Leeds and York Partnership NHS
NHS Foundation Trust

LEEDS AND YORK PARTNERSHIP NHS FOUNDATION TRUST

PUBLIC MEETING OF THE BOARD OF DIRECTORS
will be held at 13.00 on Thursday 30 March 2017
in Training Room 3, Becklin Centre, Alma Street, Leeds LS9 7BE

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**	**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 26 January 2017** (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 exception report** (enclosure)	**AD**
8.1	**CQUIN for Healthy Food for staff, visitors and service users** (enclosure)	**AD**
9	**Serious untoward incidents update and lessons learnt following the Trust Incident Review Group (TIRG) meetings held on 11 January, 8 February and 8 March 2017** (enclosure)	**AD**
10	**Safe Staffing Report** (enclosure)	**AD**
11	**Complaints Summary Report** (enclosure)	**AD**
12	**Staff Survey Results** (enclosure)	**ST**
PART B – STRATEGY		
13	**Approval of the Trust's Strategy** (enclosure)	**SM**
PART C – GOVERNANCE		
14	**Verbal report from the Chair of the Mental Health Legislation Committee for the meeting held 27 January 2017** (verbal)	**SWH**
14.1	**Minutes of Mental Health Legislation Committee meeting held 27 January 2017** (enclosure)	**SWH**
15	**Report from the non-executive director / governor service visits** (enclosure)	**CH**

16	**Approval of the Declaration Against the NHS Digital Information Governance Toolkit** (enclosure)	**DH**
17	**Board Assurance Framework** (enclosure)	**SM**
18	**Appointment of Mental Health Act Managers** (enclosure)	**AD**
	18.1 Extension of Mental Health Act Managers' Contracts (enclosure)	**AD**

PART D – FOR INFORMATION

19	**Chair's report** (verbal)	**FG**
20	**Minutes of the Council of Governors' meetings held 16 November 2016 and 14 February 2017** (enclosure)	**FG**
21	**Draft minutes of the Audit Committee meeting held 12 January 2017** (enclosure)	**JT**
22	**Draft minutes of the Finance and Business Committee meeting held 23 January 2017** (enclosure)	**SWH**
23	**Draft minutes of the Quality Committee meeting held 24 January 2017** (enclosure)	**JB**
24	**Use of the Trust's seal** (verbal)	**FG**
25	**Any other business / any other matter to escalate to the Board** (verbal)	
26	**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 27 April 2017 in Meeting Room 3, Clifton House, Bluebeck Drive, Shipton Road, York YO30 5RA

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

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

AGENDA ITEM 4.1

LEEDS AND YORK PARTNERSHIP NHS FOUNDATION TRUST

Minutes of the Public Meeting of the Board of Directors held on held on Thursday 26 January 2017 in Meeting Rooms 5&6, Carriageworks Theatre, The Electric Press, 3 Millennium Square, Leeds, LS2 3AD

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		✓
Mrs S White	Non-executive Director		✓
Mr S Wrigley-Howe	Non-executive Director		✓

In attendance

Mrs C Hill	Head of Corporate Governance (secretariat)
Ms F Limbert	Governance Assistant
3 members of the public	

		Action
	The Chair opened the public meeting at 15.00 and welcomed members of the Board of Directors and members of the public.	
17/001	**Apologies for absence** (agenda item 1) Apologies were received from Dr Wendy Neil, Deputy Medical Director.	
17/002	**Declaration of change in directors' interests and any conflict of interests in respect of agenda items** (agenda item 2) Mr Steven Wrigley-Howe declared an interest in relation to a subsidiary of the Rehab Group, which is based in Newcastle, and which provides contracted services for brain injury rehabilitation services to the CCGs in the Newcastle area. This was noted by the Board. It was noted by the Board that there were no other changes advised by any director in respect of their declarations of interest and that no director present at the meeting had declared any conflict of interest in respect of any agenda item to be discussed.	

17/003	**Opportunity to receive comments / questions from members of the public** (agenda item 3) There were no questions from the public.
17/004	**Minutes of the meeting held on 27 October 2016** (agenda item 4.1)
	The minutes of the meeting held on 27 October 2016 were **received** and **agreed** as a true record of the meeting.
17/005	**Matters arising**
	There were no matters arising.
17/006	**Actions outstanding from the public meetings of the Board of Directors** (agenda item 6) Mrs Hill presented the action log which showed those actions previously agreed by the Board at its public meetings, those that had been recently completed and those that were still outstanding. Mrs Hill asked the Board to be assured on progress.
	The Board **received** the actions agreed at previous public meetings and was **assured** on progress against the actions.
17/007	**Chief Executive's report** (agenda item 7) Dr Munro presented the Chief Executive's report and informed the Board that a good level of engagement and support had been received from Leeds Health Scrutiny Committee on 24 January. She also noted that the Trust strategy would be presented to the Council of Governors in February and that the final version would be brought back to the Board in March for ratification. Dr Munro then spoke of the value of the 'Meet the Chief Executive' sessions she had been involved in since coming into post, and expressed a view that these should continue to take place. Dr Munro was pleased to inform the Board that Dr Wendy Burn, Consultant Psychiatrist for Old Age had recently been elected as the president of the Royal College of Psychiatrists and had also been awarded a silver National Clinical Excellence award. Dr Munro felt these achievements recognised the significant contribution Dr Burn has made, adding that it was a positive step towards strengthening the female gender balance in leadership positions across the medical profession. The Board also offered their congratulations to Dr Burn. In response to this, Mr Griffiths urged that the Trust take every opportunity to celebrate success and remind the wider public of the achievements of its staff.

Dr Taylor referred to the neighbourhood teams' projects mentioned inthe report and asked what progress had been made and how this initiative was likely to develop. Mrs Parkinson explained that mental health nurses had been brought in to provide much needed support and advice to GP services and that this scheme follows on from the recent Rapid Improvement event held by Care Services looking at reducing out of area transfers. She provided an update on the benefits of this initiative so far, in particular a reduction in referrals to Community Mental Health Teams and noted that a more detailed update would follow in due course.

The Board **received** the Chief Executive's report and **noted** its contents and sought to under the detail.

17/008 **Integrated Quality and Performance (IQP) Report and quarter 3 monitoring return** (agenda item 8)

Mr Deery presented the IQP report for quarter three of 2016/17 and noted that the Trust had met all its NHS Improvement (NHSI) targets to date. He also noted that some of the Trust's other targets had not been met and assured the Board that there were actions in place to address these. Mr Deery explained this was the first report since the Single Oversight Framework had been introduced and asked the Board to note two new indicators added to the IQP for services delivered through the NHS England contract. He noted that these were average waiting time for the Gender Identity service and the completion of Health of the Nation Outcome Scores in the CAMHS service.

Mr Deery then referred to the Controlled Drugs Report, provided by the Chief Pharmacist, which had come under some scrutiny at the meeting of the Quality Committee earlier in the week. He noted that questions had been raised in regard to the number of drugs that were unaccounted for on Rose Ward and it was felt the report in its current format provided insufficient assurance on this matter.

He noted that Mrs Parkinson and himself had since looked into this further, having had conversations with the Chief Pharmacist and the Local Security Management Specialist, and assured the Board that these discrepancies were still subject to investigation, but that there was an early indication that the most likely cause was inconsistencies in the recording of drugs, such as when they are borrowed by other wards. Mr Griffiths asked for this to be documented in accordance with the serious incidents procedure and for a report to go to Quality Committee to provide further assurance on this matter. **AD**

Mr Wrigley-Howe referred to page 6 of the report and suggested that measuring the number of adults and children who are in crisis and have Section 136 applied (and how many are assessed in police cells) could provide valuable data on how the system as a whole is working for people experiencing crisis. Mr Deery agreed and explained that distinguishing between child, adolescent and adult 136 data in quality metrics had been

discussed with the commissioners and that the information team is working towards incorporating data from multi-agency meetings into the report. Prof Baker felt that additional narrative and clarity regarding targets in the quality report would help to improve the way in which the Board can analyse the data.

Mrs Tankard requested further information on the new indicators for CAMHS mentioned on page 2 of the report (completion of HoNOSca and GCAS). Mr Deery explained the tool used for measuring outcomes by comparing symptoms on admission with progress made upon discharge. He added that NHSE have now included this in their contract, and require the tool to be used on a routine basis. Mr Deery acknowledged that further work needed to be done to examine the detail beyond simply whether or not the tool had been used.

Mrs Tankard expressed concern at the current year-long waiting list for access to the Gender Identity Service. Mrs Parkinson acknowledged that this was a pressure area, despite extra investment from NHS England, but assured the Board that internal measures, such as service user and peer pre-assessment support for those on the waiting list, were being implemented. The Board then discussed the staffing requirements in the service and Mrs Parkinson provided assurance that analysis had been carried out and submitted to NHS England mapping what staffing arrangements would reduce waiting list times. Dr Munro added that the experience had whilst on the waiting list can impact on a person's expectations of the treatment they receive and, therefore, their outcomes.

Mrs Hanwell provided an update on the Trust's financial position; noting that the anticipated £1m in-year investment from the CCGs had been secured based on the OATs risk share, which meant the Trust was certain meet its control total for year. Mrs Hanwell expressed concern that CIPs were behind plan and that slippage on the capital programme meant the Trust was unlikely to achieve the anticipated £5m forecast, but referred to the concern about over-committed capital across the NHS noting that this had impacted on the Trust's ability to spend its own capital.

Mrs White referred to the Trust's £48.3m surplus and queried whether this was going to be converted into an investment plan for the benefit of service users, expressing disappointment that the existing capital investment plan had slipped. Mrs Hanwell explained that the Trust is in a difficult position because of the contractual obligations to its PFI assets; but agreed that surplus cash should be used for capital investment. Mrs Hanwell acknowledged the pace of spending could be frustrating but assured the Board that progress will be made.

Dr Munro then explained that the Trust's regulatory body requires plans for capital spending to be sustainable long-term, demonstrated in a robust business case and could be subject to full scrutiny, resulting in what can appear to be cautious spending. Mr Griffiths suggested that the Trust publically provides some narrative assurance regarding its intent to use the surplus to enhance the quality of its services, and Mrs Hanwell agreed. Dr Munro then cited the work Mrs Hanwell and her team were doing to manage the PFI arrangements, and assured the Board that a clearer timescale

	regarding short and long term cash spending will be brought back in the near future. Dr Munro then assured the Board that plans were being developed for long-term strategic investment for estates and IT infrastructure. Finally, Mrs Tankard supported Dr Munro's plans to engage an external company to examine and develop the Trust's estates strategy, which would enable other strategies which feed into this to be progressed.	**DH**
	The Board **received** the quarter IQP and was **assured** of progress against the targets, but sought to understand some of the areas where poor performance had been reported.	
17/009	**Serious untoward incidents update and lessons learnt following the Trust Incident Review Group (TIRG) meetings held on 9 November and 14 December 2016** (agenda item 9) Mr Deery introduced the report and explained that, upon recommendation of the National Confidential Inquiry into Suicide and Homicide, over the course of the last year the team have been focusing on identifying root causes in the reports. As part of the lessons learnt governance process the incident team also intend to increase the amount of thematic analysis carried out during investigations in order to establish common themes, enabling them to evidence when there have been changes in the quality of services provided. Mr Deery assured the Board that where the 60 day threshold for investigating serious incidents is breached, plans are in place and progress is being made to reduce this. Prof Baker expressed concern that this report does not feed into the Quality Committee, and was surprised the Trust has no formal mechanism for accumulating learning. He also queried how several of the most recent reports found there to be no root causes and asked if this was justifiable. Mr Deery responded by saying that possible root causes and contributory factors were rigorously discussed at the meeting. Mr Griffiths agreed with Prof Baker's concerns, adding that the lack of cumulative findings and aggregate knowledge across the Trust would be something he will pick up with his successor in due course. Mrs Tankard asked if a database of this information is kept and that this could help to establish any correlation between staffing configuration and the number of deaths, she noted that if these two pieces of data could be identified per ward that it could be used for trend analysis. Prof Baker stressed the importance of using the latest evidence to hand, citing that the risk period for suicide after discharge is 72 hours, yet the Trust records quality as a 7 or 14 day follow-up. He suggested taking a more proactive approach and applying the evidence available ahead of the guidelines to ensure quality services are provided. As part of the discussion on thematic analysis Dr Munro highlighted the importance of recognising protective factors in patient care, such as having	

continuity in relationships with staff, and ensuring the effect this can have on a service user's treatment is understood. Dr Munro then discussed the importance of having a culture of practice that encourages honesty, where staff feel it is acceptable to acknowledge mistakes that may have been made, and as a result, better identify root causes and therefore improve quality of care.

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.

17/010 **Update on the MA/SA inquest** (agenda item 9.1)

Mr Deery provided the Board with details of the case, noting that the perpetrator had been a patient of the Trust, but that the tragic incident had taken place after his discharge from hospital. Mr Deery informed the Board that the coroner had given a verdict of unlawful killing on behalf of SA, and an open conclusion in regard to MA. Mr Deery then provided some assurance as to the circumstances in which MA was discharged from treatment, noting that he had been detained under Section 2 of the Mental Health Act Assessment Order and that upon completion of this assessment he could no longer be detained and wished to leave hospital. He added that the Safeguarding Team had put appropriate measures in place to protect SA. Mr Deery went on to say that the coroner had praised the care and treatment provided by the Trust and the manner in which the investigation was handled.

The Board discussed the unsubstantiated claim made by the press, which suggested that the perpetrator had been discharged early due to a bed shortage. This speculation was refuted by two subsequent independent reports that have supported the clinical decisions made in regard to the care of MA. Good practice had been highlighted and the reports found that the incident was not preventable.

The Board **received** the verbal update in regard to the MA/SA inquest.

17/011 **Safe Staffing Report** (agenda item 10)

Mr Deery introduced the report and noted that it provides data for September, October and November 2016.

Mrs White recognised the work already done by the Trust to recruit nursing staff, but highlighted where there had been an over-fill of health support workers to compensate for the lack of nurses and asked how the Trust is able measure if this is affecting the quality of service it provides. She also noted the use of irregular bank and agency staff had increased over the last quarter. Mrs White asked if the Trust had a realistic plan to address current staffing gaps and, considering that there will be no bursary option available

going forward, asked if there was a plan to proactively recruit and retain staff.

Mrs Tyler acknowledged these concerns and agreed there were areas of key focus for recruitment such as at Clifton House, adding that there had been a high level of turnover within the recruitment team which had presented additional challenges. She then referred to the recent approach of bulk recruiting but that this had only had limited success in Specialist areas. The team recognised this and noted that the Trust is now running targeted recruitment events for priority wards. Mrs Tyler assured the Board that bank staff are still employed by the Trust, and therefore the level of care they provide can be quality controlled. She also explained that there is no distinction between nurses and health support workers in respect of their compulsory training requirements. She acknowledged there was still significant work to be done but assured the Board there was a comprehensive plan in place which included national recruitment campaigns combined with research into overseas recruitment and apprenticeship schemes.

Mrs Tankard urged the Board to be proactive in encouraging people to take up apprenticeships with the Trust. Mr Griffiths suggested taking a West Yorkshire-wide approach to help promote the message more widely and Mrs White suggested working with care homes to offer career progression to their staff. Mrs Tyler referred to the Leeds Centre of Excellence and the collaborative work taking place across the city to support apprenticeships. She then reminded the Board of the clinical infrastructure that is required to support apprenticeships that the scheme currently needs more investment, and noted that development work with Care Services is on-going in preparation for June go-live date.

Prof Baker discussed how a high number of vacancies pose the biggest risk to the CMHTs where, unlike wards, staff are not replaced with bank and agency and he referred to the detrimental impact a disruption in care co-ordinator can have for service users. Mr Wrigley-Howe supported Prof Baker's comment on access to data for non-inpatient settings and also asked for there to be consideration as to how this report could be revised to incorporate this.

The Board **received** the safer staffing report, **noted** the exceptions and reasons for these occurring and was **assured** of the plans in place.

17/012 **Complaints Summary Report** (agenda item 11)

Mr Deery introduced the report and noted that it provided activity and performance information about complaints, PALS, compliments and claims received during December 2016. Mr Deery explained that the focus of this work continues to be on embedding training throughout the organisation, with an emphasis on good customer care, and felt the effective process for managing complaints continues to be a 'good news story'.

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

17/013 **Sharing Stories Update Report** (agenda item 12)

Mrs Parkinson introduced the report and explained that 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 also to acknowledge the potential for developing the Sharing Stories sessions further. Mrs Parkinson felt this exercise had revealed an opportunity for better triangulation with other reports received by the Board.

The Board felt it was clear that further work needs to be done to ensure the board receives regular service user stores. Dr Taylor noted that the commitment for this to take place at every Board had slipped. Mrs Tankard suggested the attendees list of the sharing stories session is expanded to enable senior staff within Care Services to attend as they may find the process equally valuable.

The Board agreed that this was work in progress.

The Board **received** and **considered** the information provided in the report and **agreed** that further development work needs to take place in order to optimise the opportunity that sharing stories provides.

17/014 **2016/17 Operational Plan implementation report – quarter 3** (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.

The Board briefly discussed the content of the report in particular focusing on those areas that had been rated as amber.

The Board **noted** the progress made against the Operational Plan priorities at the end of quarter three 2016/17; and confirmed that it was **assured** of the progress being made.

17/015 **Verbal report from the Chair of the Audit Committee for the meeting held 12 January 2017** (agenda item 14)

Mrs Tankard provided a verbal report from the Audit Committee meeting held on 12 January. In particular she advised the Board that the committee had looked at:

- A benchmarking exercise in regard to risk management training, with a view to establishing whether the Trust could develop non-face-to-face training packages. Mrs Tankard noted that the findings were varied and the committee agreed this could be an opportunity to look at what the options are for the Trust
- Findings from the internal audit exercise looking at how the key controls within the organisation match against the Trust's audit plan. She noted that overall there was good coverage within the scope of the audits with the exception of delayed transfers of care which had been added to the plan
- The external auditors presented their plan for year end, with no issues expected.
- Internal audit presented their work to date, and were in the process of finalising their reports. She noted that all finalised reports and had given significant assurance but there were some areas looked at which needed some more work doing
- The committee also looked at the Trust's recent fraud case and the subsequent learning. She noted that progress with the related action plan would be tracked through the Audit Committee.
- It had been reported that there were no new fraud investigations and that one had recently been closed regarding secondary employment.

The Board **received** the verbal report from the Chair of the Audit Committee for the meeting held 12 January 2017.

17/016 **Minutes of the meeting of the Audit Committee held 26 October 2016** (agenda item 14.1)

The Board **received** and **noted** the minutes of the meeting of the Audit Committee held 26 October 2016.

17/017 **Board approval of the revised Terms of Reference for the Audit Committee** (agenda item 14.2)

The Board **received** and **approved** the revised Terms of Reference for the Audit Committee.

17/018 **Verbal report from the Chair of the Quality Committee for the meeting held 24 January 2017** (agenda item 15)

Prof Baker noted that the minutes of previous meetings were presented to the Board. He noted that the minutes for the 24 January meeting would come to the next Board meeting.

Mr Griffiths noted that during the course of the Board meeting references had been made to the way in which the Quality Committee need to work in a

	different way and how it needs to meet more often. These comments were supported by Prof Baker and the Board.
	The Board **noted** that the minutes of the Quality Committee held on 24 January would be coming to the March Board.
17/019	**Minutes from the Quality Committee meeting held 11 October 2016 and 15 December 2016** (agenda item 15.1)
	The Board **received** and **noted** the minutes from the Quality Committee meeting held 11 October 2016 and 15 December 2016.
17/020	**Verbal report from the Chair of the Finance and Business Committee for the meeting held 23 January 2017** (agenda item 16) Dr Taylor provided a verbal report from the Finance and Business Committee meeting held on 23 January. In particular she advised the Board that the committee had looked at: • Two business cases that had subsequently been to Board • Quarter 3 finances, noting that this had been looked at by the Board in some detail and also noted that the committee had received assurance that the control total would be met. • A discussion about the governance arrangements for the CPC forming an LLP for the purpose of a tender. The Board noted that with Dr Taylor coming to the end of her term of office that Mrs Wrigley-Howe would be the next chair of the Finance and Business Committee.
	The Board **received** the verbal report from the Chair of the Finance and Business Committee for the meeting held 23 January 2017.
17/021	**Minutes of the meeting of the Finance and Business Committee held 26 October 2016** (agenda item 16.1)
	The Board **received** and **noted** the minutes of the meeting of the Finance and Business Committee held 26 October 2016.
17/022	**Board approval of the revised Terms of Reference for the Finance and Business Committee** (agenda item 16.2)

	The Board **received** and **approved** the revised Terms of Reference for the Finance and Business Committee.
17/023	**Verbal report from the Chair of the Mental Health Legislation Committee for the meeting held 7 November 2016** (agenda item 17) Mr Wrigley-Howe provided a verbal report from the Mental Health Legislation meeting held on 7 November. In particular he advised the Board that the committee had looked at: • Expanding the core role of the so that it was responsible for looking at legislation, compliance and systems to that it would also be developing the service user aspect so the committee can take better account of service user experience • The Mental Health Act managers' training has been increased from one to two days, recognising the demand for a more detailed course. Prof Baker noted that in April there would be changes to the Mental Health Act and suggested that the committee would need to be cognisant of these.
	The Board **received** the verbal report from the Chair of the Mental Health Legislation Committee for the meeting held 7 November 2016.
17/024	**Minutes of the Mental Health Legislation Committee meeting held 7 November 2016** (agenda item 17.1)
	The Board **received** and **noted** the minutes of the Mental Health Legislation Committee held on 7 November 2016.
17/025	**Board approval for the new Senior Independent Director** (agenda item 18) Mr Griffiths noted the Board's role in agreeing the Senior Independent Director and noted that with Dr Taylor coming to the end of her term of office that the Board was asked to consider and confirm the appointment of Steven Wrigely-Howe.
	The Board **approved** the appointment of Mr Steven Wrigley-Howe as the Independent Senior Director.
17/026	**Chair's Report** (agenda item 19) Mr Griffiths noted that at this point he had not significant matters to report to the Board.

17/027	**LYPFT future Mutually Agreed Resignation Scheme (MARS)** (agenda item 20)
	The Board **received** the report and **noted** the implementation of a MAR Scheme from March to May 2017.
17/028	**Leeds Safeguarding Children's Board Annual Report** (agenda item 21)
	The Board **received** and **noted** the Safeguarding Children's Board Annual Report.
17/029	**Love Arts Evaluation** (agenda item 22)
	The Board **received** and **noted** the Love Arts Evaluation document.
17/030	**Use of the Trust's seal** (agenda item 23) Mr Griffiths noted that the Trust seal had been used on two occasions since the last meeting: • Log 95 (20.12.16) – Deed of Covenant for the land to the North West of Tongue Lane Leeds • Log 96 (13.1.17) – Verification form to certify the authenticity of the medical credentials which had been signed by Dr Wendy Neil prior to submission to the regulatory body.
	The Board **noted** that the seal had been used twice since the last meeting.
17/031	**Any other business** (agenda item 24) Mr Griffiths noted that this was the last meeting for Dr Taylor who would finish her last term of office on the 5 February. Mr Griffiths expressed his appreciation for the high quality contribution Dr Taylor had made during her time as a Non-executive Director and as Senior Independent Director and thanked her for the support she provided to her fellow Board members and to the Council of Governors.
17/032	**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 16:49 and thanked members of the Board and members of the public for attending.

BOARD OF DIRECTORS' ACTION SUMMARY
(PUBLIC MEETING)
Meeting held Thursday 26 January 2017

FOR INFORMATION ONLY
SEE CUMULATIVE ACTION LOG FOR DETAILED INFORMATION

MINUTE	ACTION SUMMARY (PUBLIC MEETING – PART A)	LEAD DIRECTOR
17/008	**Integrated Quality and Performance (IQP) Report and quarter 3 monitoring return** (agenda item 8) Mr Deery noted that Mrs Parkinson and himself had looked into the discrepancy with the drugs and that having had conversations with the Chief Pharmacist and the Local Security Management Specialist, assured the Board that these discrepancies were still subject to investigation, but that there was an early indication that the most likely cause was inconsistencies in the recording of drugs, such as when they are borrowed by other wards. Mr Griffiths asked for this to be documented in accordance with the serious incidents procedure and for a report to go to Quality Committee to provide further assurance on this matter. Dr Munro then explained that the Trust's regulatory body requires plans for capital spending to be sustainable long-term, demonstrated in a robust business case and could be subject to full scrutiny, resulting in what can appear to be cautious spending. Mr Griffiths suggested that the Trust publically provides some narrative assurance regarding its intent to use the surplus to enhance the quality of its services, and Mrs Hanwell agreed. Dr Munro then cited the work Mrs Hanwell and her team were doing to manage the PFI arrangements, and assured the Board that a clearer timescale regarding short and long term cash spending will be brought back in the near future.	**AD** **DH**

Leeds and York Partnership NHS
NHS Foundation Trust

AGENDA ITEM

6

LEEDS AND YORK PARTNERSHIP NHS FOUNDATION TRUST

MEETING OF THE BOARD OF DIRECTORS

PAPER TITLE:	Actions outstanding from public meetings of the Board of Directors
DATE OF MEETING:	30 March 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).

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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	
221	**17/008 (January 2017)**	**Integrated Quality and Performance (IQP) Report and quarter 3 monitoring return** (agenda item 8) Mr Deery noted that Mrs Parkinson and himself had looked into the discrepancy with the drugs and that having had conversations with the Chief Pharmacist and the Local Security Management Specialist, assured the Board that these discrepancies were still subject to investigation, but that there was an early indication that the most likely cause was inconsistencies in the recording of drugs, such as when they are borrowed by other wards. Mr Griffiths asked for this to be documented in accordance with the serious incidents procedure and for a report to go to Quality Committee to provide further assurance on this matter.	**Anthony Deery**	To go onto the Quality Committee agenda	THE BOARD IS ASKED TO CLOSE THIS ACTION AS A BOARD ACTION This item has been added to the Quality Committee forward plan	

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
222	**17/008 (January 2017)**	**Integrated Quality and Performance (IQP) Report and quarter 3 monitoring return** (agenda item 8) Dr Munro then explained that the Trust's regulatory body requires plans for capital spending to be sustainable long-term, demonstrated in a robust business case and could be subject to full scrutiny, resulting in what can appear to be cautious spending. Mr Griffiths suggested that the Trust publically provides some narrative assurance regarding its intent to use the cash at bank to enhance the quality of its services, and Mrs Hanwell agreed. Dr Munro then cited the work Mrs Hanwell and her team were doing to manage the PFI arrangements, and assured the Board that a clearer timescale regarding short and long term cash spending will be brought back in the near future.	**Dawn Hanwell**	July 2017	ONGOING - UPDATE There are a number of influencing factors on how the cash as bank might be used to enhance the quality of its services including understanding the investment needed for IM&T infrastructure what needs to be set aside for the estate. Once this has been determined (including understanding commissioner intentions and how this will impact on the Trust's future plans) a paper will be taken to the Finance and Business Committee and then to Board with an indicative timescale of July 2017.	

Leeds and York Partnership NHS
NHS Foundation Trust

AGENDA ITEM
7

LEEDS AND YORK PARTNERSHIP NHS FOUNDATION TRUST

MEETING OF THE BOARD OF DIRECTORS

PAPER TITLE:	Chief Executive's Report
DATE OF MEETING:	30 March 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	• Service visits • Staff survey • West Yorkshire and Harrogate STP • Board level recruitment • The Leeds Plan and the Health and Wellbeing Board update • Celebrating reasons to be proud.
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	• 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
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 this report for information and to be assured of the work being carried out by the Chief Exeucitve.

*** EQUALITY ACT 2010**

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

Chief Executive Report to the Board – March 2017

The purpose of this paper is to brief the Board on the activities of the CEO during the previous two months. I have been in post for just over 6 months now and the Board will have seen through internal communications the blog I sent out reflecting on this period and setting out the focus for the coming months.

SERVICE VISITS

Given the size and spread of the organisation I am continuing to get out and about visiting services for the first time. Since my last report I have spent time visiting learning disability services, supported living services, occupational health, memory support workers, library and knowledge services as well as having 1-1 meetings with different staff.

The reflection I will share from these visits is the sheer diversity in the services we provide, some of them small and bespoke – unique in their specialist focus or unique in how they are commissioned and delivered. Therefore, the challenge we face is to provide the right leadership, support and governance that connects all our staff and services to the delivery of our strategy but celebrating and enabling them to excel in their specialist areas. Feedback I am getting is that staff are very keen to feel connected, they do see improvements in communication, transparency and approach in the organisation that connects board to ward however there is more to do.

STAFF SURVEY

This brings me onto our staff survey results. We had a presentation on the results at the Board workshop and Susan Tyler will present a separate paper on the results and next steps at today's Board meeting. What is important to note are the actions we are taking through the Senior Management Group to use heat maps that focus on results at team and service level. This will enable a more focused approach to be taken which builds on the strengths in teams and services but addresses the issues that are most important to them. We should note and celebrate the improvements we are making year-on-year but I am clear that our aspiration and ambition is to be a great place to work for all our staff and therefore comparisons to the average are not sufficient.

The Board also engaged in an exercise which brought us to thinking about our Trust values and how we live them in the boardroom and how we work together as a team. The executive and senior leadership team will build on this in the coming months through a series of staff engagement events focusing on staff survey, values and behaviours and the Trust strategy. This includes specific sessions facilitated by SUN with service users at our inpatient sites.

TRUST STRATEGY

I have also been discussing our new Trust strategy at different forums this past two months: Council of Governors; Senior Management Group; Staffside etc. and it is on the agenda of today's Board meeting for formal ratification.

Our ambition is simple and clear. We will deliver outstanding services because that is what our patients and service users, their families and carers deserve, and also because that is what our staff are capable of. Our workforce and their expertise, passion and commitment are our biggest asset and therefore we aim to be the employer of choice.

EXECUTIVE TEAM UPDATE

I am delighted Dr Claire Kenwood has now started in post as our new Medical Director. Claire is currently orientating herself to our services, staff and stakeholders during the first few weeks in post.

We have now completed the recruitment to the Chief Operating Officer post. Following 29 applications we shortlisted five candidates who underwent a rigorous assessment process on the 21 March. The panel appointed Joanna Forster Adams who we hope will join us in about three months' time. Joanna is currently Director of Operations at Cumbria Partnership NHS Trust responsible for the operational delivery of mental health, community and children's services.

Lynn Parkinson will continue in the interim Chief Operating Officer position until Joanna takes up post. This will provide valuable continuity of leadership and expertise.

WEST YORKSHIRE AND HARROGATE STP

The Board will have seen from national media coverage and local updates that STPs have a renewed focus. There is an intention to now formally appoint STP leads for each footprint though we don't yet know when or how that will be completed.

Within our own STP footprint work is progressing on aligning CCGs on areas where they can work together through a Committee in Common approach though this is not yet formalised. We are continuing to come together as mental health providers to look at what we can and should deliver jointly. As part of this work we had a workshop on the 15 February attended by the executive teams from our Trust, Bradford District Care NHS Foundation Trust, South West Yorkshire Partnership NHS Foundation Trust and some representation from Leeds Community Healthcare as the CAMHS provider.

We will continue to work together on our approaches to urgent and crisis mental health care and we have agreed a collaborative approach to the provision of tier 4 CAMHS when we know what that will look like. Other areas of joint working include forensic pathways and support functions. We will keep the Board apprised as these areas develop.

THE LEEDS PLAN

The three CCGs in Leeds have now reached agreement and made relevant personnel changes to act as 'one commissioning voice' for the city. The implications for the Trust are that Phil Corrigan as the Chief Officer becomes our lead commissioner. Nigel Gray will be focusing on the development of a population health management framework and system integration to deliver service aimed at outcomes. It is therefore timely to carry out a stock take of the current Leeds plan and this is underway.

At the time of writing this report several members of the Board will be attending a Board-to-Board workshop on the 27 March 2017 attended by all the statutory provider boards, commissioners and local authority in Leeds. This will be the third such meeting and the agenda includes both a looking back at the recent winter pressures and a look forward to challenge ourselves on what are we and can we do that will deliver demonstrable change in how we provide services in the future to prevent a repeat of the situation we faced during the last winter.

HEALTH AND WELLBEING BOARD (HWBB)– WORKSHOP ON MENTAL HEALTH

Earlier this year the HWBB held a workshop on what good citizen mental health looks like in Leeds, the event was very well attended from all sectors and produced a set of suggestions for future focus. We agreed at the Partnership Executive Group (PEG) to review these and map across the Leeds Plan as mental health needs to be strengthened within it. This is now underway and the outcomes will be shared both with the HWBB in April and the PEG to ensure we have clear alignment across the HWBB strategy and the Leeds Plan priorities. These will be shared once completed.

REASONS TO BE PROUD

Our strategy work highly commended

Our project to co-produce the Trust's new five year strategy with staff and external parties was highly commended for Best Internal Communications at the annual Association of Healthcare Communications and Marketing (AHCM) awards on 16 March.

The judges said: "This entry was a good strong internal communications campaign to engage with staff, building on a well-established brand: 'Your Voice Counts'. The crowdsourcing approach was innovative and helped to reach those who might not normally engage. It was a fantastic example of how strong participation can be

achieved by creating genuine and easy opportunities to contribute through face-to-face and online workshops. Clearly the whole campaign being led from the top also had a big impact on staff."

It's great to be highly commended by a national association and I would like to thank the project team for all their hard work as well as all the staff, service users, carers and stakeholders who contributed to the online conversations which made this such a success.

Eating disorders trial already showing results

We are playing a key part in a new trial which aims to ensure that young adults with eating disorders receive help and treatment sooner. Our Yorkshire Centre for Eating Disorders is one of only four sites in the country, and the first outside of London, to be involved in the national FREED study.

FREED stands for 'First Episode and Rapid Early Intervention Service for Young Adults with Eating Disorders', and is for young people aged 18 to 25 who have developed an eating disorder within the last three years.

It went live in Leeds in January and we are already seeing service users engage in treatment more than ever before. We are also hearing great things from family and carers and our expert clinicians feel this will shift the way eating disorders services are run nationally in the future.

Taking Action on Drugs at the Becklin Centre

In March we launched a high profile campaign to tackle the problem of inpatient service users accessing harmful drugs. The campaign has come in response to some serious incidents on the unit where inpatients have suffered significant harm.

The campaign was launched with a 'day of action' at the Becklin Centre, which saw a team of officers from West Yorkshire Police along with their dog support unit conduct a search of the unit and grounds.

The launch was accompanied by a hard-hitting video and a splash in the Yorkshire Evening Post who've supported our campaign. I'd like to thank all the care group staff who've supported this campaign, as well as our security and communications teams, who've made it all happen.

The role of the multi-disciplinary team (MDT) explored at care group conference

Our Specialist and Learning Disability Care Group held their second annual conference on 21 February bringing together staff from across the group as well as those from key support teams to learn more about their work and examine the role of the MDT.

A number of our services and clinicians are regarded as national leaders in their field of practice and the conference offered another great opportunity for colleagues to share in the learning and development which emerges from their daily work with clients.

This year the focus was on multi-disciplinary and multi-agency working and looking at the various means by which our clinical teams endeavour to work coherently and effectively to meet the needs and expectations of our diverse service user groups. The day ended with a really interesting panel debate hosted by the professional leads from the care group.

Trust services highlighted in national guidance

Two of our services have been nationally showcased as examples of how to provide high quality care for people with medically unexplained symptoms (MUS). The Liaison Psychiatry Service and the Yorkshire Centre for Psychological Medicine are featured as case studies in national guidance for commissioners that examines what good services look like.

The guidance has been issued by the Joint Commissioning Panel for Mental Health, which is co-chaired by the Royal College of General Practitioners and the Royal College of Psychiatrists. Its intention is to encourage the commissioning of comprehensive services for those with medically unexplained symptoms. Just another example of how our services are leading the way nationally.

FAREWELL TO FRANK

Having only been in post for just over 6 months it feels too soon to be saying farewell to Frank. He has been instrumental in helping me get settled in this role and in Leeds. On behalf of the Trust, the Board and from me I want to say Thank you. Small words that don't do justice to the impact Frank has had on our organisation. His passion and commitment for our services, our service users and staff and all the work we do is immeasurable and he will be missed. It is fitting that we hold our farewell at the Becklin Centre because it is what happens in our services, for our service users and staff that Frank cares most about.

Leeds and York Partnership NHS
NHS Foundation Trust

AGENDA ITEM

8

LEEDS AND YORK PARTNERSHIP NHS FOUNDATION TRUST

MEETING OF THE BOARD OF DIRECTORS

PAPER TITLE:	Integrated Quality and Performance Report (including full financial information) for February 2017
DATE OF MEETING:	30 March 2017
LEAD DIRECTOR: (name and title)	Anthony Deery, Director of Nursing, Quality and Professions
PAPER AUTHOR: (name and title)	Mark Gallacher, Head of Performance and Quality

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 paper presents the Trust's performance against agreed performance and quality indicators together with the financial position for February 2017.
What are the key points and key issues the Board needs to focus on	The exception report at the beginning of the IQP gives further information regarding the targets that have not been met for February 2017 and the actions being carried out to address these.
What is the Board being asked to consider	The Board is asked to note the Performance of the Trust and the actions being taken to address the indicators where there is non-achievement of targets.
What is the impact on the quality of care	Through this reporting the quality of services can be continually monitored and any risks to the quality of care can be identified and mitigated for.
What are the benefits and risks for the Trust	The benefit for the Trust is demonstrating transparency and an understanding of its performance against reporting requirements.
What are the resource implications	None
Next steps following this paper being presented to the Board	The report will be shared with our commissioners and published on the Trust website. NHSI will also review data on NHS Digital that is presented here.
What are the reputational implications and how will these be addressed	It could affect our regulatory standing and public confidence, however, the action plans are designed to provide assurance that the Trust is managing the improvement required.
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)	The IQP report (not exemption report) is a standing agenda item on the Performance, Information and Data Quality Group monthly meetings. This data was reviewed at the meeting on 13-3-17.

Leeds and York Partnership NHS
NHS Foundation Trust

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

Provide details of what you want the Board to do:

The Board is asked to:

- Note the contents of the paper, in particular the actions to recover the performance issues.
- Confirm they are assured by the actions being taken to mitigate against the risks.

*** EQUALITY ACT 2010**

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

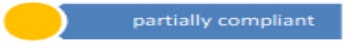
Leeds and York Partnership NHS
NHS Foundation Trust

INTEGRATED QUALITY & PERFORMANCE REPORT – March 2017 (February Data)

EXCEPTION REPORT FOR THE LEEDS CARE GROUP

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

Care Programme Approach – formal reviews within 12 months (previously reported to Monitor, not requested as part of the SOF) - Target 95% - February performance: 94.18%

For February 865 patients out of 910 individuals had evidence of a formal review within 12 months. The reasons for those without a review included, awaiting care-coordinator allocation, patient did not meet the criteria for CPA, CPA booked but outside the 12 month parameter.

Teams are sent details on a weekly basis of individuals who are due for review in the next two months to ensure this takes place. The lists also contain details of individuals who exceeded the twelve month period to ensure it takes place or to correct details on PARIS if needs be if they are not subject to CPA..

Ethnicity Recording - Target 90% - February performance: 80.44%

It is a national contract measure recording ethnicity for at least 90% of service users. This is designed to assist Clinical Commissioning Groups (CCG) and provider organisation plan and deliver services which meet the needs of the communities they serve.

The measure is specified to be taken from the Mental Health Services Data Set (MHSDS) which includes all service users referred to LYPFT whether they have been seen or not. There is an inherent problem in that ethnicity is a self-reported measure and therefore, in the absence of reliable information, should not be established prior to assessing an individual, unless

By controlling for patients who are waiting to be seen The trust performance was 90.2%.

Each service receives a regular caseload report providing details of how many patients have had their ethnicity recorded. The Service Improvement team has also undertaken a piece of work to improve recording which has had a positive effect. Service line data is shared with the Associate Directors (Ads) to ensure that this issue is closely monitored.

Proportion of patients assigned to a cluster. Target 95% - February performance: 86.02%.
Reviewed within timescales. Target 80% - February performance: 66.50%

There is currently a remedial action plan in place to address this under-performance which involves:

- Clinical support provided for management of expired and un-clustered patients.
- Provision of regular and timely information to clinical staff and managers to allow appropriate actions to be taken to manage compliance issues
- Work with the Performance Team to manage data quality issues such as on-hold referrals, duplication and incomplete MH Clustering Tools
- Provision of active caseload reports and cluster caseload analysis
- Working with the ADs & Clinical Service Managers (CSMs) for Community and CMHT Clinical Leads to ensure effective Caseload Management
- New streamlined process for allocating service users to a cluster who are on 'medical only' caseloads in order to improve completeness. This initiative has recently been agreed and is now being implemented.
- A Rapid Improvement Event (RIE) in October 2016 agreed 'effective clustering' test with Millfield House CMHT. Millfield House non-medical cluster caseload is currently at 100% of those who can be clustered. Cluster guidance was developed as part of this work and circulated to in scope clinicians to help improve practice. The RIE also agreed a workstream to develop a caseload management tool and patient tracking.
- A Clinical Global Impression and Cluster tool for medical staff is now live. This tool is more user-friendly than the previous clustering tool.
- Work is ongoing with the CCG to examine how clustering can provide greater utility in the system.

7 Day Follow Up (Single Oversight Framework). Target 95% - February performance: 90.12%.

Eight individuals were not seen or contact achieved within the 7 day timescale.
In the case of 3 service users, multiple attempts were made to contact them but these were unsuccessful.

- 1 person had left the country
- 1 person was from out of area and services in their home town were engaged to assist, but to no avail.
- 1 service user was sent on leave by the Rehabilitation service prior to discharge, as is their procedure, and whilst they were seen whilst on leave they were not then seen within the 7 day period following their formal discharge.

The remaining patients were not seen as a result of poor discharge planning and care co-ordination. Actions have been taken to address this including local reviews and individual clinical supervision. In addition, the Inpatient Services manager and the Community Services manager are reviewing the process for discharge planning, to ensure it covers all aspects and is understood by staff. All teams are sent information three times per week regarding discharges in order that all staff involved can ensure they are carrying out their responsibilities in relation to meeting the milestones for discharge.

All patients were eventually seen and were safe.

Appraisals. Target 85%. Trust February Performance 81.92%

The Trust trajectory is set at 85% by June 2017.
Leeds Care Group exceeded 85% in this reporting period which is commendable.
Specialist Care Group and Corporate Services are still below 85% but it is an improving picture.

Performance data is shared on a weekly basis with service lines and corporate directorates to ensure this is closely monitored and progress maintained.

Financial position Month 11.

The Trust is delivering its overall financial plan and key targets year to date. The surplus excluding sustainability and transformation funding (STF) is £2.36m and £3.18m inclusive of STF. This is £1.3m above plan (of which £0.83m represents STF funding).

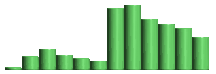
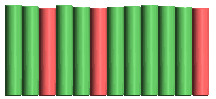
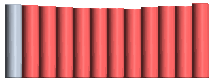
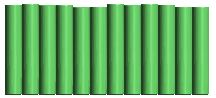
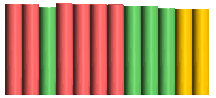
The Trust has agreed a current year financial risk share contribution for out of area treatments with Leeds CCGs, which has positively impacted on the surplus. The Trust is likely to exceed its overall control total target by c£0.3m which will result in matched funding from NHSI if achieved.

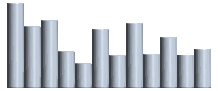
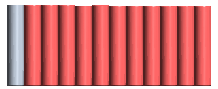
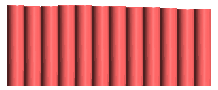
The year to date position is wholly under-pinned by non- recurrent factors which are not sustainable, and achievement of the full year financial target is anticipated. Detailed analysis of areas for further cost savings is also ongoing as well as establishing if any additional non recurrent benefit can be achieved in year.

The capital programme delays (linked to extended tendering process for PFI refurbishment works) impact significantly on forecast outturn capital expenditure. This has been reported to NHSI, with a reforecast of £3.4m (£2.0m below original plan, a further £0.9m reduction from the previous reforecast).

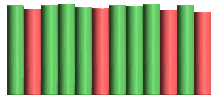
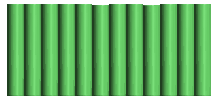
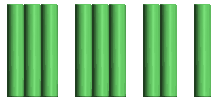
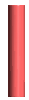
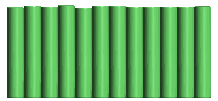
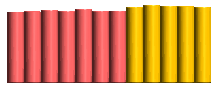
Mark Gallacher
Head of Performance and Quality
March 2017

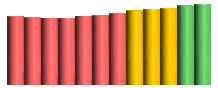
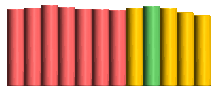
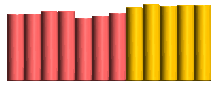
Strategic Goal 1 - People achieve their agreed goal for improving health and improving lives

	Feb 2016/2017	Target	Trend
Delayed Transfers of Care (Previously reported to Monitor, not requested as part of the SOF)	2.1%	7.5%	
Admissions to inpatient services had access to crisis resolution / home treatment teams (Single Oversight Framework)	100.00%	95.00%	
Care Programme Approach Formal Reviews within 12 months (Previously reported to Monitor, not requested as part of the SOF)	94.18%	95.00%	
Data Completeness - Identifiers (Single Oversight Framework)	99.19%	97.00%	
Data Completeness - Ethnicity (NHS Standard Contract)	80.44%	90.00%	
Data Completeness - Inpatient Ethnicity	94.93%	90.00%	
Bed occupancy rates for inpatient services (Leeds Contract)	93.60%	94.00% to 98.00%	
Inpatient Length of Stay – Adult Mental Health Inpatient Units Adult Wards (Leeds Contract)	41.61		
Inpatient Length of Stay – Adult Mental Health Inpatient Units Older People's Wards (Leeds Contract)	60.06		

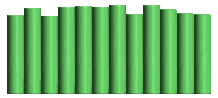
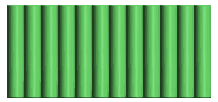
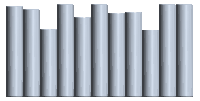
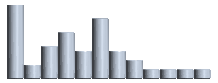
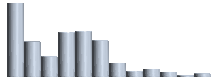
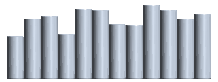
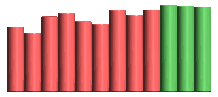
	Feb 2016/2017	Target	Trend
Inpatient Length of Stay – Adult Mental Health Inpatient Units - <3 days or >90 (Leeds Contract)	15.00		
Emergency Readmissions within 28 Days - Adult Acute Mental Health Wards (Local)	6.35%		
Proportion of in scope patients assigned to a cluster (Leeds Contract)	86.18%	95.00%	
Proportion of in scope patients assigned to a cluster and reviewed within recommended timescales (Leeds Contract)	67.33%	90.00%	

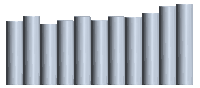
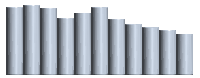
Strategic Goal 2 - People experience safe care

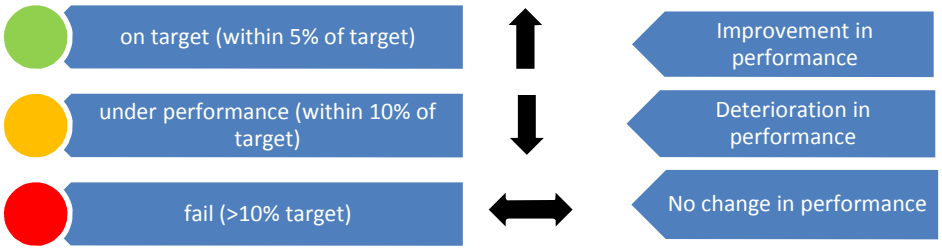
	Feb 2016/2017	Target	Trend
7 Day Follow Up (Single Oversight Framework)	90.12%	95.00%	
Healthcare Associated Infections – C.difficile	0	0	
Healthcare Associated Infections – MRSA	0	0	
Percentage of people with a Crisis Assessment Summary and formulation plan in place within 24 hours (Leeds Contract)	100.00%	95.00%	
Incidents reported within 48 hrs from incident identified as serious (Contract)	100.00%	100.00%	
Admissions to adult facilities of patients who are under 16 years old (Single Oversight Framework)	0		
Never Events (National)	0	0	
NHS Safety Thermometer Harm Free Care	98.88%	95.00%	
Appraisals LYPFT	81.92%	85.00%	

	Feb 2016/2017	Target	Trend
Appraisals Leeds Care Group	87.95%	85.00%	
Appraisals Specialist and LD Care Group	76.29%	85.00%	
Appraisals Corporate Services	81.69%	85.00%	

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

	Feb 2016/2017	Target	Trend
Data Completeness Indicator for Mental Health Outcomes for CPA Patients (Previously reported to Monitor, not requested as part of the SOF)	68.87%	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)	11.00%		
In Settled Accommodation (Single Oversight Framework)	62.72%		
Friends and Family Test Likely or Extremely Likely to Recommend	100.00%		
Out of Area placements (Leeds Contract)	2.00		
Out of Area placements by bed days (Leeds Contract)	17.00		
Timely access to MH assessment under S136 (Leeds Contract)	42.31%		
Timely access to a mental health assessment by the ALPs team in the LTHT Emergency Department (Leeds Contract)	92.04%	90.00%	

	Feb 2016/2017	Target	Trend
Gender Identity Service Waiting List (NHS England)	882		
Gender Identity Service Average Waiting Time To First Offered Appointment (NHS England)	358.89		



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 11 is a £2.36m surplus (£3.18m including £0.83m 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 £1.3m favourable variance compared to the revised plan position. The key variances against plan are summarised below.	**2**
Income			Total Operating income is £2.14m above plan at month 11. The main variances comprise:- **Clinical Income:** Clinical Income is £0.73m above revised plan, due to STF phasing mis-match offset by NHS specialised services under trading due to lower than planned activity levels in the Eating Disorder service. **Non-Clinical income:** Non-Clinical income is a positive variance of £1.4m against plan. This is largely attributable to technical accounting eg invoice arrangements for out of area recharges to Leeds CCGs and reclassification of drugs recharge income. In addition North of England CPC (hosted service) income is exceeding plan. **Non-Operating Income** Non-operating income is consistent with plan.	**2**
Pay			Pay expenditure is £0.16m positive variance against plan, comprising a £0.34m under-spend on permanent employee pay offset by a £0.18m over-spend on locum and agency staff expense. At the end of February 2017, the number of permanent vacancies is in excess of 200 whole time equivalents (excluding development slippage), which mitigates the overall pressure on unidentified cost improvement plans and agency cost pressures.	**2**
Non Pay			Non pay spend is a negative variance of £0.9m at month 11. This is largely driven by: • Opposite entries linked to technical accounting non-clinical income variance (as above) and increased provisions. Offset: by: • Lower than planned spending on out of area placements and reduced depreciation.	**2**

Efficiency: Cost Improvement			The Cost Improvement Plan (CIP) for month 11 is 18% below plan, with £1.87m achieved compared to a £2.28m plan. The main under achievement against plan relates to previously unidentified CIPs, of which £0.2m remains unidentified 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 -** £1.86m total variance. This is due to the timing of expenditure on the capital programme (£2.1m) offset by an underspend on depreciation (£0.2m) **Non-NHS Trade receivables –** £0.36m variance. This is due to outstanding invoices with the Joint Commissioning Service (0.4m). **Other receivables –** £0.28m variance. This is due to the VAT reclaim being received on 1 March 2017. **Accrued Income -** £0.59m variance. This is mainly due to STF funding (£0.38m) and additional CQUIN income accrued (0.17m). **Provisions** - £1.27m variance. This is mainly due to increased redundancy provision (£0.7m) and the timing of unwinding the provision in relation to the working time directive and dilapidations (£0.52m). **Trade Payables -** £0.68m variance. This is due to the timing of NHS Property Services accruals, anticipated in the plan for December.	**4**
Cash			The cash position of £49.3m is £4.9m above plan at the end of month 11. This is mainly due to the cash impact of the increased surplus including STP funding (£1.2m) and capital cash slippage (£2.3m) offset by an increase in working capital (£1.5m). Liquidity increased to 94 days operating expenses at the end of February 2017.	**5**
Capital			Capital expenditure is £2.94m, £0.79m (21%) below revised plan at the end of month 11. The variance is due to slippage against the Estates replacement schemes for PFI units due to extended tender exercises, and delays in receipt of a significant order for mobile devices. It is unlikely that the full year planned expenditure will be achieved.	**6**

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

Use Of Resource Metric
YTD as at 28 February 2017

Capital Service Capacity

Revenue available for Debt Service		
Surplus	3,184	
Impairments	-11	
Restructuring Costs	0	
PDC Dividend	367	
Depreciation	3,706	
Interest expense	3,607	
Other Finance Costs	23	
Gain/(Loss) on disposal	0	
Capital grants/donations	0	
	A	10,876

Capital Servicing Costs		
PDC Dividend	367	
Bank interest	0	
Loan interest	0	
PFI/Finance Lease interest	1,889	
Contingent Rent	1,718	
Other Finance Costs	23	
PDC repayment	0	
Loan repayment	0	
PFI/Fin lease capital	1,351	
	B	5,348

Capital Service Capacity	**A/B**	2.03
Category		2

Liquidity

Cash for Liquidity Purposes		
Working capital facility	0	
Total current assets	56,793	
Total current liabilities	-20,376	
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	36,381

Operating Expenses		
within EBITDA	127,418	
	B	127,418

Liquidity	**A*330/B**	94
Category		1

I&E Margin

I&E Surplus	**A**	3,173
Total Operating Income	**B**	138,171
I&E Margin	**A/B**	2.3%
Category		1

Distance from Financial Plan

Actual I&E Margin	**A**	2.3%
Plan I&E Surplus	**B**	1,844
Plan Operating Income	**C**	136,030
Plan I&E Margin	**B/C**	1.4%
Variance in I&E Margin	**A - B/C**	0.9%
Category		1

Agency Spend

Actual spend	**A**	4,320
Agency Ceiling	**B**	5,728
Variance	**A-B**	-1,408
Distance	**(A - B)/B**	-24.6%
Category		1

Overall

	Weighting	Score	Weighted Score
Capital Service Capacity	20	2	0.40
Liquidity	20	1	0.20
I&E Margin	20	1	0.20
Distance from Financial Plar	20	1	0.20
Agency Spend	20	1	0.20
Calculated Rating		**1**	**1.20**
Any metric 4		N	
Rating		**1**	

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

Statement of Comprehensive Income at February 2017

	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	3,049	3,225	176
Block Contract Total	106,274	107,141	867
Clinical Partnerships providing mandatory services (including S31 agreements)	7,106	7,071	-35
Other clinical income from mandatory services	798	524	-274
NHS Mental Health activity Income, Total	**117,228**	**117,961**	**733**
Other Operating income			
Research and Development income	771	952	181
Education and Training income	3,585	3,673	89
Grants received in cash & to fund Operating Expenses	42	-2	-43
Parking revenue	0	0	0
Catering revenue	48	36	-13
Revenue from non-patient services to other bodies	1,189	1,188	-1
Misc. Other Operating Income	13,168	14,363	1,194
Other Operating income, Total	**18,802**	**20,210**	**1,408**
Operating Income, Total	**136,030**	**138,171**	**2,141**
Operating Expenses			
Raw Materials and Consumables Used			
Drugs	-1,989	-2,098	-109
Clinical supplies	-953	-977	-24
Non-clinical supplies	-1,169	-1,414	-245
Raw Materials and Consumables Used, Total	**-4,111**	**-4,489**	**-378**
Purchase of healthcare services from other NHS bodies	-10	188	198
Purchase of healthcare services from non-NHS bodies	-5,018	-4,220	798
Purchase of healthcare services / secondary commissioning, total	**-5,028**	**-4,032**	**995**
Employee expenses, Substantive, bank and overtime staff	-93,615	-93,275	340
Employee expenses, Locum and agency staff	-4,140	-4,320	-180
Employee Benefits Expenses, Total	**-97,756**	**-97,595**	**161**
Research and Development expense	-947	-1,120	-173
Education and training expense	-658	-822	-163
Consultancy Expense	-191	-139	52
Premises	-5,166	-5,456	-289
Clinical Negligence	-199	-199	0
Misc. Other Operating expense	-6,208	-7,393	-1,184
PFI operating expenses	-6,152	-6,173	-21
Depreciation and Amortisation			
Depreciation and Amortisation - owned assets	-2,431	-2,215	216
Depreciation and Amortisation - PFI assets	-1,512	-1,492	21
Depreciation and Amortisation, Total	**-3,943**	**-3,706**	**236**
Impairment (Losses) / Reversals net	0	11	11
Operating Expenses, Total	**-130,358**	**-131,113**	**-755**
Profit (Loss) from Operations	**5,671**	**7,057**	**1,386**
Non Operating			
Non-Operating income			
Interest Income	188	123	-65
Profit/Loss on Asset Disposal	0	0	0
Non-Operating income, Total	**188**	**123**	**-65**
Non-Operating expenses			
Finance Costs [for non-financial activities]			
Interest Expense			
Interest Expense on PFI leases & liabilities	-1,885	-1,889	-4
Interest Expense, Total	**-1,885**	**-1,889**	**-4**
PDC dividend expense	-303	-367	-64
Other Finance Expenses	-23	-23	0
Finance Costs [for non-financial activities], Total	**-2,211**	**-2,279**	**-68**
Non-Operating PFI Costs (e.g. Contingent Rent)	-1,804	-1,718	86
Non-Operating expenses, Total	**-4,015**	**-3,997**	**18**
Surplus (Deficit) before Tax	**1,844**	**3,184**	**1,339**
Income Tax (expense)/ income	0	0	0
Surplus (Deficit) After Tax	**1,844**	**3,184**	**1,339**

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

Month 11

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	624	540	(85)	-14%
Specialist & Learning Disability Care Group	653	595	426	(169)	-28%
Workforce and Development	62	57	50	(7)	-13%
Fit-for-purpose, cost effective buildings	311	284	285	2	1%
Delivering cost effective corporate services	386	350	349	(0)	0%
Unidentified CIPs	411	370	220	(150)	-41%
TOTAL	**2,505**	**2,280**	**1,870**	**(410)**	**-18%**

Pay	1,563	1,419	1,024	(395)	-28%
Non Pay	942	861	846	(15)	-2%
Total CIP	**2,505**	**2,280**	**1,870**	**(410)**	**-18%**

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

Statement of Financial Position at February 2017

	Revised Plan February £'000	2016/17 Actual February £'000	Variance February £'000
Assets			
Assets, Non-Current			
Intangible Assets, Net	372	523	152
Property, Plant and Equipment, Net	32,787	30,773	-2,014
PFI: Property, Plant and Equipment, Net	17,472	17,492	21
Prepayments, Non-Current	3,908	3,914	6
Assets, Non-Current, Total	**54,538**	**52,703**	**-1,835**
Assets, Current			
Inventories	36	36	0
Trade and Other Receivables, Net, Current			
NHS Trade Receivables, Current, Gross	1,000	916	-84
NHS Capital Receivables, Current, Gross	0	0	0
Non NHS Trade Receivables, Current, Gross	2,300	2,668	368
Other Receivables, Current, Gross	650	929	279
Impairment of Receivables, Current (for bad & doubtful debts)	-402	-444	-42
Trade and Other Receivables, Net, Current, Total	**3,548**	**4,069**	**521**
Accrued Income	1,400	1,993	593
Prepayments, Current	1,400	1,404	4
Cash	44,383	49,291	4,908
Non-Current Assets held for sale	0	0	0
Assets, Current, Total	**50,767**	**56,793**	**6,026**
Total Assets	**105,305**	**109,495**	**4,191**
Liabilities			
Liabilities, Current			
Deferred Income, Current	-2,371	-2,533	-162
Provisions, Current	-323	-1,591	-1,268
Trade and Other Payables, Current			
Trade Payables, Current	-3,691	-4,369	-679
Other Payables, Current	-3,600	-3,713	-113
Capital Payables, Current	-800	-978	-178
Trade and Other Payables, Current, Total	**-8,091**	**-9,060**	**-969**
Other Financial Liabilities, Current			
Accruals, Current	-5,200	-5,454	-254
PFI leases, Current	-1,479	-1,571	-92
PDC dividend payable, Current	-138	-167	-29
Other Financial Liabilities, Current, Total	**-6,816**	**-7,192**	**-375**
Liabilities, Current, Total	**-17,601**	**-20,376**	**-2,774**
NET CURRENT ASSETS (LIABILITIES)	**33,165**	**36,417**	**3,252**
Liabilities, Non-Current			
Provisions, Non-Current	-1,749	-1,918	-169
Other Financial Liabilities, Non-Current			
PFI leases, Non-Current	-23,403	-23,311	92
Other Financial Liabilities, Non-Current, Total	**-23,403**	**-23,311**	**92**
Liabilities, Non-Current, Total	**-25,152**	**-25,229**	**-77**
TOTAL ASSETS EMPLOYED	**62,551**	**63,891**	**1,339**
Taxpayers' and Others' Equity			
Public dividend capital	19,569	19,569	0
Retained Earnings (Accumulated Losses)	34,390	35,732	1,342
Revaluation Reserve	9,242	9,240	-2
Miscellaneous Other Reserves	-651	-651	0
TAXPAYERS EQUITY, TOTAL	**62,551**	**63,891**	**1,339**
TOTAL ASSETS EMPLOYED	**62,551**	**63,891**	**1,339**

Leeds and York Partnership NHS Foundation Trust

Cashflow Analysis as at February 2017

	Revised Plan YTD £'000	Actual YTD £'000	Variance YTD £'000
Surplus/(deficit) after tax	**1,844**	**3,184**	**1,339**
non-cash flows in operating surplus/(deficit)			
Finance income/charges	3,502	3,484	-17
Other operating non-cash movements	26	67	42
Depreciation and amortisation, total	3,943	3,706	-236
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	303	367	64
Other increases/(decreases) to reconcile to profit/(loss) from operations	0	0	0
Non-cash flows in operating surplus/(deficit), Total	**7,773**	**7,614**	**-159**
Operating Cash flows before movements in working capital	**9,617**	**10,797**	**1,181**
Increase/(Decrease) in working capital			
(Increase)/decrease in inventories	0	0	0
(Increase)/decrease in NHS Trade Receivables	533	617	84
(Increase)/decrease in Non NHS Trade Receivables	659	291	-368
(Increase)/decrease in other receivables	831	552	-279
(Increase)/decrease in accrued income	-891	-1,484	-593
(Increase)/decrease in prepayments	-381	-385	-4
(Increase)/decrease in other assets	0	0	0
Increase/(decrease) in Deferred Income	1,111	1,273	162
Increase/(decrease) in provisions	-785	652	1,437
Increase/(decrease) in post-employment benefit obligations	0	0	0
Increase/(decrease) in Trade Payables	-1,969	-1,291	679
Increase/(decrease) in Other Payables	246	359	113
Increase/(decrease) in accruals	-1,033	-778	254
Increase/(Decrease) in workling capital, Total	**-1,680**	**-194**	**1,486**
Net cash inflow/(outflow) from operating activities	**7,937**	**10,603**	**2,666**
Net cash inflow/(outflow) from investing activities			
Property, plant and equipment expenditure	-4,548	-2,282	2,266
Proceeds on disposal of property, plant and equipment	376	376	0
Net cash inflow/(outflow) from investing activities, Total	**-4,173**	**-1,906**	**2,266**
Net cash inflow/(outflow) before financing	**3,765**	**8,697**	**4,932**
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*	-3,690	-3,607	82
Capital element of finance lease rental payments - *On-balance sheet PFI*	-1,351	-1,351	0
Interest received on cash and cash equivalents	188	123	-65
Movement in Other grants/Capital received	0	0	0
(Increase)/decrease in non-current receivables	-292	-298	-6
Increase/(decrease) in non-current payables	0	0	0
Other cash flows from financing activities	0	0	0
Net cash inflow/(outflow) from financing activities, Total	**-5,350**	**-5,374**	**-24**
Net increase/(decrease) in cash and cash equivalents	**-1,585**	**3,323**	**4,908**
Opening cash and cash equivalents	45,968	45,968	0
Effect of exchange rates	0	0	0
Closing cash and cash equivalents	**44,383**	**49,291**	**4,908**

CAPITAL PROGRAMME - at 28 FEBRUARY 2017	Revised Plan £'000	Actual Spend £'000	YTD Variance £'000
Estates Operational			
Health & Safety /Fire	100	7	-93
Planned Annual Commitments	90		-90
Estate refurbishment	2,247	1,580	-667
Sub-Total	**2,437**	**1,587**	**-850**
IT/Telecomms Operational			
PC Replacement Programme	73	170	97
Softcat Asset Management Software	57	57	0
IT Network Infrastructure	192	55	-137
VOIP Roll Out	10	19	9
IT-Voice Telecoms Network E Directory	39		-39
Additional Server/Storage	11	3	-8
Sub-Total	**383**	**305**	**-78**
Estates Strategic Developments			
Pharmacy - single site	250		-250
St Marys Hospital	125	10	-115
Perinatal In-patient Expansion	0	148	148
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
LD In-Patient Reprovision	0	2	2
Sub-Total	**550**	**382**	**-168**
IT Strategic Developments			
E-Prescribing	250	185	-65
E-Expenses	13		-13
Thinkpads - Transformation	34		-34
Big Hand Voice Recognition	75		-75
Document Management	198		-198
Integration System	75		-75
Replacement PAS	385	105	-280
Remote Access	338	228	-110
Virtual Desktop Build	23		-23
Public WiFi Deployment	15		-15
MDM - Additional HW/SW	38		-38
Standard Smartphones for all staff - phase 1	75	0	-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	89	39
Sub-Total	**1,659**	**676**	**-983**
Contingency Schemes			
Contingency	0		0
2015/16 Completed Schemes	0	-10	-10
Sub-Total	**0**	**-10**	**-10**
TOTAL CAPITAL PROGRAMME - JUNE 2016 PLAN	**5,029**	**2,940**	**-2,089**
Revised Plan adjustment (January 2017)	-£1,298	0	1,298
TOTAL CAPITAL PROGRAMME - JANUARY 2017 PL/	**3,731**	**2,940**	**-791**

Leeds and York Partnership NHS
NHS Foundation Trust

AGENDA ITEM

8.1

LEEDS AND YORK PARTNERSHIP NHS FOUNDATION TRUST

MEETING OF THE BOARD OF DIRECTORS

PAPER TITLE:	CQUIN standard 1b for Healthy food for staff, visitors and service users
DATE OF MEETING:	30 March 2017
LEAD DIRECTOR: (name and title)	Anthony Deery, Director of Nursing, Professions and Quality
PAPER AUTHOR: (name and title)	Jim Merrick, Contract 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 *Five Year Forward View* made a commitment 'to ensure the NHS as an employer sets a national example in the support it offers its own staff to stay healthy'. This CQUIN builds on this promise and the developments made across England during the past year through some of the work being undertaken within NHS England's Healthy Workforce Programme to help promote health and wellbeing for NHS staff and improve the support that is available for them in order for them to remain healthy & well. A key part of improving health and wellbeing for staff a key part of this is the provision of healthy food. NHS England expects that by 31st March 2017 each NHS organisation will have discussed the changes or planned changes at a Public Board. This paper is submitted to the Board in accordance with this national requirement. It provides assurance to the board on the delivery of the objectives and the trust action plan - within Commissioning for Quality and Innovation (CQUIN) standard 1b. – parts A & B A report which sets out the delivery and impact of all the CQUIN indicators for 2016/2017 will be reported to the Quality Committee in July 2017.
What are the key points and key issues the Board needs to focus on	The Board is asked to note : • The delivery of the key objectives in part (a) of CQUIN 1b • The improvement to the Trust position (as at Jan 2017)
What is the Board being asked to consider	The Board is asked to: • Consider the information provided and the assurances of the objective completion • Note that this will finalise our delivery of the required actions for the CQUIN standard
What is the impact on the quality of care	The improvement made to the proportion of healthy food options available through our vending and retail outlets, contributes to the reduction of foods with High fat, salt and sugar content.
What are the benefits and risks for the Trust	The Trust is seen to be taking proactive steps to improving food choices and to reducing foods high in fat, sugar and salt (HFSS)

What are the resource implications	No direct costs to the Trust
Next steps following this paper being presented to the Board	2017 increases the requirement on the Trust to: • Provide more detailed dietary information for all products on sale. • Further increase the proportion of food and snacks on offer with reduced HFSS
What are the reputational implications and how will these be addressed	The reputational implications for the Trust are: • Ability to deliver externally imposed standards and to demonstrate compliance • Seen to be promoting 'healthy living' and providing informed choices on food
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, as food provision already provides for choices for cultural and medical dietary conditions
What public / service user / staff / governor involvement has there been	The work required to deliver the action plan has been done in conjunction with: • The Trust dietitians • External contractors and suppliers • Catering advisors • Service user forums
Previous meetings where this report has been considered (including date)	Reported and discussed monthly within the dietetics and joint catering services meetings.

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:

- Consider the information provided and the assurances of the objective completion
- Note that the trust has completed all necessary actions and delivery of the required improvements for the CQUIN standard

*** 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 TRUST BOARD

Commissioning for Quality and Innovation (CQUIN) Indicator 1b – Introducing Healthy food for staff, visitors and patients

Background

Indicator 1b – Introducing Healthy food for Staff, visitors and Patients requires the trust to demonstrate compliance to a two part standard;

Part a : Providers will be expected to achieve a 'step change' in the health of the food offered on their premises in 2016/17:

- The banning of price promotions on sugary drinks and foods high in fat, sugar and salt.(HFSS)
  The majority of HFSS fall within five categories: pre sugared breakfast cereals, soft drinks, confectionary savoury snacks and fast food outlets.
- The banning of advertising on NHS premises of HFSS
- The banning of HFSS from checkouts
- Ensuring healthy options are available at any point including those for night staff.

Part b: Providers will also be expected to submit national data collection returns by July 2016 based on existing contracts with food suppliers. This will cover any contracts covering restaurants, cafes, shops, food trollies and vending machines or any other outlet that serves food and drink.

The data collected will include the following: the franchiser name, food supplier, type of outlet, start and end date, contract length and values. It should also include data on volumes of sugar sweetened beverages (SSB)

For LYPFT, the outlets and contractors are limited to:

- Vending services – provided by Interserve through the PFI contract at the Becklin Centre, The Mount and the Newsam Centre, with a 'drinks only' machine at Asket croft. This service is available 24/7.
- Café services – provided by Foodworks at the Becklin Centre.
  This service is available Mon – Fri 0730-1500
- Dining room services – provided by LYPFT 'in house teams' at St Mary's Hospital site.
  This service is provided Mon – Fri 1200-1400

Actions to deliver CQUIN standards

1. Vending services

- Place signage in waiting areas to promote that free cold water is available
- Ensure that the contractor offers at least 50% of drinks with are of a low sugar option
- Ensure that at least 50% of sandwiches on offer are of reduced HFSS
- Label sandwiches and code them to offer an informed choice
- Change snack options to provide reduced HFSS

2. Foodworks services

- Move chocolate bars and crisps away from the till area
- Remove price promotions containing HFSS – or replace with healthy choices
- Ensure that at least 50% of the drinks offers are reduced sugar

3. Dining room services

- Place signage in waiting areas to promote that cold water is available at no charge.
- Ensure that at least 50% of sandwiches on offer are of reduced HFSS
- Change snack options to provide reduced HFSS
- Move chocolate bars away from the till area

Compliance to CQUIN standard (March 2017)

Part a.

- A considerable number of the actions detailed above have been delivered and implemented, including
    - Vending – ensuring labelling of sandwiches detailing fat, sugar and salt proportions
    - Vending – Change snack options to healthy option, within Cquinn guidance
    - Foodworks - Remove price promotions containing HFSS
    - Foodworks - Move chocolate bars and crisps away from the till area
- Low sugar drink offers now account for 80% of sales in all areas
- Snack offers low in HFSS now account for 80% of sales
- No advertising occurs in LYPFT premises (this did not occur anyway)
- No promotional offers exist, other than in Foodworks outlets. Foodworks are offering deals which promote products low in HFSS
- Any chocolate sales have been removed from till areas
- Vending services offer in excess of 70% low sugar drinks and have increased the healthy options on sandwiches, snacks and sweets to over 50%, this is available 24/7

Part b.

- July data return was submitted on time
- March confirmation of data will be submitted on 31.03.17
- Requirement to share actions and compliance with CCG will be complete following the Board discussion

Conclusion

The Trust has demonstrated its commitment to achieving this CQUIN which is designed to address an identified national problem around increasing levels of obesity in society.

The trust will continue to sustain this approach and where possible build on the good work that has taken place so far.

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
DATE OF MEETING:	30 March 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)							
Quality		Strategic		Governance	✓	Information	

THIS PAPER SUPPORTS THE TRUST'S STRATEGIC GOAL/S (please tick relevant box/s)		✓
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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:	
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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 the Board with the following information i) The number and type (where known) of Serious Incidents (SI) reported from December 2016 – February 2017. ii) A summary of key themes and lessons learnt from the SIs reviewed at the Trust Incident Review Group (TIRG) meetings held on 25/01/17, 8/02/17 and 8/03/17 iii) Update on national and local developments
What are the key points and key issues the Board needs to focus on	The lessons learnt The local and national developments
What is the Board being asked to consider	To be assured; • The system for managing Serious Incidents is operating effectively. • SIs are being rigorously investigated • The recommendations and actions plans are being actively managed • The lessons learnt are being identified and applied to improve practice • The Trust's SI process is taking into account local and national developments
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. The learning from incidents is shared directly with the clinical teams involved in each case and where there is a wider application with other parts of the service. This is part of the Trust's aim to continuously improve the quality and safety of the care it provides. In addition to the internal process, the findings from our SI investigations are used to assist the Coroner's Office. At a recent meeting with the Coroner he remarked on how thorough the Trust's investigation reports are and which he finds extremely helpful.
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 governance structures within the 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

Trust Serious Incidents and Lessons Learnt

1. Purpose

The purpose of this paper is to provide the Board with the following information, serious incidents (SIs) reported during the period 1 December 2016 – 28 February 2017, a summary of lessons learnt from SIs reviewed at the Trust Incident Review Group and information in regard to national and local developments relevant to serious incidents.

2. Overview of SIs by Care Group

Table 1 shows there were 7 deaths that met the serious incident reporting threshold during this period and 1 security incident at a low secure ward. These incidents are now subject to investigation and the findings will be reported to the Trust Incident Review Group.

There were no deaths in an inpatient setting during this period. In each case the Trust has fulfilled its Duty of Candour requirements with the families. The patient involved in the security incident at Clifton House did not come to any harm.

Table 1

	Care Group	Incident Date	Incident Type	Incident Number	Severity Rating	Service
1	Leeds	15/12/2016	Death – Hanging	WEBINC-21575	5	ENE CMHT
2	Leeds	19/12/2016	Death – Hanging	WEBINC-21620	5	W4 Becklin/WNW ICS
3	Leeds	28/12/2016	Death - Hanging	WEBINC-21921	5	WNW ICS
4	Specialist	24/12/2016	Security issue	WEBINC-21832	3	Rose Ward, Clifton
5	Leeds	03/01/2017	Death whilst AWOL – cause to be determined	WEBINC-22166	5	W3 The Mount
6	Leeds	17/01/2017	Death – train related	WEBINC-22737	5	Millfield House
7	Leeds	01/02/2017	Death – cause to be determined	WEBINC-23002	5	WNW CMHT
8	Leeds	22/02/2017	Death - Hanging	WEBINC-23629	5	WNW ICS

3. Lessons learnt

The purpose of the Trust Incident Review Group is to review the investigation reports to ensure that all serious incidents;

- have been investigated thoroughly
- to agree recommendations and action plans are relevant and achievable
- to oversee the implementation of action plans

- 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: 25/01/17, 08/02/17 & 08/03/17

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

Root Causes	1
Contributory Factors	8
Incidental Findings	34
Family Questions	0

Key Lessons Learnt from the cases reviewed

SALT (Speech and Language Therapy) Referral
The issue of SALT referrals was highlighted within a Serious Incident review at The Mount where sadly a patient died following a choking incident.
The Leeds Mental Health Care Group had been trying to recruit a permanent part-time Speech and Language Therapist, but this had been unsuccessful. To mitigate this, the Trust was using an independent provider pending the recruit of a permanent member of staff. The Trust has also been in negotiation with Leeds Community Healthcare Trust (LCH) and Leeds Teaching Hospital Trust to assist with the provision of a SALT and recruitment to this post.

In addition to this, the guidelines on swallowing difficulties and training to staff have been reviewed with input from a SALT to ensure staff are identifying at risk patients and managing their care safely and effectively.

The arrangement with the independent provider remains in place at this time and the Trust is continuing to recruit including the option for a shared post with LCH.

Communication from MARAC (Multi-Agency Risk Assessment Conference)
A serious incident review raised concern regarding how communications where connected back into the Trust to inform risk following a MARAC. The group noted that MARAC is much more victim focused than perpetrator.

All agreed that in order for it to work we must ensure that the information feeds back to the Clinicians. It can be evidenced by:

- Safeguarding attending all MARAC meetings.
- PARIS populated with the information.
- Safeguarding team ensuring Clinicians are aware of MARAC referrals.

Service user engagement following leave
There was limited engagement with a service user following his formulation meeting and despite concerns noted about possible illicit drug use and a positive urine drug screen shortly after admission; this was not discussed with the service user and no action was taken specifically related to these concerns.

The service user was not reassessed on return to the ward from leave to identify if there were any changes in his well-being and presentation.

It was recognised that practice did not meet the current NICE Guidance (NG 58 Co-existing severe mental illness and substance misuse: assessment and management in health care settings). The Clinical Director for the Leeds Care Group is undertaking a review of practice across all wards and will ensure that any gaps are addressed.

The investigation also recommended the importance of family involvement, communication with family, gaps in documentation and the importance of engaging with patients who have returned from leave regardless of their legal status.

The recommendations have been taken through the Acute Inpatient and PICU Clinical Improvement Forum.

Use of CPA (Care Programme Approach)
A formal face to face CPA meeting between the partner organisations did not take place. There was insufficient evidence to conclude that it would have altered the agreed plan of care, however, it may have highlighted cumulative risks. This re-enforced the importance of ensuring care coordination meetings re conducted in accordance with agreed processes. A review of CPA practice is currently taking place as part of the Care coordination and Safety Planning Project which is being led by the Clinical Director for Specialist Services.

Staff safety
An incident review highlighted the inability of the nursing team on duty to manage a situation and to intervene prior to the escalation of an incident. The gender mix of the staff and lack of confidence were factors and contributed to the staff not feeling equipped to deal with the situation despite having the requisite skills and knowledge.

To address this, the Prevention and Management of Violence and Aggression (PMVA) department are to undertake some additional work with staff.

The service manager is reviewing the shift coordinators/ward managers manage the gender mix within wards.

Leave Planning
One investigation found that there was no involvement with the service user's wife in preparation for his home leave or agreed discharge plan. This lack of communication resulted in the ward team being unaware of how the service user was presenting at home and there was lack of clarity as to how to manage the risks once discharged.

This has been addressed directly with the ward team as this should have happened as part of the person's discharge planning.

It is also being addressed more widely through the Triangle of Care project which is designed to improve the way in which we communicate with families and carers.

5 Areas of Good Practice

Feedback from an external investigator

An external investigator completing a Serious Incident Investigation for the Trust wished it be noted that the Trust had been very supportive, open and transparent during the review he also thanked the staff involved for all their support.

Care at The Mount

The staff at The Mount provided continuous support for supervision of a service user whilst he was an inpatient at Leeds Teaching Hospital Trust.

- The Resuscitation Team at LYPFT commented that a service user's successful resuscitation was the result of good practice and of a high standard.
- Throughout a service user's admission to The Mount he was provided with a high standard of nursing care to manage his significant complexities as safely as possible.

Aspire Care Coordinator

There was good communication with the ASPIRE (third sector provider in Leeds) Care Coordinator, who attended the formulation meetings at the Trust.
The ASPIRE Care Coordinator developed a good professional relationship with the service user and made many attempts to maintain engagement with them during 2015.

Positive Support

In one investigation, a worker from Touchstone (3rd sector provider in Leeds) highlighted that the service user always spoke positively about his support from the CMHT, in particular from member of staff B. This has been fed back to member of staff B.

Support to staff

Staff were very appreciative that following an SI they were offered and received clinical supervision and a telephone call from the acting ward manager. A critical incident stress debrief session was also held for staff. Whilst this is expected good practice it is encouraging to see that it was actually carried out and staff were appreciative of it.

Support to service user and carer

WNW ICS provided support for a service user's wife enabling her to have one to one sessions with staff as staff realised that she was experiencing carer related stress. The service user's family spoke very highly of the Band 6 WNW CMHT practitioner who saw the service user.

Arts Therapy

The Occupational Therapist involved in the art and ceramics therapy at the Becklin Centre provided excellent support to a service user, his family reported that he found the sessions to be therapeutic and beneficial.

4. Local developments

On the 23 March the Trust held workshop to review the current serious incident process to ensure our system and processes are in accordance with the NHS England Serious Incident Framework. The event was facilitated by the Quality improvement team and attended by a good cross section of clinical and non-clinical staff. The outputs will be written up and taken through TIRG and the care group clinical governance forums.

In addition to this the Trust has commissioned Root Cause Analysis (RCA) training for staff who will be involved in undertaking SI investigations. This is scheduled to take place in May-

June this year and will ensure that our staff are trained to a consistent standard for undertaking this work.

5. National Developments

In December 2016 CQC published its Learning, candour and accountability report; A review of the way NHS trusts review and investigate the deaths of patients in England.

The major findings were:-

- Families and carers were inconsistently involved in the investigation process and felt un-listened to.
- There was variation and inconsistency in how Trusts reported, identified and investigated deaths.
- There was a lack of any consistent framework for informing Boards, or learning from incidents.
- CQC found no single Trust which it considered to have a gold standard system but was able to identify areas of good practice.

The report made seven recommendations of which only one is directly targeted at provider services (recommendation 7). The remainder are directed to the Secretary of State, National Quality Board, Royal Colleges, Health Education England and NHS Digital. A key overall recommendation was that a single national framework for learning from deaths should be developed.

Recommendation 7 in full states that:-
Provider organisations and commissioners must work together to review and improve their local approach following the death of people receiving care from their services. Provider boards should ensure that national guidance is implemented at a local level, so that deaths are identified, screened and investigated, when appropriate and that learning from deaths is shared and acted on. Emphasis must be given to engaging families and carers.
Provider boards should ensure:

- *Patients who have died under their care are properly identified.*
- *Case records of all patients who have died are screened to identify concerns and possible areas for improvement and the outcome documented.*
- *Staff and families/carers are proactively supported to express concerns about the care given to patients who have died.*
- *Appropriately trained staff are employed to conduct investigations.*
- *Where serious concerns about a death are expressed, a low threshold should be set for commissioning an external investigation.*
- *Investigations are conducted in a timely fashion, recognising that complex cases may require longer than 60 days.*
- *Families and carers are involved in investigations to the extent that they wish.*
- *Learning from reviews and investigations is effectively disseminated across their organisation, and with other organisations where appropriate.*
- *Information on deaths, investigations and learning is regularly reviewed at board level, acted upon and reported in annual Quality Accounts.*
- *That particular attention is paid to patients with a learning disability or mental health condition.*

The findings and recommendations support work the Trust is already doing to improve the investigatory process and subsequent learning.

Further to this, the National Quality Board recently published A Framework for NHS Trusts and NHS Foundation Trusts on Identifying, Reporting, Investigating and Learning from Deaths in Care.

Trusts should ensure their governance arrangements and processes include, facilitate and give due focus to the review, investigation and reporting of deaths, including those deaths that are determined more likely than not to have resulted from problems in care. Trusts should also ensure that they share and act upon any learning derived from these processes.

The Trust is part of a (9 Trust) collaborative in the North of England who are working together to ensure that a consistent approach is developed across the region to how we interpret and operate within the framework. This work has been sponsored by the Yorkshire and Humber and North of England Mental Health Trusts Chief Executive Group.

6. Recommendations

To be assured;

- The system for managing Serious Incidents is operating effectively.
- SIs are being rigorously investigated
- The recommendations and actions plans are being actively managed
- The lessons learnt are being identified and applied to improve practice
  The Trust's SI process is taking into account local and national developments

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:	30 March 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)	

SUMMARY DETAILS OF THE PAPER	
Purpose of paper	There is a national requirement for all NHS Trusts to publish staffing data on NHS Choices website on a monthly basis and to report to the Board exceptions to planned staffing levels where fill rates are either exceed 120% or falls below 80%. The information relates specifically to Registered Nurses (RNs) and Health Support Workers (HSWs). The data attached at Appendix A, submitted to NHS Choices, relates to December 2016 and January 2017.
What are the key points and key issues the Board needs to focus on	25% of the 26 Wards covered by this report experienced significant pressures, however, through the appropriate use of the Escalation Procedure and ongoing recruitment and retention work these ward were able to maintain safe patient care.
What is the Board being asked to consider	That the actions taken to maintain safety have been sufficient. For the reporting period there continued to be staffing pressures across both Care groups. In the Leeds Care Group, this was most prevalent at The Mount. The Mount had both RN and HSW vacancies during this period. A recent recruitment event successfully recruited 6 RNs, however, 4 are currently student nurses and will not be available for work until the autumn. A review of the staffing model for older people's wards is being undertaken and the Matron is working closely with the ward managers to provide support in the interim period. In Specialist Services the pressures were most prevalent in the Forensic Inpatient Service and the Learning Disability Inpatient Service. Of particular note in the Forensic service was the temporary closure of Westerdale Ward, Clifton House, York. This occurred in December due to a significant shortfall in permanent Registered Nurses and ongoing recruitment difficulties. The decision was taken following an assessment by the service and in discussion with NHS England to ensure patients were not placed at risk. The service is working closely with the commissioners around plans to reopen the ward this year. In the Learning Disability Inpatient Service the higher use of

	bank staff was the result of vacancies. This did not have a detrimental impact on the safe care of patients. Overall our data shows that bank and agency usage in Q3 had reduced from the previous quarter and that substantively employed staff filled the majority of additional duties.
What is the impact on the quality of care	Low numbers of available regular staff and a high use of occasional bank/agency staff can have a detrimental impact on patient safety. It can also increase cost without any add value to quality and safety.
What are the benefits and risks for the Trust	This report enables the Trust to 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	This report will be discussed at the Care Group Risk Forums and Clinical Governance Councils to ensure there is a good understanding and ownership of the staffing issues and any action required to address future pressures.
What are the reputational implications and how will these be addressed	There is a risk that where staffing does not meet planned levels the Trust is unable to provide the high quality care it aspires to and this may result in poor patient and carer experience. Through the agreed escalation procedure and our ongoing staff recruitment and retention strategies the Trust continues to proactively anticipate put plans in place to mitigate these pressures.
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)	Executive team on the 22 March 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 be assured that whilst 25% of wards experienced significant pressures the Trust were able to maintain safe in-patient care.

*** EQUALITY ACT 2010**

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

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Appendix A December 2016 Unify

HospitalName	HospitalSiteCode	WardName	Type	PlannedRegHoursDay	ActualRegHoursDay	PercentRegDay	PlannedRegHoursNight	ActualRegHoursNight	PercentRegNight
ASKET HOUSE	RGDAP	Asket Inpatient Unit	HCW	1,338	1,487.25	111.15%	1,023	1,145	111.93%
			Nursing	1,062.5	1,163.41666666	109.50%	682	682.5	100.07%
BECKLIN CENTRE	RGDBL	Becklin Ward 1	HCW	619.5	966.75	156.05%	660	737	111.67%
			Nursing	1,237	1,053	85.13%	671	704	104.92%
		Becklin Ward 2 CR	HCW	697.5	712	102.08%	713	759	106.45%
			Nursing	713	722.5	101.33%	713	667	93.55%
		Becklin Ward 3	HCW	762	1,079.5	141.67%	672.5	738.5	109.81%
			Nursing	1,172	1,055.5	90.06%	682	662	97.07%
		Becklin Ward 4	HCW	744	1,195.5	160.69%	671	737	109.84%
			Nursing	1,218	900	73.89%	671	682	101.64%
		Becklin Ward 5	HCW	773.5	1,114.5	144.09%	682	821.5	120.45%
			Nursing	1,264.5	1,173.15	92.78%	682	687	100.73%
Clifton House	RGDT5	York - Bluebell	HCW	649.5	1,203.25	185.26%	664.33	718.0166666	108.08%
			Nursing	825	670	81.21%	332.32	344.93333342	103.80%
		York - Riverfields	HCW	660	1,170.5	177.35%	664.33	664.43333323	100.02%
			Nursing	773.5	737.5	95.35%	321.6	321.5000001	99.97%
		York - Rose	HCW	754	944	125.20%	642.91	760.88333327	118.35%
			Nursing	735	840	114.29%	321.6	321.5000001	99.97%
		York - Westerdale	HCW	873	232.5	26.63%	664.33	128.6	19.36%
			Nursing	894	177.5	19.85%	332.32	75.01666669	22.57%
LEEDS GENERAL INFIRMARY	RGD03	YCPM LGI	HCW	484.5	489.5	101.03%	315	325.5	103.33%
			Nursing	928.98	893.9	96.22%	640.5	619.5	96.72%
NEWSAM CENTRE	RGDAB	New sam Ward 1 PICU	HCW	1,401	2,299	164.10%	660	1,610	243.94%
			Nursing	1,270.5	1,134.5	89.30%	660	612.25	92.77%
		New sam Ward 2 Forensic	HCW	885	1,130.58333333	127.75%	666.5	752	112.83%
			Nursing	819	992.25	121.15%	322.5	365.5	113.33%
		New sam Ward 2 Womens Services	HCW	891	1,021	114.59%	666.5	688	103.23%
			Nursing	844.5	1,039	123.03%	322.5	311.75	96.67%
		New sam Ward 3	HCW	687	1,145	166.67%	559	708	126.65%
			Nursing	742.5	743.5	100.13%	311.75	333.5	106.98%
		New sam Ward 4	HCW	774	1,196.5	154.59%	671	748	111.48%
			Nursing	1,186.5	936	78.89%	660	704.5	106.74%
		New sam Ward 5	HCW	1,231	1,807.41666667	146.83%	660	1,065	161.36%
			Nursing	832.5	835.66666667	100.38%	583	588	100.86%
		New sam Ward 6 EDU	HCW	843	1,289	152.91%	651	693.75	106.57%
			Nursing	880.5	854.5	97.05%	315	325.5	103.33%
PARKSIDE LODGE	RGDPL	Parkside Lodge	HCW	1,357.5	1,981	145.93%	1,228.5	1,438.5	117.09%
			Nursing	1,270	1,178	92.76%	651	672	103.23%
ST MARY'S HOSPITAL	RGD17	2 Woodland Square	HCW	660	386.5	58.56%	317	275	86.75%
			Nursing	619.5	479.5	77.40%	325.5	294	90.32%
		3 Woodland Square	HCW	862.5	885.5	102.67%	325.5	294	90.32%
			Nursing	640.5	519	81.03%	325.5	357	109.68%
THE MOUNT	RGD05	Mother and Baby The Mount	HCW	789	1,416.83333334	179.57%	638	861.08333333	134.97%
			Nursing	815	792.5	97.24%	627	638	101.75%
		The Mount Ward 1 New (Male)	HCW	1,696.5	2,028.33333333	119.56%	999.75	1,686.75	168.72%
			Nursing	841	908	107.97%	666.5	301	45.16%
		The Mount Ward 2 New (Female)	HCW	1,314	1,540.5	117.24%	666.5	1,323.25	198.54%
			Nursing	858	966.5	112.65%	655.75	408.5	62.30%
		The Mount Ward 3a	HCW	1,222.5	1,230.74999999	100.67%	660	704.25	106.70%
			Nursing	854.5	839.08333334	98.20%	341	343.25	100.66%
		The Mount Ward 4a	HCW	1,295	1,447.93333334	111.81%	679.58	726	106.83%
			Nursing	843.75	711.33333333	84.31%	330	340.83333333	103.28%
York - Mill Lodge	RGDVE	York - Mill Lodge	HCW	1,345.5	890.08333332	66.15%	682	857.66666667	125.76%
			Nursing	1,365	1,419.	103.96%	682	683.5	100.22%

Leeds and York Partnership NHS

NHS Foundation Trust

Appendix A January 2017 Unify

HospitalName	HospitalSiteCode	WardName	Type	PlannedRegHoursDay	ActualRegHoursDay	PercentRegDay	PlannedRegHoursNight	ActualRegHoursNight	PercentRegNight
ASKET HOUSE	RGDAP	Asket Inpatient Unit	HCW	1,333.5	1,439.91666667	107.98%	1,023	1,198.5	117.16%
			Nursing	1,073	1,212.83333333	113.03%	682	671	98.39%
BECKLIN CENTRE	RGDBL	Becklin Ward 1	HCW	622.5	990.41666667	159.10%	671	726	108.20%
			Nursing	1,131	898.5	79.44%	682	660	96.77%
		Becklin Ward 2 CR	HCW	685.5	729	106.35%	701.5	779.5	111.12%
			Nursing	713	694	97.34%	713	632.2	88.67%
		Becklin Ward 3	HCW	732	1,333.75	182.21%	671	891	132.79%
			Nursing	1,125	1,035.16666666	92.01%	682	682	100.00%
		Becklin Ward 4	HCW	768	1,131.75	147.36%	649	715	110.17%
			Nursing	1,245	1,034.5	83.09%	649	704	108.47%
		Becklin Ward 5	HCW	732	1,124.25	153.59%	627	840.5	134.05%
			Nursing	1,222.98	1,209.16666667	98.87%	671	710	105.81%
Clifton House	RGDT5	York - Bluebell	HCW	681	1,176	172.69%	664.33	666.43333323	100.32%
			Nursing	790.5	797	100.82%	332.32	338.21666677	101.77%
		York - Riverfields	HCW	636.5	1,206.5	189.55%	653.62	750.16666659	114.77%
			Nursing	733.5	779.5	106.27%	332.32	332.21666677	99.97%
		York - Rose	HCW	640.5	1,174	183.29%	653.62	932.34999998	142.64%
			Nursing	787.5	757.5	96.19%	289.44	353.65000009	122.18%
LEEDS GENERAL INFIRMARY	RGD03	YCPM LGI	HCW	489.5	502	102.55%	325.5	325.5	100.00%
			Nursing	918.5	877	95.48%	640.5	630	98.36%
NEWSAM CENTRE	RGDAB	New sam Ward 1 PICU	HCW	1,338	2,837	212.03%	605	2,244	370.91%
			Nursing	1,279.5	1,054.5	82.42%	660	535	81.06%
		New sam Ward 2 Forensic	HCW	895.5	1,137	126.97%	666.5	688	103.23%
			Nursing	852	872.75	102.44%	333.25	333.25	100.00%
		New sam Ward 2 Womens Services	HCW	867	1,136.66666666	131.10%	666.5	677.25	101.61%
			Nursing	837	785.33333334	93.83%	333.25	333.25	100.00%
		New sam Ward 3	HCW	814.5	978.75	120.17%	634.25	677.25	106.78%
			Nursing	829	855.3	103.17%	322.5	333.25	103.33%
		New sam Ward 4	HCW	739.5	1,099.5	148.68%	660	759	115.00%
			Nursing	1,226	1,079.5	88.05%	671	682	101.64%
		New sam Ward 5	HCW	1,213.5	1,591	131.11%	682	924	135.48%
			Nursing	790.5	773.5	97.85%	605	572	94.55%
		New sam Ward 6 EDU	HCW	814.5	1,174	144.14%	651	599.25	92.05%
			Nursing	861.5	878.5	101.97%	325.5	399.95	122.87%
PARKSIDE LODGE	RGDPL	Parkside Lodge	HCW	1,557.5	2,376.5	152.58%	945	1,847.83333333	195.54%
			Nursing	1,211.5	1,221.5	100.83%	651	653	100.31%
ST MARY'S HOSPITAL	RGD17	2 Woodland Square	HCW	684	351.5	51.39%	325.5	325.5	100.00%
			Nursing	659	557	84.52%	325.5	325.5	100.00%
		3 Woodland Square	HCW	882	684.5	77.61%	325.5	493.5	151.61%
			Nursing	640.5	402.5	62.84%	325.5	252	77.42%
THE MOUNT	RGD05	Mother and Baby The Mount	HCW	838.5	1,376.66666667	164.18%	671	770	114.75%
			Nursing	793.5	822.41666667	103.64%	649	627	96.61%
		The Mount Ward 1 New (Male)	HCW	1,673	2,162	129.23%	989	1,712.25	173.13%
			Nursing	839	847	100.95%	666.5	333.25	50.00%
		The Mount Ward 2 New (Female)	HCW	1,275	1,533.25	120.25%	645	1,151.25	178.49%
			Nursing	882	941.1	106.70%	666.5	430	64.52%
		The Mount Ward 3a	HCW	1,246.75	1,325.5	106.32%	682	825	120.97%
			Nursing	841.25	760.5	90.40%	341	342	100.29%
		The Mount Ward 4a	HCW	1,298	1,490.91666667	114.86%	671	682.5	101.71%
			Nursing	797.5	816.33333333	102.36%	341	341	100.00%
York - Mill Lodge	RGDVE	York - Mill Lodge	HCW	1,347	1,180.49999998	87.64%	682	829.41666667	121.62%
			Nursing	1,396.5	1,180.5833333	84.54%	681.5	683.5	100.29%

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:	30 March 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 February 2017.
What are the key points and key issues the Board needs to focus on	The number of overdue complaint responses increased with some responses having taken 54 days to process. The delays were not always justified and mainly related to delay in the quality assurance (QA) process. Apologies were given to the complainants. In view of this the current QA process is being reviewed to ensure we respond consistently within the agreed timeframe. The Director of Nursing will raise the item at the senior management group to determine the right actions and accountabilities are put in place to improve timeliness of responses.
What is the Board being asked to consider	To be assured that complaints are rigorously investigated and that the findings together with the information acquired through the PALS, compliments and claims processes are used to improve future practice.
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.
- Be assured of the actions being taken to address the rising number of overdue complaints.

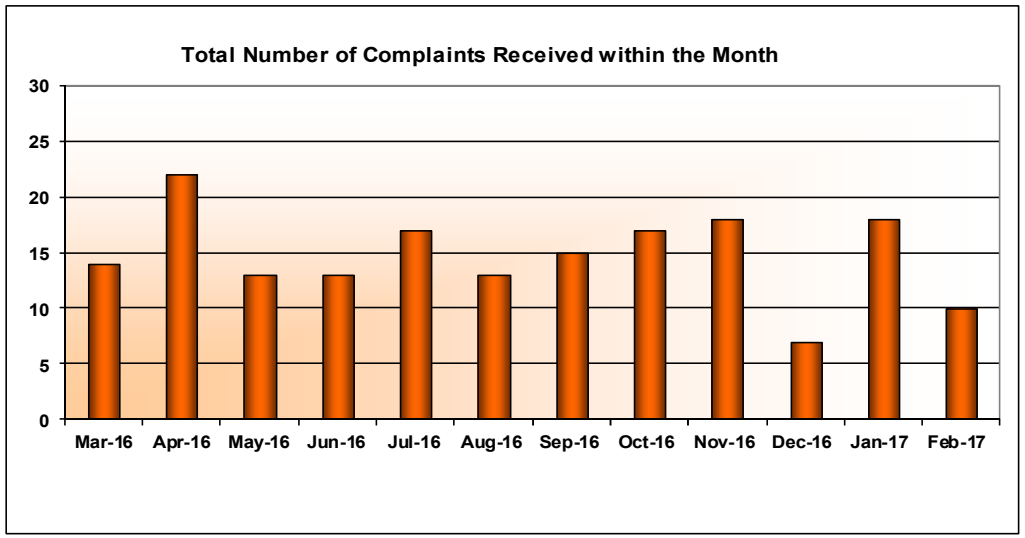
*** EQUALITY ACT 2010**

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

PALS and Complaints Summary Report: March 2017 (based on February 2017 data)

This report provides data on activity and performance information about complaints, PALS, compliments and claims for February 2017.

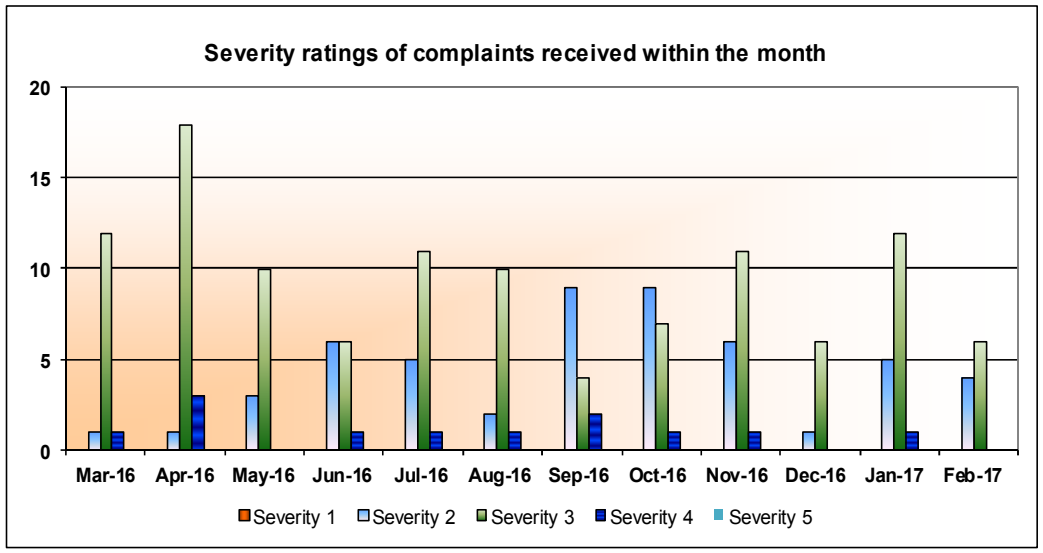
1. Total number of complaints received within the month



In February 2017, the Trust received 10 formal complaints.

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

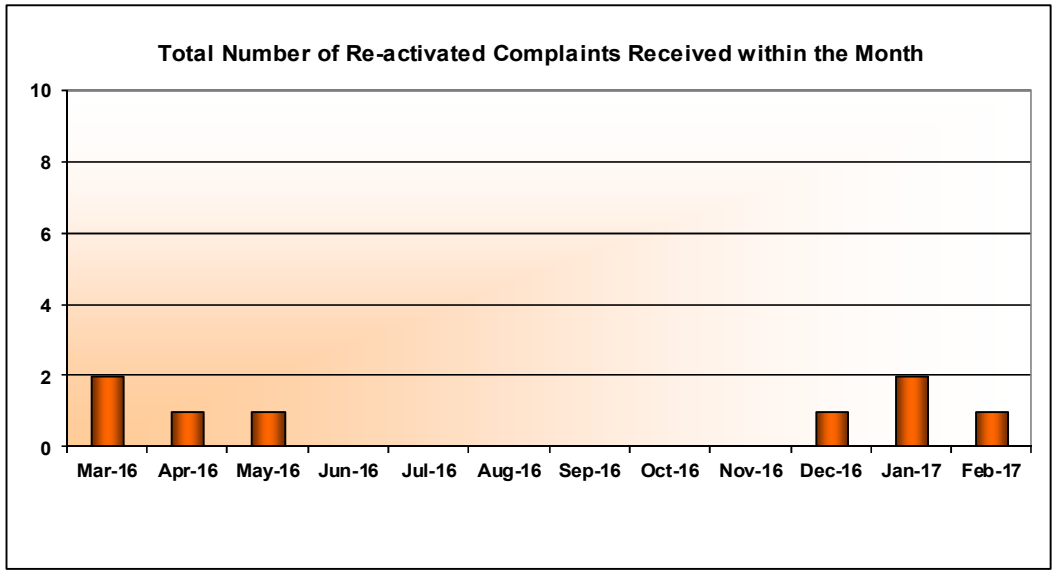


There were no “Severity 4” rated complaints received in February 2017.

Updates

- Severity 4 complaint received in October 2016 was fully investigated. The complaint was partly upheld as there was evidence to support the lack of communication within the service. This was attributed to the service being covered by temporary staff. The complainant has been informed that the service has been fully recruited with permanent staff which will provide a much better and accurate responses.
- Severity 4 complaint received in November 2016 was fully investigation. The complaint was not upheld as there was no evidence to support the allegations made against a member of staff.

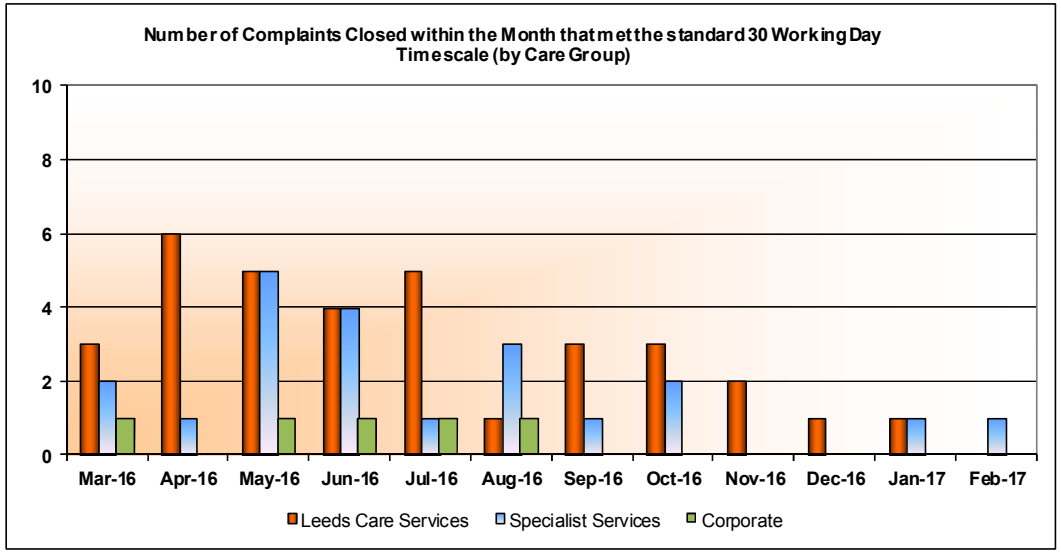
3. Total number of re-activated complaints received within the month



One re-activated complaint was received in February 2017, 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)



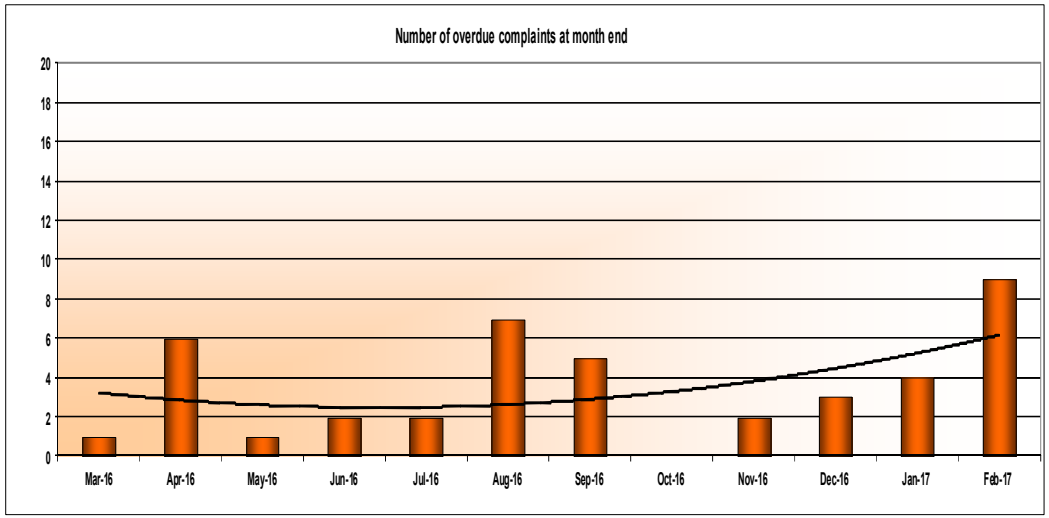
Of the seven complaints closed in February 2017, two were responded to within the standard 30 working day timescale. On complaint had a revised timescale which was fully agreed with the complainant.

The remaining four complaint responses were overdue by between 31 and 54 working days. The delays were attributed to:-

- Two complaints were delayed waiting for the Associate Director to approve the draft response.
- Two complaints were delayed due to the investigator obtaining further information from staff members who were either on sick or annual leave.

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.

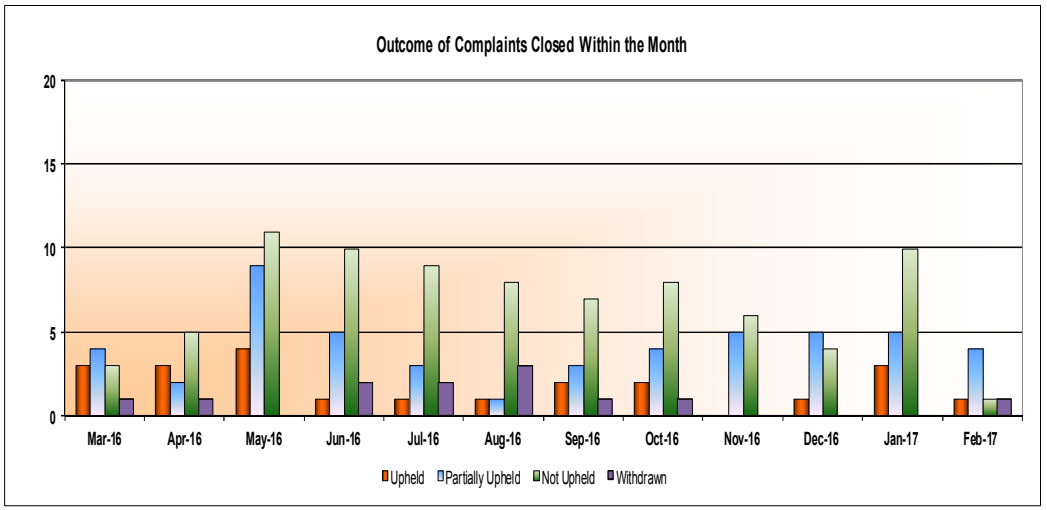
5. Number of complaints overdue at month end



As of the 3 March 2017, there are nine overdue complaints. Five complaints are with the Associate Director for approval. Four complaints are 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 seven closed during February 2017, one was not upheld, four were partly upheld, one was upheld and one was withdrawn.

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

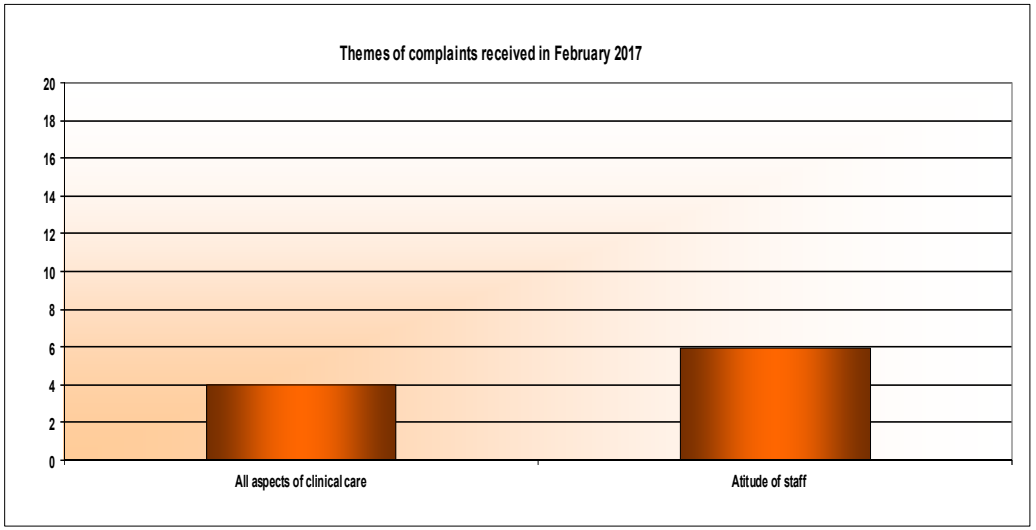
- The investigation identified that the "task referral" request had not been completed and followed up in a timely manner. The error has been addressed and rectified, to ensure that any further similar errors are prevented from occurring.
- During the investigation, it was identified that a leaflet with incorrect details had been sent in error. All old leaflets within the service have all been replaced with new leaflets detailing correct contact details.
- On reviewing the complainants records, there was no evidence to show that any further attempts were made to contact them. Unfortunately, this meant that the complainant was not aware that their referral had not been accepted. The Locality Manager will address the concerns raised within the complaint with individual staff concerned.
- It was identified that there was no psychology provision within one of the Trust's services. Two part-time staff have been identified, within the service, to provide this provision.
- There had been a delay in the transfer arrangements for a service user. Contact has been made with the complainant's GP and it is hoped that transition arrangements will now be much smoother.

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. Parliamentary and Health Service Ombudsman (PHSO)

The PHSO were set up by Parliament to provide an independent complaint handling service for complaints that have not been resolved by the NHS in England and UK government departments.

During February 2017, the Trust received the PHSO's final report into a complaint they had investigated from a service user. The service user made a complaint about the service provided to them within the community and with the way in which their complaint was handled within the Trust. Following an investigation carried out by the PHSO, they have decided to Partly Uphold the complaint and have put a number of recommendations in place which are as follows:-

- To write to the complainant, acknowledging and apologising for the distress caused
- Prepare an action plan, supported by evidence, which details what it has done and plans to do, including timescales, to avoid a recurrence of the failings identified.

9. 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 19 sessions having been delivered to date. Uptake of training continues to rise and a total number of 155 staff have now been trained (with a further eight staff booked on future training). Training is evaluated after each session with positive comments being received (reproduced as written):

- *"Fantastic trainers - friendly and approachable. Very interesting training.".*
- *"Excellent session. I now feel informed and supported. Very personable trainers.".*
- *"The training was delivered at a good pace for the group. The content was really useful and specific to our needs for complaint management and reassurance given re support available to us."*
- *"Very interesting training. I feel more knowledgeable and prepared to deal with this. Perfect group size allowed discussion and exchange of experience and ideas."*

- 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.
- 90% 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 nine training sessions have been delivered to date with future dates scheduled during 2017. Training is evaluated after each session with positive comments being received (reproduced as written):

- *"Really enjoyable. Liked the role play between Clare & Andrew and being able to comment as we went along. Thank you."*
- *"Enjoyable class. Good chemistry between tutors. Will recommend class to work colleagues."*
- *"Good training, enjoyed it. Friendly staff".*

10. Learning from complaints

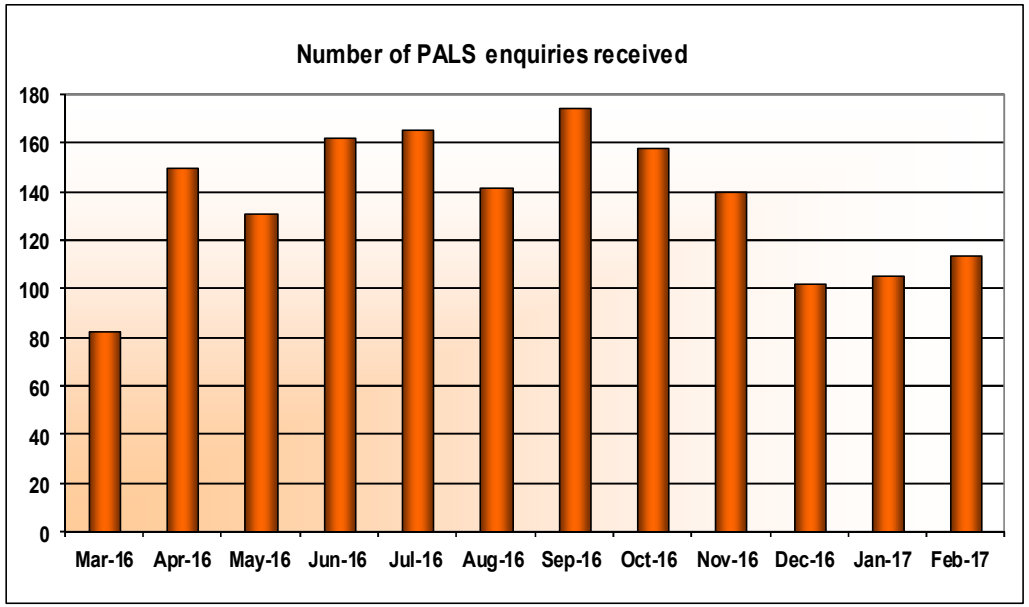
Our next complaints review panel meeting, made up of people with lived experience of mental health services, is scheduled for March 2017.

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.

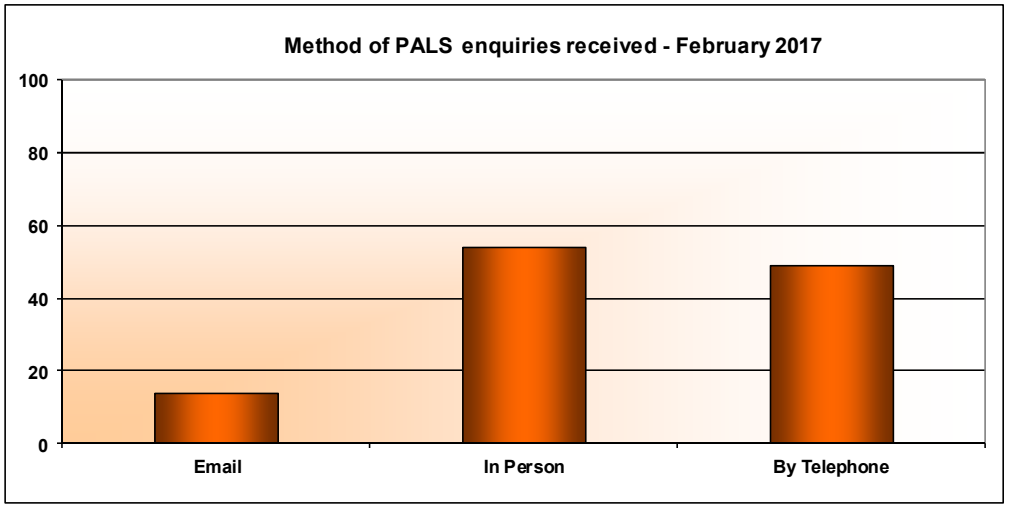
Feedback from complainants is actively pursued and each response letter is accompanied by a feedback form, with a self-addressed envelope. The format of the complaints feedback questionnaire has been revised in line with national best practice. Since April 2015, 36 responses have been received. Feedback 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 February 2017, records indicate that there were 114 PALS enquiries.

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.

A newly recruited PALS officer will start in March 2017 with the PALS Officer, currently on maternity leave, returning in March 2017. As a result of increased capacity, the PALS team will explore the options of visiting other areas around the Trust.

12. Themes of PALS enquiries received

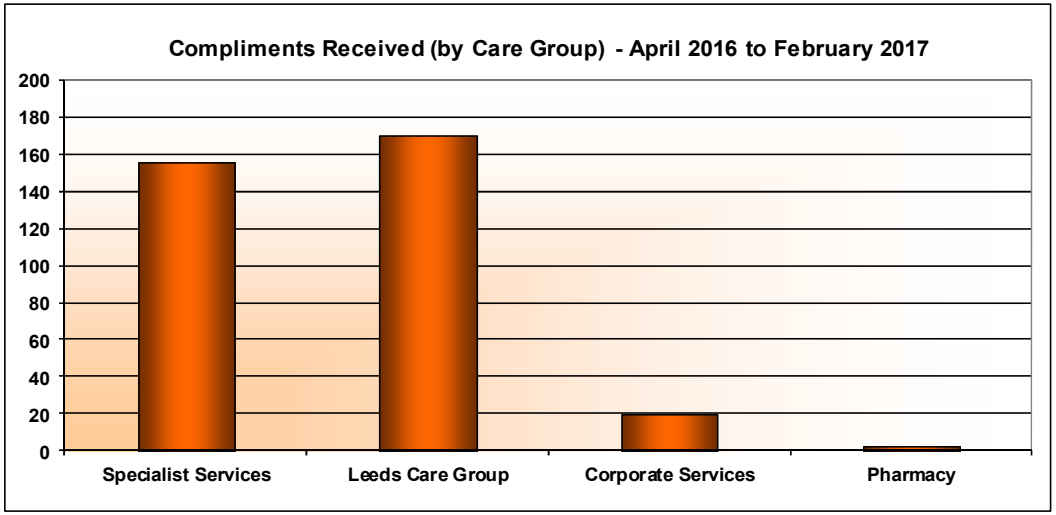
Of 114 PALS enquiries recorded in February 2017, the majority of enquiries were individuals wanting to have a general advice about their health.

The PALS team liaise directly with services as soon as issues are raised, to secure speedy resolution. As part of our review of data collection and reporting we 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, 348 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:

- *Just a little card to send all our most sincere thanks for all you did in the care and assistance of our mum who sadly passed away yesterday. we met all of you during the most difficult and traumatic days of our lives, and your friendliness, professionalism and support was second to none. we consider ourselves (and our mum) to be very lucky to have had such a dedicated team to trust and rely upon. this card is to say a heartfelt thank you*
- *Thank you so much for all your support over the last year. I've had some challenging times, scary times, sad times but your kind words and guidance have helped me through and shown me how to reclaim my life. I am forever grateful.*

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 February 2017.

15. Claims Received

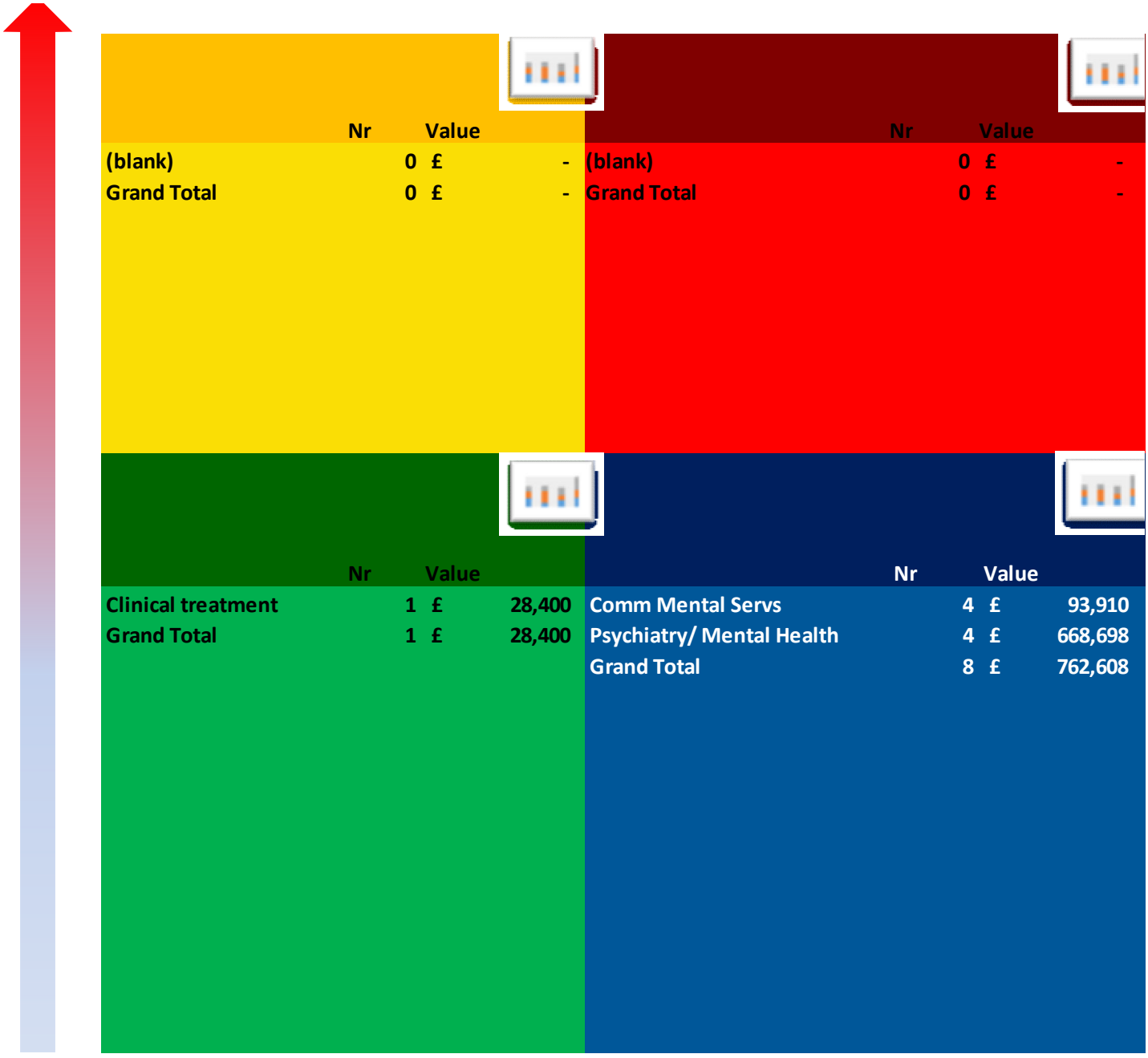
A summary of all open claims is shared via the care group CLIP reports to Clinical Governance Councils. Clinical Directors and Associate Directors are informed of any new claims.

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.



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

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

	Nr	Value
Clinical treatment	1	£ 28,400
Grand Total	1	£ 28,400

	Nr	Value
Comm Mental Servs	4	£ 93,910
Psychiatry/ Mental Health	4	£ 668,698
Grand Total	8	£ 762,608

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

Leeds and York Partnership NHS
NHS Foundation Trust

AGENDA ITEM

12.0

LEEDS AND YORK PARTNERSHIP NHS FOUNDATION TRUST

MEETING OF THE BOARD OF DIRECTORS

PAPER TITLE:	NHS Staff Survey 2016
DATE OF MEETING:	30 March 2017
LEAD DIRECTOR: (name and title)	Susan Tyler, Director of Workforce Development
PAPER AUTHOR: (name and title)	Angela Earnshaw, Head of Learning and Organisational Development and Tracey Needham, Engagement & OD Facilitator

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 report is to provide a summary of the main points from the outcome of the 2016 NHS Staff Survey for the Leeds and York Partnership NHS Foundation Trust (LYPFT). The results were made public on 7 March 2017 when NHS England published the feedback reports for all trusts in England
What are the key points and key issues the Board needs to focus on	A comprehensive communications campaign was utilised before and during the survey to promote the survey and ensure as many staff as possible were encouraged to participate. The official sample size for was 2,412 which represents a full census of all staff working in the Trust. The response rate to the survey was 53%, which +3% higher than the average for mental health and learning disability trusts in England. The Trust's results show significant improvements in six key areas this year compared to the 2015 scores, including the number of staff receiving appraisals, development opportunities and the quality of non-compulsory training, the Trust's commitment to staff health and wellbeing, and how the organisation appreciates and values its workforce The results also show that the Trust is performing better than the national average for mental health and learning disability trusts in five key areas, including reporting errors, appraisals and work-related stress. The survey provides an overall indicator of staff engagement for the Trust with a score of 3.71. This engagement score has increased from 3.65 in 2015 but remains below average when compared to other mental health and learning disability trusts in England (3.77). 2016 overall results for the 32 key findings when compared against all other mental health and learning disability trusts in England show increases. The Trust now has: • 5 key findings falling into green (better than average scores), an increase from 3 in 2015 • 15 key findings falling into amber (average scores), an increase from 14 in 2015 • 12 key findings falling into red (below, worse than scores), a reduction from 15 in 2015. LYPFT is now ranked at number 16 of all mental health and learning disability trusts in England. This move, up seven places on 2015, places the Trust as the fourth highest mover of all mental health and learning disability trusts in the last year.

	The 2016 staff survey highlights recurring themes and areas where the Trust continues to perform worse than the national average including: • Percentage of staff reporting good communication between senior management and staff has increased to 30% in 2016 (2015: 28%) • Effective team working has declined to 3.73 in 2016 (2015: 3.74) • Percentage of staff experience physical violence from patients, relatives or public in the last 12 months remains static at 26% in 2016. • Percentage of staff experience physical violence from staff in the last 12 months remains static at 3% in 2016. Analysis the Trust 2016 survey results has been undertaken to identify whether responses indicated any notable variances or themes for equality groups. Staff engagement levels for those with a disability are 3.64 compared to the Trust overall score of 3.71. Overall responses from staff with a disability were less positive in 30 out of 32 key finding areas.
What is the Board being asked to consider	The 2016 survey results, demonstrate how the Trust results compare to other mental health and learning disability Trusts and how this informs key actions to deliver improvements and change for staff.
What is the impact on the quality of care	There is strong evidence that in the NHS levels of workforce engagement impact on the quality of care provided by NHS staff. The staff survey results provide information on what is important to staff to enable the Trust to listen and act to deliver improvements and change on the key issues highlighted in the survey results.
What are the benefits and risks for the Trust	Benefits of acting on staff feedback received from the staff survey are: • Improved staff engagement • Improved motivation and job satisfaction • Improved health and wellbeing • Delivery of quality and safe services to service users • Improved recruitment and retention of staff Risks of not acting on staff feedback received from the staff survey are: • Staff continue to be less engaged • Staff feel they cannot be involved with and influence change that affects their working lives • Improvements in quality of care and safety of services are negatively impacted • Trust vision and strategic goals are not fully delivered as staff remain disengaged.

What are the resource implications	Improvements and change arising from the staff survey are delivered from existing resources.
Next steps following this paper being presented to the Board	The 2016 survey results confirm the following the areas for focus in 2016/17: • Improving communication with senior management • Team effectiveness • Violence, abuse and harassment At the recent Senior Manager Group (SMG) Meeting on 1 March 2017, a Staff Engagement Plan was presented and approved. As part of the Engagement Plan the SMG also approved that the Your Voice Counts crowd sourcing platform will continue to be utilised to engage with staff on three strategic issues above from the national staff survey. The main area of focus is to improve staff engagement by increasing the visibility and access to senior management by undertaking a series of initiatives will include: • 'Join the Conversation' events with a member of the Executive Team starting from April 2017. • A rolling programme of inviting a cross section of staff to a lunchtime discussion with the CEO starting from May 2017. • A programme of "back to the floor" initiatives for Executive Directors and Non-executive Directors commencing from April 2017. This year directorates have been provided with local results these local reports will support care group leadership teams to identify and implement local action plans.
What are the reputational implications and how will these be addressed	Staff are key ambassadors for the Trust and their feedback and views strongly impact on Trust reputation. The staff Friends and Family Test, which is included in the annual staff survey is a key measure for this.
Do the recommendations in this paper have any impact upon the requirements of the protected groups identified by the Equality Act? * If yes what action has been taken to mitigate this?	No
What public / service user / staff / governor involvement has there been	None
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: note the outcome of the 2016 Staff Survey results, and the next steps identified on page 7 of the report.

*** EQUALITY ACT 2010**

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

Leeds and York Partnership NHS
NHS Foundation Trust

Board of Directors Meeting 30 March 2017

NHS Staff Survey 2016

1. Introduction

The purpose of this report is to provide a summary of the main points from the outcome of the 2016 survey for The Leeds and York Partnership NHS Foundation Trust (LYPFT). The results were made public on 7 March 2017 when NHS England published the feedback reports for all Trusts in England.

2. Background

In October and November 2017, the 14th NHS staff survey was undertaken which was designed to collect the views of staff about their work and the healthcare organisation they work for. The overall aim of the survey is to gather information that will help improve the working lives of NHS staff and so provide better care for patients.

The detailed content of the questionnaire has been summarised and presented in the form of 32 key findings. These key findings are structured around nine themes as follows:

- Appraisals and support for development
- Equality and diversity
- Errors and incidents
- Health and wellbeing
- Working patterns
- Job satisfaction
- Managers
- Patient care and experience
- Violence, harassment and bullying

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

- Percentage scores, i.e. percentage of staff giving a particular response to one, or a series of, survey questions.
- Scale summary scores, calculated by converting staff responses to particular questions into scores. For each of these scale summary scores, the minimum score is always 1 and the maximum score is 5, with the higher the score out of 5 the better.

3. Staff Survey 2016: Approach to Survey Delivery

The Trust built upon progress and learning achieved in previous years and deployed:

- A task and finish group to manage/steer delivery of the 2016 staff survey
- A proactive “Your Voice Counts” campaign to promote/communicate survey completion and progress

- "How we are doing" updates on a weekly basis – to encourage completion in Trust wide/Staffnet
- Use of staff survey champions to promote the survey and help with survey distribution
- Use of incentives in the form of high street shopping vouchers awarded at the end of the survey
- Electronic email and paper copies of the survey being used to ensure all staff could easily access the survey for completion.

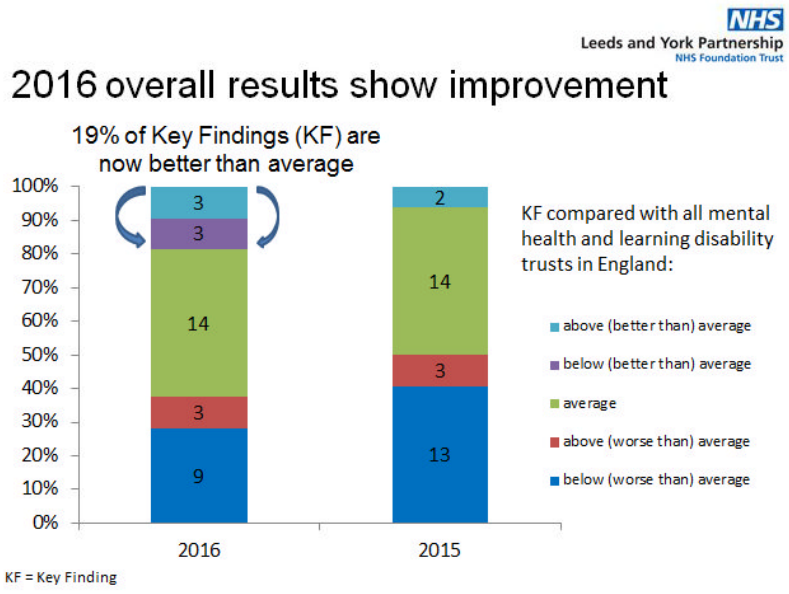
4. Results

The official sample size for the Trust was 2,412 which represented a full census of all substantive staff in September 2016. The above management and communication campaign meant that the Trust achieved its highest ever response rate of 53% (1,265 staff), which was +3% higher than the national average for all mental health and learning disability trusts in England. In 2015 the Trust's sample size was 2,609 with a response rate of 48% (1,243 staff). Of the total 1,243 people who responded, 22 members of staff were part of the York and North Yorkshire Mental Health Group who were transferred to Tees, Esk & Wear Valley NHS Trust on 1 October 2015.

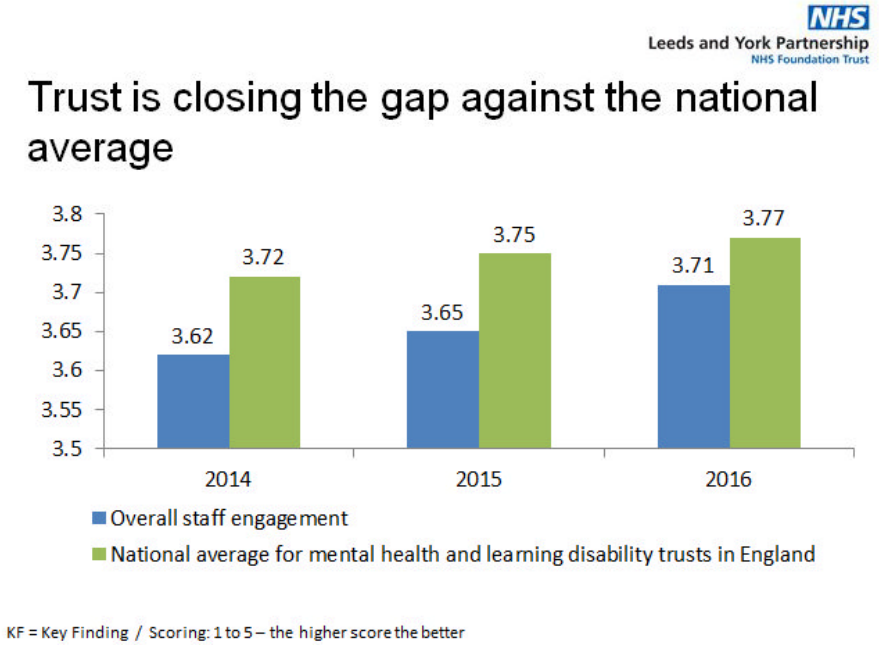
The Trust's results show significant improvements in six key areas this year compared to the 2015 scores, including the number of staff receiving appraisals, development opportunities and the quality of non-compulsory training, the Trust's commitment to staff health and wellbeing, and how the organisation appreciates and values its workforce.

The results also show that the Trust is performing better than the national average for mental health and learning disability trusts in five key areas, including reporting errors, appraisals and work-related stress.

It is important to note that the Trust improved or remained static in all 32 key finding areas in the 2016 results. The results for the 32 key finding areas are as follows:



The survey provides an overall indicator of staff engagement for the Trust, possible scores range from 1 to 5 with 1 indicating that staff are poorly engaged and 5 indicating that staff are highly engaged. The Trust score of 3.71 is below average when compared to other mental health/learning disability trusts in England, which are 3.77. However this has increased since 2015 as follows:



Areas where the Trust is performing better than the national average for mental health and learning disability trusts in England:

Key finding	Trust score/ percentage 2016	National average for mental health and learning disability trusts	Difference
Percentage of staff who have received an appraisal in the last 12 months	91%	89%	+2%
Percentage of staff feeling unwell due to work-related stress in the last 12 months	35%	41%	-6%
Percentage of staff reporting errors, near misses or incidents	93%	92%	+1%
Percentage of staff working extra hours	70%	72%	-2%
Percentage of staff reporting most recent experience of harassment, bullying or abuse	64%	60%	+4%

Areas where the Trust is performing unfavourably with other mental health and learning disability trust in England:

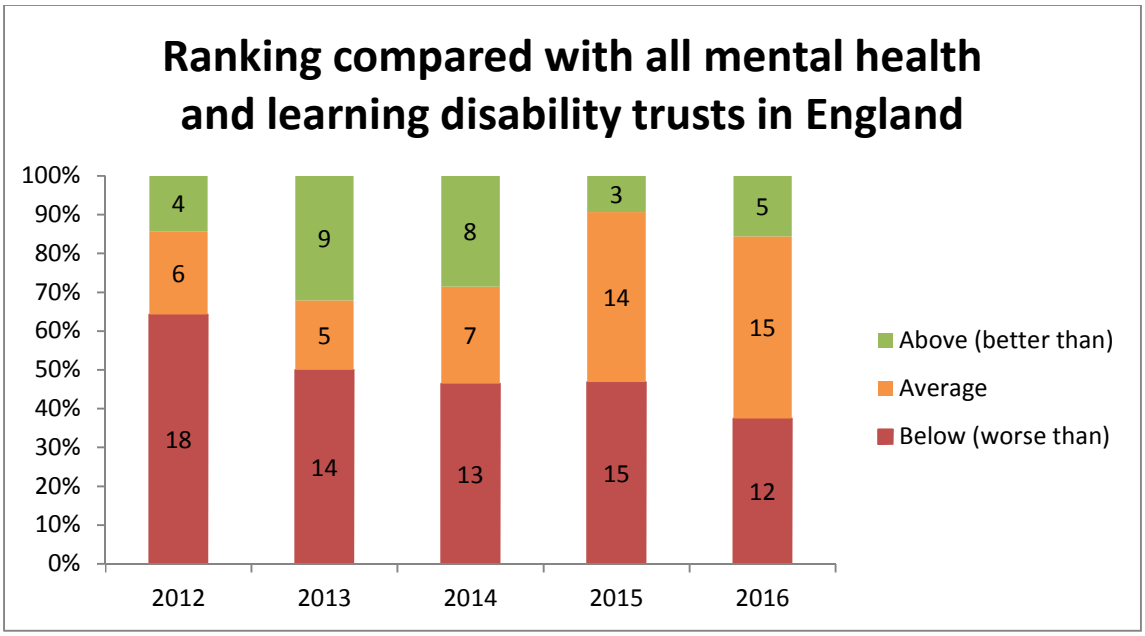
Key finding	Trust score/ percentage 2016	National average for mental health and learning disability trusts	Difference
Effective team working (the higher the score out of 5, the better)	3.73	3.85	-0.12
Percentage of staff experiencing physical violence from service users, relatives or the public in last 12 months	26%	21%	+5%
Percentage of staff reporting good communication with senior management	30%	35%	-5%
Staff motivation at work (the higher the score out of 5, the better)	3.82	3.91	-0.09
Staff feeling that they can contribute towards improvements at work	72%	73%	-1%
Effective use of service user feedback (the higher the score out of 5, the better)	3.57	3.70	-0.13
Percentage of staff witnessing potential harmful errors, near misses or incidents in the last 12 months	29%	27%	+2%
Fairness and effectiveness of procedures for reporting errors and near misses	3.62	3.71	-0.09

The 2016 staff survey highlights recurring themes and areas where the Trust continues to perform worse than the national average including:

- Percentage of staff reporting good communication between senior management and staff has increased to 30% in 2016 (2015: 28%)
- Effective team working has declined to 3.73 in 2016 (2015: 3.74)
- Percentage of staff experience physical violence from patients, relatives or public in the last 12 months remains static at 26% in 2016.
- Percentage of staff experience physical violence from staff in the last 12 months remains static at 3% in 2016.

5. Overall ranking

The table below shows how the Trust's key findings ranking continues to improve in comparison with all mental health and learning disability trusts in England:



Appendix 1 (attached) is an extract from the Department of Health (DH) Results Report which summarises all the key findings for LYPFT.

Additionally, Listening in Action (LiA) have reviewed and analysed all the National Staff Survey 32 Key Findings data for 27 of the 28 mental health and learning disability trusts in England to compare their rankings against 2015. (NB: The exclusion of Mersey Care FT is because of their acquisition of Calderstones as they have no comparable results over the 2 years.)

LYPFT is now ranked at number 16 of all mental health and learning disability trusts in England. This move, up seven places on 2015, places the Trust as the fourth highest mover of all mental health and learning disability trusts in the last year.

Appendix 2 (attached) provides LYPFT rankings in comparison to all mental health and learning disability trusts over the last year.

6. Equality and Diversity Analysis

Analysis of Leeds and York Partnership Foundation Trust 2016 survey results has been undertaken to identify whether responses indicated any notable variances or themes for equality groups.

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

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

As reported for the 2015 Staff Survey: variances in responses between men and women and people from different age groups were highlighted, but no discernible patterns were identified.

Staff engagement levels for those with a disability are 3.64 compared to the Trust overall score of 3.71. Overall responses from staff with a disability were less positive in 30 out of 32 key finding areas. Scores for the remaining two areas are as follows:

Key finding	Disabled	Non disabled
KF32 Effective use of patient/service user feedback	3.61	3.58
KF2 Staff satisfaction with the quality of work and care they are able to deliver	3.90	3.90

Those areas with the highest differentiation in response rates are:

Key finding	Disabled	Non disabled
KF17 Percentage of staff feeling unwell due to work related stress in last 12 months	51%	32%
KF18 Percentage attending work in last 3 months despite feeling unwell because they felt pressure	73%	55%
KF15 Percentage satisfied with the opportunities for flexible working patterns	50%	61%
KF26 Percentage experiencing harassment, bullying or abuse from staff in last 12 months	39%	18%

6.1 Workforce Race Equality (WRES) Staff Survey Indicators

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

Overall responses from Black and Minority Ethnic (BME) groups were significantly more positive than those that identified as White. There have been improvements against three out of the four WRES Staff Survey indicators:

Ethnicity - WRES Metrics Findings		Trust % for 2016	National average for mental health and learning disability trusts	Trust % for 2015
Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months	White	31%	31%	32%
	BME	40%	38%	39%
Percentage of staff experiencing harassment, bullying or abuse from staff in the last 12 months	White	22%	22%	21%
	BME	17%	26%	24%
Percentage believing that Trust provides equal opportunities for career progression or promotion	White	89%	89%	90%
	BME	78%	79%	67%
Percentage of staff experiencing discrimination at work from manager/team leader or other colleagues in the last 12 months	White	6%	7%	6%
	BME	8%	14%	14%

7. Next steps

At the recent Senior Manager Group (SMG) Meeting on 1 March 2017, a Staff Engagement Plan was presented and approved.

The main area of focus is to improve staff engagement by increasing the visibility and access to senior management by undertaking a series of initiatives including:

- 'Join the Conversation' events with a member of the Executive Team starting from April 2017.
- A rolling programme of inviting a cross section of staff to a lunchtime discussion with the CEO starting from May 2017.
- A programme of "back to the floor" initiatives for Executive Directors and Non-executive Directors commencing from April 2017.

As part of the Engagement Plan the SMG also approved that the Your Voice Counts crowd sourcing platform will continue to be utilised to engage with staff on three strategic issues from the national staff survey which are:

- Improving communication with senior management
- Team effectiveness
- Violence, abuse and harassment

These online conversations will enable greater understanding of staff issues raised by staff and survey results and work towards co-creation of action plans at a Trust wide level.

This year directorates have been provided with local results and these local reports will support care group leadership teams to identify and implement local action plans.

8. Recommendations

The Board of Directors is asked to note the outcome of the 2016 Staff Survey results, and support the next steps identified above.

Appendix 1

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

Key

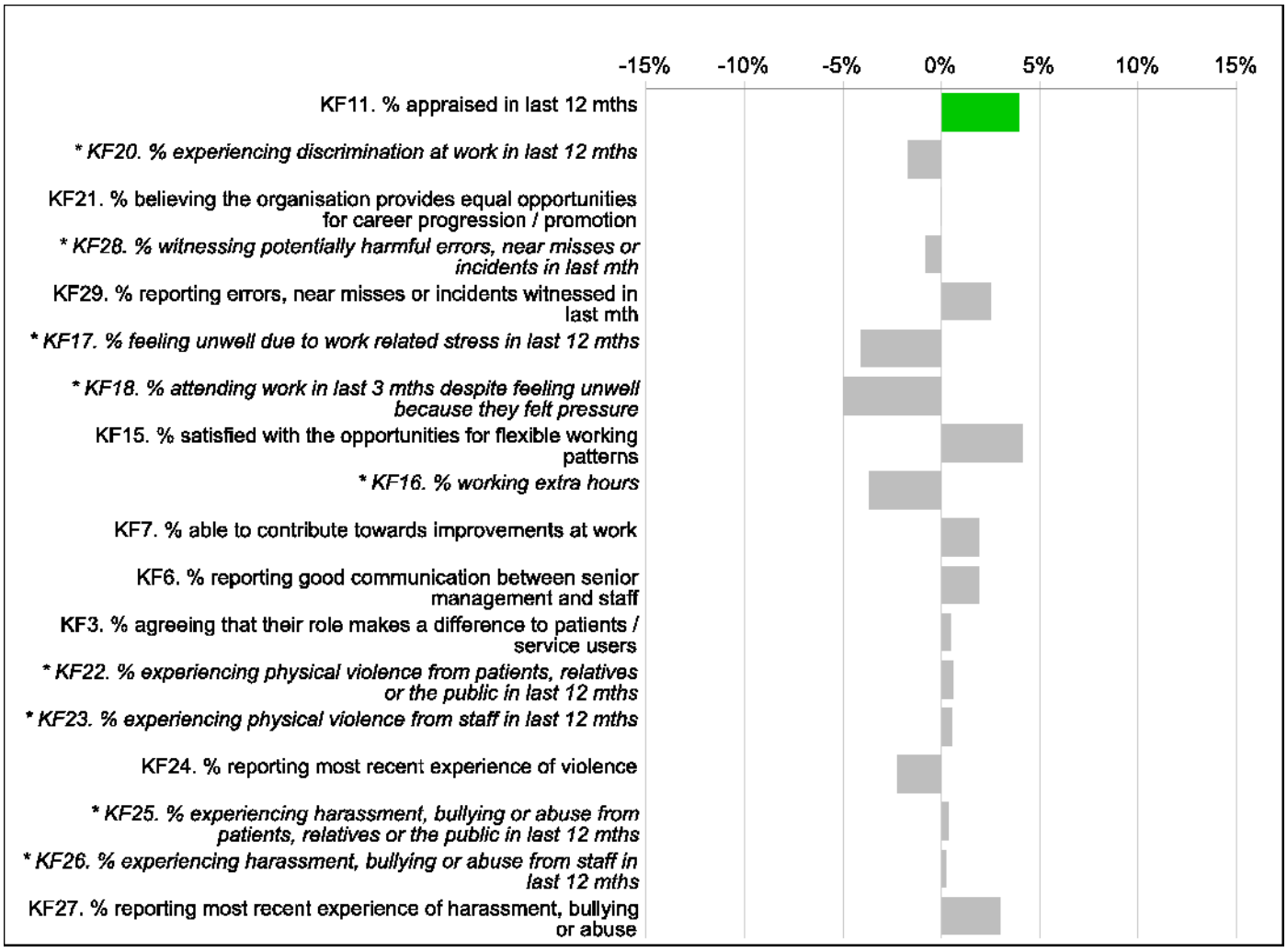
Green = Positive finding, e.g. there has been a statistically significant positive change in the Key Finding since the 2015 survey.

Red = Negative finding, e.g. there has been a statistically significant negative change in the Key Finding since the 2015 survey.

Grey = No change, e.g. there has been no statistically significant change in this Key Finding since the 2015 survey.

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

LYPFT change since 2015 survey



Appendix 1 /Continued

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

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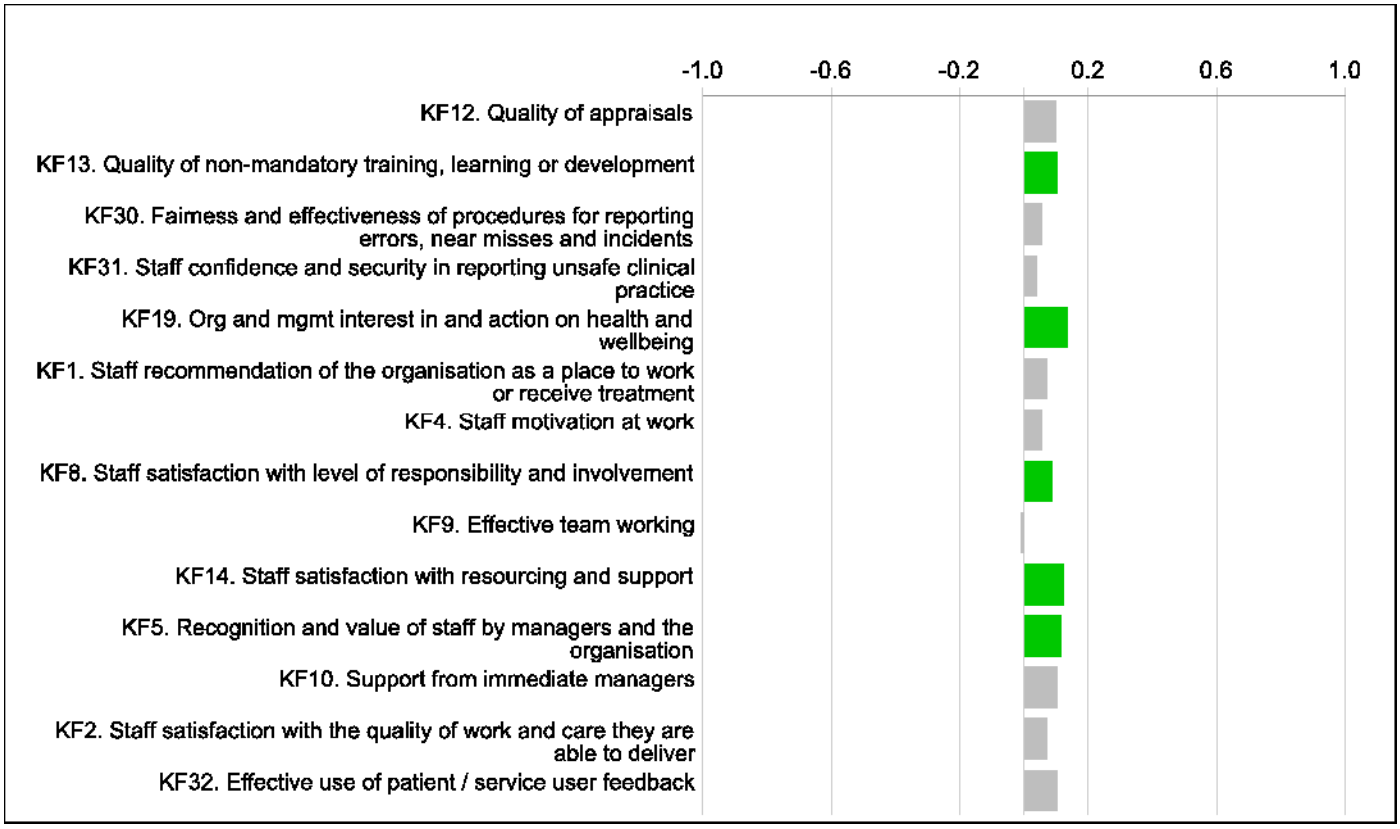
LYPFT change since 2015 survey (cont)



Appendix 1 /Continued

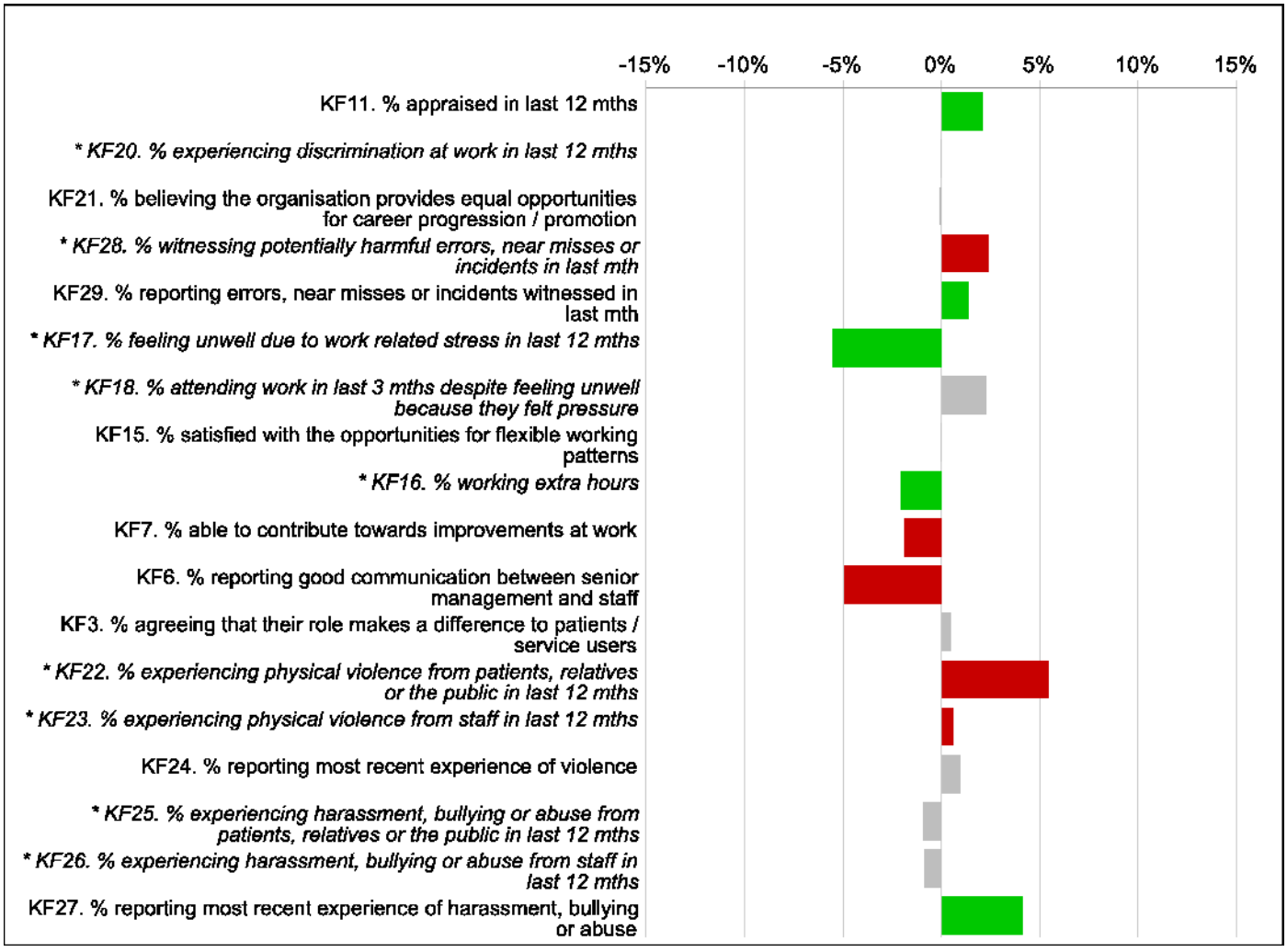
Summary of all Key Findings for Leeds and York Partnership NHS Foundation Trust

Key

Green = Positive finding, e.g. better than average.
Red = Negative finding, i.e. worse than average.
Grey = Average.

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

LYPFT comparison against all mental health and learning disability trusts in England in 2016



Appendix 1 /Continued

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

Key

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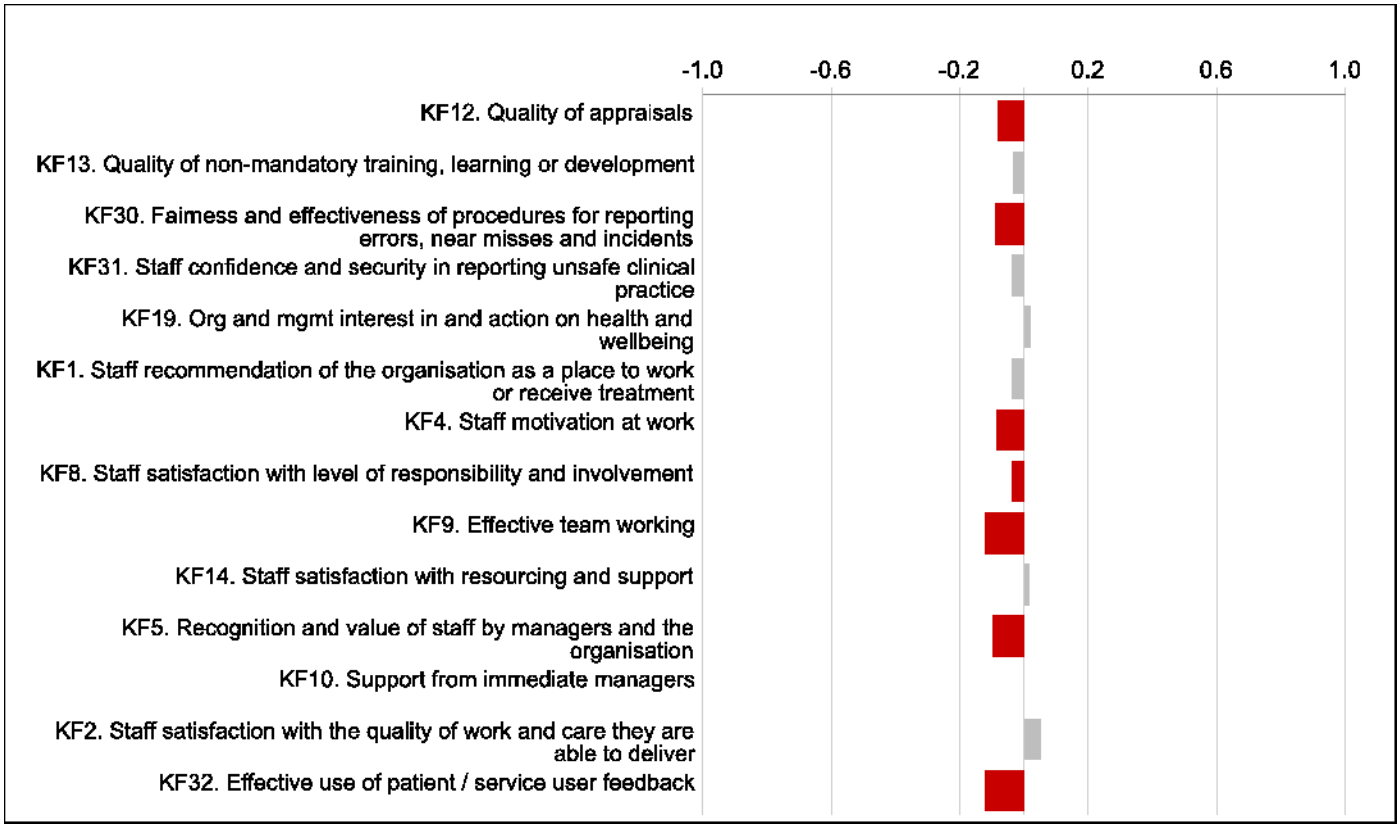
Grey = Average.

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

LYPFT comparison against all mental health and learning disability trusts in England in 2016 (cont)



Appendix 1 /Continued

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

Key

✓ Green = Positive finding, e.g. better than average, better than 2015.
! Red = Negative finding, e.g. worse than average, worse than 2015.
'Change since 2015 survey' indicates whether there has been a statistically significant change in the Key Finding since the 2015 survey.
-- Because of changes to the format of the survey questions this year, comparisons with the 2015 score are not possible.
* For most of the Key Finding scores in this table, the higher the score the better. However, there are some scores for which a high score would represent a negative finding. For these scores, which are marked with an asterisk and in *italics*, the lower the score the better.

	Change since 2015 survey	Ranking, compared with all mental health in 2016
Appraisals & support for development		
KF11 % appraised in last 12 mths	✓ Increase (better than 15)	✓ Above (better than) average
KF12 Quality of appraisals	*No change	! Below (worse than) average
KF13 Quality of non-mandatory training, learning or development	✓ Increase (better than 15)	*Average
Equality & diversity		
* *KF20. % experiencing discrimination at work in last 12 mths*	*No change	*Average
KF21. % believing the organisation provides equal opportunities for career progression / promotion	*No change	*Average
Errors & incidents		
* *KF28. % witnessing potentially harmful errors, near misses or incidents in last mth*	*No change	! Above (worse than) average
KF29 % reporting errors, near misses or incidents witnessed in last mth	*No change	✓ Above (better than) average
KF30 Fairness and effectiveness of procedures for reporting errors, near misses and incidents	*No change	! Below (worse than) average
KF31 Staff confidence and security in reporting unsafe clinical practice	* No change	*Average
Health and wellbeing		
* *KF17. % feeling unwell due to work related stress in last 12 mths*	*No change	✓ Below (better than) average
* *KF18. % attending work in last 3 mths despite feeling unwell because they felt pressure*	*No change	*Average
KF19. Org and mgmt interest in and action on health and wellbeing	✓ Increase (better than 15)	*Average
Working patterns		
KF15. % satisfied with the opportunities for flexible working patterns	*No change	*Average
* *KF16. % working extra hours*	*No change	✓ Below (better than) average

Appendix 1 /Continued

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

Key

✓ Green = Positive finding, e.g. better than average, better than 2015.
! Red = Negative finding, e.g. worse than average, worse than 2015.
'Change since 2015 survey' indicates whether there has been a statistically significant change in the Key Finding since the 2015 survey.
-- Because of changes to the format of the survey questions this year, comparisons with the 2015 score are not possible.
* For most of the Key Finding scores in this table, the higher the score the better. However, there are some scores for which a high score would represent a negative finding. For these scores, which are marked with an asterisk and in *italics*, the lower the score the better.

	Change since 2015 survey	Ranking, compared with all mental health in 2016
Job satisfaction		
KF1. Staff recommendation of the organisation as a place to work or receive treatment	*No change	*Average
KF4. Staff motivation at work	*No change	! Below (worse than) average
KF7 % able to contribute towards improvements at work	*No change	! Below (worse than) average
KF8 Effective team working	*No change	! Below (worse than) average
KF14. Staff satisfaction with resourcing and support	✓ Increase (better than 15)	*Average
Managers		
KF5. Recognition and value of staff by managers and the organisation	✓ Increase (better than 15)	! Below (worse than) average
KF6. % reporting good communication between senior management and staff	*No change	! Below (worse than) average
KF10. Support from immediate managers	*No change	*Average
Patient care & experience		
KF2. Staff satisfaction with the quality of work and care they are able to deliver	*No change	*Average
KF3. % agreeing that their role makes a difference to patients / service users	*No change	*Average
KF32. Effective use of patient / service user feedback	*No change	! Below (worse than) average
Violence, harassment & bullying		
* *KF22. % experiencing physical violence from patients, relatives or the public in last 12 mths*	*No change	! Above (worse than) average
* *KF23. % experiencing physical violence from staff in last 12 mths*	*No change	! Above (worse than) average
KF24. % reporting most recent experience of violence	*No change	*Average
* *KF25. % experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 mths*	*No change	*Average
* *KF26. % experiencing harassment, bullying or abuse from staff in last 12 mths*	*No change	*Average
KF27. % reporting most recent experience of	*No change	✓ Above (better than) average

Appendix 2

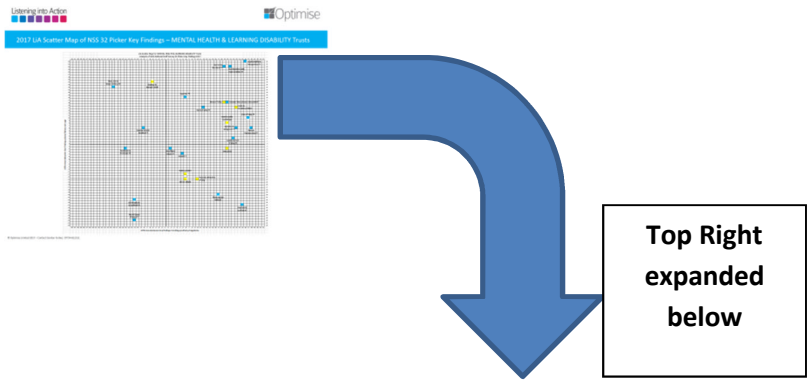
Listening in Action (LiA) 2016 League Table for all mental health and learning disability trusts

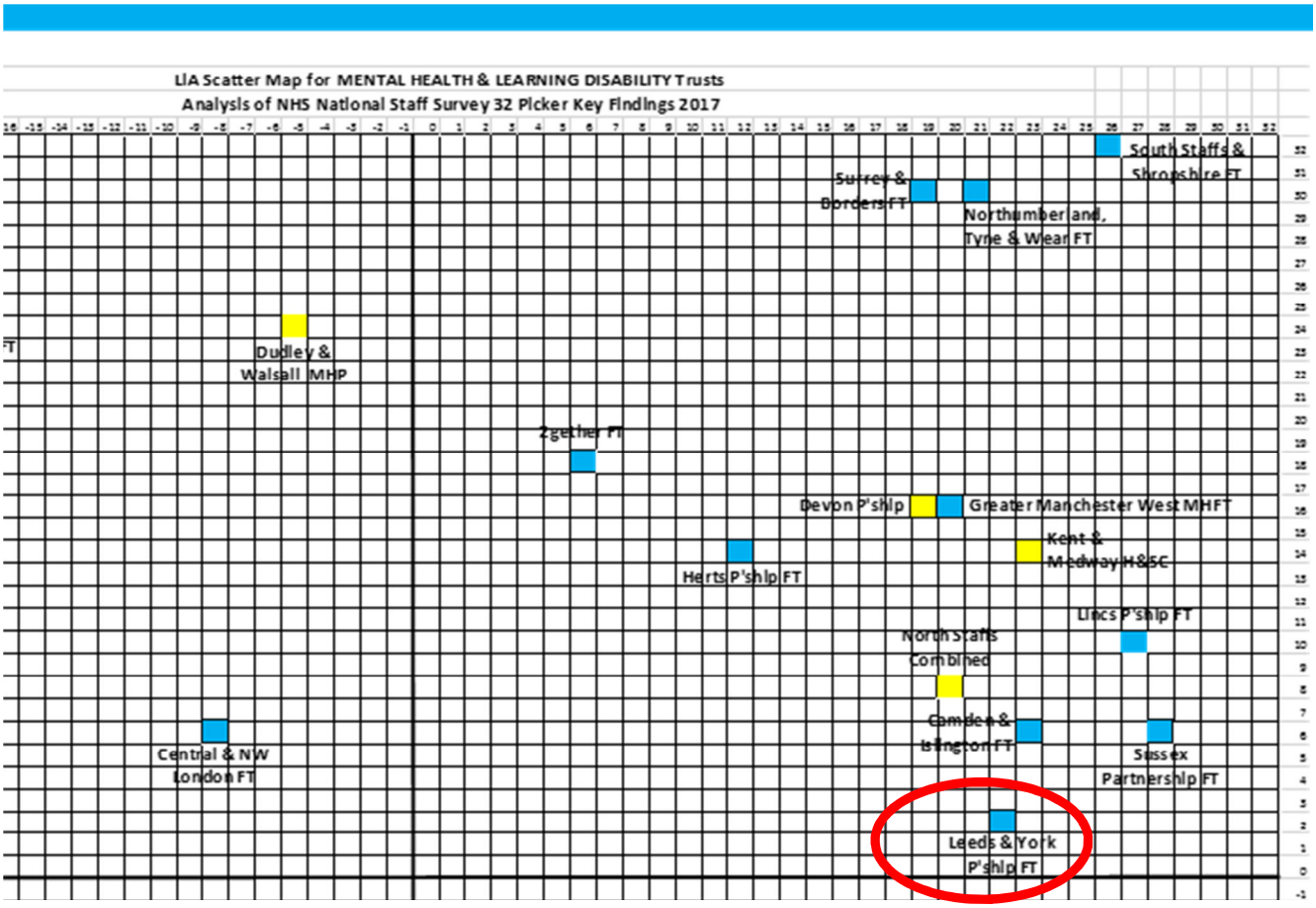
Source:http://blog.listeningintoaction.co.uk/article/241/2017-Scatter-Map-and-League-Table-for-all-MENTAL-HEALTH--LEARNING-DISABILITY-Trusts.html

LiA scatter map

Each Trusts' results are reflected at a grid reference on a 32 by 32 'Scatter Map' that shows how staff have rated the Trust's leadership and culture over the past year.

- The higher up the Trust is, the better the Trust is performing against its peers in the eyes of its staff
- The further to the right the Trust is, the more positive the trend is, year-on-year.





Appendix 2/Continued

LiA league table

LIA have produced the League Table below for all mental health and learning disability trusts based on their LiA Scatter Map position. The National Staff Survey results on which the Scatter Map and League Tables are based are a summary of how staff feel about the leadership and culture of their Trust. Their response to 32 of the Picker Key Findings establishes the Trusts position on the scatter map for 2016. This position is then compared with each Trust's position for 2015. The League Table shows:

- In blue and yellow, a Trust status as an Foundation Trust (blue) or non-FT Trust (yellow)
- The league position for each Trust's NSS results from best to worst
- The movement of each Trust up or down from last year's position.

2017 Comparative Ranking	Trend	Mental Health Trust Name
1	4	South Staffordshire and Shropshire Healthcare FT
2	-	Northumberland Tyne & Wear FT
3	5	Surrey & Borders Partnership FT
4	3	Dudley and Walsall Mental Health Partnership
5	3	Tees, Esk and Wear Valleys FT
6	2	2gether FT
7	4	Greater Manchester West Mental Health FT
8	4	Devon Partnership Trust
9	4	Kent & Medway NHS & Social Care Partnership Trust
10	6	Hertfordshire Partnership FT
11	8	Lincolnshire Partnership FT
12	3	North Staffordshire Combined Healthcare Trust
13	11	Sussex Partnership FT
14	6	Camden & Islington FT
15	9	Central & North West London FT
16	7	Leeds and York Partnership FT
17	9	South West London & St George's MHT
18	4	Sheffield Health and Social Care FT
19	9	Tavistock & Portman FT
20	6	South London and Maudsley FT
21	n/a	West London Mental Health Trust
22	4	Avon & Wiltshire Mental Health Partnership Trust
23	2	Isle of Wight Mental Health Sector Trust
24	1	Manchester Mental Health & Social Care Trust
25	8	Birmingham & Solihull Mental Health FT
26	2	Norfolk & Suffolk FT
27	-	North Essex Partnership FT
no ranking 2017	n/a	Mersey Care FT (acqn of Calderstones - no comp data)

Source:http://blog.listeningintoaction.co.uk/article/241/2017-Scatter-Map-and-League-Table-for-all-MENTAL-HEALTH--LEARNING-DISABILITY-Trusts.html

Leeds and York Partnership NHS
NHS Foundation Trust

AGENDA ITEM

13

LEEDS AND YORK PARTNERSHIP NHS FOUNDATION TRUST

MEETING OF THE BOARD OF DIRECTORS

PAPER TITLE:	Improving Health Improving Lives: Reimagining our Trust Strategy.
DATE OF MEETING:	30 March 2017
LEAD DIRECTOR: (name and title)	Sara Munro, Chief Executive Officer
PAPER AUTHOR: (name and title)	Richard Wall, Associate Director of Strategy and Partnerships

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 describes the development and steps involved in finalising the Trust strategy on a page. This has then been discussed and approved by the Council of Governors and the Trust Senior Management Team and is now available to the Board for final ratification.
What are the key points and key issues the Board needs to focus on	The paper describes; the development process; the key components and context; and the steps we will take to operationalise and implement the strategy. A brief description of how we envisage the functionality of the strategy to work, and what will be developed to support this is also included.
What is the Board being asked to consider	The Board are asked to note the information provided and to ratify the strategy on a page.
What is the impact on the quality of care	Having a concise strategy ensures we are focused on improving quality.
What are the benefits and risks for the Trust	The benefits are in respect of the Trusts reputation, and in providing transparency to our purpose and plans for the future.
What are the resource implications	Not applicable
Next steps following this paper being presented to the Board	Following ratification by the Board it will then be responsible for ensuring the delivery of the strategy as delegated through the executive function.
What are the reputational implications and how will these be addressed	The strategy is intended to enhance the Trust reputation.
Do the recommendations in this paper have any impact upon the requirements of the protected groups identified by the Equality Act? * If yes what action has been taken to mitigate this?	No.
What public / service user / staff / governor involvement has there been	There has been extensive involvement through the Clever Together strategy development process, led by the Strategy Development Group inclusive of Governors.
Previous meetings where this report has been considered (including date)	A variation of this paper and the strategy on a page was seen by and approved by the Council of Governors on the 14th February, followed by discussion with the Senior Management Team on the 1st March 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 consider the outputs from our strategy development process and ratify the strategy on a page for roll out and further development.

*** 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).

Improving Health Improving Lives: Reimagining our Trust Strategy.

1 Introduction

The Board of Directors are responsible for agreeing and setting the strategy for the organisation, alongside the Council of Governors. The development and approach to the strategy, and how this is then articulated and actioned is one of the Boards primary responsibilities. This paper builds on the work from members of the Council of Governors and the Board workshop focused on agreeing the outline draft of the Trust's 5 year strategy. This has then been discussed and approved by the Council of Governors and the Trust Senior Management Team and is now providing the basis in which supporting plans and strategies are developed. Following ratification by the Board it will then be responsible for ensuring the delivery of the strategy as delegated through the executive function.

This paper sets out the Trust strategy on a page for ratification by the Board. The paper describes; the development process; the key components and context; and the steps we will take to operationalise and implement the strategy. A brief description of how we envisage the functionality of the strategy to work, and what will be developed to support this is also included.

2 Background and Process

Reimagining our strategy began last year when we started to analyse national and local policy and our place within that. In September 2015 the Trust Board considered a comprehensive review of the evidence base, challenges, opportunities and options that new models of care presented. The Board highlighted the need to; initiate more formal partnership arrangements; scope out and identify joint service development work-streams and; explore the potential of sharing corporate functions. The view being that this could support the development of integrated models of physical and mental health services, at the neighbourhood level.

Throughout March 2016, 10 listening events attended by over 200 staff were held across the Trust, where the proposed Trust priorities for 2016 were shared. The events highlighted that in many areas our clinical staff feel overwhelmed due to increasing demand for services and national staff shortages. Our staff are committed and compassionate: wanting to do a great job and feel proud of the quality of care they provide. People also highlighted that they needed clarity about our future direction, and what the organisation sees as important. With this shared understanding of where we are all going we believe we are more likely to pull in the same direction with purpose and passion.

We complemented the listening events with a series of online conversations with Trust members, staff and people from partner organisations. An independent organisation called Clever Together facilitated this online conversation on our behalf by developing and managing

the Your Voice Counts platform. Over 600 stakeholders made over 6400 contributions over a period of 3 months, surpassing all expectations on involvement.
The online facilitated process utilised 4 questions to begin a conversation;

- What is our vision for 2021?
- How do we want our people to behave?
- What should we stop, start or do differently?
- Other ideas to improve our Trust?

The conversations highlighted key points and themes, some of which led to further questions and lively online debates. The results led to the vision, values and behaviour being developed which were then further refined and validated by the online participants. The themes have also been considered against the wider health and social care system, the implications of the Sustainability and Transformation Plans, and the potential impact of New Models of Care. We have developed our goals from these themes and simplified the strategic objectives to support them. This has ensured key aspects from Your Voice Counts are included while ensuring we take full account of policy direction and the environments we work within.

4 Our Proposed Strategy on a Page

We are focusing initially on a strategy on a page, set out in Appendix A, as a method of displaying the key features of our strategic plan. It is intended to highlight who we are, our priorities, and our vision of the future. It is designed to shape the framework in which, and to be complemented by, a number of supporting plans as; our clinical services plan; our quality plan; our workforce plan; our estates plan; our IT plan; and our financial and investment plans.

Fundamental to its design is simplicity; a strategy that is easily communicated, so that stakeholders, service users and partners can see it all at a glance and identify with it. We want a strategy that will provide our workforce, our service users and our partners with a common theme that runs through everything we as an organisation do. We also want a strategy that we utilise for marketing purposes that clearly sets our ambition for improving people's lives.

6 Next Steps and Design

A major part of the strategy is how it is designed and the web functionality it will offer. The design is under development and has been shared and worked through with members of a Governor inclusive focus group to agree the concept and functionality. We are then aiming for the website development and design, and a paper version of our strategy to be finalised and produced for launch within the first quarter of the 2017/18 financial year. Helping to roll out the strategy and next steps will be a series of Chief Executive led engagement events.

In line with the release of new NHS Identify Guidelines in January 2017, we will also be updating our visual identity. This is a timely exercise and will be run alongside the production and launch of our new Trust strategy which will incorporate the new requirements.

7 Recommendations

The Board of Directors are asked to;

1 To consider the outputs from our strategy development process and ratify the strategy on a page for roll out and further development.

APPENDIX A: Our Proposed Strategy for LYPFT 2017-2022

Purpose	Improving health, Improving lives
Vision	To provide outstanding mental health and learning disability services as an employer of choice
Ambition	We support our service users and carers, our staff and the communities we serve to live healthy and fulfilling lives. We want to achieve our personal and professional goals; to live our lives free from stigma and discrimination; and to improve the lives of people with a learning disability and mental ill health.

Our Values		
We have integrity We treat everyone with respect and dignity, honour our commitments and do our best for our service users and colleagues.	**We keep it simple** We make it easy for the communities we serve and the people who work here to achieve their goals.	**We are caring** We always show empathy and support those in need.

Our Goals		
1. We work with service users and carers to support their achievement of outcomes and wellbeing.	2. We are an employer of choice with a compassionate and highly trained workforce committed and supported to provide excellent innovative care and support.	3. We work with others to improve health and improve lives through effective, innovative and sustainable partnerships.

Our Strategic Objectives	
1	We will deliver evidence-based, person-centred care that involves people in their recovery, improves their wellbeing and supports re-ablement.
2	We provide a dynamic, rewarding and supportive place to work.
3	We focus on innovative partnerships, where we work together as one team, with the communities we serve, and with the partners with whom we can deliver exceptional outcomes.
4	We are transparent and accountable to the people and partners we work with.
5	We invest our resources to achieve effective and sustainable outcomes for our service users

Purpose	Improving health, Improving lives		
Vision	To provide outstanding mental health and learning disability services as an employer of choice		
Ambition	We support our service users and carers, our staff and the communities we serve to live healthy and fulfilling lives. We want to achieve our personal and professional goals; to live our lives free from stigma and discrimination; and to improve the lives of people with a learning disability and mental ill health.		
Values	**We have integrity** We treat everyone with respect and dignity, honour our commitments and do our best for our service users and colleagues.	**We are caring** We always show empathy and support those in need.	**We keep it simple** We make it easy for the communities we serve and the people who work here to achieve their goals.
Goals	1. We work with service users and carers to support their achievement of outcomes and wellbeing.	2. We are an employer of choice with a compassionate and highly trained workforce committed and supported to provide excellent innovative care and support.	3. We work with others to improve health and improve lives through effective, innovative and sustainable partnerships.

	Strategic Objectives	**Examples of Supporting plans & documents**
1	We will deliver evidence-based, person-centred care that involves people in their recovery, improves their wellbeing and supports re-ablement.	Clinical Services Development Plan (clinical strategy) including service improvement plan Research and Development Plan Quality Improvement Plan (Quality Strategy)
2	We provide a dynamic, rewarding and supportive place to work.	Workforce & Organisational Development Plan Research and development plan
3	We focus on innovative partnerships, where we work together as one team, with the communities we serve, and with the partners with whom we can deliver exceptional outcomes.	Strategic Plan for the organisation comprising of: ▪ Lead Provider Management Model ▪ Business Growth, Development and Negotiation Plan ▪ Partnership Plan Leeds Sustainability and Transformation Plan West Yorkshire & Harrogate Sustainability and Transformation Plan
4	We are transparent and accountable to the people and partners we work with.	Quality Improvement Plan (quality strategy) comprising of performance reporting framework and outcomes framework.
5	We invest our resources to achieve effective and sustainable outcomes for our service users	Operational Plan and objectives Estates Plan (strategy) Health Informatics Plan (strategy)

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:	Draft minutes of the meeting of the Mental Health Legislation Committee held 27 January 2017
DATE OF MEETING:	30 March 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 27 January 2017 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: • Thank you to Steven Wrigley-Howe who stepped down as Chair of this committee. The Committee are extremely grateful to Steven for his commitment and guidance during his time as Chair. • Welcome Sue White, NED and new Chair of the Committee. • Mr Marklew attended the Committee and gave a presentation titled, 'Making Sense of CTOs: The Service User Experience'. The presentation was extremely informative and well received by the Committee. • An overview of the CQC Annual Report was given identifying priority areas for the Trust include patient involvement, ensuring staff have a good understanding of the Code of Practice and improving staff oversight of MHA safeguards. • A repeat of the Internal MHL Audit has been received which provides significant assurance that the actions put in place have been effective.
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 / staff / governor involvement has there been	None applicable to the minutes of the Mental Health Legislation 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 27 January 2017 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
Friday 27 January 2017
at 10:30am in Training Room 3, Becklin Centre

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

In attendance: Dr Nuwan Dissanayaka (Associate Medical Director, Mental Health)
Mr Andy Weir (Associate Director)
Mrs Cath Hill (Head of Corporate Governance and Trust Board Secretary)
Mr Christian Walsh (Adult Social Care Representative)
Mr Andrew Howorth (Head of Patient Experience)
Mr Lee Marklew (Case Manager)
Mr Tony Gray (Interim Head of Clinical Governance)
Mr Oliver Wyatt (Head of Mental Health Legislation)
Miss Sarah Layton (Mental Health Legislation Team Leader, Minutes)

Governor observers: No observers in attendance

		Action
17/001	**Welcome and Introduction** Mr Wrigley-Howe welcomed everyone to the meeting.	
17/002	**Apologies for Absence** (agenda item 1) Ms Lynn Parkinson (Interim Chief Operating Officer) Ms Maxine Nai-Smith (Head of Adult Social Care) Ms Alison Kenyon (Associate Director) Mr Mark Gallacher (Head of Performance and Quality) Ms Lindsay Britton (Head of Safeguarding) Ms Sue White (Non-Executive Director) Mr Jeffrey Tee (Mental Health Act Manager)	
17/003	**Minutes of Meeting held 7 November 2016 (**agenda item 3)	
17/004	The minutes of the meeting held on 7 November 2016 were **accepted** as a true record. Tony Gray was not noted to be in attendance, however was present at the meeting.	
17/005	**Matters Arising** (agenda item 4)	

17/006	Steven Wrigley-Howe advised the Chair of this Committee for future meetings will be Sue White (Non-Executive Director). Steven may attend future meetings in his role as Non-Executive Director. Mr Weir raised concern that feedback from the Mental Health Legislation Operational Group (MHLOSG) was not included on the agenda.	
17/007	The Committee **received** and **noted** the information regarding the Chair. The Committee **requested** to receive a paper at future meetings detailing the activity of the MHLOSG	AW
17/008	**Cumulative action log** (agenda item 5)	
17/009	The Committee **received** the cumulative action log and was **assured** of the progress with the actions.	
17/010	**Service User Feedback of CTO Experience** (agenda item 6) Mr Marklew attended the Committee and gave a presentation titled, 'Making Sense of CTOs: The Service User Experience'. Mr Marklew explained that the presentation has been developed as part of his PhD. The presentation was extremely informative and well received by the Committee.	
17/011	The Committee **received** and **noted** the information.	
17/012	**Mental Health Act Managers (MHAMs) Forum Feedback** (agenda item 7) 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.	
17/013	The Committee **noted** the update.	

17/014	**Mental Health Legislation Report, Q3 2016** (agenda item 8) The Committee received the report and noted the following: • Short term Out of Area placements have dramatically reduced. • Mr Weir confirmed that Caroline Bamford is finalising a piece of work around ethnicity to inform future localised work projects – the outcomes will be presented to this Committee via the MHLOSG. • AMHP Report compliance in Leeds has increased significantly (97% for s3) when compared with the data from the previous annum (25%). However, compliance in York remains low, the Committee did acknowledge that the number of applicable sections in York is much lower. • IMHA referrals were noted to have increased; they are expected to increase further following guidance issued to staff to make a referral where the patient lacks capacity to make a self-referral. The below actions were agreed: • There was discussion regarding the level of detail required for this report in respect of long term out of area placements. The Committee agreed for future reporting to include section, length of stay and number of placements only. • Deaths in Detention to include confirmation that CQC have been notified and detail any concerns raised by CQC. • A paper regarding the legislative changes to Section 136 is to be provided to the next Committee. • To include comparative data of Tribunal outcomes • Fundamentally Defective Detentions to include method of identification. Mr Wyatt wished to clarify a recent query from the Safeguarding Committee where it was reported that the Trust has 40 outstanding DoLS referrals. Mr Wyatt confirmed that rather than DoLS applications the reference was in fact to DoLS priority assessments. Mr Walsh confirmed that Leeds City Council has received approval to appoint a Best Interests Assessor to assist with addressing and prioritising DoLS applications. Mr Walsh advised that where delays are being experienced the Managing Authority (MA) i.e. The Trust, staff must ensure that Capacity Assessments and Best Interest decisions are clearly documented and to ensure that any priority cases follow the urgent DoLS process. Mr Wyatt advised that a review of the MCA/DoLS training and the Training Needs Analysis is planned.	**SL**
17/015	The Committee **received** and **noted** the Mental Health Legislation report.	
17/016	**Publications / Legislative Changes** (agenda item 13)	

17/017	**Summary of CQC Annual Report – Monitoring the Mental Health Act** Mr Wyatt gave an overview of the CQC Annual Report advising that focus areas for the Trust include patient involvement, ensuring staff have a good understanding of the Code of Practice and improving staff oversight of MHA safeguards. The Committee noted an increase in detentions nationally. The Committee considered the reporting on deaths in detention and those subject to CTO and queried whether the Trusts reporting should follow the CQC example. Mr Wyatt informed the Committee that recent correspondence from the CQC raised concern regarding the SOAD experience; a junior doctor has expressed an interest in conducting an audit project to further investigate the SOAD experience.	
17/018	The Committee **received** and **noted** the CQC Annual Report Summary.	
17/019	**Any others business** (agenda item 14)	
17/020	**Internal Audit Report** Mr Gray raised concern that the MHL internal audit report was not available to the Committee. Mr Gray advised that the recent report provides significant assurance that the actions put in place following the initial audit report have been effective. The report will be available to the next Committee. **Re-Appointment of MHAMs** The Committee discussed the appropriateness of extending MHAMs contracts for those due to expire on 31 March 2017. Mrs Hill advised a paper be brought to the emergency Board meeting on 9 February 2017 to consider the proposal.	OW SL
17/021	The Committee **supported** the proposal to extend the MHAMs contracts.	

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

MINUTE	ACTION SUMMARY	LEAD
17/007	The Committee **requested** to receive a paper at future meetings detailing the activity of the MHLOSG	**AW**
17/014	Mental Health Legislation Report • The Committee agreed for future reporting of long stay OOA placements to include section, length of stay and number of placements only. • Deaths in Detention to include confirmation that CQC have been notified and detail any concerns raised by CQC. • 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. • A paper regarding the legislative changes to Section 136 and to be provided to the next Committee. • To include comparative data of Tribunal outcomes • Fundamentally Defective Detentions to include how these were identified.	**SL**
17/020	**Internal Audit Report** Internal Audit Report to be available to May 17 Committee meeting.	**OW**
17/020	**Re-Appointment of MHAMs** Paper to be taken to the emergency Board meeting on 9 February to consider proposal to extend the MHAMs contracts.	**SL**

Leeds and York Partnership NHS
NHS Foundation Trust

AGENDA ITEM

15

LEEDS AND YORK PARTNERSHIP NHS FOUNDATION TRUST

MEETING OF THE BOARD OF DIRECTORS

PAPER TITLE:	Report from the non-executive director / governor service visits (February and March 2017)
DATE OF MEETING:	30 March 2017
LEAD DIRECTOR: (name and title)	Sara Munro, Chief Executive
PAPER AUTHOR: (name and title)	Cath Hill, Head of Corporate Governance

CATEGORY OF PAPER (please tick relevant box) ✓ (This will link to the relevant section on the agenda)							
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 the paper is to summarise the outcome and observations of the non-executive director / governor visits which took place in February and March 2017
What are the key points and key issues the Board needs to focus on	The Board needs to note the comments from NEDs and also any response to any negative observations or issues highlighted by the visit. The purpose of the visit is to support the Trust's work around strengthening our ward to board governance and to allow NEDs a point of triangulation in order to inform their challenge to the executive directors.
What is the Board being asked to consider	The Board is asked to consider the findings from the visits and to advise if there are any issues highlighted on which it would want further information either to itself or its sub-committees. Or to confirm that it is assured that if there are any issues highlighted that the executive directors are making progress against addressing these.
What is the impact on the quality of care	Non-executive directors experiencing first-hand the clinical and the support services allows a better understanding and challenge at Board level.
What are the benefits and risks for the Trust	As above
What are the resource implications	None in regard to the visits themselves.
Next steps following this paper being presented to the Board	A report will also be presented to the Council of Governors' meeting to allow governors to feedback on their visits.
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

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

T
he Board is asked to consider the findings from the visits and to advise if there are any issues highlighted on which it would want further information either to itself or its sub-committees.

Or to confirm that it is assured that if there are any issues highlighted that the executive directors are making progress against addressing these.

*** 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
Non-executive director / governor visits to services.

Purpose

The purpose of these visits is to support the Trust's work around strengthening our ward to board governance and they are part of being a well-led organisation.

They provide an opportunity for non-executive directors to meet frontline staff, across all departments, to observe and hear about what's working well any current pressures and challenges. It is also an opportunity for governors to accompany NEDs on their visits.

The following template may be used to capture key points

Date of visit	20 February 2017	23 February 2017	8 March 2017
Non-executive Director	Julie Tankard	Steven Wrigley-Howe	Sue White
Governor	Jo Sharpe	Peter Webster	Les France
Service(s) visited	Procurement Team, Roseville Road, Leeds	2 Woodland Square (Learning Disability Unit)	Parkside Lode (Learning Disability Unit)
What works well	Staff involved in the visit were very knowledgeable and on top of the priorities. Seemed to offer up a lot of constructive challenge seem to have developed a good relationship with Head of IT; this will be important in the months to come to support future IT procurement.	• Lively engaged team clearly passionate about their work and seemingly working well together • Modern accommodation with pleasant patient areas (but not purpose-built) • Service user and carer involvement	• The need for out of area treatment is very rare as there are sufficient places locally • Staff morale is high • Bank staff are very experienced. • Associate practitioner post is working really well • Staff expertise is very specialised (and could possibly be utilised better to support community based colleagues in preventing admissions and supporting post discharge) • Since the CQC report cleanliness has improved • There is sufficient time for staff

			supervision and monthly staff meetings • Staff are very positive about the proposed community review.
Current pressures e.g. staffing, IT, estate etc	No real pressures identified. Two areas of work highlighted are: • PFI –ensuring we are getting value for money on the contract. • Pharmacy – monitoring the drug's contract which is with LTH again to ensure value for money.	• Staffing is a pressure with vacancies on the unit, but covered through staff flexibility and bank rather than agency • PARIS again an issue but also insufficient training for IT generally • The rooms are too small and ideally they should relocate to a purpose-built unit	• Biggest pressure is isolation – geographic and professional. There are very few specialised staff at the units – limited opportunity for getting support in a crisis or peer review and mentorship. Roll out of mobile phones and tablets will help to some extent – would be good if they got priority. • Second pressure is delayed discharge. Average length of stay is six months but could be shorter if more placements were available more quickly • Estate is not fit for purpose • Problems looming – lack of trained LD/MH staff. Local LD nurse training is discontinued • The service is expensive to run
Were there any clinical issues highlighted	No direct clinical issues – although there were a number of areas of procurement such as the drugs contract which will impact on clinical areas.	• Difficulties in interpreting and applying the Mental Capacity Act (and in dealing with CQC differences of opinion on same) • Rising acuity, dependency and complexity as acute services are	• The isolation suite not fit for purpose (the intercom works only one way) • Ideally assessment, treatment and locked rehab should be in a co-located setting (which is part of

		able to do more for these service users physical health care needs than used to be possible so they are living longer but with more complex needs	community review proposals) could improve significantly the quality of care.
Other comments	We talked through main structure of work-streams and the work being done. It was a useful visit and lots of constructive discussion. Good to have Jo Sharpe there as well as she is very knowledgeable in this area.	• Reference was made to a community services review, the outcome of which would affect the interaction between staff on the unit and our own as well as LCT's community services • Felt more visits from EDs would be welcome noting Anthony's recent visit and looking forward to meeting Sara. • Seemed unaware of the availability of trust funds to make one off improvements. Details of the contact for Charitable Funds was provided.	The ward manager was highly committed and enthusiastic. She is relatively new (October 2016) and is clearly starting to make a positive difference.
Comments from Executive Directors	The comments made have been noted by the executive team	The comments made have been noted by the executive team	<u>Comments from the Director of Nursing, Professions and Quality</u> I note your point about Registered Nurse Learning Disability training. This has not been provided by any of the universities in Leeds for some time now. The two HEI providers for this training are Huddersfield and York universities. We are currently in

			discussion with University of York to look at ways of increasing the number of training place for LD. I will also speak to colleagues in estates about the intercom issues in the seclusion room. <u>Comments from the Interim Chief Operating Officer</u> In relation to the point about the unit being geographically isolated and availability of support in a crisis a new out of ours clinical coordinator role is soon to be introduced to support Parkside Lodge and the units at Woodlands Square specifically to address this. Delayed discharges occur as either the step up or step down placement is not available in a timely way. This is acknowledged in the city wide work being progressed by the Transforming Care Partnership Board and the development of new models of care.

Leeds and York Partnership NHS
NHS Foundation Trust

AGENDA ITEM

16

LEEDS AND YORK PARTNERSHIP NHS FOUNDATION TRUST

MEETING OF THE BOARD OF DIRECTORS

PAPER TITLE:	Approval of the Declaration Against the NHS Digital Information Governance Toolkit
DATE OF MEETING:	30 March 2017
LEAD DIRECTOR: (name and title)	Dawn Hanwell – Chief Financial Officer
PAPER AUTHOR: (name and title)	Carl Starbuck – Information & Knowledge 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	To present the final annual self- assessment score against the NHS Digital Information Governance (IG) Toolkit. This requires Board approval before publication on 31st March 2017
What are the key points and key issues the Board needs to focus on	The Trust has maintained its compliance with the Toolkit for a 3rd successive year. • All requirements achieved Level 2 or 3 • Overall compliance is rated as "Satisfactory" • An overall 78% score is a slight improvement on both target and 2015-2016 performance. The validity of the self- assessment has been confirmed via an internal audit report which has given significant assurance. The internal audit report will be reviewed by next the Audit Committee. The scores are attached at appendix 1
What is the Board being asked to consider	The Board is asked to approve the final self- assessment score authorise the Information & Knowledge manager to publish the completed final scores via the NHS Digital IG Toolkit website, when they will become a matter of public record. This task must be complete by 31st March.
What is the impact on the quality of care	A satisfactory IG Toolkit return gives assurance that the Trust has met a number of statutory & regulatory requirements, and continues to perform as required under our contract with our commissioners.
What are the benefits and risks for the Trust	Our statutory obligations are met under:- • Data Protection Act (1998) • Freedom of Information Act (1998) Our overall performance against the 6 domains of the IG Toolkit have reached or exceeded the performance required under our contract with our commissioners in respect of:- • Confidentiality and Data Protection Assurance • Information Governance Management • Information Security Assurance • Clinical Information Assurance • Secondary Use Assurance • Corporate Information Assurance
What are the resource implications	With the IG Toolkit and IG within the Trust being very much a "mature product", the work required to meet the demands of the Toolkit are very much Trustwide business as usual. The Toolkit is largely a reporting exercise which is met within the resource of key senior managers within the Trust.

Next steps following this paper being presented to the Board	Upon approval the Information & Knowledge Manager – will confirm the draft scores on the IG Toolkit website and make this final. The final Toolkit scores will then be locked in and be a matter of public record.
What are the reputational implications and how will these be addressed	Reputational impact is wholly positive.
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	Some public / service user engagement has been utilised as part of the work that went into the establishment of the Leeds Care Record. Staff involvement is present in the form of IG training compliance, with management involvement evident in both incident reporting and Trustwide IG implementation; senior management input in the generation of the evidence base each year.
Previous meetings where this report has been considered (including date)	The scores were considered and scrutinised at the Information Governance Group meeting on 22nd March 2017. The activities of this group are reported through to the Finance & Business Committee (next meeting April 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:

- Approve the assurance of this year's IG Toolkit return
- Authorise the Information & Knowledge Manager – to finalise and publish the return via the NHS Digital website.

*** EQUALITY ACT 2010**

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

Requirement	Description	March - Final
101	There is an adequate Information Governance Management Framework to support the current and evolving Information	3
105	There are approved and comprehensive Information Governance Policies with associated strategies and/or improvement	3
110	Formal contractual arrangements that include compliance with information governance requirements, are in place with all contractors and support organisations	2
111	Employment contracts which include compliance with information governance standards are in place for all individuals carrying out work on behalf of the organisation	2
112	Information Governance awareness and mandatory training procedures are in place and all staff are appropriately trained	2
200	The Information Governance agenda is supported by adequate confidentiality and data protection skills, knowledge and experience which meet the organisation's assessed needs	3
201	The organisation ensures that arrangements are in place to support and promote information sharing for coordinated and integrated care, and staff are provided with clear guidance on sharing information for care in an effective, secure and safe	2
202	Confidential personal information is only shared and used in a lawful manner and objections to the disclosure or use of this information are appropriately respected	2
203	Patients, service users and the public understand how personal information is used and shared for both direct and non-direct care, and are fully informed of their rights in relation to such use	3
205	There are appropriate procedures for recognising and responding to individuals' requests for access to their personal data	2
206	Staff access to confidential personal information is monitored and audited. Where care records are held electronically, audit trail details about access to a record can be made available to the individual concerned on request	3
207	Where required, protocols governing the routine sharing of personal information have been agreed with other organisations	2
209	All person identifiable data processed outside of the UK complies with the Data Protection Act 1998 and Department of	NR
210	All new processes, services, information systems, and other relevant information assets are developed and implemented in a secure and structured manner, and comply with IG security accreditation, information quality and confidentiality and data	2
300	The Information Governance agenda is supported by adequate information security skills, knowledge and experience which meet the organisation's assessed needs	3
301	A formal information security risk assessment and management programme for key Information Assets has been documented, implemented and reviewed	2
302	There are documented information security incident / event reporting and management procedures that are accessible to all	3
303	There are established business processes and procedures that satisfy the organisation's obligations as a Registration Authority	2
304	Monitoring and enforcement processes are in place to ensure NHS national application Smartcard users comply with the terms and conditions of use	2
305	Operating and application information systems (under the organisation's control) support appropriate access control functionality and documented and managed access rights are in place for all users of these systems	2
307	An effectively supported Senior Information Risk Owner takes ownership of the organisation's information risk policy and information risk management strategy	3
308	All transfers of hardcopy and digital person identifiable and sensitive information have been identified, mapped and risk assessed; technical and organisational measures adequately secure these transfers	2
309	Business continuity plans are up to date and tested for all critical information assets (data processing facilities, communications services and data) and service - specific measures are in place	2
310	Procedures are in place to prevent information processing being interrupted or disrupted through equipment failure, environmental hazard or human error	2
311	Information Assets with computer components are capable of the rapid detection, isolation and removal of malicious code and unauthorised mobile code	2
313	Policy and procedures are in place to ensure that Information Communication Technology (ICT) networks operate securely	2
314	Policy and procedures ensure that mobile computing and teleworking are secure	2
323	All information assets that hold, or are, personal data are protected by appropriate organisational and technical measures	2
324	The confidentiality of service user information is protected through use of pseudonymisation and anonymisation techniques	2
400	The Information Governance agenda is supported by adequate information quality and records management skills,	3
401	There is consistent and comprehensive use of the NHS Number in line with National Patient Safety Agency requirements	3
402	Procedures are in place to ensure the accuracy of service user information on all systems and /or records that support the	2
404	A multi-professional audit of clinical records across all specialties has been undertaken	2
406	Procedures are in place for monitoring the availability of paper health/care records and tracing missing records	3
501	National data definitions, standards, values and data quality checks are incorporated within key systems and local documentation is updated as standards develop	2
502	External data quality reports are used for monitoring and improving data quality	2
504	Documented procedures are in place for using both local and national benchmarking to identify data quality issues and analyse trends in information over time, ensuring that large changes are investigated and explained	2
506	A documented procedure and a regular audit cycle for accuracy checks on service user data is in place	2
507	The secondary uses data quality assurance checks have been completed	3
508	Clinical/care staff are involved in quality checking information derived from the recording of clinical/care activity	3
514	An audit of clinical coding, based on national standards, has been undertaken by a Clinical Classifications Service (CCS) approved clinical coding auditor within the last 12 months	3
516	Training programmes for clinical coding staff entering coded clinical data are comprehensive and conform to national clinical	2
601	Documented and implemented procedures are in place for the effective management of corporate records	2
603	Documented and publicly available procedures are in place to ensure compliance with the Freedom of Information Act 2000	3
604	As part of the information lifecycle management strategy, an audit of corporate records has been undertaken	2
	Final % =	**78%**

Leeds and York Partnership NHS
NHS Foundation Trust

AGENDA ITEM

17

LEEDS AND YORK PARTNERSHIP NHS FOUNDATION TRUST

MEETING OF THE BOARD OF DIRECTORS

PAPER TITLE:	Board Assurance Framework 2016/17
DATE OF MEETING:	30 March 2017
LEAD DIRECTOR: (name and title)	Sara Munro –Chief Executive
PAPER AUTHOR: (name and title)	Cath Hill – Head of Corporate Governance

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

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

STATUS OF PAPER (please tick relevant box/s)		✓
To be taken in the public session (Part A)		✓
To be taken in private session (Part B) - If the paper is to be taken in the private session please indicate which criterion is applicable:		
Legal advice relating to legal proceedings (actual or possible)		
Negotiations in respect of employee relations where they are of a confidential nature		
Procurement processes and contract negotiations		
Information relating to identifiable individuals or groups of individuals		
Other – not yet a public document		
Matters exempt under the Freedom of Information Act (quote section number)		

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

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

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

*** EQUALITY ACT 2010**

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

Leeds and York Partnership NHS
NHS Foundation Trust

BOARD ASSURANCE FRAMEWORK

2016/17

Last updated March 2017

KEY TO TABLE HEADINGS

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

STRATEGIC OBJECTIVE 1

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

Principal risk	Existing Key Controls	How do we know the controls are effective? What positive assurances (i.e. evidence) is there that controls are effective	Gaps or weaknesses in controls	Gaps in or lack of assurance	Assurance provider	Board / sub-Committee to receive the assurance, when and name of report
(1.1) Failure to meet deadlines for the implementation of agreed procedures / systems and improvements for all compliance actions notified to the CQC (Risk No. 2 on the Strategic Risk Register)	An action plan has been developed and is being actively followed up through the CQC Fundamental Standards Group comprising executive directors which will monitor the action. The composition of the group represents all those who can assess the reported confirmation of completion of action.	The majority of actions have either been addressed or are on target to be addressed as reported to the CQC Fundamental Standards Group and the CQCFSG is assured on progress. Documentary evidence is being collected and actions cannot be classed as completed until evidence has been uploaded to the electronic tracker.	No gap in control	Not all actions have been completed and there will be some, such as the establishment of single sex accommodation which may not be fully completed at the time of the re-inspection.	Anthony Deery Director of Nursing Professions and Quality	**Quality Committee** CQC Action Plan update report (each meeting)
	An electronic action tracker has been implemented and action owners identified. Emails are regularly sent to action owners asking for an update	The system has only just been introduced awaiting assurance of its efficacy.	As yet it is not fully tested in a live environment.	This system is still in in its early phase and as such it is difficult to know if it is properly working and whether all action owners are getting the emails	Anthony Deery Director of Nursing Professions and Quality	**Quality Committee** CQC Action Plan update report (each meeting)
	All evidence of completion of an action goes through a governance group and the CQC Fundamental Standards Group will do a random check of the evidence.	The system has only just been introduced awaiting assurance of its efficacy.	As yet it is not fully tested in a live environment.	As yet it is not fully tested in a live environment.	Anthony Deery Director of Nursing Professions and Quality	**Quality Committee** CQC Action Plan update report (each meeting)
	Quality Reviews are being carried out using CQC Key Lines of Enquiry to assess services' compliance with fundamental standards	The system has been developed in conjunction with an experienced CQC inspector. The system was used up until the July inspection and this highlighted areas that needed addressing.	The system of quality reviews is to be re-started so there is an up-to-date statement in relation to compliance with the CQC fundamental standards	The system of quality reviews is to be re-started so there is an up-to-date statement in relation to compliance with the CQC fundamental standards	Anthony Deery Director of Nursing Professions and Quality	**Quality Committee** Quality Review update report (each meeting) **Note: this is a new report still to come to the committee**

Principal risk	Existing Key Controls	How do we know the controls are effective? What positive assurances (i.e. evidence) is there that controls are effective	Gaps or weaknesses in controls	Gaps in or lack of assurance	Assurance provider	Board / sub-Committee to receive the assurance, when and name of report
(1.2) High number of vacancies in care services (Risk No. 58 on the Strategic Risk Register)	ET has agreed a detailed recruitment plan for staff in care services which will include targeted recruitment fares and assessment centres. The Trust has in place a 'Bank' of staff who can be called upon to fill vacancies on a short-term basis. This is controlled through e-Rostering which will show what staff are available to ensure there is the ability to have the right staff with the right skills in the right place. Bank staff have to meet the Trust's standards for training and development therefore the Trust has more control over the quality of the 'Bank' staff over agency staff.	The Board has received assurance that wards have safe levels of staffing. The Finance and Business Committee has also received assurance that the Trust is a low user of agency staff in comparison to other NHS organisations.	The Trust continues with a programme of recruitment to the 'Bank' to ensure there are sufficient staff available to meet demand. The Board still needs to agree the Workforce Plan.	There continues to be an ongoing issue in the area of recruitment and retention in some service delivery areas. Whilst the wards are staffed to a safe level these do not always allow the right level of therapeutic care.	Lynn Parkinson Interim Chief Operating Officer	**Board of Directors** Integrated Quality and Performance Report (quarterly)
(1.3) Problems with recruiting and retaining staff working within Clifton House which may lead to staff currently working at the unit suffering stress and service user activities being limited due to reduced staffing. (Risk No.488 on the Strategic Risk Register)	The situation is being monitored regularly within the LD and Specialist Care Group management meetings there is a plan in place to recruit staff to the ward to enable this to be opened in early 2017/18. There has been a recruitment drive in the York area to attract staff to the vacant posts. There are regular update reports received at ET and the Board of Directors to monitor the situation on an ongoing basis.	There is limited evidence that the controls are effective.	There has been limited success in attracting staff to the service.	There is currently no assurance that there are sufficient levels of staff at Clifton House and there is the potential for more staff to leave.	Lynn Parkinson Interim Chief Operating Officer	**Board of Directors** Update reports on the progress at Clifton House (currently each meeting)

Principal risk	Existing Key Controls	How do we know the controls are effective? What positive assurances (i.e. evidence) is there that controls are effective	Gaps or weaknesses in controls	Gaps in or lack of assurance	Assurance provider	Board / sub-Committee to receive the assurance, when and name of report
(1.4) Inability to agree long term Estates Plan and optimum use of estate Resulting in the use of estate being constrained by the lack of a clear Clinical Services Development Plan for some services. (Risk No. 128 on the Strategic Risk Register)	In order to support the development of a long term Estates Plan a Clinical Services Development Plan is being developed.	Awaiting the Clinical Services Development Plan being finalised.	The Clinical Services Development Plan is not yet finalised and is expected to be completed June 2017	There is currently limited assurance in place that the optimum use of estate can be evidenced, the Clinical Services Development Plan will provide the information required for the Estates Plan to be developed from.	Lynn Parkinson Interim Chief Operating Officer	**Board of Directors** Clinical Services Development Plan (June 2017)
	Commissioner discussions progressing specifically with regard to learning disabilities aligned with the Transforming care agenda (TCA) with the expected outcome that the number of assessment and treatment beds will reduce and specification for facilities to repatriate people in out of area placements will be identified and therefore the impact on our estate utilisation can be planned.	There is a good working relationship with the commissioner and we are working with them as members of the Transforming Care Agenda Programme Board, estates utilisation is one of the work streams that we are participating in.	Work is ongoing to develop the Clinical Services Development Plan which will define and agree clinical priorities aligned to commissioner intent and this will be complete in June 2017.	Whilst timescales and milestones are explicit in the TCA programme, service models are not yet specified and therefore we cannot be clear about interdependencies with other aspects of our clinical strategy and therefore our estates utilisation plans.	Lynn Parkinson Interim Chief Operating Officer	**Finance and Business Committee** Estates Strategy Update Report (each meeting)
	Partnership arrangements are being developed regarding Child and Adolescent Mental Health Services (CAHMS) with Leeds Community Health (LCH).		Outcome of the discussions with LCH are awaited	There is currently no assurance in place that the partnership arrangements will address the optimum use of estate can be evidenced as they are still being developed.	Lynn Parkinson Interim Chief Operating Officer	**Finance and Business Committee** Estates Strategy Update Report (each meeting)

STRATEGIC OBJECTIVE 2

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

Principal risk	Key Controls	How do we know the controls are effective? What positive assurances (i.e. evidence) is there that controls are effective	Gaps or weaknesses in controls	Gaps in or lack of assurance	Assurance provider	Board / sub-Committee to receive the assurance, when and name of report
(2.1) Providing services from premises that are not in direct ownership of the Trust Resulting in the risk of unacceptable delays in executing identified environmental changes and a lack of responsiveness to maintenance requests (Risk No. 9 in the Strategic Risk Register)	Health and safety inspections and ligature anchor point audits supported by risk assessments with clinical environments group overseeing risk assessments to determine works required in terms of ligature anchor points and the care environment. A list and programme of environmental changes pertaining to managing ligature risks was agreed and prioritised by the Clinical Environment Group. This programme is ongoing in nature and is reported monthly to the Environmental Group. New ligature risks are reported to the Environment Group, discussed and actions agreed. If the works are of such a nature that capital funding is required these are reported to the Estates Strategy Steering Group.	The Clinical Environments Group reviews all audits and make recommendations as to the changes that are needed. These included changing radiator covers, handrails, magnetic backing plates to soap/towel dispensers, anti-ligature furniture, anti - ligature curtains and blinds. From the findings of all ligature risk assessments, completed for all clinical areas as part of CQC inspection, risks were either identified as manageable by clinical intervention/observation or by required environmental changes.	Disconnect between local risk registers and the estates risk register Lack of understanding at a local level of how escalation operates. There is work underway to map these processes and review structures and roles	Assessment of ligature anchor points and their remedy is ongoing and as such assurance is always being sought.	Dawn Hanwell Chief Financial Officer	**Finance and Business Committee** Estates Strategy Update Report (each meeting)
	Responsive maintenance process managed by monthly meetings with third party suppliers (PFI provider, NHS Property Services) Rolling scheduled backlog maintenance programmes agreed and monitored on monthly basis	Estates are working closely with the third parties to ensure the contracts are being managed correctly and that the maintenance programme is being addressed in a timely manner. Monthly meetings take place with our PFI partners and care services. KPIs and financial penalties are in place. Currently, weekly meetings are in place with NHS PS and Mitie. A new SLA is currently being reviewed and will include accountability, KPIs, penalties and a schedule of planned preventative maintenance.	Formal contract arrangements need to confirmed with NHS Property Services (currently still operating under BTA – draft agreements to change to market rent have been developed). Ongoing delays have been escalated to the Chief Executive at NHS PS. Draft SLA is currently being reviewed. Heads of Terms approved (22 March) and solicitors instructed in terms of finalising the lease. This work should be complete in April 2017.	Once the formal contract arrangements are in place with NHS PS assurance can be gained that the contract is being managed in accordance with that	Dawn Hanwell Chief Financial Officer	**Finance and Business Committee** Estates Strategy Update Report (each meeting)

STRATEGIC OBJECTIVE 3

We value and develop our workforce and those supporting us

Principal risk	Key Controls	How do we know the controls are effective? What positive assurances (i.e. evidence) is there that controls are effective	Gaps or weaknesses in controls	Gaps in or lack of assurance	Assurance provider	Board / sub-Committee to receive the assurance, when and name of report
(3.1) Workforce not equipped or sufficiently engaged to deliver new models of care. Resulting in the quality of care being sub-optimal; decreased workforce morale and productivity; and increased sickness absence with associated pay costs. (Risk No. 5 in the Strategic Risk Register)	There is an annual Staff Survey in place. Within this is a measure of feedback on overall levels of staff engagement Key issues arising from the staff survey and other engagement activities continue to be addressed through Trust wide and service level activity and communicated through Chief Executive led listening events and communications.	2016 staff survey results indicate that levels of staff engagement are improving and have increased year on year since 2014. The 2016 survey achieved a response rate of 53%, this is the highest ever response rate achieved and is 3% higher than the national average. Therefore we are assured that levels of staff engagement are improving.	Trust communication channels require further development in order to effectively support engagement plans and campaigns. These channels impact on overall levels of engagement.	2015 Staff Survey – response rate did not increase in comparison to the 2014 survey. This indicates that levels of overall engagement are static and there is no assurance of any increased level of engagement or participation in the survey. The 2016 survey is awaited to see if there is an increased level of engagement.	Susan Tyler Director of Workforce Development	**Board of Directors** Report on the outcome of the Annual Staff Survey (annually)

	From April 2017 an agreed Trust engagement plan will be implemented, this will include a number of elements, including consistent senior management engagement activity. The Trust has committed to longer term use of the Your Voice Counts digital crowdsourcing platform as a key enabler to improving levels of staff engagement, including addressing key areas from the 2016 staff survey and also supporting local staff engagement.	Feedback from the 2016 senior manager engagement activities has been used to respond to specific concerns raised by staff and considered alongside other feedback received from the staff survey and staff Friends and Family Test. Feedback from staff who have used the digital platform so far indicates that confidence and participation rates are growing.	Response is voluntary and it will take time to build the confidence and motivation of staff to respond and provide feedback in this way. The Trust is currently developing internal capacity to continue to utilise the Your Voice Counts digital platform. This will be developed support wider staff engagement across the Trust and locally in teams.	From September 2016, the Crowdsourcing platform will provide an alternative platform collecting staff feedback and identify levels of staff engagement. It is hoped once this is embedded, participation levels will increase significantly and this will become an assurance of staff engagement. There is also a gap in target setting and progress reporting. This is being reviewed.	Susan Tyler Director of Workforce Development	Senior Management Group Report on CEO/director led engagement activity (quarterly)

Principal risk	Key Controls	How do we know the controls are effective? What positive assurances (i.e. evidence) is there that controls are effective	Gaps or weaknesses in controls	Gaps in or lack of assurance	Assurance provider	Board / sub-Committee to receive the assurance, when and name of report
(3.1) CONT	Staff receive appraisals which will ensure they have the right skills in place to meet the needs of the new models of care to support this process there are enhanced fortnightly reports being sent to all appraisers and overall percentage by care group/team sent to senior managers and an updated appraisal procedure and paperwork in place. Compliance with appraisals is being monitored through the CQC Fundamental Standards Group	The Trust has achieved a compliance rate of 83.11% against a target of 85% so there is some assurance that appraisals are taking place.	During the second phase of implementation of iLearn we will extend its remit to staff appraisal to help make monitoring appraisals easier.	There is limited assurance that the target for appraisals has been achieved.	Susan Tyler Director of Workforce Development	**Board of Directors** Integrated Quality and Performance Report (quarterly) **Quality Committee** Workforce Performance Report (quarterly)
	An Employee and Managing Attendance Procedure is in place with formal stages of attendance management outlined in this. Reports for the Board of Directors and its sub-committees are generated from ESR data in respect of attendance. Sickness reporting system (First Care) implemented in November 2014 provides improved management information and the ability to monitor absence management performance. Management information on absence is provided by HR on a monthly basis to the care groups Sickness action plans are developed in care groups; and Proactive physiotherapy service using early intervention and referral system to reduce MSK absences HR sickness absence group formed to focus on high areas of sickness. A Health and Well-being plan reflects national Health and Wellbeing CQUIN targets with emphasis on mental health and physical activity. Actions arising out of the H&WB plan being developed and reviewed through the Health and Well-being Group. Resilience training is being offered to staff and teams to support change management from April 2016.	In the last year sickness rates have remained well above target, however we are seeing a slight downwards trend with figures at September (4.9%) going below 5% for the first time since January 2015 and figures at February 2017 (4.97%) keeping below the 5% mark . The First Care system is slowly becoming more embedded and HR business partners are engaging more with managers about using the MI to support managing attendance more proactively. We are, seeing an improvement in MSK absence month on month from the highest point in 2015 of 26% of all absence to February 2017 17.4% of all absence which demonstrates that the interventions and actions are working. This service receives very positive feedback from staff and managers and is highly valued. A full review and evaluation of the First Care system has taken place and a decision is has been taken to extend the system until September 2017 with some improvements implemented in March 2016 to enable more evaluation about its benefits to the Trust.	Rapid change and uncertainty have impacted on resilience of workforce demonstrated through high levels of absence (4.97% February 2017) Resilience training to improve employee well-being needs to be more systematic	Reporting system introduced to support reduction in absence has not delivered expected results as quickly as anticipated, improvements to the system and easier reporting implemented from March 2016 have still not achieved expected results .	Susan Tyler Director of Workforce Development	**Quality Committee** Quarterly Workforce Development Performance Reports (quarterly) **Board of Directors** Integrated Quality and Performance Report (quarterly)

STRATEGIC OBJECTIVE 4

We provide efficient and sustainable services

Principal risk	Key Controls	How do we know the controls are effective? What positive assurances (i.e. evidence) is there that controls are effective	Gaps or weaknesses in controls	Gaps in or lack of assurance	Assurance provider	Board / sub-Committee to receive the assurance, when and name of report
(4.1) Deterioration in financial standing and potential loss of contract income when services are tendered Resulting in an inability to maintain a strong financial position in the context of increasing demand, uncertainty of potential tender processes, commissioner and local authority funding positions and capability to deliver further ongoing efficiencies. (Risk No. 3 in the Strategic Risk Register)	Integrated Quality and Performance Report which assures on the surplus planned, actual and projected and also on the current NHS Improvement assessment.	The IQP shows that the Trust's financial position is currently ahead of plan and there is confidence that the finance and use of resource theme will be at least a 2 for the remainder of the financial year.	None	None	Dawn Hanwell Chief Financial Officer	**Finance and Business** Financial Performance Report and out-turn (each meeting) **Board of Directors** Financial Report presented as part of the IQP (quarterly)
	Clinical income risks are reviewed on a monthly basis and strategies formulated to avoid or mitigate risks through the Clinical Income Management Group (CIMG).Tender opportunities are reviewed by CIMG on a case by case basis along with considerations of whether to bid or not bid on any given tender using agreed growth strategy principles. The Finance and Business Committee receive clinical income reports demonstrating performance and status of contracts, including material risks and threats. Longer term planning documents reported to Board and NHS Improvement includes further analysis to identify threats to contract income at the earliest opportunity. 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).	The IQP shows that the Trust's financial position is currently ahead of plan and there is confidence that the finance and use of resource theme will be at least a 2 for the remainder of the financial year. External audit have looked at income as part of their statutory work and reported no significant findings	None	None	Dawn Hanwell Chief Financial Officer	**Finance and Business** Clinical Income update report (each meeting) **Board of Directors** Financial Report presented as part of the IQP (quarterly)

Principal risk	Key Controls	How do we know the controls are effective? What positive assurances (i.e. evidence) is there that controls are effective	Gaps or weaknesses in controls	Gaps in or lack of assurance	Assurance provider	Board / sub-Committee to receive the assurance, when and name of report
(4.2) The danger of a cyber-attack to the Trust's UCT systems through malicious hacking or system virus infection Resulting in a potential business continuity issues. (Risk No. 105 on the Strategic Risk Register)	The ICT infrastructure has firewalls, virus protection software and email protection systems that are continually updated to prevent attack. The role of chief information security officer is encompassed in the role of the Chief Information Officer, and the team structure reconfigured to provide further support.	Our virus protection (Sophos) system evidences virus protection to all devices on the Trust network and has a reporting tool which has stated no breaches to date Firewall logs evidence the monitoring of network traffic and intrusion prevention systems automatically detect and prevent access. The system continually logs activity and no breaches to date NHS mail, which is an external service, has protection services which has evidenced protection is in place.	None	Penetration testing of network security is planned annually and is next scheduled for January 2017. Once completed we will be able to assess our level of assurance about our security arrangements Internal audit will carry out an audit in November 2016 will report its findings to management and t the audit committee. The outcome of this audit is awaited. .	Dawn Hanwell Chief Financial Officer	**Finance and Business Committee** Information Systems Strategy Update Paper. (each meeting)
	There is a cyber security programme in place and changes have been made to our network infrastructure including updating the Trust's Internet Web Filtering system and tracking assets that connect to the IT network.	Some assurance has been achieved through the cyber security programme.	The cyber security programme which will improve our awareness and response to threats is still ongoing. Further protection is now planned for the desktop and laptop estate and a software product has been identified for procurement to achieve this.	Awaiting completion of the cyber security programme in order to gain a high level of assurance	Dawn Hanwell Chief Financial Officer	**Finance and Business Committee** Information Systems Strategy Update Paper. (each meeting)

STRATEGIC OBJECTIVE 5

We govern our Trust effectively and meet out regulatory requirements

Principal risk	Key Controls	How do we know the controls are effective? What positive assurances (i.e. evidence) is there that controls are effective	Gaps or weaknesses in controls	Gaps in or lack of assurance	Assurance provider	Board / sub-Committee to receive the assurance, when and name of report
(5.1) The Trust is not achieving its target for compulsory training as specified in its Compulsory Training procedure with the risk that the Trust cannot evidence that staff have the right skills and training to carry out their role. (Risk No. 156 in the Strategic Risk Register)	There is a ratified Compulsory Training procedure in place that articulates the required training for every role in the Trust. Implementation of new iLearn Learning management system has provided; easier access and navigation for staff to book onto and complete training; easier compliance monitoring for line managers; automatic prompts given to staff when compliance is due to expire; and More regular and enhanced reporting on CT compliance. A compulsory training programme is in place with sufficient capacity 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 level though iLearn. Continually working with CT trainers and teams to ensure the compulsory training programme meets training and local delivery requirements	On aggregate the Trust has achieved a compliance rate of 88.2% against a target of 85%; however, not all services in the Trust have met the target. Internal audit carried out an audit of compulsory training in November 2015 which provided 'significant assurance' on the processes and content of the compulsory training system	None	The target for compulsory training is not being met in all areas of the Trust	Susan Tyler Director of Workforce Development	**Board of Directors** Integrated Quality and Performance Report (quarterly)

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:	Mental Health Act Managers Appointment
DATE OF MEETING:	30 March 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)	

Leeds and York Partnership NHS
NHS Foundation Trust

SUMMARY DETAILS OF THE PAPER	
Purpose of paper	This purpose of this paper is to request the Board approve the appointment of ten Mental Health Act Managers (MHAMs).
What are the key points and key issues the Board needs to focus on	In June 2016 the Board approved recruitment to the Trust MHAM's Panel. MHAMs perform delegated duties under section 23 of the Mental Health Act 1983 to review Hospital detention and Community Treatment Orders (CTOs). There are currently 37 practising MHAMs, of which 7 have contracts that are due to expire on 31 March 2017. The Board is asked to consider the extension of these contracts for a one year period to support the newly appointed MHAMs. On average there are 228 MHAM hearings per year. This equates to 684 MHAM panel seats. Interviews have taken place on 15 February 2017 and 7 March 2017. Out of 14 candidates that applied, 10 have been considered appointable. The Board is asked to approve these appointments. Further interviews are taking place on 4 April and an update will be provided to Board following those interviews.
What is the Board being asked to consider	The Board of Directors are asked to approve the recommendation to appoint the ten MHAMs.
What is the impact on the quality of care	The concern is that the Trust may have insufficient capacity to fulfil its legal responsibilities in regard to the review of detention and community treatment orders if the panel does not retain sufficient numbers.
What are the benefits and risks for the Trust	The Trust will continue to meet legal requirements in respect of review of detentions and community treatment.
What are the resource implications	None
Next steps following this paper being presented to the Board	If the Board are in agreement the MHAMs will be appointed for a fixed term of three years and issues a honorary contract.
What are the reputational implications and how will these be addressed	N/A

Do the recommendations in this paper have any impact upon the requirements of the protected groups identified by the Equality Act? * If yes what action has been taken to mitigate this?	No
What public / service user / staff / governor involvement has there been	None
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:

- To approve the appointment of the below named to the role of Mental Health Act Manager.

Thriuvenkatar Krishnapillai	Vicky Peterson	Michael Hartlebury	Kirsty Quinn
Sajda Ahmed	Jennifer Taylor	Andrea Kirkbride	John Devine
Pauline Oliver	William Sangster		

*** 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

18.1

LEEDS AND YORK PARTNERSHIP NHS FOUNDATION TRUST

MEETING OF THE BOARD OF DIRECTORS

PAPER TITLE:	Mental Health Act Managers Contracts
DATE OF MEETING:	30 March 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	This report identifies a concern regarding the capacity of the Mental Health Act Managers (MHAMs) as of 31 March 2017 when a number of MHAMs contracts end.
What are the key points and key issues the Board needs to focus on	There are a total of 37 active MHAMs currently enlisted to the MHAMs panel; a number of these MHAMs (7) contracts are due to end on 31 March 2017. The MHL Team are concerned that the loss of the seven experienced MHAMs may impact the Trusts ability to hear reviews / appeals by patients in an effective, timely manner before the newly appointed MHAMs have undergone the required training in order to perform the role to a satisfactory standard. During Q3, of the 171 panel seats available the 7 MHAMs who would be leaving the panel on 31 March 2017 if contracts are not extended were present at 58 of the panels (34%).
What is the Board being asked to consider	The Board of Directors are asked to approve the recommendation to further extend the final term contracts of the MHAMs (seven MHAMs in total) for a further 12 months to support the recruitment, training and mentorship of the newly recruited MHAMs and approve for the recruitment to a full panel of 45 MHAMs.
What is the impact on the quality of care	The concern is that the Trust may have insufficient capacity to fulfil its legal responsibilities in regard to the review of detention and community treatment orders.
What are the benefits and risks for the Trust	The Trust will continue to meet legal requirements in respect of review of detentions and community treatment orders and support new recruits to the MHAMs panel.
What are the resource implications	None
Next steps following this paper being presented to the Board	If the Board are in agreement the MHAMs whose contacts are due to end on 31 March 2017 will be extended until March 2018 arrangements will be made to confirm the extension and proceed with the recruitment of MHAMs.
What are the reputational implications and how will these be addressed	N/A
Do the recommendations in this paper have any impact upon the requirements of the protected groups identified by the Equality Act? * If yes what action has been taken to mitigate this?	No
What public / service user /	None

staff / governor involvement has there been	
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:

- To further extend the final term contracts of the MHAMs (seven MHAMs in total) for a further 12 months to support the recruitment, training and mentorship of the newly recruited MHAMs.
- Approval for the recruitment to a full panel of 45 MHAMs.

The managers whose contracts are due to expire are

ENID ATKINSON	BRIAN COUNCELL	JILL HETHERTON	HEATHER LIMBACH
ANNE RICE	BRIAN KEMP	DAVID WALKDEN	

*** 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).

Mental Health Act Manager Appointments

Introduction

The Trust has appointed a group of Mental Health Act Managers (MHAMs) to act as panel members for the purposes of section 20, 20A and 23 of the Mental Health Act 1983 (the Act). The MHAMs are responsible (as a panel) for the review of detentions and those on Community Treatment Orders (CTOs) under the Act.

MHAMs are not employees of the Trust, but are appointed by the Trust.

MHAMs are appointed for a fixed term of three years. The fixed term can be extended with agreement of the Trust board for a second and final third term (each term lasting three years).

The number of MHAMs is monitored by the MHL Team. There are currently 37 active MHAMs appointed.

A proposal was made and agreed by the Board during June 2016 to recruit to the MHAMs panel as eleven members of the MHAMs panel were to reach the end of their final fixed term appointments on 30 September 2016.

The Board also agreed to extend the final term of those eleven MHAMs by a further 6 months in order to retain the experience of the MHAMs panel during recruitment and to support those newly appointed to the MHAMs panel. The contract extension was accepted by seven of the eleven MHAMs whose contracts are now due to end on the 31 March 2017.

Recruitment to the MHAMs Panel has commenced and interviews are scheduled to take place on 13th February 2017.

Newly appointed MHAMs are required to complete a programme of training which provides / includes;

- Mentorship and supervised practice
- Basic introduction to mental health law
- Information about the role of MHAM
- Completion of Trust induction

The MHL Team are concerned that the loss of the seven experienced MHAMs may impact the Trusts ability to hear reviews / appeals by patients in an effective, timely manner before the newly appointed MHAMs have undergone the required training in order to perform the role to a satisfactory standard.

Recommendation

The Board is asked to approved the below recommendation;

- To further extend the final term contracts of the MHAMs (seven MHAMs in total) for a further 12 months to support the recruitment, training and mentorship of the newly recruited MHAMs.
- Approval for the recruitment to a full panel of 45 MHAMs.

This will allow the Trust meet its statutory requirements under the Act.

Time line

The 12 month extension proposed would commence from 1 April 2017, ending on 31 March 2018.

Consultation / agreement

A discussion was held at the Mental Health Legislation Committee meeting held 27 January 2017 under any other business. The MHLC supported the recommendation for the MHAMs contracts to be extended by a further period of twelve months.

Costs

There will be no additional costs involved.

MHAMs receive remuneration of £60 / hearing plus travel at 45p/mile (up to a maximum of 50 miles).

Risks for Trust

The MHL team are concerned that compliance with Act and Codes of Practice to the Act would be compromised in terms of the Trust ability to provide a timely and effective review process to patients if the MHAMs Panel drops below a sufficient number.

During Q3, of the 171 panel seats available the 7 MHAMs who would be leaving the panel on 31 March 2017 if contracts are not extended were present at 58 of the panels (34%).

Future Plans

The MHL team, plan to review the current policies and procedures in relation to MHAMs with the aim of producing a policy document to cover the below areas;

- Duties and responsibilities
- Governance Processes
- Definition of MHAMs
- Appointment
- Training
- Review and Reappointment
- Expected Behaviours
- Operation of Panels
- Feedback
- Remuneration

The aim of the policy document will be for MHAMs to be clear about the systems and processes in place to support them to fulfil their role and for the Trust to be clear about the role of the MHAM and is duties and responsibilities to ensure that the Trust is able to meet its statutory duties under the Act.

AGENDA ITEM
20

LEEDS AND YORK PARTNERSHIP NHS FOUNDATION TRUST

MEETING OF THE BOARD OF DIRECTORS

PAPER TITLE:	Minutes of the public meeting of the Council of Governors' held 16 November 2016 and 14 November 2017
DATE OF MEETING:	30 March 2017
LEAD DIRECTOR: (name and title)	Frank Griffiths – Chair of the Trust and Chair of the Council of Governors' meeting
PAPER AUTHOR: (name and title)	Cath Hill – Head of Corporate Governance

CATEGORY OF PAPER (please tick relevant box) ✓ (This will link to the relevant section on the agenda)							
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 Board of Directors has in place an arrangement whereby it receives copies of the public Council of Governors' meeting draft minutes.
What are the key points and key issues the Board needs to focus on	The Board receives the draft minutes so it can be sighted on the main areas of discussion or concerns raised by the Governors.
What is the Board being asked to consider	The main areas of discussion at the meeting were in respect of: November meeting: • Update on the Harrogate and West Yorkshire STP • The Integrated Quality and Performance Report and Safer Staffing report noting the issues with the closure of the Westerdale Ward at Clifton House • Increasing employment opportunities for people with learning disabilities • Update on the Mazar's report • Agreement on the appointment of Julie Tankard as Deputy Chair. February meeting: • An update on the reduction of the number of beds at Parkside Lodge • Update on progress with the CQC action plan • Update on progress with the closure of Westdale Ward • Supported the appointment of Steven Wrigley-Howe as the Senior Independent Director • Confirmation of Steve Howarth as the lead governor • Agreement of the date of the next round of elections to the Council of Governors.
What is the impact on the quality of care	The governors provide valuable insight and contribution to the way in which the Trust's services are provided and the draft minutes are one way of conveying their views.
What are the benefits and risks for the Trust	No new risks for the Trust were identified within the meeting of the Council of Governors' that took place on 16 November and 14 February.

What are the resource implications	No new resource implications were identified within the meeting of the Council of Governors' that took place on 16 November and 14 February.
Next steps following this paper being presented to the Board	The Council of Governors will receive these minutes for approval and follow up any actions identified. It is considered good practice to formally monitor progress against actions agreed by the Council of Governors so that undue delay or failure to complete actions is formally challenged. The actions are reviewed at each meeting of the Council of Governors until they are agreed as complete.
What are the reputational implications and how will these be addressed	No reputational implications were identified within the draft minutes.
Do the recommendations in this paper have any impact upon the requirements of the protected groups identified by the Equality Act? * If yes what action has been taken to mitigate this?	No.
What public / service user / staff / governor involvement has there been	The Council of Governors has representation from each of these areas.
Previous meetings where this report has been considered (including date)	None.

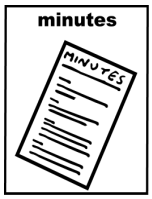
RECOMMENDATION **(This report is being provided to the Board for)** (please tick relevant box/s): ✓							
Assurance	✓	**Discussion**		**Decision**		**Information only**	✓

Provide details of what you want the Board to do:

The Board is asked to receive and note the draft minutes from the Council of Governors meeting that was held 16 November 2016 and 14 February 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 FOUNDATION TRUST

Minutes of the Public Meeting of the Council of Governors held on Tuesday 16 November 2016 in the Wedgewood Room, Royal York Hotel, Station Road, York YO24 1AA

PRESENT:	
Frank Griffiths – Chair of the Trust (Chair of the meeting)	
Public Governors	**Staff Governors**
Les France	Dominik Klinikowski
Niccola Swan	Andrew Johnson
Brian White	
Jo Sharpe	**Appointed Governors**
Peter Webster	Colin Clark
Anita Garvey	Carol-Ann Reed
Steve Howarth	
	Service User Governors
Carer Governors	Ann Shuter
Andrew Bright	Claire Woodham
Julia Raven	
Andy Bottomley	

IN ATTENDANCE:
Sara Munro, Chief Executive
Susan Tyler, Director of Workforce Development
Anthony Deery, Director of Nursing, Professions and Quality
Lynn Parkinson, Interim Chief Operating Officer
Sue White, Non-executive Director
Margaret Sentamu, Non-executive Director
Cath Hill, Head of Corporate Governance (meeting secretariat)
Rose Cooper, Governance Assistant (minutes)
Fran Limbert, Governance Assistant
1 member of the public

		Action
16/100	**Welcome and introductions** (agenda item 1) Mr Griffiths opened the meeting at 15.18 and welcomed everyone.	
16/101	**Apologies** (agenda item 2) Apologies were received from the following governors: • Ruth Grant, Staff: Non-clinical governor • Evrett Buckle, Public: Leeds governor.	
16/102	**Changes to any declaration of interests and declaration of any conflicts of interest in respect of agenda Items** (agenda item 3)	
	No governor present at the meeting indicated a change to their declared interests; nor did any governor raise a conflict of interest in respect of any agenda item.	
16/103	**Opportunity to receive comments or questions from members of the public** (agenda item 4)	
	There were no questions from members of the public.	
16/104	**Minutes of the Public Meeting held on 6 September 2016** (agenda item 5.1)	
	The minutes of the public Council of Governors' meeting held on 6 September 2016 were **agreed** as an accurate record.	
16/105	**Matters arising** (agenda item 6)	
	There were no matters arising.	

16/106	**Cumulative actions outstanding from previous Council of Governors' meetings** (agenda item 7)	
	The Council of Governors **agreed** that the two outstanding actions be closed.	
16/107	**Chair's Report** (agenda item 8)	
	The Council of Governors **received** the Chair's Report and **noted** the contents as discussed.	
16/108	**Update on the West Yorkshire and Harrogate Sustainability and Transformation Plan** (agenda item 9) Mrs Parkinson introduced the West Yorkshire and Harrogate Sustainability and Transformation Plan (STP) developed by Healthy Futures. She noted that this remains a West Yorkshire and Harrogate plan and includes local STPs in each of the six boroughs; that there are nine West Yorkshire and Harrogate work streams that support these plans; and there are six enabling work streams to accelerate delivery on issues like workforce and innovation. Mrs Parkinson noted that there is still much to be developed and understood in relation to the implications of these plans for the Trust and that detailed implementation plans have yet to be agreed. Mr Howarth felt that mental health had been treated as an afterthought in the STP, pointing out that there was little mention of learning disabilities or health promotion for young people and families. Mrs Swan noted the marginal reference to social care and was also concerned at a target of 75% reduction in suicides over the next four years being used as a measure. Mr White asked about the future of the foundation trust status and the bearing this may have on the role governors will play in being consulted on the plan. Mr Griffiths assured the Council that foundation trusts still do have more autonomy than non-foundation trusts and that to try to revoke this would be a lengthy and difficult legislative process. However, Mr Griffiths pointed out that closer working with other trusts could have benefits without compromising the Trust's autonomous status particularly in areas such as CAMHS	

	and bed planning.	
	The Council of Governors **received** the update report in regard to the STP.	
16/109	**Non-Executive Director presentation about performance** (agenda item 10)	
16/110	**Integrated Quality and Performance Report Quarter 2 tor 2016/17** (agenda item 10.1) Mrs Sentamu gave a summary of the Integrated Quality and Performance Report for Q2, noting that the Trust had met all its regulatory and contractual targets for the quarter. Mr Klinikowski felt that the data in some of the graphs was not presenting a clear picture as by setting it out in the current format there was a perceived difference between the target and achieved figure as these often looked visually more significant than the actual marginal percentage difference. Mr Griffiths asked that this be fed back to the team who produce the report. Ms Sharpe also felt that it would be useful for the report to indicate where the Trust is improving or deteriorating in areas where the target is not being met. Mrs Swan felt the report did not reflect the amount of work being done by the Trust, particularly regarding recovery measures, and Mr Bright added that he would like to receive more clarity against the data in the report. Mr Griffiths acknowledged the concerns raised by governors and also recognised the difficulty of constructing a report which provides them each with the appropriate level of detail. Mr Griffiths noted the discussions that had taken place prior to the meeting about the format of agenda papers and suggested that a group of managers and governors meet again to look at revising the format of the IQP.	**CH**
16/111	**Safe staffing levels report** (agenda item 10.2) The Council of Governors received the safe staffing report. Mr Deery noted that the CQC had provided some helpful feedback as to how the information in the report could be better presented. Mr Deery assured the Council that despite there being some low levels	

	of staff which had triggered inclusion in the report all ward had been safe. In regard to Clifton House Mr Deery explained that registered nurse vacancies had been extremely high at the unit and there had been growing concerns that this could have had a significant effect on the safety and quality of care provision. Mr Deery advised the Council that as a result of these concerns it had been agreed to temporarily close the Westerdale Ward. He reported that this had been a difficult decision but had been done in the interests of the safety of the service users. Dr Munro explained that this was a unit-wide issue and that Westerdale had been chosen because the ward had been operating with a reduced number of inpatients due to fluctuations in demand and that management had been working with staff and the existing service users in order to relocate them with minimal disruption. Mrs Parkinson added that there is an on-going impact on potential new admissions during this period of closure and that this is being managed with commissioners. Dr Munro assured the Council of Governors that the ward will only be re-opened if there are the sufficient numbers of staff to ensure safety on the ward, and that the number of beds available will correspond accordingly. She explained they are considering relooking at the workforce modelling to increase the ratio of Allied Health Professionals, noting that this could also speed up recruitment and will link to the developing recruitment strategy. Mr Griffiths asked for an update to be provided at the next Council meeting. Mr White asked if there was a support system available to staff which could help to reduce staff stress-related absence. Mrs Tyler described the existing direct-access Employee Assistance Programme which provides support to staff for non-work related issues.	**LP**
16/112	**Complaints report** (agenda item 10.3) Mrs Sentamu presented the complaints report; in particular she noted that the complaints management training had been in place since May 2015, with a total of 14 sessions having been delivered to date. She noted that feedback from the training had highlighted the need for additional customer service training for front-line support staff and that as a result a customer services training package had been developed. Mrs Sentamu also noted that the Board had felt	

	assured by all the work that had been undertaken to strengthen the complaints management process.	
16/113	**Trust Incident Review Group (TIRG) lessons learnt report** (agenda item 10.4) The Council of Governors received the TIRG report. Mr Deery noted that he was now chairing the Serious Incident Review Group and outlined some of the work undertaken by the group noting in particular that it was working hard to reduce the backlog of investigations and felt that good progress was being made, although there was still some way to go.	
	The Council of Governors **received** the non-executive director presentation about performance in the areas of the IQP, Safe Staffing, Complaints Management and Serious Incidents.	
16/114	**Increasing employment opportunities for people with learning disabilities** (agenda item 11) Mrs Tyler noted that this item had been brought to the Council at the request of governors. She reported that a time-limited task and finish group had been established in October 2016 to support the development of an employment pathway model backed up by an implementation plan. She noted that the final implementation plan will be developed by the end of January 2017 and that there would be more work to implement this. Mrs Tyler noted that a report would be brought back to a future meeting as progress is made in relation to the action plan.	**ST**
	The Council of Governors noted the update report and the progress being made to date in relation to increasing opportunities for people with LD.	
16/0115	**Update on the action taken in regard to the Mazar's report including an update on the Trust's Mortality Review Group** (agenda item 12) Mr Deery presented this report and noted that this was a good opportunity to share the Trust's learning and standardise its	

	approach with eight other Trust's in the Northern Alliance. He noted that work is progressing on this within the Trust assisted by the newly established Mortality Review Group. Mr Deery also noted that the process adopted by the Trust was praised by the CQC around improving the Trust's engagement with families and the quality of that communication. Mr France welcomed the additional set of questions, particularly regarding up-to-date care plans which had been added to the incident reporting system DATIX form. The Council noted the progress to date and Mr Deery agreed to bring a further report in 6 months' time following the publication of the Care Quality Commissions Deaths Review.	**AD**
	The Council of Governors **received** the report and **noted** its contents.	
16/116	**Patient experience report** (agenda item 13) Mr Deery presented the patient experience report noting that it summaries the information in relation to patient experience. He noted that the report contained a lot of positive comments. Mr Deery noted that the CQC had been complementary about the Trust being caring and responsive. The Council agreed that more should be done to celebrate the positive feedback in particular that received from the CQC. Mrs Swan would like to see the Friends and Family Test data triangulated with that of the Patient Reported Experience Measures to provide a fuller picture of patient experience. Mr Deery agreed to look at this.	**AD**
	The Council of Governors was **assured** in relation to the feedback received from service users.	
16/117	**Minutes from the Appointments and Remuneration Committee meeting held 8 November 2016** (agenda item 14) The Council received the minutes from the Appointments and Remuneration Committee for the meeting held on 8 November and	

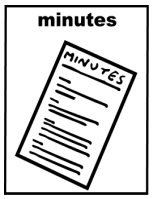
	noted that the items included in the minutes would been dealt with in the next agenda item.	
	The Council of Governors **received** the minutes of the meeting of the Appointments and Remuneration Committee meeting held 8 November 2016.	
16/118	**Appointment of the Deputy Chair of the Trust** (agenda item 15) Mrs Hill presented a paper proposing that Julie Tankard should be appointed as the next Deputy chair of the Trust. Mrs Hill noted that this position did not carry any extra remuneration. Mr Griffiths noted that the matter had been discussed with all non-executive directors and that he was recommending this appointment to the Council.	
	The Council of Governors **agreed** to appoint Julie Tankard for a period of one year with effect from 6 February 2017.	
16/119	**Minutes from the Strategy Committee meeting held 2 November 2016** (agenda item 16)	
	The Council of Governors **received** the minutes of the Strategy Committee meeting held 2 November 2016.	
16/120	**Governor non-attendance** (agenda item 17) Mrs Hill presented the governor non-attendance report noting that only two governors had missed two meeting in the last financial year. She noted that the two governors listed had legitimate reasons for the absences and that they had supported the work of the Council in other ways.	
	The Council of Governors **agreed** that no further action be taken in respect of governor non-attendance.	

16/121	**Minutes of the public meeting of the Board of Directors held 28 July and 15 September 2016** (agenda item 18)	
	The Council of Governors **received** the minutes of the public meeting of the Board of Directors held 28 July and 15 September 2016.	
16/122	**Membership and events report** (agenda item 19)	
	The Council of Governors **received** the Membership and events report.	
16/123	**Declarations of interest for members of the Board of Directors** (agenda item 20)	
	The Council of Governors **received** a note of the declarations of interest made by each of the directors, in particular the non-executive directors. It **noted** that each of the non-executive directors had declared that they are fit and proper in accordance with the criteria laid down in legislation and guidance, and that each of the non-executive directors had been found to be independent by the Board of Directors.	
16/124	**Any other business** (agenda item 21) There were no items of any other business raised.	
16/125	**Question / comments from Members of the Public** (agenda item 22) A member of the public complemented the Council on the insightful and informed discussions, particularly regarding the STP item.	
The chair of the meeting closed the public meeting of the Council of Governors of Leeds and York Partnership NHS Foundation Trust at 16.36 and thanked Governors and members of the public for their attendance.		

COUNCIL OF GOVERNORS' ACTION SUMMARY
(PUBLIC MEETING)
Meeting held 16 November 2016

MINUTE	ACTION SUMMARY (PUBLIC MEETING)	LEAD
16/110	**Integrated Quality and Performance Report Quarter 2 tor 2016/17** (agenda item 10.1) Mr Klinikowski felt that the data in some of the graphs was not presenting a clear picture as by setting it out in the current format there was a perceived difference between the target and achieved figure as these often looked visually more significant than the actual marginal percentage difference. Mr Griffiths asked that this be fed back to the team who produce the report. Ms Sharpe also felt that it would be useful for the report to indicate where the Trust is improving or deteriorating in areas where the target is not being met. Mrs Swan felt the report did not reflect the amount of work being done by the Trust, particularly regarding recovery measures, and Mr Bright added that he would like to receive more clarity against the data in the report. Mr Griffiths acknowledged the concerns raised by governors and also recognised the difficulty of constructing a report which provides them each with the appropriate level of detail. Mr Griffiths noted the discussions that had taken place prior to the meeting about the format of agenda papers and suggested that a group of managers and governors meet again to look at revising the format of the IQP.	**CH**
16/111	**Safe staffing levels report** (agenda item 10.2) Dr Munro assured the Council of Governors that the ward will only be re-opened if there are the sufficient numbers of staff to ensure safety on the ward, and that the number of beds available will correspond accordingly. She explained they are considering relooking at the workforce modelling to increase the ratio of Allied Health Professionals, noting that this could also speed up recruitment and will link to the developing recruitment strategy. Mr Griffiths asked for an update to be provided at the next Council meeting.	**LP**

MINUTE	ACTION SUMMARY (PUBLIC MEETING)	LEAD
16/114	**Increasing employment opportunities for people with learning disabilities** (agenda item 11) Mrs Tyler noted that this item had been brought to the Council at the request of governors. She reported that a time-limited task and finish group had been established in October 2016 to support the development of an employment pathway model backed up by an implementation plan. She noted that the final implementation plan will be developed by the end of January 2017 and that there would be more work to implement this. Mrs Tyler noted that a report would be brought back to a future meeting as progress is made in relation to the action plan.	**ST**
16/0115	**Update on the action taken in regard to the Mazar's report including an update on the Trust's Mortality Review Group** (agenda item 12) The Council noted the progress to date and Mr Deery agreed to bring a further report in 6 months' time following the publication of the Care Quality Commissions Deaths Review.	**AD**
16/116	**Patient experience report** (agenda item 13) Mrs Swan would like to see the Friends and Family Test data triangulated with that of the Patient Reported Experience Measures to provide a fuller picture of patient experience. Mr Deery agreed to look at this.	**AD**



LEEDS AND YORK PARTNERSHIP NHS FOUNDATION TRUST

Minutes of the Public Meeting of the Council of Governors held on Tuesday 14 February 2017 in the Wedgewood Room, Royal York Hotel, Station Road, York YO24 1AA

PRESENT:	
Frank Griffiths – Chair of the Trust (Chair of the meeting)	
Public Governors	**Staff Governors**
Niccola Swan (present for items 1 - 8)	Ruth Grant
Steve Howarth	Andrew Johnson
Jo Sharpe	
	Appointed Governors
Carer Governors	Colin Clark
Julia Raven	Neil Dawson
Andy Bottomley	
	Service User Governors
	Ann Shuter
	Claire Woodham

IN ATTENDANCE:
Sara Munro, Chief Executive
Anthony Deery, Director of Nursing, Professions and Quality
Lynn Parkinson, Interim Chief Operating Officer
Sue White, Non-executive Director
John Baker, Non-executive Director
Margaret Sentamu, Non-executive Director
Cath Hill, Head of Corporate Governance (meeting secretariat)
Rose Cooper, Governance Assistant (minutes)
1 member of the public

		Action
17/001	**Welcome and introductions** (agenda item 1) Mr Griffiths opened the meeting at 15.04 and welcomed everyone. Mr Griffiths noted that it was Mr Colin Clarke and Mr Andy Bottomley's last meeting as governors of the Trust and thanked them for their hard work and contribution to the council. Mr Griffith's also noted that Mr Dominik Klinikowski had recently resigned as a staff governor having found a new position elsewhere and wished him all the best in his new role.	
17/002	**Apologies** (agenda item 2) Apologies were received from the following governors: • Peter Webster, Public: Leeds governor • Les France, Public: Leeds governor • Carol-Ann Reed, Appointed Governor • Andrew Bright, Carer: Leeds governor • Brian Caldwell-White: Public: Leeds governor • Evrett Buckle, Public: Leeds governor.	
17/003	**Changes to any declaration of interests and declaration of any conflicts of interest in respect of agenda items** (agenda item 3)	
	No governor present at the meeting indicated a change to their declared interests; nor did any governor raise a conflict of interest in respect of any agenda item.	
17/004	**Opportunity to receive comments or questions from members of the public** (agenda item 4)	
	There were no questions from members of the public.	

17/005	**Minutes of the public meeting held on 16 November 2016** (agenda item 5.1)	
	The minutes of the public Council of Governors' meeting held on 16 November 2016 were **agreed** as an accurate record.	
17/006	**Matters arising: Reduction of beds at Parkside Lodge (P)16/036** (agenda item 6) In reference to a discussion that took place at the private council meeting in November, Ms Woodham queried the proposal to reduce bed numbers at Parkside Lodge on the basis that the current capacity was surplus to requirements. She asked if this would take bed occupancy to near 100% or if a safety net was being left to allow for unexpected increases in bed occupancy. She also noted that this question could equally apply to other areas where bed reductions were planned. Mrs Parkinson explained that the beds were intended for the medium-care assessment and treatment of service users with learning disabilities and that the commissioners require the Trust to close two beds each year for the next three years in line with the national Transforming Care agenda. She noted that the intention was that the saved resource would then be transferred to improving community provision thereby helping to reduce out of area admissions. Mrs Parkinson indicated that this staggered reduction was intended to help services manage occupancy (ideally maintaining levels of around 85%) and Mrs Parkinson felt confident that that this was a reasonable readjustment. In terms of bed reductions more broadly, Mrs Parkinson indicated that a reduction in out of area placements for acute beds was a current priority and a target of achieving bed occupancy rates closer to 85% was also in place. Mrs Parkinson noted that conversations were taking place regarding managing occupancy across the West Yorkshire footprint as part of the Sustainability and Transformation Plan (STP).	
	The Council of Governors received a response to Ms Woodham's concerns about bed reduction.	

17/008	**Matters arising: Update on the CQC action plan** (agenda item 6.2) Mr Deery introduced the progress update report and Ms Sharpe asked if there were any areas where the Trust may be unable to sustain current improvements and where this could be a cause for concern. Mr Deery explained that stabilising the Trust's workforce is a constant pressure, but he wanted to ensure recent improvements to compulsory training and appraisal figures were not affected by on-going pressures. Expanding on this, Dr Munro discussed plans for a review of governance processes in the Trust, the intention being to create a line of sight from ward level to Board that would enable the Trust to mitigate and manage issues as they arise and provide assurance that standards are sustainable. Dr Munro explained that the CQC inspection framework is currently under revision and it was her intention to signal the opportunity for a re-inspection before July of this year to ensure the Trust is marked against the old and therefore same criteria as the last inspection. Ms Woodham then asked if there had been progress made on establishing an estates solution for the Yorkshire Centre for Psychological Medicine (YCPM). Dr Munro explained that she and the Chief Executive at Leeds Teaching Hospitals Trust had discussed this and there were early conversations being had regarding the feasibility of another potential site. She also informed the Council that the YCPM had been identified as an example of good practice in the latest joint commissioning guidance on medically unexplained symptoms.	
	The Council of Governors was **assured** there is a robust process in place to ensure the completion of relevant actions.	

17/009	**Matters arising: Update on Clifton House** (agenda item 6.1) Mrs Parkinson discussed the closure of Westerdale Ward at Clifton House, noting that this had been carried out without the need to transfer any patients out of area and that existing staff had been redeployed to other wards. She explained that they are working towards a phased re-opening of the ward in April 2017, but that this was dependent on whether vacancies could be filled. She described the recruitment campaign, and the decision to extend the remit outside of York and Leeds, with benefits such as relocation expenses being offered to encourage take-up. She also noted that Mr Deery and Dr Neil had commissioned an independent review of the recruitment and retention of staff to this unit to identify further possible learning.	
	The Council of Governors **received** the update on Clifton House.	
17/010	**Cumulative actions outstanding from previous Council of Governors' meetings** (agenda item 7) Mrs Hill referred to action 101 and explained that she had been working with the Training and Development team to draft a rolling induction programme for all governors. She indicated that this would be shared with a small group of governors for comment outside of the meeting. Ms Woodham and Mrs Swan expressed an interest in being involved in this. Regarding log number 103, Mrs Hill noted that a meeting was scheduled for 23 March 2017 involving paper authors from all of the performance reports and a small number of governors. Mrs Hill extended an invitation to all other governors.	
	The Council of Governors received the update and was **assured** of progress.	
17/011	**Chair's Report** (agenda item 8) Mr Griffiths introduced the report and, upon request from Mrs Swan, Dr Munro provided an update regarding progress with the STP. She explained there had been a short pause in developments to allow for	

	the signing of new contracts and the submission of operational plans. She noted that there had been two meetings of the STP group since the new year and the focus has been on how commissioners should come together as a 'committee in common' to discuss West Yorkshire level commissioning. Conversations were also being had with Bradford District Care Trust and South West Yorkshire Foundation Trust to look at collaborating for the purpose of efficiency and greater economies of scale. Dr Munro noted that a whole-system meeting was taking place in March to discuss how best to deliver services that make a positive difference to communities across the region.	
	The Council of Governors **received** the Chair's Report and **noted** the contents as discussed.	
17/012	**Trust Strategy** (agenda item 9) Dr Munro talked through the strategy document and requested the views of the Council, explaining that it would be presented to the Board of Directors in March for ratification.	
	The Council of Governors **considered** the outputs from the strategy development process and **supported** the content of this draft before it was presented to the Board for ratification.	
	Non-Executive Director presentation about performance (agenda item 10)	
17/013	**Integrated Quality and Performance Report Quarter 3 for 2016/17** (agenda item 10.1) Prof Baker gave a summary of the Integrated Quality and Performance Report for Q3, noting that the data had been to the Quality Committee for scrutiny. Prof Baker felt that in order to provide a good quality service the Trust should aim beyond achieving the bare minimum requirements, drawing on the latest evidence base to underpin the Trust's direction of travel and aligning this with the developing quality strategy. He explained that to do this the Trust needed to work on how it defines	

	and reports on quality, using narrative as well as statistics, and with a greater emphasis on outcomes data. Prof Baker discussed the Recovering Quality of Life (ReQoL) trial currently running in the Trust which is a quality of life measure developed with service users. He explained that this kind of data can be used to better hold executives to account, demonstrate how the Trust is actively improving lives and be used to measure quality. Dr Munro agreed that the challenge is how to provide the Council with a set of information that displays the qualitative impact made by staff. Prof Baker apologised that the graphs in the document were not consistent throughout and was therefore confusing. The Council then agreed it would be helpful if the distinction between mandatory and internally established targets was more explicit in the report. Finally, Mr Dawson informed the Council of his position as Chair of the Leeds Autism Board and welcomed that the Trust having exceeded the 80% target for the Autism Awareness training.	
17/014	**Safe staffing levels report** (agenda item 10.2) Prof Baker introduced the report, and expressed concern that not all wards in the Trust were included in the report and that there was no reference to community wards. Prof Baker also noted that he sits on the NHS Improvement panel which looks at safe staffing across England, and assured the Council that he felt confident that the Trust could be ahead of game in terms of future reporting on this matter. The Council addressed the different balance of responsibility between it and the Board and the fact the reports that it receives should complement this. For the benefit of the Council it was suggested that significant or concerning data from across the four sections of the performance report be triangulated to enable thematic discussion with less emphasis on detail.	
17/015	**Complaints report** (agenda item 10.3) Prof Baker introduced the report that covered both the complaints and the compliments received by the Trust.	

17/016	**Trust Incident Review Group (TIRG) lessons learnt report** (agenda item 10.4) Mr Deery discussed the findings of the report and emphasised the importance of cascading learning at TIRG level down to discussions at team level and embedding this in a timely way. Mr Deery then spoke of his and Mrs Parkinson's recent visit to services where they had been reassured by seeing practice at ward level improving as a result of learning from these reports being applied. However, he noted that it was his intention that going forward there will be clearer triangulation between the incidents that occur and the staffing levels on the ward. Mr Johnson asked if the reference on page 10 to a patient's history of 'mental health' to indicate a history of mental health problems could be revised as it presented a negative picture.	
	The Council of Governors **received** the non-executive director presentation about performance in the areas of the IQP, Safe Staffing, Complaints Management and Serious Incidents.	
17/017	**Support for the appointment of the next Senior Independent Director** (agenda item 11)	
	The Council of Governors **supported** the appointment of Steven-Wrigley-Howe as the Senior Independent Director with immediate effect for a period of 2 years.	
17/018	**Agreement of the dates for the next round of governor elections** (agenda item 12.1)	
	The Council of Governors **agreed** the timetable for the forthcoming elections to the Council of Governors which will conclude on the 28 April 2017.	

17/019	**Confirmation of the election of Lead Governor** (agenda item 12.2) Mr Griffiths noted that earlier in the afternoon the Council had held an election to choose the next Lead Governor and that Mr Howarth had been elected. Mr Griffiths paid tribute to Ms Woodham who was stepping down as Lead Governor for the work she has done over the past two years. Ms Woodham confirmed that she would continue to do in her role as a governor of the Trust.	
	The Council of Governors **formally confirmed** Mr Steve Howarth to be the new Lead Governor with immediate effect.	
17/020	**Governor non-attendance** (agenda item 13) Mrs Hill presented the governor non-attendance report and noted that Mr Evrett Buckle had missed the previous three council meetings. Mrs Hill suggested that she make contact with him in the hope of getting commitment that he will attend the meeting in May and all future meetings.	**CH**
	The Council of Governors **agreed** to Mrs Hill taking this action.	
17/021	**Minutes from the Board of Directors meeting held 27 October** (agenda item 14)	
	The Council of Governors **received** the minutes of the meeting of the Board of Directors held 27 October 2016.	
17/022	**Membership and Events report** (agenda item 15)	
	The Council of Governors **received** the Membership and events report.	
17/023	**Love Arts Evaluation** (agenda item 16)	

	The Council of Governors **received** the report and **supported** the work of the Arts and Minds Network.	
17/024	**Any other business** (agenda item 17) There were no items of any other business raised.	
17/025	**Question / comments from Members of the Public** (agenda item 18) There were no questions from the public.	
17/026	**Vote of thanks** (agenda item 19) Ms Woodham spoke on behalf of the Council noting that this was Mrs Griffith's last Council meeting. She thanked him for all he has done over the past 7 years, especially thanking him for agreeing to stay one extra year over and above his two terms of office, and wished him all the best for the future. Mr Griffiths thanked Ms Woodham for her kind words and also thanked the governors for the commitment they have shown, for the enjoyment they have brought to meetings and the challenge they have presented, to himself and to the Board, in the interests of carrying out their role and improving the health and lives of service users.	
The chair of the meeting closed the public meeting of the Council of Governors of Leeds and York Partnership NHS Foundation Trust at 16.14 and thanked Governors and members of the public for their attendance.		

COUNCIL OF GOVERNORS' ACTION SUMMARY
(PUBLIC MEETING)
Meeting held 14 February 2017

MINUTE	ACTION SUMMARY (PUBLIC MEETING)	LEAD
17/020	**Governor non-attendance** (agenda item 13) Mrs Hill presented the governor non-attendance report and noted that Mr Evrett Buckle had missed the previous three council meetings. Mrs Hill suggested that she make contact with him in the hope of getting commitment that he will attend the meeting in May and all future meetings.	**CH**

AGENDA ITEM
21

LEEDS AND YORK PARTNERSHIP NHS FOUNDATION TRUST

MEETING OF THE BOARD OF DIRECTORS

PAPER TITLE:	Draft minutes of the meeting of the Audit Committee held the 12 January 2017
DATE OF MEETING:	30 March 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 12 January 2017are 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 26 January 2017.
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 will receive these minutes at its meeting in April 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.

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 12 January 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 12 January 2017 in the Chief Executive's office at Trust Headquarters, 2150 Century Way, Thorpe Park, Leeds LS15 8ZB

Present:

Mrs J Tankard, Non-executive Director (Chair of the Audit Committee)
Dr G Taylor, Non-executive Director (joined by teleconferencing)
Mrs M Sentamu, Non-executive Director

In Attendance:

Dr S Munro, Chief Executive
Mr D Brewin, Assistant Director of Finance (on behalf of Dawn Hanwell, Chief Financial Officer)
Mr I Looker, Partner, PricewaterhouseCoopers LLP
Ms N Ishaq, Audit Manager, PricewaterhouseCoopers LLP
Mrs L O'Reilly, Local Counter Fraud Specialist, NHS Audit Yorkshire
Mrs S Blackburn, Deputy Head of Internal Audit, NHS Audit Yorkshire
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 details of the issues discussed are of a confidential nature and the papers are not for circulation.

		Action
	Mrs Tankard opened the meeting at 11.00 and welcomed everyone.	
17/001	**Apologies** (agenda item 1) Apologies were received from Mrs D Hanwell, Chief Financial Officer who normally attends the committee meeting. It was noted the Mr Brewin was attending the meeting in her absence.	
17/002	**Declaration of any conflicts of interest in respect of agenda items** (agenda item 2) No member of the committee declared a conflict of interest in respect of any item on the agenda.	
17/003	**Minutes of the meetings held on 26 October 2016** (agenda item 4.1) The minutes of the meetings held on 26 October 2016 were **agreed** as a true record.	
17/004	**Matters arising – Risk management training (minute number 16/053 – action log 116)** (agenda item 5.1) Mrs Blackburn presented this item noting that she had contacted colleagues across the region and that this had showed a mixed picture as to how risk management training is delivered in different organisations ranging from face to face to e-learning. Mrs Blackburn noted that the outcome of these enquiries had been shared with the risk management team and that they would be considering the information provided.	

The committee thanked Mrs Blackburn for the update and **noted** that this would be picked up by the risk management team.

17/005 **Review of the Board Assurance Framework key controls (minute number 16/060 – action log 125)** (agenda item 5.2)

Mrs Blackburn provided an update on the key controls in regard to the Board Assurance Framework noting that the internal audit planning document takes account of the information in the BAF and that having checked this most areas have been picked up in the annual plan. Mrs Blackburn noted that delayed discharges was the only area not yet covered by the plan and asked for a view from the committee as to whether this should be incorporated. The committee noted the importance of this matter and that itw was something that had been discussed on a number of occasions by the Board of Directors andagreed that it should be added to the plan.

The committee thanked Mrs Blackburn for the update and **noted** the assurance given that all the areas are being picked up within the Internal Audit annual plan and that delayed discharges will be added to the plan.

17/006 **Actions outstanding from the previous meeting** (agenda item 6)

Mrs Hill presented the actions outstanding from previous meetings and asked the committee to be assured as to progress.

With regard to action log 117 the committee discussed the response given. It acknowledged that compliance with mandatory training would be something that is monitored through the CQC Fundamental Standards Group, and that whilst it considered this action now to be closed in relation to the committee, members expressed a longstanding concern that there was no consequence for either staff or managers where mandatory training was not completed. Dr Munro noted that whilst this matter will be picked up in the short-term in the CQCFS Group she noted that there is a need for this to be looked at in more detail elsewhere in the governance structure in order to focus on this matter in greater detail. The committee closed action 117.

With regard to action 118 Mrs Hill outlined to the committee the details of the response given and asked if the committee was satisfied that this has now been dealt with and that no further report needs to come to it. The committee confirmed that it was assured and closed this action.

The committee **received** the committee's outstanding actions and was assured with progress.

17/007	**Follow up of outstanding audit actions** (agenda item 7) Mr Brewin provided the committee with an up-to-date position in regard to the outstanding management actions. He noted that each of these had been reviewed in detail by action owners, by executive directors and by ET collectively and that a pragmatic approach had been taken to some of the old actions. The committee supported this approach and was assured that the report now shows a better position. Dr Munro noted the need to ensure that actions are being reviewed in a more timely manner and are being either completed or challenged. Mrs Sentamu joined the meeting. The committee **received** the updated position in regard to the outstanding actions and was **assured** as to the approach taken by mangers and the executive directors.	
17/008	**External audit annual plan and fees** (agenda item 8.1) Ms Ishaq presented the annual audit plan. She noted that a date in February had been agreed with the finance team for the audit team to carry out the interim controls testing and outlined some of the tests that will be carried out at that point. Ms Ishaq outlined to the committee the main sections of the audit plan and also drew attention to the fees. Ms Ishaq assured the committee that the team had not carried out any non-audit work and as such had complied with the new legislation in regard to independence. Mr Looker noted that new guidance had been issued to Foundation Trusts by the National Audit Office in regard to ethical standards around non-audit work and agreed to share this with Mrs Hill and Mr Brewin. Ms Ishaq outlined the focus of the audit noting that this year the financial judgements around the control total will be looked at as part of the review. she also asked the audit committee to confirm if it had any knowledge of any frauds. Members of the committee confirmed that they had no knowledge of any frauds that hadn't already been brought to the attention of the committee and also confirmed that they had undergone sufficient training and that they were assured that there was a good level of awareness in the organisation. Ms Ishaq noted the NED sessions which were on offer. Mrs Hill confirmed that these dates and details had been circulated. Mrs Tankard noted the new data protection legislation which was due to be implemented in the coming year and asked for a paper to come back to the July committee meeting which assured it as to how the organisation was approaching this and whether there was a plan in place. Ms Ishaq agreed to send a publication to Mrs Hill which provided a checklist of things to be considered. The committee **received** the annual plan from the external auditors and was assured as to the level of checking that would be carried out. The committee also **agreed** the fees.	**IL** **DH** **NI**
17/009	**Internal audit progress report** (agenda item 9.1) Mrs Blackburn presented the progress report for the Internal Audit Plan noting that work is either completed or underway and that it was expected to be completed before the year-end. Mrs Blackburn noted that four reports had been issued since the last meeting including the learning from the fraud review. The committee asked for this report to be	

brought to the attention of the Board at the January Board meeting.

Dr Taylor left the meeting; however, she asked for it to be noted that she supported the recommendations made in agenda item 11. Mrs Tankard also noted that this would be Dr Taylor's last meeting and thanked her for all her support in regard to the work of the committee.

Mrs Blackburn drew attention to the finalised audit report in regard to the administration of service users detained under the Mental Health Act. Mrs Blackburn noted that the outcome of this had been an increase in the assurance level to significant and noted that there were still some issues to be addressed but there had been sufficient progress to allow the increase in the assurance level. Mrs Tankard noted the progress and asked that the audit team look at this again in six months' time to show embeddedness. Dr Munro noted that she would be picking this up with the new Medical Director. **SB**

With regard to the report on e-rostering Mrs Blackburn outlined the focus of the audit. She noted the work that had been undertaken to ensure that KPIs were being met, although she indicated that there was still further work to be done by management particularly around annual leave.

The committee also discussed the report on safer staffing noting that this had now been rated as significant assurance and outlined the findings from the audit, although she noted that there was more work to do around publishing the levels on wards.

The committee **received** the internal audit progress report and **received** assurance on the work undertaken and the reports that had been finalised.

17/010 **Counter fraud progress report** (agenda item 9.2)

Mrs O'Reilly presented the counter fraud progress report. She noted that the focus of work had been on the findings of NHS Protect and the recommendations from the proactive audit; she outlined how these had been addressed. She also noted that there are no active fraud investigations currently ongoing.

The committee spent time discussing the proactive work which is undertaken in the Trust and the way in which the level of knowledge of fraud and reporting fraud is raised. The committee suggested there should be fraud awareness as part of the Trust induction session. Dr Munro noted that the induction programme was being refreshed and there was an opportunity to look at incorporating this. Mrs Hill suggested that the bribery and the fraud awareness messages be sent out together. Mrs Hill agreed to pick this up with Mrs O'Reilly. **CH/LO**

Mrs O'Reilly then presented to the committee the main points of the report and the actions taken to address the points of learning.

The committee **received** the counter fraud progress report it **received** assurance on the work undertaken and the outcome of the NHS Protect review and how the recommendations had been addressed.

17/011 **Tender and Quotation Exception Report** (agenda item 10)

The committee received the tender and quotation exception report. Mr Brewin outlined the cases where the rules had been waived and explained the rationale.

	With regard to the form completed by individuals in regard to tender and quotation exceptions the committee asked for a line to be added allowing individuals to report whether they have any conflict of interest in respect of the company for which the rules were being waived. Mr Brewin agreed to look at this.	**DB**
	The committee **received** the tender and quotation exception report and **supported** the reasons for the exceptions.	
17/012	**New and future risks** (agenda item 12)	
	The committee did not identify any new or future risks.	
17/013	**Any other business** (agenda item 13)	
	The committee had no items of other business.	
	Mr Looker, Ms Ishaq, Mrs Blackburn and Mrs O'Reilly left the meeting.	
17/014	**(RESTRICTED ITEM) Internal and external audit services contractual arrangements** (agenda item 11) The committee received a paper which noted that as part of the procurement process carried out three years ago there had been an option to extend the contract for both the internal audit and external auditors by two years, and that this paper proposed taking up that option. The committee discussed the proposal and noted that the price was locked in and that no extra tariff would be incurred. It noted that it was the Council of Governors that ultimately would agree the extension for the external auditors and the Chief Financial Officer for the internal auditors. However, the committee considered and supported the proposal. The committee also noted the need to go through a full procurement exercise at the end of the contractual period.	
	Having **considered** all the information presented including the performance of the auditors it **agreed** to support the extension of both contracts by two years.	

The chair of the committee thanked everyone for attending and closed the meeting at 12:30.

AUDIT COMMITTEE - ACTION SUMMARY
12 January 2017

MINUTE	ACTION SUMMARY	LEAD
17/008	**External audit annual plan and fees** (agenda item 8.1) Ms Ishaq assured the committee that the team had not carried out any non-audit work and as such had complied with the new legislation in regard to independence. Mr Looker noted that new guidance had been issued to Foundation Trusts by the National Audit Office in regard to ethical standards around non-audit work and agreed to share this with Mrs Hill and Mr Brewin. Ms Ishaq noted the NED sessions which were on offer. Mrs Hill confirmed that these dates and details had been circulated. Mrs Tankard noted the new data protection legislation which was due to be implemented in the coming year and asked for a paper to come back to the July committee meeting which assured it as to how the organisation was approaching this and whether there was a plan in place. Ms Ishaq agreed to send a publication to Mrs Hill which provided a checklist of things to be considered.	**IL** **DH** **NI**
17/009	**Internal audit progress report** (agenda item 9.1) Mrs Blackburn drew attention to the finalised audit report in regard to the administration of service users detained under the Mental Health Act. Mrs Blackburn noted that the outcome of this had been an increase in the assurance level to significant and noted that there were still some issues to be addressed but there had been sufficient progress to allow the increase in the assurance level. Mrs Tankard noted the progress and asked that the audit team look at this again in six months' time to show embeddedness.	**SB**
17/010	**Counter fraud progress report** (agenda item 9.2) The committee spent time discussing the proactive work which is undertaken in the Trust and the way in which the level of knowledge of fraud and reporting fraud is raised. The committee suggested there should be fraud awareness as part of the Trust induction session. Dr Munro noted that the induction programme was being refreshed and there was an opportunity to look at incorporating this. Mrs Hill suggested that the bribery and the fraud awareness messages be sent out together. Mrs Hill agreed to pick this up with Mrs O'Reilly.	**CH/LO**
17/011	**Tender and Quotation Exception Report** (agenda item 10) With regard to the form completed by individuals in regard to tender and quotation exceptions the committee asked for a line to be added allowing individuals to report whether they have any conflict of interest in respect of the company for which the rules were being waived.	**DB**

Leeds and York Partnership NHS
NHS Foundation Trust

AGENDA ITEM

22

LEEDS AND YORK PARTNERSHIP NHS FOUNDATION TRUST

MEETING OF THE BOARD OF DIRECTORS

PAPER TITLE:	Draft minutes of the meeting of the Finance and Business Committee held the 23 January 2017
DATE OF MEETING:	30 March 2017
LEAD DIRECTOR: (name and title)	Steven Wrigley-Howe – 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)	

SUMMARY DETAILS OF THE PAPER	
Purpose of paper	The draft minutes of the Finance and Business Committee meeting held 23 January 2017 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 26 January 2017 where the following key points were raised: • Two outline business cases were discussed for IT systems (it should be noted that these were subsequently discussed at the extraordinary meeting of the Board in February • Quarter 3 finances and assurance that the control total will be met • Discussion around the CPC and the formation of an LLP.
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	There were no new risks identified at the meeting.
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 will presented to the meeting to be held in April 2017.
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 /	None applicable to the minutes of the Finance and Business

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 Finance and Business Committee for the meeting held on 23 January 2017 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
23 January 2017 at 1.30 pm
in Meeting Rooms 1&2 at Trust Headquarters, 2150 Century Way, Thorpe Park, Leeds LS15 8ZB

Present: Dr G Taylor, Non-Executive Director, Chair of Committee
Mrs J Tankard, Non-Executive Director
Mr S Wrigley-Howe, Non-Executive Director
Dr S Munro, Chief Executive
Mrs D Hanwell, Chief Financial Officer
Mrs L Parkinson, Interim Chief Operating Officer

In attendance: Mr B Fawcett, Chief Information Officer
Mr D Brewin, Deputy Director of Finance
Dr N Venters, Psychiatrist and Chief Clincial Information Officer (for items 6.1 & 6.2)
Mr G Broome, Director of Apera (for agenda items 6.1 & 6.2)
Mr K Rowley, Managing Director for the NoE CPC (for agenda item 14)
Ms R Cooper, Governance Assistant (minutes)

		Action
	Welcome and Introduction Dr Taylor welcomed everyone to the meeting.	
17/001	**Apologies for absence** (agenda item 1) There were no apologies from any member of the committee, although it was noted that Mrs Hill, who is normally in attendance could not be at the meeting.	
17/002	**Members and attendees declaration of any conflict of interest in any agenda items** (agenda item 2) Mr Wrigley-Howe asked for it to be noted that he is a member of the Board of Momentum which has a subsidiary called Red Rock, a document management company. He noted that as Red Rock is based in Dublin he did not consider this to present any significant conflict. However, this was noted by the committee and agreed that Mr Wrigley-Howe should still play a full part in the meeting. It was also noted that Mrs Tankard was an employee of BT and that the mobile phone contract will be detailed in a paper presented by Mr Fawcett, although it was noted that the contract had now been signed with E and that the conflict was negligible. Again it was agreed that this did not pose a significant conflict and as such Mrs Tankard should play a full part in the meeting. The committee noted there were no conflicts of interests for any other	

	member of the committee or attendees.	
17/003	**Outline Business Case one** (agenda item 6.1) See confidential appendix.	
17/004	**Outline Business Case two** (agenda item 6.2) See confidential appendix.	
17/005	**Minutes of the committee meeting held on 26 October 2016** (agenda item 3.1) Mrs Tankard noted that she was at the meeting and as such asked that her name be added to the list of members present at the October meeting for both the main agenda items and the confidential appendix. The minutes of the meeting held on 26 October 2016 were **accepted** as a true record with that one amendment.	
17/006	**Cumulative action log** (agenda item 5) The committee received 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 all the actions should now be closed as they had either completed or were being personated at the meeting for a further update. The committee **received** the cumulative action log and was **assured** of the progress with the actions.	
17/007	**Matters Arising – PFI Options update** (agenda item 4) See confidential appendix.	
17/008	**Update on mHabitat** (agenda item 7) Mrs Hanwell advised that the business model needs more work and definition. The committee noted the distraction that a project such as this could cause to staff in the Trust and noted that a further update will be brought to the next meeting. The committee **noted** the update and that a report would be coming to the next meeting.	**DH**

17/009 **Contract income update** (agenda item 8)

Dr Taylor asked Mr Brewin to focus on where the committee needs to provide input on the basis that the committee members had read the report. Mr Brewin highlighted to the committee the key areas of risk which the committee sought to understand in more detail.

Dr Taylor asked about the CQUIN performance around the flu vaccination programme. The committee expressed concern at the level of uptake by staff and the impact this has had on income and also the potential risk to service and other staff's health.

The committee **received** the update and **noted** the areas of risk.

17/010 **NHS Improvement quarter 3 and forecast outturn** (agenda item 9)

Mr Brewin outlined the income and expenditure position at quarter three noting that there had been a number of fortuitous and non-recurrent benefits that had contributed to the headline income and expenditure surplus position of £1m 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.

He also noted that whilst the forecast income and expenditure position demonstrated achievement of the control total, the forecast position is predicated on a number of key assumptions and the level of risk to achievement was 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 discussed the financial positon both actual and projected in detail. The committee asked about the cash in the bank and what the plans are for this sum. Dr Munro outlined some of the possible plans noting that it should be used to secure longer-term income.

With regard to the Cost Improvement Plans Dr Taylor welcomed Dr Munro's decision to take a fresh look at these. Dr Munro explained that a number of meetings had already taken place but that she plans to establish a specific group to look at CIPs in detail on a more regular basis.

The committee **received** assurance that performance against the plan will be monitored within the monthly financial management processes, including modelling and forecasting to ensure risks to delivery are identified early and that escalation and action plans are in place. It also **considered** the quarter 3 position for 2016/17, specifically noting the achievement of the quarter 3 surplus plans, and the underlying income and expenditure position. The committee also **considered** the risks linked to the achievement of the control total planed position.

17/011 **NOE CPC Update Paper – LLP governance agreements** (agenda item 14)

See confidential appendix.

17/012 **Update on agency spend** (agenda item 10)

Mrs Hanwell presented the paper and noted that Mrs Tyler had set up a group to look at agency spend. She also noted that in the absence of a Workforce Board sub-committee this paper had been brought to the Finance and Business Committee. Mr Wrigley-Howe noted that the Trust was a relatively high performer in terms of keeping agency costs down.

The committee **received** the paper on agency spend and **noted** the content.

17/013 **Estates Strategy Update** (agenda item 11)

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 by the committee and that there needs to be clarity as to the risks these delays pose in relation to the estate.

Mr Wrigley-Howe asked about the YCPM and the plan for its relocation. Dr Munro provided an update on the current position regarding the discussions noting that there is potentially space in Harrogate and that an update on this is still awaited.

The committee discussed the development of the Estates Strategy and the variables in the options for the use of the Trust's estate and the PFI units.

The committee **received** the update and **noted** the detail of the paper.

17/014	**Procurement Strategy Update** (agenda item 12) Dr Taylor noted the potential for sharing the procurement function across a number of organisations. Mrs Hanwell noted that discussions are already ongoing in relation to this. The committee **received** the update and **noted** the detail of the paper.	
17/015	**Informatics Strategy Update** (agenda item 13) The committee noted the in-depth discussion it had already had in relation to the outline business cases. Mr Fawcett then outlined to the committee in relation to e-prescribing, the signing of the mobile phone contract with EE and the roll-out of smart phones across the Trust. Mr Fawcett also noted that a virtual desktop package had been procured and that this was in the process of being implemented. With regard to the upgrade of the telephony system at St Mary's Hospital Mrs Hanwell noted that whilst the Trust was looking to vacate the site at some point the upgrade of the system was seen as being necessary and that LCH are paying a share of the cost. Mrs Tankard asked about business continuity in relation to the IT systems. Mr Fawcett explained that systems are hosted externally and that the host has sufficient resilience to deal with any risk of the system going down. Mr Fawcett also assured the committee of the arrangements internal to the Trust. It was suggested that a specific item comes back to the committee in relation to the Trust's business continuity in relation to IT and to cyber risk. The committee **received** the report and **noted** the progress being made.	**BF**
17/016	**Board Assurance Framework** (agenda item 15) The committee received the Board Assurance Framework noting that it was an assurance document for the Board of Directors which details key controls in place to ensure that the risks to achieving the Trust's strategic objectives are well managed. Dr Munro noted that once the Trust strategy is signed off in March it will be an opportune time to review the Strategic Risk register for the Trust. This suggestion was supported. 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.	

17/017	**Assurance report from the Information Governance Group for meetings held 25 October, 23 November, and 21 December 2016** (agenda item 16) The committee expressed concern at the number and type of the breaches but acknowledged that there were action plans in place to look at the learning from such events.
	The committee **received** and **noted** the assurance report from the IGG meetings.
17/018	**Any Other Business** (agenda item 17) The committee noted that this was Dr Taylor's last meeting and thanked her for her support as chair in relation to the work of the committee.

Finance and Business Committee
Action summary
Meeting held 23 January 2017

MINUTE	ACTION	LEAD PERSON
17/008	**Update on mHabitat** (agenda item 7) Mrs Hanwell advised that the business model needs more work and definition. The committee noted the distraction that a project such as this could cause and noted that a further update will be brought to the next meeting. The committee **noted** the update and that a report would be coming to the next meeting.	**DH**
17/015	**Informatics Strategy Update** (agenda item 13) Mrs Tankard asked about business continuity in relation to the IT systems. Mr Fawcett explained that systems are hosted externally and that the host has sufficient resilience to deal with any risk of the system going down. Mr Fawcett also assured the committee of the arrangements internal to the Trust. It was suggested that a specific item comes back to the committee in relation to the Trust's business continuity in relation to IT and to cyber risk.	**BF**

AGENDA ITEM
23

LEEDS AND YORK PARTNERSHIP NHS FOUNDATION TRUST

MEETING OF THE BOARD OF DIRECTORS

PAPER TITLE:	Draft minutes of the Quality Committee meeting held the 24 January 2017
DATE OF MEETING:	30 March 2017
LEAD DIRECTOR: (name and title)	Prof Baker – Non-executive Director
PAPER AUTHOR: (name and title)	Cath Hill – Head of Corporate Governance

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

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

STATUS OF PAPER (please tick relevant box/s)	✓
To be taken in the public session (Part A)	✓
To be taken in private session (Part B) - If the paper is to be taken in the private session please indicate which criterion is applicable:	
Legal advice relating to legal proceedings (actual or possible)	
Negotiations in respect of employee relations where they are of a confidential nature	
Procurement processes and contract negotiations	
Information relating to identifiable individuals or groups of individuals	
Other – not yet a public document	
Matters exempt under the Freedom of Information Act (quote section number)	

SUMMARY DETAILS OF THE PAPER	
Purpose of paper	The draft minutes of the Quality Committee meeting held 24 January 2017 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.
What is the Board being asked to consider	The Board is asked to note the content of the minutes and there are no decisions to be made.
What is the impact on the quality of care	The Board is asked to be assured that the committee is working within its terms of reference to effectively manage the quality of care.
What are the benefits and risks for the Trust	There needs to be a focus on the maintenance of and the environment of the Leeds sites to mitigate any risk and benefit service users.
What are the resource implications	No resource implications were identified within the minutes.
Next steps following this paper being presented to the Board	The Quality Committee will receive these minutes for approval and follow up any actions identified.
What are the reputational implications and how will these be addressed	No reputational implications were identified within the minutes.
Do the recommendations in this paper have any impact upon the requirements of the protected groups identified by the Equality Act? * If yes what action has been taken to mitigate this?	No
What public / service user / staff / governor involvement has there been	A governor observer was present at the Quality Committee meeting.
Previous meetings where this report has been considered (including date)	None

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

Provide details of what you want the Board to do:

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

*** EQUALITY ACT 2010**

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

LEEDS AND YORK PARTNERSHIP NHS FOUNDATION TRUST

Minutes of the Quality Committee
Tuesday 24 January 2017
at 10.30am 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)
Mr Anthony Deery (Director of Nursing, Professions and Quality
Dr Sara Munro (Chief Executive)

In attendance:
Mr Tom Mullen (Clinical Director for Specialist and Learning Disability Care Group)
Mrs Helen Wiseman (Physical Health Lead / Freedom to Speak Up Guardian)
Mr Mark Gallacher (Interim Head of Performance and Quality)
Mr Bill Fawcett (Chief Information Officer)
Mrs Alison Evans (HR Business Partner) (standing in for Susan Tyler)
Mrs Marie-Clare Trevett (Strategic Lead for Allied Health Professionals)
Mr Tony Gray (Interim Head of Clinical Governance)
Ms Rose Cooper (Governance Assistant)
Mr R Delahoy (Resuscitation Officer) for agenda item 6

Governor observers:
Mr Peter Webster (Public: Leeds)
Mrs Julia Raven (Carer: York & North Yorkshire)

Action

Welcome and Introduction

Mr John Baker welcomed everyone to the meeting and noted that there were two governor observers at the meeting Peter Webster and Julia Raven.

17/001 Apologies for absence (agenda item 1)

Apologies were received from: Susan Tyler (Director of Workforce Development); Beverley Thornton (Service User Involvement Lead) and Cath Hill (Head of Corporate Governance).

17/002 Cardiac arrest incident – an example of good practice (agenda number 6)

Mr Richard Delahoy (Resuscitation Officer based at St Mary's Hospital) gave a presentation to the committee describing the treatment and successful outcome of an inpatient cardiac arrest incident. This was delivered to the committee in the interest of demonstrating the importance of competent CPR delivery and celebrating instances of high quality care.

Prof Baker thanked Mr Delahoy for his presentation but queried why the Trust's success rate was only 16% when the success rate for out of hospital cardiac arrest was 10-14% and asked what is being learnt from those not successfully treated. Mr Delahoy assured the committee that the CPR that had been carried out was of a very high standard and that mitigating circumstances needed to

be considered such as the overall health of the service users at the time of the cardiac arrest.

Secondly, Prof Baker asked what was being done to educate staff on the importance of preventative measures for choking, particularly linking the physical and mental health of young people taking clozapine whose gag reflexes are reduced and who make up a significant proportion of the demographic data. Mr Delahoy agreed this was a high-priority group and explained the measures being taken.

The committee discussed the importance of publicising good practice as part of the lessons learnt system. Mr Delahoy indicated that it was more easier to publicise learning from an adverse event than a successful one. Mr Deery agreed to discuss with the Communications Team including information such as this in Trustwide emails and also agreed to write to the ward in recognition of their achievements. **AD**

The committee **listened** with interest to the presentation and **agreed** that it was important to learn from events and to publicise them more widely in the interests of providing a safe service and learning from good practice.

17/003 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.

17/004 Minutes of meeting held 15 December 2016 (agenda item 3)

The minutes of the meetings held on 15 December 2016 were **accepted** as a true record.

17/005 Matters arising: CIP Quality Impact Assessment - rationale for the 'red' RAG rating for Deaf CAMHS (agenda item 4.1)

Prof Baker explained that at the December meeting the committee had focussed on the 'red' rated items and that it had asked for further clarification on the three items. He noted that one of these actions had now been rated 'green' and that the paper explained the rating process. The committee noted the paper and was assured as to the process for rating CIP progress.

The committee **noted** the update with respect of this cost improvement plan scheme on which more information was requested and was assured of the process.

17/006 Cumulative action log (agenda item 5)

Prof Baker presented the cumulative action log and the committee noted

progress with those actions.

He asked about log 10 and the Quality Workshop on BME. Mr Deery noted that since this action had been agreed things had moved on and that at the time this was agreed it had not been envisaged that there would be a Quality Strategy to set out the priorities for the Trust. He also noted that there was much work ongoing in the Trust around equality and diversity and that this would now pick up much of what the workshop had intended to do. With these comments the committee agreed that this action should be closed.

The committee agreed that Log 30 should be removed as this matter would be addressed through a change in the Terms of Reference for the committee. It was noted that actions 34 and 35 should also be removed as they were not considered as actions for the committee. With regard to 36 and 37 the committee confirmed that these should be closed as requested in the paper. It was agreed that log number 41 could be closed as the outcome of the TIRG meetings could be included in the learning to improve report.

The committee **received** the action log and **agreed** those that should be closed and those that should remain open.

17/007 Matters arising: Level of NRLS reporting within the Trust (agenda item 4.2)

Mr Gray provided a verbal update on this matter. Prof Baker noted that the concern of the committee had been that the reporting levels appeared to be low. Mr Gray advised the committee that NHS Improvement had issues guidance and it was their view that due to the differing complexity of different organisations that being either a high or low reporter was not an issue. Mr Gray advised the committee that there was work on going in the Trust to raise awareness of reporting and that this might translate into more incidences being reported.

Prof Baker asked why there were few reports from community services. It was noted that this could be down to the culture of reporting for different groups of staff. The committee noted this and suggested that there should be an exception report brought to the committee where there were either exceptionally low or exceptionally high levels of reporting.

The committee **received** the report. It received **assurance** that there was no 'right' level of reporting, but suggested that exceptions to the norm should be reported to the committee.

17/008 Matters arising: Update on the scheduling of the consultations on the Trust's supporting strategies (agenda item 4.3)

Dr Munro advised the committee that consideration had been given to the timing of the strategies. She also briefly advised the committee of the process by which consultation would take place to ensure staff were not 'fatigued' by the number of consultations occurring at the same time noting that rather than

consult on the whole document it should focus on a few key issues.

The committee noted the proposed process for the next stages of the supporting strategies.

17/009 CQC Action Plan update report (agenda item 7)

Mr Gallacher introduced the report and updated the Committee on the progress of the action plan to come out of the CQC inspection in July 2016. He noted that Dr Munro and Mr Deery had met with the CQC the previous week to discuss feedback on the action plans that were submitted in December. Mr Gallacher also explained the purpose of the CQC action tracker noting that this provides an audit trail of the progress made against on-going actions and indicated that this would be reviewed regularly at theCQC Fundamental Standards Group.

Mr Wrigley-Howe asked what the solutions were available for the breach regarding single sex accommodation at the Yorkshire Centre for Psychological Medicine (YCPM). Dr Munro explained that the longer term solution is to find more suitable premises to enable a much needed increase in the bed base at the unit, noting that a site visit would be taking place on 24 January which may identify a possible solution.

However, regarding meeting the CQC requirements of the EMSA technical breach Dr Munro explained how the breach had been interpreted, noting the technicality that had led to this. She noted that it was unacceptable to redefine the service for just one gender as this would discriminate against the other gender for what is a very specialised service. Dr Munro reported that the commissioners are happy with the way in which the service is being provided and that Margaret Kitching (Chief Nurse North, NHS England) had been invited to visit the service to ensure they were fully supporting and to ensure that the welfare of patients is the highest priority.

It was also noted that the Trust had not received any incidents, concerns or complaints about having both genders in the same locality. She also noted that all bedrooms are single accommodation.

The committee **received** the update report on the CQC action plan and received **assurance** as to the progress being made in relation to some of the key issues.

17/010 Integrated Quality and Performance Report (agenda item 8)

Mr Gallacher presented the Quarter 3 IQP for 2016/17 and explained that the exception report at the beginning of the IQP gives further information regarding the targets that had not been met for October to December 2016 and the actions being carried out to address them.

Prof Baker noted that data is being presented even though there is no target

and asked why this was. Mr Gallacher explained that in relation to such as the Thermometer the commissioners had not set a target, but that the data is required to be presented in the report. He also noted that for some areas the CCG wanted a report on activity and as such this didn't have a target. Prof Baker noted that by not having a target it would make it difficult to assess quality and improvement.

The committee discussed specific information in the report. Prof Baker asked about the target for memory services for time from referral to diagnosis, and why this had a target of 70% and yet achievement was only 40%, although there was a slow upward trend. He also asked what the implications for service users were during this waiting period. Mr Deery noted that the referrals sent to the Trust were not always accompanied by the necessary information to make the diagnosis and this had impacted on the service's ability to make a diagnosis. He noted that this had been raised with commissioners and an agreement only recently had been made that circumstances such as these would not negatively impact on the Trust's target. He also noted that the time for making a diagnosis had also been increased. In the view of this Mr Deery indicated that the target should start to be achieved.

With regard to Rose Ward Prof Baker asked for an update on the investigation into unaccounted medication noting that this matter does not appear to have been resolved. Mr Deery noted that it had been investigated and the matter had been closed, but that the details had not been included in the report to the committee due to timing. He noted that an update would be brought to the next committee meeting. Prof Baker noted these comments and asked why this matter hadn't been raised with the Quality Committee through the minutes of the group reporting into the committee. **AD**

The committee **noted** the content of this paper and the actions being taken to address any shortfall in performance.

17/011 Leeds Care Group Workforce performance report (agenda item 9)

Prof Baker noted that there was no representation from the Leeds Care Group at the meeting.

Mrs Evans first noted a correction on page 2 of the report indicating that the figure for MSK absence in the Leeds Care Group as of November 2016 should be 18.51% and not 13.08%. Mrs Evans then introduced the report noting that this was a follow-up report on the Leeds Care Group workforce indicators for the period February to November 2016. She noted that an initial report on this care group was presented in February 2016 and that this now sets out the current position and actions taken.

Mrs Evans explained where absence hot spots had been identified. She noted that targeted interventions by the workforce team had resulted in sickness absence rates reducing; however, she noted that this was a resource intensive approach.

Prof Baker noted the difficulty in understanding the information in its present

format and indicated that he would be happy to look at this with members of the team to focus on how this links to the work of the Quality Committee. Mr Wrigley-Howe suggested that the data is reformatted into graphs to enable better trend analysis and also that performance against indicators is a percentage of overall working days and not overall absence. Dr Munro explained currently there is no separate workforce committee that can provide assurance to the Board but that she will be making a recommendation to relook at the subcommittee structure to look at establishing such a committee.

Mr Wrigley-Howe also requested more detail on the two occasions of maltreatment of a service user mentioned on page 7 of the report, and Prof Baker felt that further information on this would be of use to Quality Committee as an indicator of the quality of service the Trust is providing. ST

Mr Deery agreed to explore what actions were being taken by the Leeds Care Group in response to the high level of absence in inpatient services. Prof Baker was concerned that there was no link being made to quality in the report and asked Mrs Evans to reflect on the comments made at the meeting and bring a revised report to the next meeting particularly picking up how the workforce data and action impact on the quality of services provided. **AD** **ST**

The committee **received** the report and **noted** the comparative data and actions taken so far.

17/012 Clifton House update including the independent review (agenda item 10)

Mr Deery advised the committee that Westerdale Ward remains closed. He noted that plans are in place for recruitment and working towards opening the ward in April. He noted that alongside an external review had been commissioned by the Trust for the whole of the forensic inpatient service and that a draft report was expected in the March. Dr Munro noted that the report would come to the Quality Committee in April, along with a report specifically around Westerdale Ward and the learnings from there. **AD**

The committee discussed the reasons for the review and welcomed that it was taking place and that a report would be coming back to the committee.

The committee **received** the update and noted that a further report would be brought back to the committee.

17/013 CQC Deaths Review Report 'learning, candour and accountability' (agenda item 11)

Prof Baker noted that this had been touched on at the last meeting. Mr Deery noted that there should have been an enclosure for this item and it was agreed that this would be received at the next meeting. Prof Baker asked for the next meeting if the plan could articulate how we are doing things differently. **AD**

Dr Munro noted that Mr Gray had contributed to the review and had worked

with the Trust to look at implementing the recommendations. She also welcomed looking at this in greater detail at the next meeting.

The committee **received** the report and was **assured** by its contents and reflect the key priorities in the new Trust strategy.

17/014 Board Assurance Framework (agenda item 12)

The committee received the Board Assurance Framework. Dr Munro noted that once the new Trust strategy had been agreed there would be an opportunity to look at the strategic risks and the Board Assurance Framework and then map this to the work-plan for the committees so that assurance can be attained.

The committee **received** the Board Assurance Framework and **noted** that his would change in content over the coming months.

17/015 Minutes of the Safeguarding Committee held 15 November 2016 (agenda item 13.1)

Prof Baker noted that the minutes are received for information only, but noted the need for the cover sheets to better reflect matters for escalation. He expressed concern at this. Mr Deery noted that at the meetings when the committee was asked as to whether there was anything to escalate to the Quality Committee the Safeguarding Committee was assured that at that point things are being managed and as such they didn't feel the need to escalate matters.

With regard to the Safeguarding Committee minutes Prof Baker noted that the information going to that committee was not coming to the Quality Committee for example children on section 136. Dr Munro noted that LCH are responsible for the pathway of care whilst the Trust is responsible for the premises.

It was agreed that the Quality Committee would look at how the Trust was performing against the Crisis Care Concordat. **AD**

The minutes of the meeting were **received** and the content **discussed**.

17/016 Minutes of the Health and Safety Committee held 13 December 2016) (agenda item 13.2)

Prof Baker asked about overdue audit action reports. Mr Gray advised the committee that this matter was in relation to Staffside Health and Safety audits. Prof Baker asked for assurance that these were being carried out. Dr Munro sought assurance from Mr Mullen as to the escalation process for any action outstanding which he explained. Prof Baker was assured by this information.

The minutes of the meeting were **received** and the content **noted**.

17/017 Minutes of the CQC Fundamental Standards Group held 4 October, 15 and 29 November and 13 December 2016 (agenda item 13.3)

The minutes of the meeting were **received** and the content **noted**.

17/018 Minutes of the Infection Prevention and Control and Medical Devices meeting held 24 November 2016 (agenda item 13.4)

The minutes of the meeting were **received** and the content **noted**.

17/019 Minutes of the Effective Care Committee held 10 November 2016 (agenda item 13.5)

Prof Baker asked why the committee had taken a decision to adopt GASS as opposed to Lunsers when this is not in use. Mr Deery explained the basis for this decision. Prof Baker explained the importance of ensuring that the side effects of the medication being used is monitored.

The minutes of the meeting were **received** and the content **noted**.

17/020 Minutes of the Trust Incident Review Group held 12 October, 9 November and 14 December 2016 (agenda item 13.6)

Prof Baker noted the importance of the information from TIRG to the Quality Committee in particular how the learning is being applied to the Trust. Dr Munro explained the information which could be included in a report to the committee.

The minutes of the meeting were **received** and the content **noted**.

17/021 Summary report of the Medical Revalidation and Appraisal Group held 16 November 2016 (agenda item 13.7)

Prof Baker noted that this only reports on the revalidation of medics, but does not report on nursing or other professional groups' revalidation. Mrs Evans assured the committee as to how nurses are monitored in relation to revalidation. Ms Trevett also assured the committee as to how AHPs are revalidated. Mr Deery welcomed having other groups included in a report to the committee.

The committee **received** the summary report on Medial Revalidation and **noted** the content.

17/022 Any other business (agenda item 14)

Mrs Wiseman asked about a paper on violence and aggression related to the smoke-free policy and the environmental risks this also posed. It was agreed that this paper would come to the next meeting. **HW**

Mr Mullen reminded the committee of the Specialist and Learning Disability Care Group conference on 21 February. He noted that this was an opportunity to share good practice through the various workshops.

Quality Committee
Action summary

Meeting held on 24 January 2017

MINUTE	ACTION SUMMARY	LEAD
17/002	**Cardiac arrest incident – an example of good practice** (agenda number 6) The committee discussed the importance of publicising good practice as part of the lessons learnt system. Mr Delahoy indicated that it was more easier to publicise learning from an adverse event than a successful one. Mr Deery agreed to discuss with the Communications Team including information such as this in Trustwide emails and also agreed to write to the ward in recognition of their achievements.	**AD**
17/010	**Integrated Quality and Performance Report** (agenda item 8) With regard to Rose Ward Prof Baker asked for an update on the investigation into unaccounted medication noting that this matter does not appear to have been resolved. Mr Deery noted that it had been investigated and the matter had been closed, but that the details had not been included in the report to the committee due to timing. He noted that an update would be brought to the next committee meeting. Prof Baker noted these comments and asked why this matter hadn't been raised with the Quality Committee through the minutes of the group reporting into the committee.	**AD**
17/011	**Leeds Care Group Workforce performance report** (agenda item 9) Mr Wrigley-Howe also requested more detail on the two occasions of maltreatment of a service user mentioned on page 7 of the report, and Prof Baker felt that further information on this would be of use to Quality Committee as an indicator of the quality of service the Trust is providing. Mr Deery agreed to explore what actions were being taken by the Leeds Care Group in response to the high level of absence in inpatient services. Prof Baker was concerned that there was no link being made to quality in the report and asked Mrs Evans to reflect on the comments made at the meeting and bring a revised report to the next meeting particularly picking up how the workforce data and action impact on the quality of services provided.	ST **AD** **ST**
17/012	**Clifton House update including the independent review** (agenda item 10) Dr Munro noted that the report would come to the Quality Committee in April, along with a report specifically around Westerdale Ward and the learnings from there.	**AD**

MINUTE	ACTION SUMMARY	LEAD
17/013	**CQC Deaths Review Report 'learning, candour and accountability'** (agenda item 11) Prof Baker noted that this had been touched on at the last meeting. Mr Deery noted that there should have been an enclosure for this item and it was agreed that this would be received at the next meeting. Prof Baker asked for the next meeting if the plan could articulate how we are doing things differently.	**AD**
17/015	**Minutes of the Safeguarding Committee held 15 November 2016** (agenda item 13.1) It was agreed that the Quality Committee would look at how the Trust was performing against the Crisis Care Concordat.	**AD**
17/022	**Any other business** (agenda item 14) Mrs Wiseman asked about a paper on violence and aggression related to the smoke-free policy and the environmental risks this also posed. It was agreed that this paper would come to the next meeting.	**HW**