguarding Children which includes the process to follow when making routine checks with Children's Social Work Services. This has been enhanced by the fact that the National Probation Service are now making these checks at the point of sentence and CRC staff are following up on any missing information. They will also be included in the current Risk of Harm training and will part of the new Quality Assurance arrangements.

CRC's Quality Assurance Framework was acknowledged to be good but CRC are currently in the process of developing a Pan West Yorkshire CRC Safeguarding Audit Framework which will increase the number of cases audited and Safeguarding Children will remain at the heart of these audits.

Learning from Serious Incidents involving Children and Young People

A Serious Child Care Incident Notification Process was developed to ensure that serious incidents are appropriately notified to the LSCB. Five Serious Child Care Incidents were considered by the SCR panel. One which involved two children was deemed as meeting the criteria for a SCR and the review was started in January 2016 with a view for completion in Spring 2017 due to criminal processes. Three of the cases were deemed not to have met the criteria for a SCR. A further one was not deemed to have met the criteria but this was challenged by the National Panel. New information brought before the SCR Sub-Committee led to a recommendation that this matter be addressed as an SCR.

Critical Incident Review

A seminar was held on the downloading of Indecent Images of Children (IIOC) by trusted adults who work with children to support partners strengthen their Safer Recruitment processes . It was convened on behalf of the LSCB Serious Case Review sub-committee consequent to its consideration of two separate cases in 2015 of trusted adults (Foster Carer and Teaching Assistant) working with children who had been convicted of downloading IIOC.

It aimed to:

- Explore whether improvements could be made in safeguarding children where trusted adults who work with them have been convicted of downloading indecent images of children (IIOC).
- Identify whether there are any potential lessons to be learnt in preventing such incidents.

Its findings and conclusions were identified that in Leeds, and elsewhere, the main 'defence 'against potential IIOC offenders and other sexual perpetrators has been, and is, through the use of a variety of pre-employment screening processes. Generically known as 'Safer Recruitment' such processes have been developed by organisations such as the 'Lucy Faithful Foundation', the NSPCC (through its 'Value Based Approach') and DfE with the publication of the 'Keeping Children Safe in Education (December 2015) statutory guidance. Typically, such methods use a multi-pronged approach of defences aimed at deterring a potential offender's entry into a setting where they have easy access to children and young people.

Key Lessons identified included:

- For agencies to ' Think the unthinkable', implement a rigorous and timely set of safer recruitment and reviewing procedures and maintain an agency culture of vigilance
- Safer recruitment and reviewing will decrease the risk of IIOC by individuals with access to children and young people but will never result in zero risk.

Learning Lesson Review / Specialist Child Protection Medical Service (SCPMS)

A Learning Lessons Review completed in 2014 focused on the issue of repeat child protection medicals in relation to sexual abuse and was complemented by the completion of a Royal College of Paediatricians and Child Health Practitioners Review of the work of the SCPMS. The findings, recommendations and learning from the two reviews were incorporated into a composite action plan which has been implemented, in part, by a Multi-Agency Safeguarding Operational Group (MASOG) led by the LSCB and included Paediatricians, Children's Nurses, Police Officers and Social Workers.

The MASOG began its work In November 2015 and following a process mapping exercise, has been working:

- To improve the effectiveness and efficiency of its service to children and young people regarding child protection medicals
- For the service to become more integrated into the wider Leeds safeguarding children system

Reviewing child deaths

The Leeds Child Death Overview Panel (CDOP) has been undertaking its role to review the death of every child aged under 18 who is resident in the city, since April 2008., with data analysed cumulatively since reviewing began.

The CDOP works to a national methodology which enables it to clarify the cause and circumstances of a child death, identify whether there were modifiable factors contributory to the death and what, if any, actions could be taken to prevent future deaths.

An Annual Report is published every year and presented to the LSCB. The overall number of child deaths in the city has remained largely unchanged since the Panel began its work: 66 deaths in 2008; as compared with 67 deaths in 2015-16. However, the number of deaths fell between 2008 and 2013 to its lowest level in 2013-14 (41 deaths), but has subsequently risen again over the past 3 years. The numbers are small, and fluctuate year on year. Child death rates for Leeds, both infant mortality (under 1s) and older children (1-17 years), are very similar to national rates, but lower than regional rates. However, the UK continues to have child death rates which are higher than much of Europe.

During 2008-15, the greatest number of deaths occurred to very young babies aged under a month old (neonates) largely as a result of events during pregnancy, birth and early life and also as a result of congenital and genetic conditions. Recommendations have been made and progressed in support of public health campaigns to draw attention within the wider community to these risks.

During 2008-15, the predominant categories of deaths in older children (aged between 1 month) were Chromosomal, genetic and congenital anomalies (25%); Trauma (13%) and Sudden Unexpected, Unexplained Death (15%).

Since 2008, 38 Leeds babies have died suddenly and unexpectedly in their sleep, without an established underlying medical cause. This represents 15% of all non-neonatal deaths. Almost all of these babies (37) had one or more modifiable risk factors present. The most prominent risk factor was household smoking (32). Others were bottle feeding (19), co-sleeping (19), loose bedding (14) and sleeping on a sofa (7). It is not possible to ascertain any trend in this type of death because the numbers are small, but national data suggests that Leeds has an average number of such deaths compared to other areas.

Public Health England Child Health Profile March 2015. www.chimat.org.uk

Royal College of Paediatric and Child Health May 2015. www.rcpch.ac.uk

Managing allegations against professionals

The investment by Children's Services in allegation management by providing two Designated Officers (DO) three years ago has continued to give both the capacity to deal with a large number of notifications and enabled a continuation of successful developmental work. Allegation management processes remain significantly embedded with a good level of awareness by professionals. This year had the highest level of recorded notifications, 536, a 2% increase on the previous year. However the rate of increase year on year has slowed down significantly.

Over a third of all notifications come from Education, 39 %, the same proportion as in 2014-2015. This includes notifications from academies, independent schools and maintained schools within the Local Authority, supply teachers, further education and the education provision within the secure estate.

Approximately 10% of all notifications were about Leeds Foster Carers, which was 12% in 2014-2015, which in turn was a 2% decrease on 2013-2014, whereas 4% are from Independent Fostering Agencies; 3% in 2014-2015. In addition 14% of notifications come from early years settings; 13% in 2014-2015. Notification from residential settings, including the Secure Estate (Regional Secure Children's Centre and HM YOI Wetherby) and children's residential services account for 8% of all notifications. These are predominantly, but not exclusively, around physical intervention (a decrease from 10% in 2014-2015). It can therefore be identified that 75% of all the notifications come from the work settings that have the most opportunity for significant contact with children (early years, education, residential provision and foster care), which would be expected. This compares to 77%, in 2014-2015.

Notably, there have been no notifications or consultations involving allegations made against Police Officers by young people who have either been in police custody or through encounters with Police Officers in the community. The notifications relating to Police Officers are limited to either concerns regarding safeguarding issues within a Police Officer's own family or concerns raised about the behaviour of Safer Schools Officers in school settings. This has been raised in the LSCB Secure Settings Sub Group.

Partner compliance with statutory safeguarding requirements

Section 175/157 of the Education Act outlines the safeguarding governance that must be in place within all schools. The Local Authority Education and Early Years Support Team (EEYST) is responsible for auditing that compliance. There were 281, S175/157 monitoring forms sent out with a 100% return rate. All returns were counter-signed by the Chair of the requisite schools Governing Body. The quality of the information supplied is cross referenced against the Local Authority Child Protection database that holds records of all Child Protection training accessed by education staff against individual schools. Where gaps in safeguarding arrangements /compliance are identified, formal notification is sent by the EEYST to the respective head teacher / principal. Schools are expected to develop their own action plans in relation to any areas for development highlighted.

Analysis for the academic period 2015/16 suggests that the education sector in Leeds continues to have a sound understanding of its statutory safeguarding responsibilities and individual settings can clearly identify both strengths and areas for development. The EEYST continue to monitor Section 175/157 returns with a view to developing strategies that support and develop practice improvement and strengthen school support in areas that need support.

Section 11 of the Children Act 2004 sets out the requirements for agencies with respect to safeguarding and forms the basis for regular self-auditing of compliance. The LSCB partners undertake a Section 11 audit every 2 years and update their action plan in-between. Leeds will commence its next Section 11 process for statutory organisations in August 2016, with analysis and comment of these being provided within the 2016/17 LSCB Annual Report.

Commissioned and non-statutory organisations that work with children and young people are a growing area nationally and one that is being replicated in Leeds. The number of completed Section 11 audits undertaken with non-statutory organisation continues to increase with 453 submitted over the last year. An analysis of this data illustrated that organisations needed further guidance in order to be able to fully respond to four of the Section 11 questions.

The key themes identified as requiring review or improvement by organisations included:

- Seeking the views of children and families when the organisation is developing a new service or piece of work
- The need to ensure that staff are required, and encouraged, to attend appropriate child protection and safeguarding training, and to measure the impact training is having on improving practice
- To ensure that children are being made aware of their right to be safe from abuse
- Understanding when and how to make referrals to the DO

Guidance Notes have latterly been developed and issued to all users. The Information Button within the Online Section 11 Audit was also updated for these specific questions, to assist new users with their responses.

Evaluating the child's journey through the safeguarding system

Early Help

The 'Early Help Approach' which was launched by the LSCB in May 2014 is there to ensure that children, young people and their families get the support that they need before problems become entrenched or lead onto more complex issues. The Early Help Approach incorporates a diverse set of responses to, and activity for children, young people and families by all practitioners. The local authority promotes shared ways of recording Early Help to enable a measure of consistency across all areas.

All Early Help activity cannot be accurately captured, as much is undertaken within single agency settings or captured on partner agency's separate systems. The emphasis in Leeds has been in ensuring the right conversations with the right people, and that these result in the right actions to support families.

The cluster model is an acknowledged strength in supporting this. Clusters review activity every six months within their locality; this is presented to their local governance arrangements and copied into LCC Children's Services Targeted Services for oversight. Clusters are also accountable for the use of funding that fits a broad definition of Early Help, Targeted Mental Health Service (TaHMS) funding would be an example of this with appropriate data returned to the commissioner.

The sensible aggregation of activity at a city level is a recognised challenge. Work has been undertaken to enable the capture of key activity on Frameworki (LCC Database). Identification of different levels of Early Help activity on an "Early Help Contact" in Frameworki will enable the monitoring of both the identification and response undertaken by professionals. Work is underway to identify what key activity should be tracked in more detail. The development of shared outcome measures will help evaluate whether resources are targeted effectively where there is the greatest need. Further work on the Early Help potential of Frameworki will be progressed post the transition to Mosaic (LCC's new database) as both a tool for monitoring Early Help activity and as a potential case management resource for Early Help practitioners. In addition, aggregated aspects of the six monthly cluster reviews at city level will be shared with LSCB.

Currently, data on Frameworki captures the range of activity through from simply requesting information and advice, to identifying that an agency is coordinating a multi-agency plan. On average approximately 800 contacts of differing levels of activity are recorded monthly, with some clusters suggesting this represents around 50% of their overall Early Help activity. This demonstrates that many conversations with families and young people are taking place. The level of detail, which is now possible within Framework-i, will allow Leeds to focus on the journey and outcomes for our most vulnerable families.

In the same time period an average of 100 Early Help Plans per month were registered although this is a subset of total activity. For example programmes like Families First also add coordination to work with children and families there are currently 2450 Families First cases. After a period of time Payment by Results (PBR) can be claimed on those achieving successful outcomes. 605 successful PBR cases have already been submitted and a further claim will be made in September 2016.

The implementation of the 'Think Family, Work Family' approach in Leeds supports practitioners to ensure that both children and adult services consider 'family' circumstances. This enables all professionals to understand their responsibilities to deliver an appropriate package of support around the family.

Previous LSCB audits identified a high level of support given to clusters by dedicated and committed staff. The LSCB review of cluster working identified a children's workforce *'clearly committed to improve the lives of children, young people and families.'* Recent LSCB audit activity on families experiencing low level Domestic Violence identified excellent support through multi-agency practice within clusters. However, there is a need to be able to identify 'hard to reach' communities that reflects the diverse make-up of the Leeds population.

Cluster Managers are very supportive of their staff and operate a 'high support, high challenge' management style. Nevertheless, there is still some work to be undertaken to ensure that there is a consistency in the quality services across the city. The LSCB also considers the continuing pressure by professionals to prioritise statutory cases which limits their ability to respond on an Early Help basis. In addition the Third Sector Reference Group noted inconsistencies within clusters on how well they are engaging with the Third Sector. This is important as it is critical that the clusters have an up to date and accurate understanding of community profile in relation to services, including those from the Third Sector, such that the best packages of care can be devised and delivered for children and young people

The Best Start programme is a broad preventative programme from conception to two years of age which aims to ensure a good start for every baby, with early identification and targeted support for vulnerable families early in the life of the child. The programme promotes social and emotional capacity and cognitive growth, and aims to break inter-generational cycles of neglect, abuse and violence. The city's Best Start Plan 2015-2019 was endorsed by the Health and Wellbeing Board, and is underpinned by a detailed Implementation Plan which is being delivered across a range of partner agencies.

Particular successes led by Public Health during the last year have included the establishment and commencement of Leeds Baby Steps , an evidence-based perinatal education programme for families with additional needs and at risk of poorer outcomes which was originally developed by NSPCC. Public Health has commissioned a new and dedicated team within Children's Services to deliver Leeds Baby Steps in accordance with the NSPCC Baby Steps manual.

Alcohol and substance use services have been subject to a major re-procurement exercise, resulting in a new all-age service, Forward Leeds, which went live on 1 July 2015. The service delivers a dedicated young people's element which now allows for a managed, smooth transition to adult provision. In addition, Forward Leeds offer a whole family approach via the specialist Family Plus team, working intensively with families affected by substance misuse within the principles outlined in the Leeds 'Think Family Work Family' Protocol.

From 1st October 2015, responsibility for commissioning 0-5 Public Health Services passed to LCC Public Health from NHS England. This transition was successfully achieved under a new integrated Early Start Service Specification, which specifies the model of close working with Children's Centres, as well as the mandated functions (5 core contacts by Health Visitors) and the more intensive health visiting service provided for families with additional needs. A joint Early Start Commissioning Group involving Council and NHS partners has been established. Performance is monitored via a Performance Dashboard which is currently under review, with additional safeguarding measures due to be added. Since transfer, there has been significant improvement in performance for mandated core Health Visitor contacts.

Overall it has been difficult to understand the number of children and young people that have been supported through Early Help activity. The LSCB noted that there were 1462 Early Help Assessments referred into the clusters during the year however, caution needs to be applied to this figure. The local authority is investing in an electronic system that captures all Early Help work on Framework-i. It must also be acknowledged that partner agencies do not have systems for collecting this information. This can impact on how appropriate resources can be provided to the right parts of the system or geographical area.

Commissioning of the Specialist Community Public Health Nursing Service 5-19 (School Nursing) has continued, led by Public Health through a joint commissioning group with partners. Outstanding levels of performance in relation to child protection processes and needs assessments for children looked after have been maintained this year. The service has also established a new single point of access, and committed to regular input to Guidance and Support Panels in the six priority clusters.

The cluster model is welcomed and offers good support for communities, however there is some mounting concern over the funding model and whether some schools are going to financially support the cluster model. The value of localised targeted preventative support cannot be underestimated in preventing problems escalating, resulting in poorer outcomes and further costs to the city.

The Early Help Approach received a considerable boost in 2015/16 with the implementation of an expanded Family Group Conference service facilitated by Children's Services successful Innovations Fund bid.

In summary the key challenges for Early Help are:

- Impact of budgets and austerity measures
- Lack of consistent data collection systems
- Inconsistency of quality across Leeds Clusters
- Achieving and developing a sustainable model for clusters
- All partners taking responsibility for identifying and leading on Early Help plans.

Early Help and the emotional health and wellbeing

The Ofsted Inspection in January 2015 and the Review of the Emotional and Mental Support and Services for Children and Young People in Leeds highlighted the issue of waiting times for the Child and Adolescent Mental Health Service (CAMHS). The CCG's Safeguarding Annual Report for 2014/15 noted action has commenced to address this, and further work was undertaken to enhance the support that children and young people in the city receive in relation to their emotional and mental health:

- Commissioning of additional capacity at a cost of £350k to address the waiting list for autism assessments to within NICE guidance (12 weeks) by the end of 2015/16
- The co-commissioning between CCGs and clusters of the TaMHS service to enhance and increase the early intervention offer (all 3 CCGs and all 25 clusters involved) and increased capacity in September 2015
- The creation of a single point of access (referrals for GPs to the whole system of support – TaMHS, 3rd sector and CAMHS) which was launched in September 2015
- A city wide emotional and mental health website 'Mindmate' was launched with a clear local offer in September 2015

Front Door Arrangements

The Duty and Advice team supports front line practice to ensure that children and family's needs are met with an appropriate and proportional response. With the implementation of the 'Conversations' model of assessments rather than the rigid predetermined 'thresholds', practitioners are empowered to discuss safeguarding concerns based on risks and needs and in turn consider the most appropriate package of support for a child or family. The Performance Management sub-group (PMSG) monitors how many 'Conversations' (known as contacts) become referrals to Social Care. Of all contacts to Duty and Advice, 51% (10,353) become referrals to CSWS, with 49% (10137) having other outcomes (EHA, signposting, information and advice etc).*Appendix 1*

Weekly review meetings consider decision making at the Front Door ensuring a consistent approach and response to contacts. The development of a daily Multi Agency Risk Assessment Conference for all cases of domestic violence incidents notified to the police means an immediate response to risk is carried out. Schools are also notified of all domestic violence incidents where children are either witness to, or in the house at the time of the incident to ensure they can be appropriately supported the next day. A Partnership Intelligence Management Meeting (PIMMs) is undertaken to ensure intelligence is shared regarding those at risk of CSE and missing. This meeting allows partners to review risk assessments and plans to ensure that children and young people are kept safe.

Child in Need (CIN)

Partner agencies do not keep a comprehensive electronic system which makes clear the number of children that are receiving support through a CIN Plan. Although the Local Authority can provide general data there is limited data given to the LSCB as to whether the statutory functions of the plan have been supported by all LSCB partners. Statutory visits undertaken, review of plans and data analysis are not routinely provided to the LSCB. The LSCB is working towards an improved reporting structure for children on CIIN Plans. However, it must be recognised that previous LSCB audits on CIN cases have identified outstanding work within CIN Plans.

Older Young People

Housing Leeds is responsible for providing suitable housing for 16/17 **year** olds. Sitting under the Environments and Housing directorate within **Leeds** City Council, they are responsible for the management of council **homes,** adaptations and various other property and contract managements. Although it is acknowledged that there is a national shortage of housing, Housing Leeds has no families using Bed and Breakfast accommodation. Leeds recognises that, like many other local authorities in England, that youth homelessness is too high. There is often very little appropriate housing for 16/17 year olds that can address some of the challenges that being young and estranged from family can bring. Young people are often placed in concentrated areas which can expose them to other risks. Housing Leeds and LSCB partners continue to develop partnership working as set out in the Children and Young Peoples Housing Plan and supported by the Children and Young People's Housing Operations Group.

Vulnerable Groups

While there is good evidence of effective systems to protect vulnerable children and young people the LSCB have identified that the risks teenagers face go beyond traditional intra-familial safeguarding concerns.

The LSCB CSE audit noted *'One of the most outstanding features of the audit was the fact that those working with the young people were having to address CSE not as a stand-alone issue, but were required to consider it within wider complex circumstances that had affected young people's vulnerability to child sexual exploitation'.*

The partnership is considering how work with teenagers in Leeds is undertaken. Research by Professor Mike Stein has suggested that current child protection systems are more appropriate for younger children where many of the risks / threats are from parenting capacity. The risks adolescents face can be more complex requiring a different approach to

ensure that it is inclusive, engaging and set up to meet the, sometimes, very complex needs of teenagers. The LSCB Conference 2016 highlighted the, often complex issues that adolescents can face with a view to concentrate our efforts to ensure that appropriate systems are in place to protect and improve outcomes for young people.

Secure Settings within Leeds

Leeds is host to two secure settings for young people.

Adel Beck Secure Children's Home provides secure accommodation for up to 24 young people aged between 10 and 17 years old who are either placed there because they have been remanded or sentenced to custody, or for concerns about their welfare. Adel Beck (formally known as East Moor) was rated as outstanding following a recent inspection by Ofsted. Inspectors judged that young people who reside at the home feel safe and are protected, that there are good arrangements in place to safeguard young people and that they are '*very well supported to develop positive social skills and behaviour*'.

Adel Beck undertakes an annual audit with analysis of the use of physical restraint within the home which is presented to the LSCB. This year's report highlights again the reduction in the number of both physical restraints (25%) and the use of prone (face-down) restraints (45%). However there has been an increase in the number of assaults on staff which requires further investigating although this is likely to reflect the complex needs and challenging behaviours of the young people.

Further independent scrutiny is undertaken through Regulation 44 visits by Barnardos which culminates in a report that provided to Adel Beck, the Head of Looked After Children and the LSCB for monitoring. This ensures that good practice is recognised and any areas for improvement are addressed.

Wetherby Young Offenders Institute (YOI) is one of four establishments the Youth Justice Board (YJB) commission from the National Offender Management Service (NOMS) to provide specialist custodial places for young people aged 15 - 18. All living accommodation is in single occupancy cells. The living accommodation is split into 5 living units housing 60 trainees on each.

Keppel unit is an enhanced needs unit holding up to 48 young people. This is a national resource and looks after young people who find it difficult to manage in normal accommodation due to issues ranging from learning, physical, mental health issues.

During 2015/16 Wetherby YOI has undergone a period of substantial change with the decommissioning of Hindley YOI, resulting in a very significant increase in the number of residents. One impact of this was a spike of violence seen within the setting, reflected in the HMIP 2016 inspection report which notes that *'outcomes for young people are not sufficiently good against the health prison test'*. In addition, 2015/16 also saw some challenges around staffing through high levels of sickness and a number of staff in temporary roles.

There are nonetheless encouraging signs that this 'transitional' period for Wetherby is being addressed with a new Governor in place along with a new Safeguarding managerial team from April 2016. These encouraging improvements are a clear sign that Wetherby are addressing the difficulties they have experienced, and adjusting to the greater size and complexity of the new establishment, with the LSCB Secure Settings subgroup closely monitoring and supporting improvements.

Children and Young People subject to a Child Protection Plan

The overall number of children and young people subject to a Child Protection Plan (because they are at risk of or are suffering significant harm) at the end of March 2016 was 583 (Table 1) giving a Rate Per Ten Thousand (RPTT) of 38.1 which is lower than both Core Cities and Statistical Neighbours. The embedding of the Strengthening Families approach, greater use of Family Group Conferences and the Early Help Approach, along with a much more robust process of oversight by Child Protection Chairs has contributed to the reduction of the numbers of children on plans.

The LSCB has been keen to satisfy itself that this reduction is happening in a safe and appropriate manner. A series of multi-agency audits 2012–15 indicate that the quality of services and outcomes for this group are steadily improving. A further audit during November 2015 identified a much stronger child protection system for children at risk. Much SMARTer plans were evident in the cases audited and risk was better managed. There has been considerable work between the ISU and the LSCB to ensure that the quality of reports sent to conference has improved and the invite process for conferences has been refined.

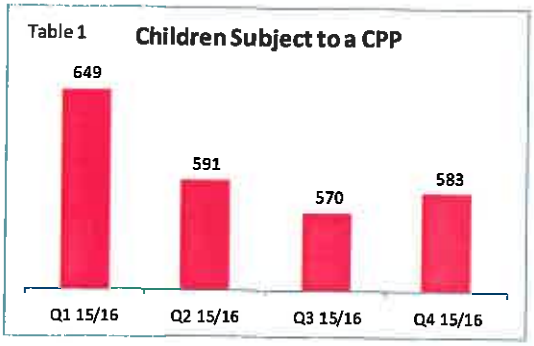
There is an increased focus on including the views of children and young people to ensure that risk and how to manage it is more clearly identified and to receive feedback from them and their families about the effectiveness of child protection conferences.

The number of children on a Child Protection Plan for more than two years as of 31 March 2016 is 7 children. Those children who have been on a plan for over 12 months are subject to robust scrutiny to ensure that there is no drift and that the core group are working towards being in a position to de-escalate them off a plan appropriately.

For those children coming back on a Child Protection Plan within a year, monthly analysis shows that families are likely to have been on a child in need plan in the interim period and that domestic violence is the primary issue in over 70% of these families. Police data shows that 40% of domestic violence incidents that they attend are repeat attendances, and that 40% of police call outs to domestic violence incidents result in an arrest.

The number of repeat referrals to CSWS has slightly increased in the last 12 months but this is in line with patterns seen across England. There has been a further reduction of children coming back onto a Child Protection Plan within 2 years meaning outcomes have been sustained over this period.

Table 1 **Children Subject to a CPP**



Child Protection Audit

The LSCB has undertaken audits of cases of children subject to Child Protection Plans since 2013. A further audit of 12 cases was undertaken in the autumn of 2015. These included auditors speaking to families whose children were on plans and an audit of health files to satisfy the LSCB that information was shared appropriately and appropriate action taken. The purpose of the audit was to:

- Examine whether the improvement activity that had taken place had resulted in improved outcomes for children made subject to child protection plans
- Identify what are the key issues that impacted on outcomes.

It is clear that recent activity of the LSCB and the Independent Safeguarding Unit (ISU) to improve processes around invitations, SMART planning, agency reports and prompting early engagement with parents and young people has helped to improve the quality of practice at Initial Child Protection Conferences (ICPCs). There is also strong evidence to suggest that there has been an improvement in the quality of Outline Child Protection Plans developed at ICPCs. However, there were a number of areas identified as requiring further work, including:

- Reviewing and implementing changes within the Head of Service Decision and Review Panel (HOSDAR)
- Capturing attendance at ICPC, Core Groups & Reviews
- Refining the invite process for ICPCs
- Monitoring to ensure resolution of issues relating incorrect pre populating of core group forms
- Improving the quality of reports by partners to ICPCs
- Improving the timeliness of reports sent by partners to ICPCs

Since that audit the LSCB PMSG developed a Task and Finish group specifically to understand the barriers of attendance at Child Protection Conferences as well as reviewing the quality of reports submitted. This group has made excellent progress on:

- A more refined process for partner agency invitation to ICPCs
- Timeliness of ICPC Report submission (with an increase from 41% to 75% of reports submitted two working days or more before the ICPC)
- Quality assurance of reports that have been sent to ICPC and that they identify clear areas for improvement, underpinned by a newly designed pro-forma
- A new process for improving GPs contribution to ICPCs

Children's Services developed and implemented significant improvements to the Head of Service Decision and Review (HOSDAR) process in March 2016. HOSDAR was seen by Children's Social Work Service as being a process where two separate but potentially related issues (a high level review of complex cases & the decision to accommodate) were dealt within in the same meeting. It was decided to create two separate processes to deal with these two issues providing a clearer focus for developing plans and supporting decision making.

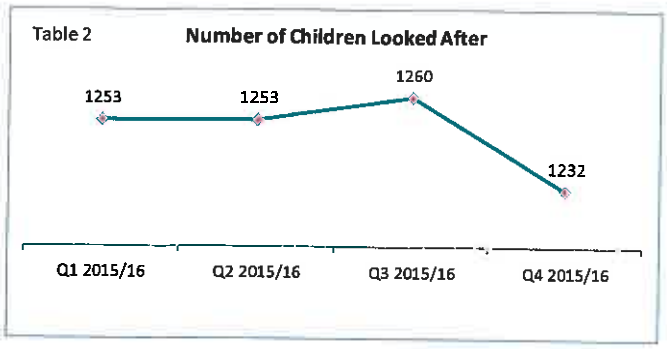
Changes have been made to the process concerning the decision to look after a child with new arrangements being introduced in early 2016:

- Case Planning and Review Discussion- this is a regular meeting chaired by a senior manager. The purpose of the meeting is to look at difficult or challenging cases. The meeting can make recommendations.
- Decision and Review Panel (DARP)- this makes the decision whether to initiate the Public Law Outline

Looked After Children

One of the Key Obsessions in Leeds is to reduce the number of children and young people needing to be looked after. The number of children 'looked after' has stabilised with 1232 children looked after in Q4 2015/16 (Table 2) .

This is slightly higher than the same time last year (1194). The number of children requiring three or more moves (within 12 months) has remained



stable throughout the year.

Completion of Health Needs Assessments on time have continued to improve since 2014/15 but have stabilised throughout 2015/16 (Q1, 96.1%, Q2, 95.8%, Q3, 96.3% and Q4, 96%) and dental checks undertaken on time continue to positively increase (91%).

Performance reports to the LSCB have noted:

- Improved placement stability, with children and young people subject to less moves while in care
- Better use of Kinship Care and Foster Carers
- Fewer children and young people placed out of local authority area
- All children and young people who are looked after have an allocated social worker
- Independent Reviewing Officers provide robust oversight of care plans
- More work is needed to ensure that Personal Education Plans (PEPs) are completed on time and are of good quality
- The number of adolescents coming into care is increasing

The Independent Reviewing Service (IRS) continues to promote the inclusion of children and young people's views in reviewing and planning processes through direct contact. It was clear in 97% of reviews that the views of children and young people had made a direct difference to a plan and 72% of children and young people mostly or fully understood their care plan.

There still needs to be some progression on PEPS and to ensure that one is in place. 2015/16 has seen a 4% reduction (from 81% to 77%) of children having an up-to-date PEP. This was highlighted in the 2014 LSCB Children Looked After (CLA) report and while improvements have been seen it is important that focus remains on improving the educational attainment of CLA.

It is welcome news that the IRS continues to have oversight of pathway planning for post 18 care leavers, as this was seen as a model of good practice within the LSCB Care Leavers audit in 2014, with experienced oversight of the transition phase of a care leaver ensures much better outcomes. This process was independently reviewed by Dr Emily Munroe who identified a number of benefits of extended support.

Children and Young People suffering or at risk of Sexual Exploitation

In 2015/16 there has been an rise in the number of referrals relating to children and young people assessed as being at risk of child sexual exploitation . However as acknowledged previously by the Ofsted inspection in early 2015, this is more likely to represent an increased awareness of the nature and scale of the abuse rather than an increase in victimisation. This underlines the partnership's maintained focus on child sexual exploitation, building upon previous effective responses and strengthening procedures, data collection, multi-agency understanding and practice.

To evidence partnership responses and identify future areas for development, the LSCB undertook a multi-agency round table 'deep dive' CSE audit in the summer of 2015. The audit findings indicated that policies, procedures and workflow pathways introduced in 2013/14 were impacting positively on practitioner understanding and responses, particularly in relation to the links between CSE and children reported as missing from home or care. The audit also identified that partnership work between children or young people and their families, cluster agencies, children's social work services and the police were strengthening responses to CSE. However the most outstanding finding highlighted that practitioners working with young people identified at risk of or experiencing sexual exploitation had to address CSE not as a stand-alone issue, but within a set of wider complex circumstances that affected the vulnerability of young people to the risk of sexual exploitation.

The areas of challenge for the partnership highlighted by the audit and the priority strands of the CSE strategy, essentially overlap. This suggests there is a comprehensive alignment between what we know makes a difference and what we are seeking to do. In response to the findings of the audit, the CSE subgroup has widened its remit to address interrelated risk and vulnerabilities associated with CSE and /or older children, restructuring as the Risk and Vulnerabilities sub group. This has resulted in a wider reaching action plan being progressed. Alongside this, over the past year, the partnership has achieved significant progress in tackling CSE and other emerging vulnerabilities, this includes:

- An increased capacity in the Integrated Safeguarding Unit (ISU) Risk and Vulnerabilities team, enhancing the practice improvement and quality assurance offer in relation to CSE and children missing from home or care; harmful sexual behaviours; trafficking and female genital mutilation
- The on-going development of the Safe Project team which provides a flexible and timely multi-agency response to children with an identified risk of sexual exploitation, their families and communities
- Successful public media campaigns which have received national recognition
- Improved data collection, dissemination and analysis supported by the Partnership Intelligence Hub, enabling development of practice responses
- Implementation of daily Partnership Intelligence Management Meetings (PIMM's); these enable the Risk and Vulnerabilities team and the Leeds CSE Police team to share information / intelligence relating to children identified as at risk of or experiencing sexual exploitation and / or those who are reported missing or absent in a timely manner
- Revised CSE and Missing Multi-agency Tasking Meetings and the development of a Leeds Multi-agency Trafficking Forum
- On-going safeguarding training for taxi licence holders, with a focus on CSE
- Implementation and progression of the Youth Offer Return Interview Service

- Development of a LSCB CSE training programme
- Multi-agency response to CSE legacy cases
- The developing strength of the Third Sector and cluster organisations in responding to CSE

There are however, a number of recognised priority areas which require further consideration and attention, these include.

- **Collection of data from the wider partnership organisations**
  Data is routinely captured and shared between West Yorkshire Police, the Risk and Vulnerabilities team, the Safe Project, CSWS, the Return Interview Service and Safer Leeds. However, there needs to be a better understanding of problem profile(s), particularly in relation to children assessed as at low risk of CSE.

- **Problem Profiling**
  A problem profile on CSE should seek to draw together all the known intelligence/relevant data held across different agencies to inform strategic decision making and local practice development. Although there has been improved data and understanding of the problem profile; provided by the Partnership Safeguarding Intelligence hub, there sill remains a lack of clarity of the problem profile within the wider partnership regarding concerning the perpetrators (and suspected perpetrators), Arrest and conviction rates, hotspots, disruption activity along with the links between CSE, missing, trafficked children and other emerging safeguarding concerns. This can potentially impede effective multi-agency working.

- **Children Looked After**
  Further developments are required to effectively respond to those children looked after at risk of CSE and /or who go missing. This includes progression of the transitions pathway for young people who live independently, the mapping of problem profiles in residential settings; and information shared for Leeds children looked after who are placed with a host authority.

- **Children with disabilities**
  There is a recognised national and local requirement to consider and improve responses to children with learning disabilities and difficulties who are at risk of CSE.

- **Peer on Peer sexual exploitation and harmful sexual behaviour**
  There is an increased recognition regarding the level of sexual exploitation associated with peer abuse, sexting, gangs, groups, youth sexual bulling and violence and pornography. This was highlighted by the NSPCC and Research in Practice, in the recently published Harmful Sexual Behaviour (HSB) framework (2016). As such this is an area that requires partnership development to provide a coordinated, evidence based approach in Leeds.

Hackett, S, Holmes, D and Branigan, P (2016) Operational framework for children and young people displaying harmful sexual behaviours, London, NSPCC

The effectiveness of the LSCB

Summary and whole system analysis

Leeds LSCB has evidence to suggest that the systems that are in place to protect children and young people from harm are effective and efficient. This commitment is clearly seen through the cities commitment at both Political and professional level to become a Child Friendly City. Leeds is a city that has ambitious plans for its children and young people despite the challenges that austerity brings. In addition it has:

- Sustained stable leadership with a shared vision across the safeguarding system
- A Local Authority and an LSCB which are both judged as 'Good' by OfSTED in 2015
- A culture of continued commitment by partners both at operational and strategic level
- The use of a restorative approach to working with families
- A multi-agency commitment to shared principles, behaviours and ways of working
- Improved the way in which it responds to and meets the needs of children, young people and their families within communities
- The development of innovative safeguarding process and practice funded through the Innovations Fund

The impact of these can be evidenced through:

- A reduction of children and young people needing statutory intervention
- The use of research and evidence based practice
- The quality of services rather than just the timeliness of processes
- The LSCB operating more like an 'Improvement Board' providing high support and high challenge
- Front-line and community engagement
- The voice of children and young people evident in all processes

The review of the Children & Young People's Plan 2011-15 identified a positive impact on outcomes for children and young people, and the framework of obsessions, outcomes and priorities has been retained for the 2015-19 Plan.

Is Leeds making sufficient progress?

There is clear evidence that good progress continues to be made to rebalance the safeguarding system as can be seen through:

- The implementation of the Best Start strategy
- Continued investment by partners in the Leeds Cluster model
- The quality of support offered through Leeds Cluster model

In addition the need for statutory intervention is reducing, as evidenced by:

- The number of children and young people subject to Child Protection Plans continues to safely reduce
- The number of repeat referrals has reduced slightly meaning outcomes are more sustained
- The numbers of children and young people who need to be looked after are stable
- Improved relationships between Leeds clusters and Social Work Services
- Availability of community based support structures for families

Despite the continuing reduction in the number of children and young people requiring statutory intervention, more work is being undertaken to assess and respond where there are concerns about a child:

- More child abuse investigations are being carried out
- The continued multi-agency developments of the Front Door
- The continued promotion and widening use of Family Group Conferences
- A successful 'Conversations' model rather than a rigid 'Thresholds' model

Particular focus in 2015/16 has been to better understand and improve the partnership response to child sexual exploitation. Reviews undertaken indicate that whilst good progress is being made, there remains much more to do and momentum needs to be maintained in 2016/17. Further information can be found in the CSE/Missing Report 2016

The LSCB has considered the following factors in assuring itself that practice and multi-agency working is appropriate and safe:

- All the data we have indicates good attention is paid to managing risk appropriately and safely within the frameworks in place.
- Audits have consistently identified improvements across the system

Is the LSCB making sufficient progress?

The Board monitors progress against its objectives, self-challenges and responsibilities through a variety methods:

- The Business Plan which indicates that 89% of tasks were completed or proceeding on time
- The Performance Management System, which indicates improving partner compliance with safeguarding requirements, the continued re-balancing of the children's safeguarding system and assurance that the quality of multi-agency interventions with children and young people is steadily improving
- The review of work to address self-challenges, which indicates that progress had been made on all but 1 of the 9 set for 2014/15
- The Annual Review process, which included Board members' assessments with overall 89% of tasks and responsibilities are being progressed

What Impact is the Board having?

The LSCB Learning and Improvement Framework (LIF) brings together a structure of continuous learning which improves practitioner responses to children and young people at risk. This is undertaken thorough:

- **Findings and lessons** from the broad range of work undertaken by the LSCB and partners are effectively disseminated across the partnership using a range of methods such as:
    - Training and development programmes of work for staff across Leeds
    - Learning from LLR's SCR's, audit activity shared across the partnership.
    - Bulletins and website-this is tracked intelligently with statistics on whether bulletins are opened and read, hits on the LSCB website including which pages are accessed the most.
- **Monitoring actions** that are being undertaken to improve services such as:
    - Section 11, 175/157
    - External Inspections
    - The monitoring of action plans
    - The impact on practice, multi-agency working and outcomes for children and young people.
- **Multi-agency policies and procedures** which continue to underpin practice and multi-agency working. This significantly helps to consolidate and improve the functioning of the children's safeguarding system in order to better support vulnerable children and young people.

To support the implication of the LIF, the Board has undertaken a leadership role in prompting and supporting innovative working practices. This in turn supports partners to engage in changes to the way in which professionals work together, and with children, young people and their families in order to improve outcomes through earlier and more effective intervention. One such example is the multi-agency 'Guidance for Working with Families who are Relocating Due to Risk' which was developed in conjunction with the UK Public Protection Service in response to learning from an LLR. The document will inform national and international approaches following presentation at an international Psychological and Social Support event in Autumn 2016.

Progress Against the Challenges the LSCB Set Itself for 2015/16

The LSCB Annual Review

Each year the LSCB sets its self challenges to support and improve multi-agency working which will in turn improve outcomes for children and young people. These are reviewed within the LSCB annual review. Through this process the Board acknowledged significant progress against last year's challenges as outlined below.

In 2015/16 the LSCB adopted an overall challenge:

To be ambitious for the children and young people in Leeds and moving what we do with, and for them, from 'good' to 'great'.

Supporting this were nine specific challenges, to which good progress has been made and can be evidenced as set out below:

1. **To focus on our ability to 'Know the Story – Challenge the Practice' and better hold partners to account for improving safeguarding practice**
   The PMSG is currently reviewing its structure and membership to improve how performance data and quality assurance processes are undertaken by:

   - Improving the challenge and consequent analysis in PMSG deliberations through assessing membership is appropriate and relevant
   - A more 'task and finish' orientated way of working to ensure impact is more clearly measured and assessed

While it was recognised that monitoring child protection data gave the partnership good intelligence on the effectiveness of statutory safeguarding and the contribution of partners, it was acknowledged that wider intelligence was needed to consider data at a more granular lever in order to understand the effectiveness and make up of clusters and the impact this was having. This has been done through the development of a new PMSG data base which has considerably improved the data it collects and analyses, resulting in:

- CSE and Missing Data has considerably improved with developments in capturing both police data and social care data at local level with intelligence on both perpetrators and victims
- Improved intelligence and analysis of child sexual exploitation hotspots to inform disruption efforts
- Collated and aggregated intelligence from Return Interviews of missing children to inform child sexual exploitation intelligence and analysis
- Accelerated efforts to both understand and evaluate the effectiveness of safeguarding in some harder to reach religious settings and black and minority ethnic, third and community sector groups engaging with children, with particular awareness of the possibility of radicalisation in some religious and cultural settings
- Scrutiny of the absence of Serious Child Care Incident notifications from partner agencies to ensure that the criteria is well understood and effectively implemented

- Improved Police data of crimes against children
- Citywide data to inform local challenges
- Improved front door data on domestic violence
- Young people's drug and alcohol data

2. **To further promote the 'voice of the child' in the work of the Board and Partners.**
This has been achieved through:

- The use of its Student LSCB to inform and advise its work
- The contribution of the Student LSCB to the LSCB annual conference through delivering a workshop
- The views of young people have been embedded within its audit methodology
- The promotion of the child's voice within policies and procedures
- More involvement of children within the child protection processes through better engagement and relationships
- Involvement of partners on the National Young people take over day
- The promotion of FGC's

3. **To maintain an overview of work undertaken by the partnership to safely re-balance the children's safeguarding system as outlined in Working Together 2015.**
Within 2015/16 this has included a focus on:

- **The use of Child In Need Plans.** Whilst LSCB Audit activity highlighted good practice within Child In Need plans, there is little in the way of robust performance data. This is currently being addressed through LCC leadership teams however; it must be recognised that partners should develop their own systems to monitor children on 'Child in Need' plans.
- The continued and safe reduction of children on plans
- The continued and effective contribution from partners within the child protection system.
- Sustained outcomes meaning less children needing to come back on a Child Protection Plan
- The stabilisation of children needing to be looked after

- **The quality of Early Help interventions.**
Early Help continues to be a priority in Leeds and can be evidenced through:

- The LSCB Domestic Violence audit has identified high quality support at a local level, including the development and implementation of the Domestic Violence School Notification process
- A focus on the embedding of the 'Think Family, Work Family' approach across the partnership, including the secondment of a Think Family Officer
- Concerns Resolution Process reviewed and updated to support practitioners challenge at all levels
- All training courses have been updated in line with Working Together 2015, along with the planned amalgamation of the Early Help and Working Together training in order to increase practitioners understanding of the role of Early Help interventions and their responsibilities within these

- A Serious Child Care Incident notification process was developed to support the identification of appropriate cases and does not 'caste the net' to widely

4. **To develop a focus on safeguarding and promoting the well-being of children and young people undergoing key transitions**
Areas of work undertaken include:

- Improved pathways for young people experiencing emotional and mental health issues
- Oversight of children leaving care continues to strengthen with support given past 18 years of age
- Better transitional care and support for those experiencing CSE through the developments of pathways between children and adult services
- The regional Yorkshire and Humber Multi Agency Safeguarding Trainers (YHMAST) conference in November 2015 had a strong focus on the differing needs of young people as they transition into adulthood

5. **To further develop and embed the partnership response to children and young people who are suffering / at risk of sexual exploitation and / or 'go missing.'**
Significant work has been undertaken which includes:

- The CSE / Missing strategy is underpinned by a robust action plan, and LSCB audit activity identified considerable progression in this area.
- The restructuring and renaming of the LSCB CSE strategic group to reflect the complex vulnerabilities and risks of young people at risk of CSE

6. **To develop the partnership response to radicalisation.**

Leeds continues to support those at risk of radicalisation and extremism through the 'Prevent' strategy. Leeds is a Prevent priority area, receiving funding from the Home Office to employ dedicated staff to deliver a programme of targeted activity to address the threat of violent extremism and radicalisation. Under the new statutory Prevent Duty, education providers such as schools, colleges and universities must now have a "due regard to prevent people being drawn in to Terrorism in course of their functions".

LSCB activity to support this agenda and ensure the safeguarding of children and young people includes:

- Prevent training (WRAP) is offered through the LSCB learning and development programme, and all training, including the Refresher Briefing has been updated to reflect the Prevent agenda as appropriate.
- Development of the Safeguarding Children and Young People from the Threat of Violent Extremism policy to ensure that children and young people are explicitly considered within the PREVENT agenda and that safeguarding concerns are responded to appropriately

7. **To further promote the emotional health and wellbeing of children and young people and ensure that all who self-harm have access to mental health services**
The LSCB has supported a review of mental health support through Leeds which resulted in:

- Successful implementation of the 'Mind Mate' website with contributions from the Student LSCB

- 2015 LSCB Annual Conference on emotional and mental health of young people with 4 Key note speakers and 10 workshops which was attended by 152 practitioners.
- The re-launch of the 'Self Harm and Suicidal Behaviour' booklet for staff working with children and young people and the LSCB Annual Conference
- Creation of a single point of access allowing access to the whole system of support for GPs.
- Co-commissioning between CCGs and Clusters of the Targeted Mental Health Service (TaMHS) with increased capacity in September 2015

8. **To further promote and embed the restorative approach in the work of the partnership**
   There have been two key developments supported by the LSCB:

   - **Further embedding of the 'Think Family, Work Family' approach** has been a priority action across the partnership which has been evidenced by a seconded Think Family Officer. Successes have included:
     - The Think Family Officer has attended 6 promotional events to publicise TFWF. These include; Troubled Families sharing practice day, Learning Disabilities Network event, and presenting at the DVCN conference
     - Full day training session has been updated, and was launched in October 2015, with a total of 92 practitioners having been trained by March 2015
     - 'Bite size' training was launched in September 2015, and has been delivered 20 times to various organisations including; BARCA, Safer Schools Police, NPT's, One Stop Centres, Clusters, Sure Start, CAMHS, residential units, youth work students and Touchstone
     - A dedicated TFWF web page launched in August 2015 with a direct link to the LSCB TFWF contents. The website has received 1821 hits, 862 of which were direct hits from social media. In addition social media has been used to further promote the agenda with the top tweet being "Always listen to and respect the opinions of all family members #thinkfamilyworkfamily #tipoftheweek,' receiving 391 impressions and 15 engagements
     - Bookmarks and posters were produced, and bespoke postcards made for the health service
     - Pop up banners have been produced in conjunction with 2 looked after children who took part in 'takeover day'. These will be displayed in the SHINE training room to keep delegates focused on TFWF as well as used at multi-agency events
     - The development of a short video available on the website and for use in LSCB and single agency training or briefings
   - **The expansion of Family Group Conferences (FGCs).** The numbers of FGCs continue to have a positive impact on families across Leeds, with numbers increasing annually. Further developments have been seen through the use of FGC's as an alternative to having an ICPC. The work is overseen through the LSCB ICPC / FGC reference group which is monitoring the innovative work to ensure it is safe and provides positive and sustained outcomes for families.

9. **To undertake Board meetings in a SMARTer way.**
   Progress has slowly been made to create a SMARTer approach to Board meetings, including less papers, targeted presentations and

focused agendas. The recent key changes the LSCB has undergone, including a new Chair, a new Vice Chair and a new business management structure will allow further implementation of more SMARTer meetings and ways of working.

Conclusion

The data presented above clearly evidences the considerable progress that has been made with the challenges set in 2015/16 for the LSCB by my predecessor, Jane Held, in her final annual report and, as part of my 'independent' role as Chair of the LSCB, I am delighted to confirm this and recommend the report to the Partnership, Executive, Chief Executive, Elected Members, and so on through ultimately to the parents, children and young people of Leeds.

The Board continues to be ambitious and sets high expectations of its partners. This has been met with good support and contribution.
Overall, looking back over 2015-16 the Board through all its partners delivered a strong, effective and challenging programme of work designed to consistently and continuously improve what it is like to be a child growing up in Leeds.

Whilst there is, as always, a lot to still to do, 2015/16 was a year which culminated in a strong Ofsted report, much improved internal and external challenge between partners on the Board, a strong degree of shared ownership and excellent co-operation. The journey over the last 5 years has been one of steady forward progress, coupled with growing mutuality of purpose, and respect. As a consequence the Board is able to maintain it priorities for 2016-18 with confidence.

The challenges the Board have agreed to pose across the system are based on sound evidence and good data, and are designed to keep partners focused on the complex issues that need to be resolved. Challenges of this sort and at this level however, are perhaps by their very nature, prone to be rather broad and lacking in specificity and this is something I would like to avoid if possible over the next year.

The greatest challenge of all is maintaining the significant progress of the last 5 years, in a challenging public sector environment, through a time of policy changes and new national priorities without losing sight of what matters – the children of the City.

The progress made is reflective of enormous work across the Partnership as a whole. The fact that the LSCB is healthy and working well is itself a reflection of the overall strength of the Leeds Partnership, the quality of leadership in partner agencies and of a day to day high standard of professional practice. Alongside the 'good will' and trust that I alluded to in my introduction above. So, whilst I know this sort of thing can come across as a bit 'cheesy' it is important for me to sincerely thank everyone of you for your unstinting work and commitment over the past year. From the Chief Exec to our Student LSCB, from the Police to the Third Sector, from social work to probation, from the classroom to the consulting room.

Following the Wood Review of LSCB's in March 2016, we know that it was a general view of the reviewer, latterly accepted by Government, that the role and remit of LSCB's in now seen to have grown to such an extent as to now be too wide. But, in a way that only Governments can 'have their cake and eat it too', whilst Authorities are likely to be urged to re-focus on the child protection 'core' of safeguarding, they will left to make their own priorities with respect to what else, presently charged to LSCB's, should be retained or put down in order to do that. This certainly will make future external inspection and scrutiny of safeguarding more difficult, with greater diversity of LSCB remit, and less clarity with respect to expectation. In balance, Wood calls for a new 'light touch' around inspection, but this is something that has been aspired to many times before, so we'll have to wait and see.

It is likely that forthcoming legislation will remove the statutory requirement for LSCB's, extend legal responsibility for safeguarding across Children's Services, The Police and Health whilst also urging Authorities to retain LSCB's where these are seen to be effective.

Certainly the Leeds Safeguarding Children's Board is seen as effective both on the basis of external inspection and, as I outline above, in terms of the data we can show. And, on that basis it certainly would be my recommendation that the LSCB be retained. Moreover the changes around responsibility for safeguarding we are likely to see in the next eighteen months to two years will need, in my opinion, the consistent and competent stewardship of the LSCB to ensure that what has been so hard won, is not thrown away.

In this context we need to take care with the challenges we set ourselves for 2016/17. We need to select 'illustrative' issues, which are specific, yet can be clearly seen to be indicative of wider processes. We need to listen carefully to what children and young people themselves tell us are their priorities, we need to be realistic as to what can actually be achieved in the context of continued austerity, so as not to 'overload' services and individual practitioners unreasonably. Realistic also in terms of the degree to which the Third Sector can continue to innovate and 'take up the slack'.

Challenges the LSCB is setting itself for 2016/18

The Board has identified the following challenges for the forthcoming year (2016/18):

1. Bringing the Safeguarding Boards together, and securing a new (post Wood Review) Partnership.

2. Monitoring of, and appropriately responding to, the impact of continued austerity on safeguarding, looking especially at impact on:
   - Provision operated/funded by LCC
   - The range of Universal services offered to children and families including Health Visiting
   - Youth Justice post Taylor report
   - Third sector opportunities and pressures
   - The safeguarding 'estate' for Leeds. Perhaps looking at issues around recruitment and retention

3. Monitoring of, and appropriately responding to, concerns regarding the transition and support of Adolescents, focussing specifically on:
   - Those on plans aged 13+ years
   - Those in and leaving care
   - Educational outcomes for specific groups
   - Young people exhibiting harmful sexual behaviour

4. Monitoring of, and appropriately responding to the emotional and mental health of children and young people, looking especially at:
   - Making Leeds the first child friendly Custody City
   - Data around levels of anxiety, especially amongst girls and young women
   - Formal mental health interventions with children and young people

5. Monitoring of, and appropriately responding to the wide range of vulnerabilities that Adolescents are exposed to as highlighted within the Leeds CSE Strategy.

Implicit in all of the above are the values and ethics of the Leeds approach, such as 'listening to the voice of the child', child centred approaches and restorative approaches.

Appendix 1- Operational performance: The child's journey through the safeguarding

Request for service to childrens duty and advice team

Police		Health Services 3549		Education 3715		Other Sources 7695	
Q1	Q2	Q1	Q2	Q1	Q2	Q1	Q2
[illegible]	[illegible]	907	951	958	614	2098	2131
Q3	Q4	Q3	Q4	Q3	Q4	Q3	Q4
[illegible]	[illegible]	691	792	1050	1093	1707	1759

Total number of contacts 20490

Q1 5334 Q2 5116 Q3 5017 Q4 5023

Outcome of request for service

Referral to CSWS (N.B. % given as a proportion of contacts for each agency)					
Q1	Q2	Q3	Q4	Total	
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
381	473	381	303	1538	45%
626	385	698	628	2401	65%
986	985	757	856	3584	47%
2833	2614	2516	2390	10353	51%

Figures taken from data supplied by Leeds City Council Childrens Services Performance Team

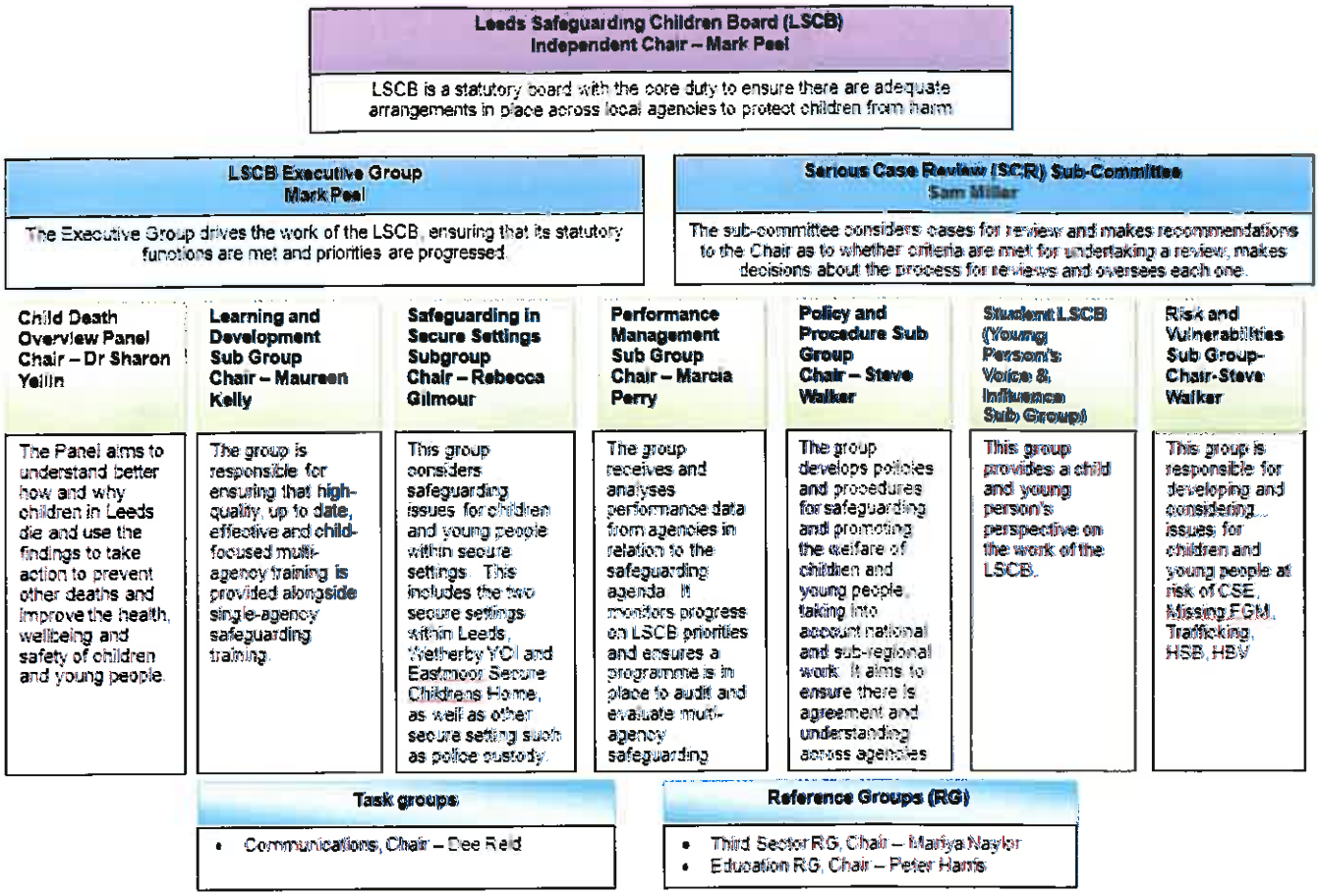
Requests that do not result in referral to CSWS (N.B. % given as a proportion of contacts for each agency)					
Q1	Q2	Q3	Q4	Total	
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
539	462	513	498	2010	57%
272	225	352	465	1314	35%
1112	1146	950	903	4111	53%
2501	2502	2501	2633	10137	49%

	Q1	Q2	Q3	Q4	Total	
EHA to be arranged	540	348	384	190	1462	14%
Information and advice	1175	1249	1153	1379	4956	49%
Signposted to other agency	264	418	468	588	1738	17%
Other outcomes	522	487	496	476	1981	20%
TOTAL	2501	2502	2501	2633	10137	

Appendix 2 - LSCB Budget

EXPENDITURE	Budget	Outturn
Staffing	411,000	416,082
BU staff Training	3,000	106
Independent chair	30,000	29,238
Travel Costs	1,000	3,323
Serious Case Reviews	30,000	9,533
Room Hire	2,800	7,476
Co-ordination/ delivery of training	23,000	16,745
Printing (incl Marketing Materials)	2,000	510
Office Supplies	2,000	920
Equipment	2,000	0
Communication (incl participation and website)	7,250	8,449
Tri-x (WY Procedures)	4,000	2,060
Miscellaneous	4,000	4,836
Total expenditure	522,050	501,361
INCOME		
Leeds City Council	327,900	327,900
Health	162,600	162,500
WY Police	-25,000	-25,000
WY Probation	-5,000	-5,000
Cafcass	-550	-550
Other Income	0	-3,500
	-	-
Total Income	522,050	525,550
Net Income	0	-24,189

COMMISSIONING BUDGET		
Balances Brought Forward from 2014/15		50,000
Strategic Reserve		79,619
Commissioning		129,619
Commissioning Budget spend in 15/16	Budget	Outturn
BU Audit Capacity	22,000	27,500
CSE Development Worker	50,000	0
CSE Data Analyst	15,000	0
CSE Awareness Raising	7,000	1,600
Think Family	7,000	7,391
Annual Conference	6,000	6,310
Contributions to Annual Conference	0	-5,293
	107,000	35,708
Balance brought forward to 15/16		92,911
Add underspend in 15/16		24,189
Less committed Spend for 16/17		
Think Family		7,500
BU Audit Capacity		10,000
CSE Development Worker		25,000
Annual Conference		6,000
Remaining Reserve Balance in 16/17		**68,580**


Leeds Safeguarding Children Board (LSCB)
Independent Chair – Mark Peel
LSCB is a statutory board with the core duty to ensure there are adequate arrangements in place across local agencies to protect children from harm
LSCB Executive Group
Mark Peel
The Executive Group drives the work of the LSCB, ensuring that its statutory functions are met and priorities are progressed.
Serious Case Review (SCR) Sub-Committee
Sam Miller
The sub-committee considers cases for review and makes recommendations to the Chair as to whether criteria are met for undertaking a review, makes decisions about the process for reviews and oversees each one.
Child Death Overview Panel Chair – Dr Sharon Yellin
The Panel aims to understand better how and why children in Leeds die and use the findings to take action to prevent other deaths and improve the health, wellbeing and safety of children and young people.
Learning and Development Sub Group Chair – Maureen Kelly
The group is responsible for ensuring that high-quality, up to date, effective and child-focused multi-agency training is provided alongside single-agency safeguarding training.
Safeguarding in Secure Settings Subgroup Chair – Rebecca Gilmour
This group considers safeguarding issues for children and young people within secure settings. This includes the two secure settings within Leeds, Wetherby YOI and Eastmoor Secure Childrens Home, as well as other secure setting such as police custody.
Performance Management Sub Group Chair – Marcia Perry
The group receives and analyses performance data from agencies in relation to the safeguarding agenda. It monitors progress on LSCB priorities and ensures a programme is in place to audit and evaluate multi-agency safeguarding
Policy and Procedure Sub Group Chair – Steve Walker
The group develops policies and procedures for safeguarding and promoting the welfare of children and young people, taking into account national and sub-regional work. It aims to ensure there is agreement and understanding across agencies
Student LSCB (Young Person's Voice & Influence Sub Group)
This group provides a child and young person's perspective on the work of the LSCB.
Risk and Vulnerabilities Sub Group- Chair-Steve Walker
This group is responsible for developing and considering issues for children and young people at risk of CSE, Missing,FGM, Trafficking, HSB, HBV
Task groups
Communications, Chair – Dee Reid
Reference Groups (RG)
Third Sector RG, Chair – Mariya Naylor
Education RG, Chair – Peter Harris

AGENDA ITEM

22

LEEDS AND YORK PARTNERSHIP NHS FOUNDATION TRUST

MEETING OF THE BOARD OF DIRECTORS

PAPER TITLE:	Love Arts Evaluation
DATE OF MEETING:	26 January 2016
LEAD DIRECTOR: (name and title)	Anthony Deery, Director of Nursing, Professions and Quality,
PAPER AUTHOR: (name and title)	Andrew Howorth, Head of Patient Experience and Linda Boyles, Love Arts

CATEGORY OF PAPER (please tick relevant box) ✓ (This will link to the relevant section on the agenda)							
Quality		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	To provide members of the Board with oversight of the Evaluation following the Love Arts Festival in October 2016
What are the key points and key issues the Board needs to focus on	The Festival is a shared celebration with other third sector arts partners, designed to raise awareness of mental health and contribute to a reduction of stigma and discrimination in Leeds
What is the Board being asked to consider	The evaluation document provides evidence of the effectiveness of this important area of work
What is the impact on the quality of care	LYPFT are one of a very small number of NHS Trusts who have seen and supported the importance and value of the arts in mental health. Through the Festival we shared in 23 individual events, promoted 17 exhibitions, worked in partnership with 34 organisations, made contact with an estimated 1,500 people curated the biggest mental health art exhibition to date featuring 103 pieces of art by 62 artists and sold 12 pieces. Through the media, Yorkshire Evening Post, Made in Leeds Television, Chapel FM radio and Leeds Inspired website we reached approx. 105,433 people..
What are the benefits and risks for the Trust	Positive reputation of the Trust across Leeds and associated arts partners in the Voluntary Sector
What are the resource implications	Use of Charitable funding and budgetary support continuing
Next steps following this paper being presented to the Board	Document provided for information purposes.
What are the reputational implications and how will these be addressed	Positive reputation of the Trust across Leeds and associated arts partners in the Voluntary Sector
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 event is primarily supported and created with/for.by people using Trust services, and staff
Previous meetings where this report has been considered (including date)	n/a

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 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).

Evaluation Report

Linda Boyles

A CELEBRATION OF CREATIVITY & MENTAL WELL-BEING IN LEEDS 5 - 20 October 2016

EVALUATION REPORT
Linda Boyles

This report sets out an evaluation of the sixth Love Arts festival, directed by Arts and Minds of Leeds and York Partnership NHS Foundation Trust (LYPFT). The festival was a celebration of creativity and mental wellbeing, and took place in Leeds between 5th and 20th October 2016. www.loveartsleeds.co.uk

BACKGROUND

For many years LYPFT has supported the development of arts and creativity to promote health and wellbeing. Many people who suffer from mental health conditions use art as part of their personal recovery. There is lots of evidence that suggests that creativity is therapeutic, with many people choosing to take part in different art activities as a way of expressing their thoughts and feelings. The Love Arts festival is an annual event that allows LYPFT to develop their key partnerships and networks in the city of Leeds.

The Love Arts festival is the first of its kind to be organised by an NHS Trust in England, with the simple aim: to get people thinking and talking about mental health and to reduce the related stigma that so many people experience. LYPFT believe the arts are a fantastic vehicle to explore these complex issues as well as an important medium for participation and inclusion for people affected by mental health difficulties. The Love Arts festival is run by Arts and Minds, and this year was supported by the Andrew Sims Centre.

Arts and Minds was established in 2008 following a successful funding bid to the Arts Council. With the aim of bringing together people who believe the arts can promote mental wellbeing, it has developed fantastic partnerships and networks across the city of Leeds. This approach has enabled partners to share creativity, knowledge and resources so the arts can flourish in health and social care settings. Arts & Minds aims to increase public knowledge and understanding of mental health through the arts. We also help people using mental health services take part in the cultural life of Leeds. The Arts and Minds network is open to everyone with an interest in the role of the arts in health and social care, and it currently has 1268 members. A wide range of people are involved, including those with personal experience of receiving health services, carers, health and social care professionals, artists, art organisations and many others.

We hold regular networking events in addition to bringing art organisations and mental health services together to run projects that benefit people using LYPFT services. Arts & Minds is comprised of three part time posts, and consults with a development group comprised of voluntary and statutory partners from across the city.

The festival stresses that we are survivors, we turned our lives around with the support of Arts and Minds. We turned negative thoughts into positive using art (exhibltor in Highlights exhibition)

FESTIVAL AIMS & OBJECTIVES

The overall aim of the festival is to raise public awareness of mental health, and contribute to a reduction of stigma and discrimination in Leeds.

The theme for this year's festival was **identity**, linked to LYPFT's membership campaign. We invited festival contributors to explore this theme in a creative way that would explore mental health and creativity.

We received 60 proposals from artists, service users, and arts partners for inclusion in the festival programme. We approved 40 proposals, based on how well they addressed the theme, and their plan to engage audiences.

23 events were programmed, that were an eclectic mix of talks, films, workshops, music, and theatre performances; some of which Arts & Minds organised, some commissioned by others, and some already planned by partners that fitted with the aims of the Love Arts festival. 17 exhibitions were also programmed, building on the highly successful arts trail that we initiated in the 2015 festival. Arts & Minds also ran a conference in partnership with Leeds Beckett University, exploring issues of identity.

We had a number of specific objectives that contribute to LYPFT's operational plan as follows:

Scheme 1.6.2 – continued development of recovery focused services

Scheme 2.3 - working in partnership

Love Arts Festival also provided attendees the opportunity to receive one or more of their 'Five Ways to Wellbeing', with the aim of supporting their recovery. Major research conducted by the New Economics Foundation (2011) identified these 'five ways' as fundamental for sustaining people's mental wellbeing and resilience to breakdown http://www.neweconomics.org/projects/five-ways-well-being

I liked meeting people, sharing information, social events in new venues, feeling part of something really positive and fun

Celebration dance at Love Arts Awards

FIVE WAYS TO WELL-BEING:

Connect *With the people around you. Building these connections will support and enrich you every day.*
Be active *Go outside. Go for a walk. Garden. Dance. Walk. Jog. Run.*
Take notice *Be curious. Catch sight of the beautiful. Reflecting on your experiences will help you appreciate* what matters to you.
Keep learning *Try something new. Rediscover an old interest. Learning new things will make you more confident as well as being fun.*
Give *Thank someone. Smile. Volunteer your time. Look out as well as in. Seeing yourself and your happiness, linked to the wider community, can be incredibly rewarding and creates connections with the people around you.*
I realised how much taking part helps me to feel connected with others through the arts, as I feel I have difficulty in communicating in other ways (exhibiting artist)

The arts can provide all of these, and the festival was designed as an innovative vehicle to help deliver them.
For example, many arts activities help us **CONNECT** with people; we **LEARN** new creative skills; we are **ACTIVE** – particularly when we're singing, or dancing; we take **NOTICE** and look at the world in a different way when we see a play or an exhibition; and we **GIVE** when we share our experiences and ideas through the arts. Further analysis of the extent to which we achieved our aims and objectives is set out later in this evaluation.

To base a poetry night on health and happiness was a wonderful combination that turned into an evening I will never forget, one that moved us all and helped us on our way with love and happiness (Wordwell event)

LOVE ARTS FESTIVAL BY NUMBERS

Festival Overview

- 5th Love Arts Awards ceremony
- 6th annual festival
- 16 days
- 17 exhibitions
- 23 events

Programme

- 1 poetry event
- 2 performances
- 3 films
- 3 music events
- 3 talks
- 5 plays
- 7 participatory workshops
- 22 exhibitions
- 40 venues

Partners

- 8 K in-kind support
- 10 volunteers
- 11 new partners
- 34 partners

Audience

- 23 members joined A & M network
- 1500 people attended 23 events
- 50,020 people viewed Highlights exhibition

Publicity

- 2 Yorkshire Evening Post features (circulation 57, 046)
- 2 Made In Leeds tv feature (daily viewers 48, 387)
- Chapel Fm radio coverage throughout (listeners 2,259)
- 814 facebook friends (⇑ 142)
- 1120 website visitors
- 4609 twitter followers (⇑ 447)
- 4920 website page views
- 105,433 reached through the media

Very thought-provoking and inspiring (audience member)

- The festival took place over a sixteen day period from 5 **to 20 October** 2016. It comprised of **23 individual events** plus 17 **exhibitions** in the Love Arts trail. Most of these events were based in the centre of Leeds at busy public venues such as the Corn Exchange. This helped the festival contact people LYPFT may not normally reach.

- Partnerships were developed with 34 **partner organisations, including 11 new partners. 10 volunteers** were recruited who supported the festival events from LYPFT voluntary services and Leeds College of Art. Many of the volunteers were in recovery from mental health issues.

- We made contact with an estimated **1500 people** who attended or participated in **23 events.**

- The annual exhibition of artwork by members of Arts and Minds was the biggest show to date, and featured **103 artworks by 62 artists**. **12 pieces costing £765** sold over the **16 days** of its run. For many of the artists this was the first exhibition, and/or sale of their work. 50,020 people viewed the exhibition.

- The festival reached an estimated 105,433 people through our profile in the media (based on circulation figures of the following). The festival had coverage in Yorkshire Evening Post (circulation 57, 046), Made in Leeds tv (48,387 viewers), and Chapel FM radio (2, 259 listeners).

Highlights exhibition at the Corn Exchange

I sold my very first piece at at the Highlights exhibition, and this has boosted my confidence and self-belief like nothing else has ever done so far

- Love Arts festival currently has **4609 followers** on Twitter (an **increase of 447** from last year) and **814 friends** on Facebook (an **increase of 142** from last year). We continue to share information and engage in conversations about mental health and the arts through both Twitter and Facebook, whilst using Facebook to showcase photographs taken during the course of the festival.

- **1120 people** viewed our website over September and October, with most page views taking place during October. There were **4920 page views** of our website

- The in-kind support that we received was significant, such as free venues, technical support, and equipment. The value of the **in-kind support was £8000**.

OUTCOMES

We distributed a questionnaire to all exhibition contributors, and asked them to rate their satisfaction with the festival on a scale of 1 – 5 (1 being not satisfied to 5 being very satisfied):
50% rated it as 5
50% rated it as 4

I loved seeing my work in a public exhibition for the first time, felt fantastic!

We distributed a questionnaire to all festival contributors, and asked them to rate their satisfaction with the festival on a scale of 1 – 5 (1 =not satisfied, 5 = very satisfied):

78% rated it as 5
11% rated it as 4
11% rated it as 3

Performance at Love Arts Conversation

I enjoyed the events, the friendly spirit, and communicating an important issue to the public in an inviting way (festival partner)

We also distributed a questionnaire to all delegates at the Love Arts conversation conference, and asked them to rate their responses to the following questions on a scale of 1 – 5 (strongly agree being 5):

I would recommend this conference to others:
86% rated it as 5
10% rated it as 4
4% rated it as 3

I loved seeing so many people from diverse backgrounds and in different places in their personal and professional lives spending time together to share experiences (conference delegate)

This conference has helped me think about mental health in a different way:
52% rated it as 5
29% rated it as 3
19% rated it as 4

Raised awareness that mental health is relevant to everyone. The premise of the event shifts this really well I think (conference delegate)

This conference fully achieved the learning objectives:
48% rated it as 5
48% rated it as 4
4% rated it as 3

As a result of this conference I feel more confident talking about mental health issues:
43% rated it as 5
38% rated it as 4
19% rated it as 3

I really loved the performances in the main hall and the integration of creativity into the day, think this worked really well, very inspiring and unifying (conference delegate)

The Love Arts festival was conceived as a creative and novel way to work towards a number of objectives within our strategy, as set out earlier in this evaluation. Below is a summary how the festival supported implementation of LYPFT's operational plan:

Scheme 1.6.2 – continued development of recovery focused services

People with mental health issues were at the heart of Love Arts Festival, and were actively involved throughout both in its development and implementation. We engaged them in creative projects throughout the months building up to the festival, with the aim of showcasing their artwork during the festival. They were also active in the festival steering group, as volunteers, and as exhibitors and performers throughout the festival. The festival aimed to help people using our services and their carers participate in the cultural life of Leeds by working mainly with arts partners that would promote social inclusion and enable them to build their own creative networks.

Interactive workshop at Love Arts Conversation

Every time I exhibit my work it feels positive for my self image and sense of community/ belonging

Example – In the months leading up to the festival, we distributed 5 grants to LYPFT services to enable them to develop new creative projects. They had the opportunity to exhibit the artwork they had produced

during the festival to a wider public arena. Some patients and workers came to the Corn Exchange and took part in Light Night to see their artwork, and engage with this major cultural event that they would not normally have attended.

Interactive installation for Light Night

It's been very helpful for my confidence (festival participant)

Scheme 2.3 - working in partnership

Partnership working was key to Love Arts Festival, and 34 partners worked with Arts and Minds to bring events to venues. 11 of these partnerships were new (eg. Opera North; Leeds Beckett University; Leeds Corn Exchange; Holbeck Underground Ballroom; Live Arts Bistro; Thackeray Museum), and others were existing partnerships that we have developed over the last four festivals. Engaging our cultural partners with the mental health theme of the festival was crucial in enabling Arts & Minds to reach a wider audience and maximise the festival's impact. In addition to this we developed partnerships with many individual artists and creative practitioners.

I learnt new ways to deal with mental health issues (participant Love arts Conversation - conference)

Example – the festival provided an opportunity to engage with the public in a novel way. It is estimated that we made contact with approximately 1500 members of the public through events during the Love Arts festival.

Inspiring talk, helped me think about anxiety in a completely different way." (audience member at Joanne Coates artist talk)

LOVE ARTS AWARDS

Love Arts Awards were created to recognise the contribution of people, groups and organisations who have made a real difference to people's mental wellbeing through the arts. The awards provide the opportunity for people to show their appreciation of arts initiatives, and to celebrate the fantastic work that is achieved in the Leeds area. Activities that took place between October 2015 - September 2016 were eligible to be nominated for a 2016 Love Arts Award, including events from Love Arts Festival 2015. 40 people and organisations were nominated for Love Arts awards, and attended the fifth Love Arts Award ceremony. Eight people and projects were awarded:

Matthew Osborne & The Healthy Living Service.

Matt applied for an Arts and Minds creative grant to enable patients at LYPFT's Becklin Centre (an acute in-patient unit) to develop their photographic skills whilst out and about on their weekly walks. The grant enabled them to buy cameras and other equipment that will sustain the project for the future. His drive and enthusiasm in making this project
happen has been infectious, and has expanded the attraction of the group to a wider range of people. Their photographs will also be displayed in the reception area of the Becklin to inspire others.

Photograph taken by patient at Becklin Centre on Healthy Living walk

Aire Place Studios

Sarah Francis, alongside others, set up Aire Place Studios in 2015 to offer studio space and other opportunities to artists in Leeds. They have opened up the space to artists regularly to meet and be creative together. They are particularly focused on supporting artists who have had mental health issues and their weekly drop-in is all about artists supporting each other and staying mentally ok. Sarah is inspirational and the studios are a brilliant, welcoming space that help artists feel part of a community.

Aire Place Studios receiving their Love Arts Award from Stephen Wrigley-Howe

Leeds College of Music

The College has promoted the arts and mental health agenda in Leeds in a range of ways. For several years they have provided the venue for Space 2's amazing 'Headspace' show that has really enabled the community groups performing to feel special, and be presented professionally. Their community music course has also engaged brilliantly with many mental health services for several years, with their students running workshops in dementia services, older peoples' services, and the Yorkshire Centre for Psychological Medicine. Chris Bates who heads up this module has been an incredibly enthusiastic advocate of this work.

Chapel FM

Adrian Sinclair and young people from Chapel FM

Chapel FM have been great champions of Love Arts Festival, and featured it on their daily community radio shows in 2015, and will be again this year. A team of young people that they had trained, managed all of the show's production in a very positive way. They came to several events and interviewed a range of artists and participants involved in the festival in a professional and sensitive manner. Their enthusiasm and genuine commitment to mental health issues really came through in the programmes, and helped challenge the stigma of mental health issues.

Kelly Boyle

Kelly Boyle receiving her Love Arts Award from Stephen Wrigley-Howe

Kelly is a visual artist from Leeds who is often to be found drawing and making art in cafes and bars. She has had many solo shows in Leeds and beyond and is well known for her support and encouragement of fellow artists.

"***Some 15 years ago this person was a very unhappy, distressed, confused and self doubting artist. Now she has found herself, is as happy as she ever has been and although self critical, she is creating outstanding artwork. Kelly is an inspiration to me and many others like me to take up art and her art is a very real demonstration of how difficult living with mental health issues can be."***

Mandy Williams

Mandy set up an arts group at a community mental health unit in LS7. She was single-minded and determined that people with mental health issues should benefit from doing creative workshops. Recently Mandy was successful in securing £1000 to do a weaving project with the group. Her passion and creativity ensures that the group takes place and that participants benefit.

Weaving created by patients at St Mary's House

'The project helped me to build my self value.
It was really good to learn a new technique and spend time socialising with others.'
(St Mary's project participant)

Shoddy Arts

Shoddy is the name for new cloth created from woollen waste and recycled fabric. This original meaning is now largely unknown, and the word has come to mean of inferior quality, shabby, broken-down.This is the starting point for a project led by and featuring disabled textile artists working with woollen yarns and fabrics, or recycled and reused textile materials.

There was a fantastic exhibition in a variety of venues during 2016. It included people with mental health issues, alongside other disabilities and Shoddy has done amazing work to raise the profile of artists with disabilities. The exhibition was featured in the national press and was well-attended. Gill Crawshaw has done all the work off her own back and is amazing!

Gage Oxley

Gage is passionate about creating accurate representation of mental health in media and film and he speaks openly about huge issues which aren't spoken about (depression, anxiety, sexuality etc.) His last film, Beneath the Shadows, has helped several people access mental health services they need.

"Gage should be recognised for his continuous creative and personal efforts to both empower individuals who struggle with mental illness and to educate the general public about this issue.'"

Love Arts festival 2017

We will continue to develop the ongoing relationships that we have with partners, volunteers and sponsors in Leeds, and create new partnerships.

Love Arts volunteers

"Have left feeling very positive about mental health and the art" (audience)