

**PUBLIC MEETING OF THE BOARD OF DIRECTORS**  
will be held at time 9:30 am on Thursday 26 October 2017  
in the Conservatory Room, St George's Centre, 60 Great George Street, Leeds, LS1 3DL

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**A G E N D A**

Members of the public are welcome to attend the Board meeting, which is a meeting in public not a public meeting. If there are any questions from members of the public please could they advise the Chair or the Head of Corporate Governance in advance of the meeting (contact details are at the end of the agenda).

	<b>LEAD</b>
1 <b>Sharing stories</b> – Personality Disorder Service	
2 <b>Apologies for absence</b> (verbal)	<b>SP</b>
3 <b>Declaration of interests for directors and any declared conflicts of interest in respect of agenda items</b> (enclosure)	<b>SP</b>
4 <b>Minutes of the previous meeting held on 28 September 2017</b> (enclosure)	<b>SP</b>
5 <b>Matters arising</b>	
6 <b>Actions outstanding from the public meetings of the Board of Directors</b> (enclosure)	<b>SP</b>
7 <b>Chief Executive's report</b> (enclosure)	<b>DH</b>
<b>PATIENT CENTRED CARE</b>	
8 <b>Verbal report from the Chair of the Quality Committee for the meeting held 24 October 2017</b> (verbal)	<b>JB</b>
9 <b>Chief Operating Officer report</b> (enclosure)	<b>JFA</b>
9.1 <b>Integrated quality and performance report for July 2017</b> (enclosure)	<b>JFA</b>
10 <b>Forensic Services Review Update</b> (enclosure)	<b>CK</b>
11 <b>Chief Nurse Report</b> (verbal)	<b>PL</b>
11.1 <b>Safe staffing report – September 2017</b> (enclosure)	<b>PL</b>
12 <b>Action plan relating to the fire enforcement notice</b> (to follow)	<b>DH / PL</b>
<b>WORKFORCE</b>	
13 <b>Workforce and Organisational Development report</b> (enclosure)	<b>ST</b>

## USE OF RESOURCES

- |    |  |     |
|----|--|-----|
| 14 | Verbal report from the Chair of the Finance and Business Committee for the meeting held 23 October 2017 (verbal) | SWH |
| 15 | Report from the Chief Financial Officer (enclosure)  | DH  |
| 16 | Quarterly operational plan update report (enclosure)   | JFA |

## GOVERNANCE

- |    |   |    |
|----|---|----|
| 17 | Board evaluation (verbal)   | SP |
| 18 | <i>Chair to resolve that members of the public be excluded from the meeting having regard to the confidential nature of the business transacted, publicity on which would be prejudicial to the public interest</i> | SP |

**The next public meeting will be held on 30 November 2017 at 9.30 am  
Activity Room 1, Vinery Centre, 20 Vinery Terrace, Cross Green, Leeds, LS9 9LU**

Questions for the Board can be submitted to:

Name: Cath Hill (Head of Corporate Governance / Trust Board Secretary)  
Email: [chill29@nhs.net](mailto:chill29@nhs.net)  
Telephone: 0113 8555930

Name: Prof Sue Proctor (Chair of the Trust)  
Email: [sue.proctor1@nhs.net](mailto:sue.proctor1@nhs.net)  
Telephone: 0113 8555913

**Annual Declaration of Interests for members of the Board of Directors**

(Declared as at April 2017)

Name	Directorships, including Non-executive Directorships, held in private companies or PLCs (with the exception of those of dormant companies).	Ownership, or part-ownership, of private companies, businesses or consultancies likely or possibly seeking to do business with the NHS.	Majority or controlling shareholdings in organisations likely or possibly seeking to do business with the NHS.	A position of authority in a charity or voluntary organisation in the field of health and social care.	Any connection with a voluntary or other organisation contracting for NHS services.	Any substantial or influential connection with an organisation, entity or company considering entering into or having entered into a financial arrangement with the Trust, including but not limited to lenders or banks.	Any other commercial or other interests you wish to declare. This should include political or ministerial appointments (where this is information already in the public domain – this does not include personal or private information such as membership of political parties or voting preferences)	Declarations made in respect of spouse or co-habiting partner
<b>EXECUTIVE DIRECTORS</b>								
<b>Sara Munro</b> Chief Executive	None.	None.	None.	None.	None.	None.	None.	None.
<b>Dawn Hanwell</b> Chief Financial Officer and Deputy Interim Chief Executive	None.	None.	None.	None.	None.	None.	None.	Partner Director / owner of Whinmoor Marketing Ltd.
<b>Clare Kenwood</b> Medical Director	None.	None.	None.	None.	None.	None.	None.	None.
<b>Paul Lumsdon</b> Interim Director of Nursing	<b>Director / Owner</b> Compassionate Healthcare Consultancy Ltd	<b>Director / Owner</b> Compassionate Healthcare Consultancy Ltd	<b>Director / Owner</b> Compassionate Healthcare Consultancy Ltd	None.	<b>Visiting fellow:</b> University of Bournemouth and the University of Derby	None.	None.	None.
<b>Joanna Forster Adams</b> Chief Operating Office	None.	None.	None.	None.	None.	None.	None.	None.
<b>Susan Tyler</b> Director of Workforce Development	None.	None.	None.	None.	None.	None.	None.	None.

Name	Directorships, including Non-executive Directorships, held in private companies or PLCs (with the exception of those of dormant companies).	Ownership, or part-ownership, of private companies, businesses or consultancies likely or possibly seeking to do business with the NHS.	Majority or controlling shareholdings in organisations likely or possibly seeking to do business with the NHS.	A position of authority in a charity or voluntary organisation in the field of health and social care.	Any connection with a voluntary or other organisation contracting for NHS services.	Any substantial or influential connection with an organisation, entity or company considering entering into or having entered into a financial arrangement with the Trust, including but not limited to lenders or banks.	Any other commercial or other interests you wish to declare. This should include political or ministerial appointments (where this information is already in the public domain – this does not include personal or private information such as membership of political parties or voting preferences)	Declarations made in respect of spouse or co-habiting partner
<b>NON-EXECUTIVE DIRECTORS</b>								
<b>Susan Proctor</b> Non-executive Director	<b>Director</b> SR Proctor Consulting Ltd Independent company offering consultancy on specific projects relating to complex and strategic matters working with Boards and senior teams in health and faith sectors. Investigations into current and historical safeguarding matters.	None.	None.	None.	<b>Associate</b> Capsticks Law firm.	None.	<b>Member</b> Lord Chancellor's Advisory Committee for North and West Yorkshire  <b>Chair</b> Safeguarding Group, Diocese of York  <b>Member</b> Veterinary Nurse Council (RCUS)	Partner Employee Capita Finance company.
<b>John Baker</b> Non-executive Director	None.	None.	None.	None.	None.	<b>Professor</b> University of Leeds	None.	Partner CBT Therapist Pennine Care NHS Trust
<b>Margaret Sentamu</b> Non-executive Director	<b>Non-executive Director</b> <b>Traidcraft PLC</b> Fights poverty through trade, practising and promoting approaches to trade that help poor people in developing countries transform their lives.	None.	None.	<b>President</b> <b>Mildmay International</b> Pioneering HIV charity delivering quality care and treatment, prevention work, rehabilitation, training and education, and health strengthening in the UK and East Africa.	None.	None.	None.	None.

Name	Directorships, including Non-executive Directorships, held in private companies or PLCs (with the exception of those of dormant companies).	Ownership, or part-ownership, of private companies, businesses or consultancies likely or possibly seeking to do business with the NHS.	Majority or controlling shareholdings in organisations likely or possibly seeking to do business with the NHS.	A position of authority in a charity or voluntary organisation in the field of health and social care.	Any connection with a voluntary or other organisation contracting for NHS services.	Any substantial or influential connection with an organisation, entity or company considering entering into or having entered into a financial arrangement with the Trust, including but not limited to lenders or banks.	Any other commercial or other interests you wish to declare. This should include political or ministerial appointments (where this information is already in the public domain – this does not include personal or private information such as membership of political parties or voting preferences)	Declarations made in respect of spouse or co-habiting partner
<b>Julie Tankard</b> Non-executive Director	None.	None.	None.	None.	None.	None.	<b>Director</b> London Port Authority	None.
<b>Susan White</b> Non-executive Director	None.	None.	None.	None.	None.	None.	None.	None.
<b>Steven Wrigley-Howe</b> Non-executive Director	<b>Non-executive director- The Rehab Group</b> An independent international group of charities and commercial companies which provides training, employment, health and social care, and commercial services for over 80,000 people each year in Ireland, England, Wales, Scotland and Poland.	None.	None.	<b>Non-executive director- The Rehab Group</b> An independent international group of charities and commercial companies which provides training, employment, health and social care, and commercial services for over 80,000 people each year in Ireland, England, Wales, Scotland and Poland.	<b>Non-executive director- The Rehab Group</b> An independent international group of charities and commercial companies which provides training, employment, health and social care, and commercial services for over 80,000 people each year in Ireland, England, Wales, Scotland and Poland.	None.	None.	Partner Dentist Hunmanby Dental Practice.

LEEDS AND YORK PARTNERSHIP NHS FOUNDATION TRUST

**Minutes of the Public Meeting of the Board of Directors  
held on Thursday 28 September 2017 at 9:30 am  
in the Activity Room 1, Vinery Centre, 20 Vinery Terrace, Cross Green, Leeds, LS9 9LU**

**Board Members**

		Apologies	Voting Members
Prof S Proctor	Chair of the Trust		✓
Prof J Baker	Non-executive Director		✓
Mr A Deery	Director of Nursing, Professions and Quality		✓
Mrs J Forster Adams	Chief Operating Officer		✓
Mrs D Hanwell	Chief Financial Officer and Deputy Chief Executive		✓
Dr C Kenwood	Medical Director		✓
Dr S Munro	Chief Executive		✓
Mrs M Sentamu	Non-executive Director		✓
Mrs J Tankard	Non-executive Director (Deputy Chair of the Trust)		✓
Mrs S Tyler	Director of Workforce Development		✓
Mrs S White	Non-executive Director		✓
Mr S Wrigley-Howe	Non-executive Director (Senior Independent Director)		✓

**In attendance**

Mrs C Hill	Head of Corporate Governance / Trust Board Secretary
Mrs C Bamford	Head of Diversity and Inclusion (for minute 17/154)
Mrs C Agnew	Placement and Development Officer (for minute 17/154)
Ms A Gonyora	Volunteer (for minute 17/154)
Nine members of the public (five of whom were members of the Council of Governors)	

**Action**

17/154

The Chair opened the public meeting at 9.30 am and welcomed members of the Board and those observing the meeting. Prof Proctor noted that a number of questions had been received from a staff governor (Ruth Grant) and indicated that these would be addressed in the course of the meeting and that should this not be possible for any particular question this would be picked up outside of the meeting.

**Sharing Stories** (agenda item 1)

Prof Proctor welcomed Mrs Bamford, Mrs Agnew and Ms Gonyora to the meeting.

Mrs Bamford introduced a short film about the work of volunteers in the Trust which set out the experiences of people who volunteer; the different roles they undertake; and the reasons they have for becoming a volunteer. Mrs Bamford indicated that the film showed the importance of volunteering in supporting people's own journey to recovery and for some, gaining experience in order to move to paid employment. Ms Gonyora explained to the Board the important role volunteering had played in supporting her own development and recovery journey.

The Board received the film and listened to the comments of those attending. They discussed the role of volunteers, acknowledging the

important role they play in the Trust. On behalf for the Board, Prof Proctor thanked Mrs Bamford, Mrs Agnew and Ms Gonyora for attending the meeting.

**17/155 Apologies for absence** (agenda item 2)

No apologies were received.

**17/156 Declaration of interests for directors and any declared conflicts of interest in respect of agenda items** (agenda item 3)

A schedule of declared interests was presented to the meeting. It was noted that no director had any changes in declared interests and that no director present at the meeting had declared a conflict of interest in respect of any agenda item to be discussed.

**17/157 Minutes of the previous meeting held on 27 July 2017** (agenda item 4)

The minutes of the meeting held on 27 July 2017 were **accepted** as a true record and were signed by the Chair.

**17/158 Matters arising** (agenda item 5)

There were no matters arising that were not already on the agenda.

**17/159 Actions outstanding from the public meetings of the Board of Directors** (agenda item 6)

Prof Proctor presented the action log which showed those actions previously agreed by the Board in relation to the public meetings; those that had been completed; and those that were still outstanding.

With regard to the question about Learning Disability Internships and why these were not paid positions, Mrs Tyler indicated that: the Trust was working with Lighthouse Futures and that people on the programme were in receipt of an access to work grant which covered all their expenses; that they were not job ready and were on the programme in order to develop skills necessary to help them find a paid position; and that many of the carers of those people on the programme were in receipt of a carers benefit and that payments could affect this. Mrs Tyler indicated that advice had been sought from the Department of Work and Pensions and that the Trust was working in accordance with that advice. Mrs Tankard indicated that she did not support the use of unpaid internships, but acknowledged that the Trust should not do anything to jeopardise the grant or any related benefits. However, she asked that each case be looked at separately to ensure that individuals were being supported in the best way possible. Mrs Tyler noted that a report would be taken to the Council of Governors' meeting in November in respect of this ongoing work around internships.

With regard to there being a suitable assessment room for the Acute Liaison

**ST**

Psychiatry (ALPS) Team in the A&E department on the St James's Hospitals site, Mrs Forster Adams reported that this was still unresolved and was being picked up through the A&E Delivery Board meetings. Mrs Hanwell noted that there were also contract meetings ongoing between staff at the Trust and Leeds Teaching Hospitals NHS Trust to look at the Service Level Agreement. Prof Proctor noted the importance of this in relation to the Trust's response to winter pressures and the citywide discussions. It was agreed that an update would be made to the October Board meeting as part of the winter preparedness report.

JFA

With regard to the contract for the Psychiatric Intensive Care Unit (PICU), Dr Munro noted that there was to be a meeting with commissioners to discuss the pressures the Trust was facing around patient flow. She also reported that it was anticipated that there would be a piece of work undertaken over the next six to eight months to look at the block contract, by service line, in order to better understand the individual costs. Prof Proctor noted the risks in relation to PICU around staffing, capacity and safe levels of care and asked for an update to be provided to the October Board in respect of the meeting with commissioners.

SM

With regard to the key priorities from both the service user and organisational perspective which could be used as a measure of quality, Prof Proctor noted that this had been touched on at the Annual Members' Meeting and noted that more work was required in regard to developing these. Dr Kenwood provided an update on the discussions that had already taken place noting that the Service User Network was being consulted and that the agreed framework would sit within the Quality Plan. Mrs Forster Adams acknowledged the work undertaken so far in relation to the key indicators of quality and noted that this work sits within a complex landscape of Out of Area Treatments (OATs). She explained the many factors which need to be brought together in relation to OATs and that the Trust needs to agree its response to these. Mrs Forster Adams indicated that a more detailed report would be brought to the October Board.

JFA

The Board **received** a log of the actions and **noted** the timescales and actions.

17/160

### **Chief Executive's report** (agenda item 7)

Dr Munro drew attention to the main highlights and key points set out in the report.

In relation to the enforcement notice from the fire service, Dr Munro advised the Board that the Trust had invited the Fire Safety Inspector a number of months ago to carry out a review of the actions being taken to address fire risks at the Becklin Centre. She noted that this had been postponed due to the city's response to the Grenfell Tower fire but that it had now taken place. Dr Munro reported that the Fire Safety Inspector was aware of the actions already taken by the Trust and the pro-active plans that were in place, but that for reasons of transparency he had issued the enforcement notice. Dr



Munro assured the Board that actions were being taken in relation to the smoking risk and also to the issue of compartmentalisation in the PFI unit. She also noted that a response to the notice was required to be submitted on 8 November and that a further report would come back to the October Board prior to its submission.

DH

With regard to supporting a smoke-free environment, Dr Munro indicated that the Senior Leadership Team had looked at this. She noted that it was a priority for the Trust to support service users in achieving a healthy lifestyle, and to ensure that sites were safe for service users, staff and visitors but that there had been problems with the implementation of the smoke-free policy. As such Dr Munro noted that the approach to achieving a smoke-free environment would need to be reinvigorated and that in the short-term there would be a relaxation of the policy until actions could be agreed. The Board noted that there would be a communication to staff informing them of the interim arrangements.

Mrs Tankard asked if the Trust was to allow e-cigarettes, Dr Munro indicated that this had not been agreed, but that this was being looked at. Dr Munro also noted that the project team was looking at ensuring that for those service users who continue to smoke in the intervening period there would be a safe place in which to do this and that arrangements would be looked at on a site-by-site basis.

It was agreed that an update on the smoke-free policy would be brought to the November Board meeting.

PL

With regard to the Annual Members' Meeting, Dr Munro advised on the outcome from the 'Big Conversation', which sought to understand how the Trust receives and acts on feedback from service users and carers. She noted that there was further analysis to do on the outputs from the session and that a report would go to the November Council of Governors' meeting as to how this work would be taken forward. Dr Munro also noted that the outputs would ultimately sit within the Quality Plan. Mrs Sentamu asked that the term 'hard to reach communities' was not used as this does not correctly reflect the diversity of all the groups this term is aimed at. Dr Munro acknowledged this, noting that it was intended to reflect how we approach reaching out rather than as a term for the groups themselves.

SM

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

17/161

**Integrated quality and performance (IQP) report for July 2017** (agenda item 8.1)

Mrs Forster Adams presented the IQP. She noted that the performance dashboard was in the process of being refreshed so that it reported against the delivery of the Trust's strategic objectives, and that an anticipated completion date of January 2018 had been set. To support this Mrs Forster Adams noted that it had been agreed that an extra Board workshop would take place in November to allow directors to consider how the Trust

measures performance against the key deliverables. She also noted that a more detailed performance report would be received and looked at by the new Finance and Performance Committee.

Mrs Forster Adams indicated that currently the report set out performance based on current metrics and that it was structured in relation to how the Trust is regulated and its contractual obligations. She then provided a narrative around these metrics and the actions being taken to address any areas of weakness or concern. In making her report Mrs Forster Adams assured the Board that the Trust had met all its targets in relation to the Single Oversight Framework.

With regard to stress related sickness, Mrs Tyler noted that a question had been raised in regard to this and she outlined the arrangements in place to allow staff to access help and support for this more quickly. She also noted that health and wellbeing road shows were being run in the Trust to raise awareness of support and advise staff of the arrangements in place. Mrs White observed that 33% of sickness was due to stress and mental health issues and supported the Trust helping staff in whatever way it could before the issue translates into actual sickness absence.

Mrs White referred to the delayed transfers of care and the impact this had on discharging service users from section because there wasn't a place in the community for them to go to. She asked if there is anything else that could be done to improve the situation. Mrs Forster Adams indicated that delays were a key issue for the Trust and noted the improvements being made to reporting the statistics; the changes being made to reporting and reviewing both informal and formal delays; and the identification of delays which were impacting on service users' wellbeing. She outlined the process of escalation of these issues including thorough the A&E Delivery Board.

Mr Wrigley-Howe welcomed the new format of the report. He suggested that an area missing from it was timely access to services. Mrs Forster Adams acknowledged this was an important metric, noting that this was something that managers monitor and as such the Board should also be sighted on this.

Prof Baker welcomed the report, but noted that it should be report on more than regulatory metrics and that it should also contain a narrative to supplement the data. Dr Munro reiterated the need for the Board to determine what metrics are reported at Board and sub-committee level. Prof Baker then expressed concern that 98% of service users placed out of area was as a result of insufficient capacity. Dr Munro noted that an evaluation of the Rapid Improvement Event looking at OATs would be coming to the Board in October.

Prof Proctor thanked Mrs Forster Adams for the report and recognised that this was work in progress and that its content and format would be looked at in a Board workshop in November.

**JFA**

The Board **received** the IQP for the month of July 2017 and discussed the actions being taken to meet the targets and address the exceptions.

17/162

**Leeds System Delivery Plan – Winter 2017/18** (agenda item 8.2)

Mrs Forster Adams advised the Board of the rationale for having a city-wide winter plan. She noted that the key areas for the Trust were: the internal arrangements including strengthening business continuity arrangements; planning for adverse weather; planning for an increase in sickness absence; identifying the triggers for urgent care; and flu vaccination arrangements to achieve a target of 75% of staff. In regard to the interface with Leeds Teaching Hospitals NHS Trust Mrs Forster Adams outlined the meeting arrangements that had been put in place to facilitate dialogue and a better flow for elderly and adult service users. With regard to system response Mrs Forster Adams noted that the escalation process was being strengthened internally and in identifying what is required of partners.

Mrs Tankard acknowledged the issues around Out of Area Treatments (OATs) and the Psychiatric Intensive Care Unit (PICU) and asked whether the Trust should proactively look at increasing capacity on PICU. Mrs Forster Adams acknowledged that this was an issue which was being looked at within the services. She also advised of the discussions taking place with partners across the STP, noting that progress with this had been slow and that further meetings had been arranged to look at how this might be better progressed. Mrs Hanwell added that there had been a delay in resolving the issues of gender mix within PICU and that STP partners were meeting again to look at this particular issue. With regard to physical capacity and the number of beds, Mrs Hanwell noted that this was something for which there was no immediate estates solution but that options were being looked at.

The Board acknowledged that this was an important area that it would keep under review.

The Board **received** the Leeds System Delivery Plan for 2017/18 and **noted** the assurances given as to how this was being addressed both within the Trust and with partners across the city.

17/163

**Report from the Chief Financial Officer** (agenda item 15)

Mrs Hanwell presented the Chief Financial Officer's report. She firstly, assured the Board about the relocation of pharmacy staff onto one site noting that this move had now been completed; that staff appeared to be settled; and that this would continue to be monitored to ensure any issues were addressed.

With regard to the refurbishment work across the Trust, Mrs Hanwell noted that this would now be completed through the life-cycle work and be funded by the PFI partner. Mrs Hanwell noted that this would likely require full

wards to decant in order for the work to be completed and that this was being managed by operational staff.

Mrs Hanwell then outlined the income and expenditure position. She reminded the Board that it had signed up to a challenging control total, with the caveat that there would be no OATs risk and on the basis of there being a number of non-recurrent Cost Improvement Plans (CIPs). Mrs Hanwell indicated that the Trust was in a position of variance from the agreed plan due, in particular, to slippage against the CIPs and expenditure on OATs. With regard to OATs she noted that the Trust was in discussion with commissioners.

Mrs Hanwell then explained the other factors that were impacting on achieving the control total and the actions being taken to address the financial position as detailed in the paper. The Board discussed in detail the steps being taken to achieve the control total and sought to understand any potential risks, noting that this matter would be discussed in greater detail at the October Board workshop.

Dr Munro advised the Board that three key steps were being taken to address any potential gap in the plan were: negotiating additional income from the commissioners; looking at the timing of the disposal of assets; and looking again at further areas of potential reduction in expenditure.

Prof Proctor thanked Mrs Hanwell for the report and also asked if the next financial report could provide a method of visually comparing data year on year.

DH

The Board **received** and **noted** the report from the Chief Financial Officer.

17/164

#### **Learning from incidents** (agenda item 9)

Mr Deery noted that the reason for looking at the process of learning from incidents was to: ensure the Trust was compliant with the national serious incidents framework; address any recent policy documents which link with learning; ensure that learning can be demonstrated; and that the procedure was well-led and governance processes had clear accountability.

Prof Proctor noted that the title of the paper was about learning from incidents but that the process map was about investigation, communication and reporting. Mr Deery noted that the learning happens within the services. He advised the Board that there was now more focus on learning which can now be better evidenced through the governance structure.

The Board **received** the paper outlining the process for learning from incidents and **noted** the changes made.

17/165

**Learning from deaths** (agenda item 10)

Dr Kenwood presented the paper which set out how the Trust learns from deaths, noting that this was integrated into the serious incident process. She then drew attention to the actions being taken and the progress made against the action plan.

The Board **received** the paper outlining the process for learning from deaths. It **noted** the processes that had been implemented to evidence learning and improvements in service user care, and progress against the action plan.

17/166

**CQC action plan – update on current position** (agenda item 11)

Mr Deery presented a paper which set out the current position in relation to the CQC action plan. He noted the difference between actions and ongoing assurance processes and advised that at the September CQC Fundamental Standards Group meeting it had been agreed that the actions had been completed and that a number of ongoing assurance processes were in place.

Mr Deery also noted that there were a number of high-risk actions that had been mapped into the current governance structure which would continue to be monitored by an executive-led governance group, reporting overall performance to the Senior Leadership Team. He also noted that the key lines of enquiry had been mapped to the governance groups and would continue to be monitored here.

Mr Deery advised that Internal Audit had looked at the actions plan and had provided significant assurance on the areas audited. He also noted that they would look at the ongoing assurance processes and report on this in due course.

With regard to a question about ongoing refurbishment at units, Mr Deery noted that there was a proactive rather than reactive plan in place and that this was currently on track.

Mrs White asked how staff were made aware of their own requirements in meeting the CQC standards and whether this was picked up through the appraisal process or their job descriptions. Dr Munro outlined the importance of engaging with services to discuss what good and outstanding looks like, and understand how the Trust supports staff and teams to achieve this. Prof Proctor asked for assurance that there was read-across the CQC fundamental standards and staff's job descriptions and appraisals. It was agreed that this would be picked up through monitoring delivery of the Trust's ambition and strategic objectives and the Board discussion on what the evidence for this should be. It was noted that this would be discussed at the November Board workshop.

**JFA**

Prof Proctor also asked for an update in relation to ongoing compliance with the CQC fundamental standards to come back to the November Board, noting that this would be informed by the new quality reviews.

PL

Mrs Hill noted that there was to be a briefing circulated to Board members outlining the main points of the new inspection regime, Prof Proctor suggested that the implications of the new regime for the Trust should be explored at a forthcoming Board workshop.

CH / PL

The Board **received** the report and noted the update provided in relation the action plan.

**17/167 Update on the progress of the implementation of the Smoke-free policy** (agenda item 12)

It was noted that this matter had been covered within the Chief Executive's Report.

**17/168 Safe staffing report – August 2017** (agenda item 13)

The Board received the safe staffing report. In response to a question from a governor, Mr Deery advised the Board that whilst it was very important to understand the impact of low staffing levels within the administrative workforce it was not a regulatory requirement to include this information in the Board report.

Mrs White asked about the opportunity to look at safe staffing levels in the community workforce. Mr Deery noted that the national framework was still being consulted on, but that a local framework was in the process of being completed and that information in regard to this would be coming to the October Board.

PL

Mrs Tankard suggested that future reports should include information on the correlation between staffing, sickness, and serious incidents. Prof Baker acknowledged that there was a correlation between these things and it was agreed that this would be looked at through the Quality Committee.

PL

The Board **received** the safe staffing report and **noted** the content.

**17/169 Workforce and Organisational Development report** (agenda item 14)

Mrs Tyler first addressed the question from a governor about the TRAC (Recruitment Management) system. She noted that this was being rolled out to support the recruitment team in tracking the progress of individual vacancies. She noted that the current system of monitoring the progress of vacancies was through a spreadsheet and that this presented a problem managing over 120 vacancies at any one time. She noted that the new system would be able to be accessed by individual managers as well as

recruitment staff.

Prof Baker asked what progress the Trust was making with commissioning nursing apprenticeships. In addition to this Mrs Tankard raised a number of points. She noted that the Trust was currently only looking at a programme for health support worker posts and observed that this was not where the challenge in recruitment lay. With regard to this programme Mrs Tankard also suggested that once on the health support worker programme there should be the ability to carry on and achieve a nursing degree. Finally, Mrs Tankard asked why the scheme was running from October given that pupils will finish school in July. With regard to the development of the nursing apprenticeship Mrs Tyler indicated that the Trust was working with Leeds Teaching Hospitals NHS Trust and Leeds Community Healthcare to look at developing a degree-level nursing apprenticeship programme which would start from 2018. With regard to the timing of the starting of the apprenticeship programmes Mrs Tyler advised the Board that the details of the levy had been finalised in June and that the Trust had developed its programme from that point. She noted, however, that in the coming years it would be possible to look at changing the timing.

Mrs Sentamu noted that there was a review of the recruitment process currently underway. She asked how diversity was being monitored within the recruitment process and whether this would be picked up as part of the review process. Mrs Tyler reminded the Board of the workforce report presented in July which had focused on equality and diversity and that one of the areas being looked at was monitoring conversion rates and internal promotions for BAME staff.

The Board **received** the Workforce and Organisational Development report and **discussed** the content.

17/170

**Report from the Chair of the Mental Health Legislation Committee for the meeting held 1 August 2017** (agenda item 16)

Mrs White presented a verbal report from the Mental Health Legislation Committee meeting which had taken place on 1 August 2017, noting that the main areas of discussion were:

- The 100% documentation audit that had taken place, noting that this had shown that in 2016/17 there had been no defective detentions. Mrs White noted that this achievement was attributable to the training and development programme carried out by the Mental Health Legislation Team
- Deprivation of liberty safeguards noting that the Trust was completing the paperwork correctly but that there was a delay in this being processed by Leeds City Council (LCC). In response to this she noted that the committee had agreed that the Director of Nursing, Professions and Quality would formally write to LCC in regard to this. She also reported that LCC was completing an audit of the way in which DOLS safeguards were carried out and that there

would be a report to the team in January in respect of this

- A review of the CQC actions relating to mental health legislation noting that these had all been completed and that ongoing mechanisms of assurance in relation to the fundamental standards around the requirements of the legislation were in place
- At a meeting of Mental Health Act Managers it had been agreed that Community Treatment Order renewal hearings would be held in community settings to ensure that service users were better involved in this process.

The Board **received** a verbal report from the chair of the Mental Health Legislation Committee and **noted** the content.

17/171

### **Emergency Planning and Preparedness Annual Report** (agenda item 17)

Mrs Forster Adams presented the annual report and asked the Board to be assured of the arrangements in place and to endorse the compliance statement.

She noted that a question had been asked by a staff governor about translation and interpreting services being provided by staff. Mrs Forster Adams indicated that this was a good suggestion but indicated that it was wider than the issues outlined in the annual report. However she noted this for future consideration.

In addition to this, Mrs Forster Adams addressed a question about power outages and the issue of business continuity plans for switchboard, noting that she would respond to this outside of the meeting.

Prof Baker noted that there had been a presentation from the Deaf CAMHS team at the May Board meeting which had highlighted the service they provide in relation to interpreting. Dr Munro noted that there was a procurement framework around the wider interpreting services and that the next round of negotiations of this framework would look at the possibilities of how this service could be enhanced.

**JFA**

With regard to cyber-attacks Prof Baker noted that around the time the NHS was hacked an external partner of the Trust was also hacked. Prof Baker asked if the Trust had assurance in regard to the security of information held by third parties. Mrs Forster Adams agreed to advise the Board at the October meeting.

The Board **reviewed** the annual report and areas of priority and **endorsed** the Trust's 2017 statement of compliance against NHS England's core standards for emergency planning and preparedness.



**17/172 Approval of the Terms of Reference for the Board of Directors and future work schedule (agenda item 18)**

The Board considered and agreed the Terms of Reference. With regard to the annual work schedule Mr Wrigley-Howe sought assurance that it included verbal reports from the Chairs of the Quality Committee and also the Finance and Business Committee. Mrs Hill agreed to ensure these were included.

The Board **considered** and **agreed** the Terms of Reference and the annual schedule of business.

**17/173 Use of the seal**

Prof Proctor advised the Board that the seal had been used on 10 August 2017 in respect of a deed of agreement of the provision of café facilities at the Becklin Centre. This was noted by the Board.

**17/174 Any other Business**

Prof Proctor reminded the Board that this was Mr Deery's last meeting. On behalf of the directors she thanked him for his contribution to the work of the Board and for all his hard work and commitment to the organisation over the past few years. She then wished him all the very best in his new role at NHS Improvement as a Clinical Advisor to support the implementation of the Five Year Forward View for mental health.

**17/175 Resolution to move to a private meeting of the Board of Directors**

At the conclusion of business the Chair closed the public meeting of the Board of Directors at 12:45 and thanked members of the Board and members of the public for attending.

The Chair then resolved that members of the public be excluded from the meeting having regard to the confidential nature of the business transacted, publicity on which would be prejudicial to the public interest.

Signed (Chair of the Trust) .....

Date .....

**Cumulative Action Report for the Public Board of Directors' Meeting**

**OPEN ACTIONS**

ACTION (INCLUDING THE TITLE OF THE PAPER THAT GENERATED THE ACTION)	PERSON LEADING	BOARD MEETING TO BE BROUGHT BACK TO / DATE TO BE COMPLETED BY	COMMENTS
<p><b>Chief Executive's report</b> (September 2017 minute 17/60 - agenda item 7)</p> <p><b>NEW</b> - A report on the actions taken in response to the fire enforcement notice would come back to the October Board prior to its submission.</p>	<p><b>Dawn Hanwell</b></p>	<p>October 2017 Board meeting</p>	<p><b>CLOSED</b></p> <p>Included as a standalone agenda item on the October agenda</p>
<p><b>Chief Executive's report</b> (September 2017 minute 17/160 - agenda item 7)</p> <p><b>NEW</b> - An update on the smoke-free policy would be brought to the November Board meeting.</p>	<p><b>Paul Lumsdon</b></p>	<p>November 2017 Board meeting</p>	<p><b>CLOSED</b></p> <p>Information in regard to the smoke-free policy is provided in the context of the fire enforcement notice. See October agenda item on the enforcement notice</p>
<p><b>Report from the Chief Financial Officer</b> (September 2017 17/162 - agenda item 15)</p> <p><b>NEW</b> - It was requested that the financial report includes a method of visually comparing data year on year.</p>	<p><b>Dawn Hanwell</b></p>	<p>October 2017 Board meeting</p>	<p><b>THE BOARD IS ASKED TO AGREE THAT THIS THIS ACTION SHOULD BE CLOSED</b></p> <p>Comparative data has been included in the report</p>

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
<p><b>Safe staffing report – August 2017</b> (September 2017 agenda item 13)</p> <p><b>NEW</b> - The correlation between safe staffing, sickness, and serious incidents is to be looked at by the Quality Committee</p>	<p><b>Paul Lumsdon</b></p>	<p>Added to the Quality Committee bring forward system</p>	<p><b>THE BOARD IS ASKED TO BE ASSURED THAT THIS HAS BEEN ADDED TO THE QUALITY COMMITTEE FORWARD PLAN AND CLOSE THIS AS A BOARD ACTION</b></p>
<p><b>Emergency Planning and Preparedness Annual Report</b> (agenda item 17)</p> <p><b>NEW</b> - A report on the arrangements the Trust has in place to assure itself in regard to the security of information held by third parties to come to the October Board meeting.</p>	<p><b>Joanna Forster Adams</b></p>	<p>October 2017 Board meeting</p>	<p><b>THE BOARD IS ASKED TO CLOSE THIS ACTION</b></p> <p>See end of open actions for response</p>
<p><b>Integrated quality and performance (IQP) report for May 2017 (17/121 – June 2017)</b></p> <p>Mrs Parkinson agreed to pick up issues around the provision of a suitable assessment room for the ALPS Team in the A&amp;E department on the St James's Hospitals site this matter up at the next SLA meeting, with an update report coming back to the July Board. Prof Proctor asked for an update to come back to the July Board</p>	<p><b>Joanna Forster Adams / Dawn Hanwell</b></p>	<p>July 2017 Board meeting</p> <p><del>September 2017 Board meeting</del></p> <p>October 2017 Board meeting</p>	<p><b>ONGOING</b></p> <p>Progress on this issue is being managed through the urgent care work-stream which ensures robust provision into A&amp;E to allow for constitutional standards to be achieved. Mrs Forster Adams is to liaise with COO at Leeds Teaching Hospitals to ensure that this issue is addressed in readiness for the winter period.</p> <p>A report is to be included in the Chief Operating Officers' report to the October Board as part of the update on winter preparedness</p>

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
<p><b>Sharing Stories (17/085 – May 2017)</b></p> <p>With regard to interpreting the executive team was asked to look at the Trust's commitment to providing interpreting and translation services to meet the needs of the diverse communities the Trust serves and ensure there is a consistent level of service across the Trust.</p>	<p><b>Joanna Forster Adams</b></p>	<p>October 2017</p>	<p><b>THE BOARD IS ASKED TO CLOSE THIS ACTION</b></p> <p>Interpreting services for the Trust are procured through a framework agreement and all interpreters are accredited. Contract delivery is monitored through bi-monthly meetings with included staff from the interpreting team, clinical services and procurement. Need is determined by the requests made and the company is sufficiently large to be able to meet needs, again this is monitored through contract meetings. If it is not possible to secure a service for a particular language from the company there is a call-off arrangement in place with a second company.</p> <p>Over and above the service proceeded in the deaf CAMHS service, for blind and hard of hearing service users this service is procured from the Society for the Deaf and Blind and again is monitored through contract services.</p>

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
<p><b>Safe staffing report (17/122 – June 2017)</b></p> <p>Assurance to be provided to the July Board that the impact of the recent skill mix review, whereby Band 6 nursing posts had been replaced with Band 5 posts, was being look at, particularly in relation to the impact on recruitment and retention.</p>	<p><b>Joanna Forster Adams</b></p>	<p>July 2017 Board meeting</p> <p>Verbal update to September 2017 Board meeting</p> <p>Substantive paper to October 2017 Board meeting</p>	<p><b>CLOSED</b></p> <p>A report on this is to be included as part of the safe staffing report to the October Board</p>
<p><b>Safe staffing report (17/094 – May 2017)</b></p> <p>A discussion with the commissioners about the contract for PICU beds to ensure the Trust is receiving the right level of funding which matches occupancy.</p>	<p><b>Dawn Hanwell</b></p>	<p><del>June 2017 Board</del></p> <p>Update to come to the October 2017 Board meeting</p>	<p><b>CLOSED</b></p> <p>PICU funding is part of the fixed block contract with the Leeds Clinical Commissioning Groups and is linked to the agreement reached some years ago whereby the Trust took full responsibility (and associated transfer of budget/financial risk) for Acute / PICU and Rehabilitation Out of Area Treatments. This arrangement is under review due to ongoing pressures and is subject to contract review in September.</p> <p>An update will be included in the Chief Financial Officers' report</p>

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
<p><b>Outcome on the discussions with NHS England North in respect of Gender Identity (17/142 – July 2017)</b></p> <p>Board members to be copied into the response submitted in respect of the national consultation and asked for Board members to be copied into this for information.</p>	<p><b>Joanna Forster Adams</b></p>	<p>End October 2017</p>	
<p><b>Compliance with the Prevent Strategy (17/125 – June 2017)</b></p> <p>The Board asked for there also to be links made to the work of the Freedom To Speak-up Guardian and the Prevent Strategy.</p>	<p><b>Cath Hill</b></p>	<p>End October 2017</p>	<p><b>CLOSED</b></p> <p>The Freedom to Speak up Guardian has made contact with the Head of Safeguarding</p>
<p><b>Integrated quality and performance (IQP) report for May 2017 (17/121 – June 2017)</b></p> <p>In relation to the Rapid Improvement Event to address the issue of out of area placements, a report is to come to the September meeting setting out the work undertaken over the past year to improve patient flows across the acute care pathway; reviewing the impact; and make recommendations about how to take this work forward. The report will also include the NHS Improvement benchmarking data in relation to service users in Psychiatric Intensive Care Units.</p>	<p><b>Joanna Forster-Adams</b></p>	<p>September 2017 Board meeting</p> <p>October 2017 Board</p>	<p><b>CLOSED</b></p> <p>An outcome report will be included in the Chief Operating Officer's Report to the October Board</p>

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
<p><b>Report from the Chief Financial Officer (17/127 – June 2017)</b></p> <p>The Board agreed that a more detailed report setting out the financial position at the end of quarter 2 and the risks going forward would be presented to the October Board meeting.</p>	<p><b>Dawn Hanwell</b></p>	<p>October 2017 Board</p>	<p><b>CLOSED</b></p> <p>This has been picked up in the October Board workshop and also in the Chief Financial Officers' report</p>
<p><b>Forensic service review update report (17/124 – June 2017)</b></p> <p>The Board asked for the next update report to be brought to the October Board meeting, noting that if anything of significance emerges this should come to the Board sooner.</p>	<p><b>Claire Kenwood</b></p>	<p>October 2017 Board meeting</p>	<p><b>CLOSED</b></p> <p>Included on the October Board agenda</p>
<p><b>Chief Executive's report (17/091 – May 2017) (17/119 – June 2017)</b></p> <p>An update to be brought to the Board on the penetration testing due to take place in order to identify any weaknesses in the Trust's IT systems, with an update to the June Board on progress with this testing.</p>	<p><b>Dawn Hanwell</b></p>	<p><del>June 2017 Board</del> <del>Update to the July 2017 Board</del> October 2017 Board meeting</p>	<p><b>ONGOING</b></p> <p>Penetration testing was paused pending an update of the Trust's fire wall. The testing will take place in August with a report to the October Finance and business Committee and a verbal update from the Chair of that committee to the October Board meeting</p>

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
<p><b>Sharing Stories (17/114 – June 2017)</b></p> <p>The Executive Team is to look at the merits of the No-force First' policy implemented by Mersey Care NHS Foundation Trust and provide a report back to the July Board as to whether this is something the Trust should look at adopting.</p>	<p><b>Anthony Deery</b></p>	<p>July 2017 Board meeting</p> <p>December Quality Committee meeting</p>	<p><b>THE BOARD IS ASKED TO BE ASSURED THAT THIS HAS BEEN ADDED TO THE QUALITY COMMITTEE FORWARD AGENDA AND CLOSE THIS AS A BOARD ACTION</b></p> <p>Work is currently ongoing to look at reducing restrictive interventions and an assurance report will be taken to the October Quality Committee in relation to the arrangements in respect of this.</p>
<p><b>Report from the Chief Financial Officer (17/127 – June 2017)</b></p> <p>It was noted that the new CIP Group would be monitoring progress and provide clarity on the position and any emerging risks and that reports should be made to the July and September Board meetings through the Chief Financial Officer report.</p>	<p><b>Dawn Hanwell</b></p>	<p>July 2017 Board meeting</p> <p>October 2017 Board Workshop</p>	<p><b>CLOSED</b></p> <p>This has been picked up in the October Board workshop</p>
<p><b>Chief Executive's Report (17/136 – July 2017)</b></p> <p>An invitation to be made to the Personality Disorder Team and Eating Disorder Team to attend either the Council of Governors' meeting or the Board of Directors' meeting in November so they can outline what they are doing and outline their good practice.</p>	<p><b>Joanna Forster Adams</b></p>	<p>October 2017 Board meeting</p>	<p><b>CLOSED</b></p> <p>Sharing stories session with Personality Disorders Team has been scheduled for the October Board</p>



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
<p><b>Chief Executive's Report (17/137 – July 2017)</b></p> <p>With regard to violence experienced by staff it was noted that this was being discussed with Staffside and that the next workforce report to the Board should address this issue and the work being done to look at what can be done.</p>	<p>Susan Tyler</p>	<p>September 2017 Board meeting</p> <p>December Quality Committee meeting</p>	<p><b>THE BOARD IS ASKED TO BE ASSURED THAT THIS HAS BEEN ADDED TO THE QUALITY COMMITTEE FORWARD AGENDA AND CLOSE THIS AS A BOARD ACTION</b></p> <p>This issue is an issue of incidents and violence and aggression is being picked up as a bigger piece of work within the Trust.</p> <p>A report will go to the Senior Leadership Team in November with a report to go to the Quality Committee following SLT's deliberations</p>
<p><b>Integrated quality and performance (IQP) report for June 2017 (17/139 – July 2017)</b></p> <p>Work to be undertaken to look at bed occupancy rates as commissioned and how this relates to the evidence in respect of good practice. It was suggested that this is picked up with commissioners in the CCG.</p>	<p>Joanna Forster Adams</p>	<p>November 2017</p>	

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
<p><b>Safe Staffing Report (17/043 March 2017) and Safe staffing report (17/122 – June 2017)</b></p> <p>Information is to be included in future safe staffing reports in respect of assurance on staffing levels in the Trust's community services.</p>	<p><b>Anthony Deery</b></p>	<p>November 2017</p>	<p><b>ONGOING</b></p> <p>NHS Improvement has issued draft guidelines in relation to community staffing. We are awaiting the final version being released and will then consider how this will be applied to the Trust.</p> <p>Benchmarking is taking place and update report will be brought to the Board to assure on progress</p>
<p><b>Freedom to Speak up Guardian annual report (17/069 April 2017)</b></p> <p>Six-monthly reports from the Freedom to Speak up Guardian to come to the Board, with exceptional matters being escalated more quickly if needed. The reports to be qualitative and look at the relationship between this role and that of the Guardian of Safe Working.</p>	<p><b>Cath Hill / FTSuG</b></p>	<p><del>October 2017 Board</del></p> <p>November 2017 Board meeting</p>	<p><b>CLOSED</b></p> <p>This has been added to the work schedule for the Board</p>
<p><b>Workforce performance report (17/123 – June 2017)</b></p> <p>The Board noted the tables that had been provided in respect of leavers and asked for future workforce reports to have more information about the reasons for resignation and the themes to come out of exit interviews.</p>	<p><b>Susan Tyler</b></p>	<p><del>July 2017 Board meeting</del></p> <p><del>October 2017 Board meeting</del></p> <p>November 2017 Board meeting</p>	<p><b>ONGOING</b></p> <p>This is being reviewed and the outcome will be included in the Workforce and Organisational Development report to the November Board</p>

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
<p><b>CQC action plan – update on current position</b> (September 2017 minute 17/166 - agenda item 11)</p> <p><b>NEW</b> - An update on ongoing compliance with the CQC fundamental standards to come back to the November Board, noting that this would be informed by the new quality reviews.</p>	<p><b>Paul Lumsdon</b></p>	<p>November 2017 Board meeting</p>	
<p><b>Integrated quality and performance (IQP) report for July 2017</b> (September 2017 minute 17/161 - agenda item 8.1) and (September 2017 minute 17/166 – agenda item 11)</p> <p><b>NEW</b> - A Board workshop is to take place in November to allow the Board to consider how we measure performance against the key deliverables which will inform the format and content of the report to the Board in the future. There will also be consideration of the more detailed report which will be presented to the refreshed Finance and Performance Committee.</p> <p>It was also agreed that the workshop would look at how there is a read across from the CQC fundamental standards and staff understanding what their role is in achieving the standards required.</p>	<p><b>Joanna Forster Adams</b></p>	<p>November Board workshop</p>	
<p><b>Chief Executive's report</b> (September 2017 minute 17/160 - agenda item 7)</p> <p><b>NEW</b> - The outcome from the 'Big Conversation' would be further analysed with a report going to the November Council of Governors' meeting setting out how will be taken forward.</p>	<p><b>TBC</b></p>	<p>November 2017 Council of Governors' meeting</p>	<p><b>CLOSED AS A BOARD ACTION</b></p> <p>This has been included on the November Council of Governors' agenda</p>



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
<p><b>Safe Staffing (Actions outstanding from the public meetings of the Board of Directors) (17/136 – July 2017)</b></p> <p>A report is to come back to the October meeting which seeks to assure the Board on the internal framework for staffing levels and skill-mix in the absence of national profiles. It was also agreed that the report would be supported by information from the national data which would be available.</p>	<p><b>Anthony Deery</b></p>	<p><del>October 2017</del> Board meeting</p> <p>January 2017 Board meeting</p>	<p><b>ONGOING</b></p> <p>The national benchmarking data for mental health trusts will be available in November therefore this action has been deferred to the next suitable Board meeting – potentially December</p>
<p><b>Chief Executive’s Report (17/137 – July 2017)</b></p> <p>It was noted that OATs was a key risk for service users, and agreed that as a separate piece of work the top four or five top key priorities from both the service user and organisational perspective should be identified that can be used as a measure of quality. Prof Proctor asked for the initial work to come back to the Board-to-Board meeting in September for consideration.</p>	<p><b>Anthony Deery / Claire Kenwood / Joanna Forster Adams</b></p>	<p><del>Board to Board</del> <del>September 2017</del></p> <p>February 2018 Board meeting</p>	<p><b>ONGOING</b></p> <p>This will be integrated into the Quality Plan and presented to the Board through this document</p>

When contracting for external data processing services, the Trust assures itself of the security of externally processed data by undertaking a Privacy Impact Assessment / Data Protection Act Compliance Check – aligned to the Information Commissioner’s Office recommended approach of Privacy by Design. The aim of this process is to consider the security of any new or significantly changed personal data processing activity, such that all 8 Principles of the Data Protection Act (1998) are considered and satisfied based on a risk-based analysis of the data processing elements of the contract. This is carried out using the methodology recommended by the ICO, and using their standard documentation for the process. This process aligns to the requirements of NHS Digital IG Toolkit standard 210. This process further aligns to what will become a statutory requirement under the EU General Data Protection Regulation when this becomes law and supersedes the Data Protection Act in May 2018 (as indicated in the Data Protection Bill 2017 which went to the Lords in September – see Section 62).

Our obligations regarding the information security assurance of service user data in particular are further enhanced by the requirements of the NHS Digital IG Toolkit standard 110, compliance for which is owned by our Procurement team, which states that “Formal contractual arrangements that include compliance with

information governance requirements, are in place with all contractors and support organisations”. This is further reinforced by the NHS Terms and Conditions for the Supply of Goods and the Provision of Services – in which Schedule 3 sets out the contractual Information Governance & data protection / information security expectations in general terms, binding any current / potential supplier to our expectations of confidentiality as a contractual obligation, with IG Toolkit standard 110 recommending this approach.

**HISTORIC CLOSED ACTIONS (6 monthly)**

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
<p><b>Chief Executive's report (17/091 – May 2017)</b></p> <p>Conduct a review of the modules of compulsory training for Mental Health Act Managers to ensure this is appropriate for their role and to report this back to Mrs White as chair of the Mental Health Legislation Committee.</p>	<p><b>Susan Tyler</b></p>	<p>June 2017</p> <p>Update to the July 2017 Board meeting</p>	<p><b>COMPLETED</b></p> <p>The compulsory training for Mental Health Act Managers has now been completed and a cut-down programme agreed</p>
<p><b>Workforce performance report (17/097 May 2017) (17/119 – June 2017)</b></p> <p>A conversation with Leeds Healthcare to look at opportunities for partnership working in relation to the provision of mental health support for staff, and discussions with STP partners to look at a reciprocal provision of mental health support in order to maintain staff confidentiality. An update report to come to the June Board on progress.</p>	<p><b>Susan Tyler / Claire Kenwood</b></p>	<p>June 2017 Board</p> <p>Update to the July 2017 Board meeting (Dr Kenwood)</p>	<p><b>COMPLETED</b></p> <p>A system is now in place for clinical director to clinical director referral between STP partners</p>
<p><b>Workforce performance report (17/097 May 2017)</b></p> <p>A report looking at the number of BAME staff who apply for and are appointed into posts and why the conversion rate is low to come to the July Board meeting.</p>	<p><b>Susan Tyler</b></p>	<p>July 2017 Board meeting</p>	<p><b>COMPLETED</b></p> <p>This has been included in the Workforce and Organisational Development Report</p>

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
<p><b>Flexibilities in the use of the Sustainability and Transformation Funding (STF) incentive bonus (17/099 – May 2017)</b></p> <p>At month six look at any flexibility within the financial plan around the use of surplus cash at bank.</p>	<p><b>Dawn Hanwell</b></p>	<p>July 2017 Board</p>	<p><b>COMPLETED</b></p>



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
<p><b>Sharing Stories (17/085 – May 2017)</b></p> <p>Dr Kenwood to look at the importance of relationships and culture and how this can be reflected in the evidence base for the work being done in other parts of the Trust.</p>	<p><b>Claire Kenwood</b></p>	<p>June 2017</p> <p>September 2017 Board</p>	<p><b>COMPLETED</b></p> <p>Dr Kenwood met with and spoke to Tim Richardson to look at integrating the intelligence on supporting teams into the work she is carrying out</p>
<p><b>Chief Executive’s Report (17/120 – June 2017)</b></p> <p>Outline Business Case for the Eating Disorders New Models of Care will be presented to the July Board ready for submission by 4 August 2017.</p>	<p><b>Joanna Forster Adams</b></p>	<p>July Board meeting</p> <p>September 2017 Board meeting</p>	<p><b>COMPLETED</b></p> <p>This has been included on the September Board agenda</p>
<p><b>Sharing Stories (17/114 – June 2017)</b></p> <p>Mrs Jensen is to look at how training for leaders in positions of Band 7 and above could take account of videos showing service users’ experience of the Trust’s services to help to inform the way staff carry out their duties and put into practice the Trust’s values.</p>	<p><b>Lindsay Jensen</b></p>	<p>End July 2017</p>	<p><b>COMPLETED</b></p> <p>Arrangements will be made to upload service users’ stories to Staffnet to provide learning opportunities for all staff in the Trust</p>
<p><b>Sharing Stories (17/114 – June 2017)</b></p> <p>Prof Proctor asked that HR ensure there are appropriate support arrangements in place for Mrs Thorpe during this period of transition, particularly for instances where she receives difficult stories.</p>	<p><b>Lindsay Jensen</b></p>	<p>End July 2017</p>	<p><b>COMPLETED</b></p> <p>Discussion has been held with the employee</p>

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
<p><b>Sharing Stories (17/114 – June 2017)</b></p> <p>Mrs Sanderson is to look at a sample of instances of restraint that have been reported on Datix in order to identify any common themes, and for a report to go to the Quality Committee.</p>	<p><b>Nichola Sanderson</b></p>	<p>To go to the September Quality Committee</p>	<p><b>THE BOARD IS ASKED TO BE ASSURED THAT THIS ITEM HAS BEEN ADDED TO THE FORWARD PLAN OF THE QUALITY COMMITTEE</b></p>
<p><b>Actions outstanding from the public meetings of the Board of Directors (17/119 – June 2017)</b></p> <p>Mrs Sanderson to look at the current capacity and how staff in preceptorships can be supported, and also to look at what more needs to be done in the future to increase the number of preceptorship places with a verbal update to the July Board.</p>	<p><b>Nichola Sanderson</b></p>	<p>July 2017 Board meeting</p>	<p><b>THE BOARD IS ASKED TO CONFIRM THAT THIS ACTION CAN NOW BE CLOSED</b></p> <p>In the last six months there has been a healthy intake of student nurses into our inpatient units. These preceptees have now either completed, or are well on the way with their preceptorship package. We are in the process of completing a skills analysis to see where we have capacity to take on students and where there is a need for more experience. This will be mapped accordingly to ensure we have the right number of students starting their nursing career with in an appropriately supportive environment and that there is an equal mix of experienced staff across our areas. We are attending universities to discuss with student nurses what support and development they can expect whilst training at the Trust and our expectation to come and work for us on completion of their nursing degree. We are also attending the MHLD annual student nurse conference to entice not only students that have trained locally with us, but also student that are looking to live and work in Leeds, this will have an emphasis on the huge range of opportunities available to nurses working for us.</p>

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
<p><b>Chief Executive's Report (17/120 – June 2017)</b></p> <p>Cath Hill to write a letter of thanks to Dr Dissanayaka and Claire Woodham on behalf of the Board.</p>	<p><b>Cath Hill</b></p>	<p>End July 2017</p>	<p><b>COMPLETED</b></p> <p>Letters have been sent on behalf of the Board</p>
<p><b>Chief Executive's Report (17/120 – June 2017)</b></p> <p>The Estates Department to be advised of missing fire exit notices at Mill Lodge so these can be replaced.</p>	<p><b>Dawn Hanwell</b></p>	<p>End July 2017</p>	<p><b>COMPLETED</b></p> <p>The Estates Department was advised of this on 29 June 2017 and are addressing this matter</p>
<p><b>Integrated quality and performance (IQP) report for May 2017 (17/121 – June 2017)</b></p> <p>The provision of the Acute Liaison Psychiatry Service (ALPS) is to be linked into the discussions at the Emergency and Urgent Care Network to ensure liaison psychiatry is picked up and linked into the Emergency and Urgent Care Plan.</p>	<p><b>Sara Munro</b></p>	<p>Please advise when this will be raised</p>	<p><b>COMPLETED</b></p> <p>Care services are to meet with the system lead, Jim Berwick, to bring together these elements into the plan</p>
<p><b>Integrated quality and performance (IQP) report for May 2017 (17/121 – June 2017)</b></p> <p>At the next NHS England North meeting the issue of gender identity waiting times is to be raised so that possible solutions could be explored. Mrs Hanwell agreed to bring an update report back to the July meeting.</p>	<p><b>Dawn Hanwell</b></p>	<p>July 2017 Board meeting</p>	<p><b>COMPLETED</b></p> <p>There is an update on the public agenda</p>

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
<p><b>Integrated quality and performance (IQP) report for May 2017 (17/121 – June 2017)</b></p> <p>The staff in the gender identity service were to be assured that the Board is aware of the issues caused by the length of waiting lists and that it was looking to explore possible options.</p>	<p><b>Joanna Forster Adams</b></p>	<p>End July 2017</p>	<p><b>COMPLETED</b></p> <p>Mrs Parkinson has liaised with local managers to ensure that staff understand how this issue is being addressed. In particular to reassure staff that despite the significant adverse impact that the model they are applying is achieving the best outcomes for those service users seen.</p>
<p><b>Safe staffing report (17/122 – June 2017)</b></p> <p>Information about the Trust's approach to flexible working and how the Trust supports people making the transition from agency to being employees to be included as part of the Board Workforce Report.</p>	<p><b>Susan Tyler</b></p>	<p>July 2017 Board meeting</p>	<p><b>THE BOARD IS ASKED TO CONSIDER THIS ACTION COMPLETED</b></p> <p>This will be picked up through the Workforce and Organisational Development Committee</p>
<p><b>Safe staffing report (17/122 – June 2017)</b></p> <p>Prof Proctor thanked Mrs Sanderson for presenting the report in the new format and asked that it also includes information as to what actions are being taken to address the issues of concern identified.</p>	<p><b>Nichola Sanderson</b></p>	<p>July 2017 Board meeting</p>	<p><b>COMPLETED</b></p> <p>This information has been included in the Safe Staffing Report</p>
<p><b>Safe staffing report (17/122 – June 2017)</b></p> <p>Mrs Tyler to look at how the Trust is involved in the work to be carried out by NHS Improvement to look at workforce and asked if the Trust was linked into this.</p>	<p><b>Susan Tyler</b></p>	<p>End July 2017</p>	<p>Further information is required from the Board in relation to this action</p>

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
<p><b>Workforce performance report (17/123 – June 2017)</b></p> <p>The Board asked the new Workforce and Organisational Development Committee to look at the suggestion of their being a 'retention manager' who would provide an outcome based focus.</p>	<p><b>Susan Tyler</b></p>	<p>End July 2017</p>	<p><b>THE BOARD IS ASKED TO CLOSE THIS ACTION</b></p> <p>This will be taken forward through the Workforce and Organisational Development Committee</p>
<p><b>Workforce performance report (17/123 – June 2017)</b></p> <p>It was requested that the leaver form should be reviewed to look at adding to the possible responses for reasons for leaving to provide a better understanding of the trends.</p>	<p><b>Lindsay Jensen</b></p>	<p>End July 2017</p>	<p><b>ONGOING</b></p> <p>Work is being undertaken to look at the feasibility of making changes to the form.</p>
<p><b>Workforce performance report (17/123 – June 2017)</b></p> <p>A number of staff have indicated that people had left the organisation for another NHS role, and then returned to work at the Trust. It was felt that this was really positive and should be understood more, with learning from this captured and used positively within the workforce.</p>	<p><b>Lindsay Jensen</b></p>	<p>End July 2017</p>	<p><b>COMPLETED</b></p> <p>This is being looked at as part of the retention strategy</p>
<p><b>Forensic service review update report (17/124 – June 2017)</b></p> <p>The Board asked that the work being undertaken to look at the impact on service user experience as a result of the forensic service review should be reported to the Quality Committee in October 2017.</p>	<p><b>Claire Kenwood</b></p>	<p>October 2017 Quality Committee</p>	<p><b>THE BOARD IS ASKED TO BE ASSURED THAT THIS ITEM HAS BEEN TRANSFERRED TO THE QUALITY COMMITTEE FORWARD PLAN</b></p>

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
<p><b>Compliance with the Prevent Strategy (17/125 – June 2017)</b></p> <p>The Board asked for there to be a clear message about the interim arrangements for raising concerns in the period leading up to the recruitment of a new Guardian.</p>	<p><b>Cath Hill</b></p>	<p>End July 2017</p>	<p><b>COMPLETED</b></p> <p>A Trustwide email has been issued informing staff of the interim arrangements</p>
<p><b>Compliance with the Prevent Strategy (17/125 – June 2017)</b></p> <p>The Organisational Development Team to ensure some priority placed on the messages about the Prevent Strategy within the Trust induction</p>	<p><b>Susan Tyler</b></p>	<p>End July 2017</p>	<p><b>COMPLETED</b></p> <p>Susan Tyler has spoken with Tracey Needham to ensure that sufficient emphasis is placed on the messages that staff need to receive at the Trust induction</p>
<p><b>Complaints, concerns and compliments annual report (17/126 – June 2017)</b></p> <p>A quarterly progress report is to be made to the Quality Committee so there can be greater scrutiny of some of the themes identified.</p>	<p><b>Nichola Sanderson</b></p>	<p>October Quality Committee meeting</p>	<p><b>THE BOARD IS ASKED TO BE ASSURED THAT THIS ITEM HAS BEEN ADDED TO THE FORWARD PLAN OF THE QUALITY COMMITTEE</b></p>

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
<p><b>Complaints, concerns and compliments annual report (17/126 – June 2017)</b></p> <p>Mrs Sanderson agreed to look at part social media plays in complaints, concerns and complements and how this might be systematised.</p>	<p><b>Nichola Sanderson</b></p>	<p>End July 2017</p>	<p><b>COMPLETED</b></p> <p>The Patient Experience Team, monitors all complaints and compliments that are made via social media. These are reported on a monthly basis vis the CLIP report to each care group. There is also a process whereby the Patient Experience Team responds, where appropriate, via social media to the individual. NHS Choices and care opinion notify the Patient Experience Team directly when anything comes through, they also filter what they publicly post but speak directly to the team in relation too any posts made.</p> <p>The detail will continue to be published in the CLIP report, also the process will be further systematised as all complaint detail will be monitored weekly through the trust wide Incident Complains and Mortality Leadership Group. We will include an annual summary with in the annual complaints and compliments report.</p>
<p><b>Complaints, concerns and compliments annual report (17/126 – June 2017)</b></p> <p>The Board agreed that the views of Healthwatch should be sought in order to gain valuable insight into people's views about the Trust's services.</p>	<p><b>Nichola Sanderson</b></p>	<p>End July 2017</p>	<p><b>COMPLETED</b></p> <p>There is a two-monthly city-wide meeting hosted by Health watch, where commonality themes are discussed and shared. Healthwatch feedback the views they have received via there forums. They do enter and view inspections at our sites and feedback any areas to address.</p>

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
<p><b>Workforce and organisational development report (17/148 – July 2017)</b></p> <p>Clarification is to be provided as to why people on the Learning Disability and Autism Internship Programme were not paid and provide assurance to the Board as to the reasons for this.</p>	Susan Tyler	September 2017 Board meeting	<p><b>COMPLETED</b></p> <p>A verbal report was provided at the September Board meeting</p>
<p><b>CQC Learning, candour and accountability and NQB Guidance on Learning from deaths report – a framework (Actions outstanding from the public meetings of the Board of Directors (17/136 – July 2017)</b></p> <p>Because the Trust is not able to report to the Board the numbers of unavoidable deaths due to there being no clear definition of ‘avoidable deaths’ for mental health trusts it was agreed that be a conversation with the Trust’s relationship manager at the CQC to ensure they are aware of the situation.</p>	Anthony Deery / Claire Kenwood	August 2017	<p><b>COMPLETED</b></p> <p>This matter has been covered in the paper on learning from deaths on the Board</p>
<p><b>Chief Executive’s report (agenda item 7 – July 2017)</b></p> <p>It was agreed that a briefing paper and examples of the Trust’s new identity and branding would prepared by the Communications Team be circulated to members of the Board.</p>	Susan Tyler	July 2017	<p><b>COMPLETED</b></p> <p>This information was circulated to the Board on 27 July 2017</p>



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
<p><b>Integrated quality and performance (IQP) report for June 2017 (17/139 – July 2017)</b></p> <p>Work to be initiated with partners in the STP patch to look at the definition of an OAT and for there to be further offer to Mr Mackay to develop a definition that can be used more widely. It was suggested that this is taken forward through discussions with partner organisations.</p>	Sara Munro	August 2017	<p><b>COMPLETED</b></p> <p>This was discussed at the meeting of the mental health collaborative CEO meeting on the 9 August. The current definition of an OAT is an admission outside the local provider organisation and there are no plans to change it. We have agreed to collectively write to NHSE to challenge this and propose an STP footprint.</p>
<p><b>CQC Action Plan – update report (17/144 – July 2017)</b></p> <p>Mr Deery is to circulate to Board members ahead of the September meeting assurances on the position in regard to the action plan.</p>	Anthony Deery	End of August	<p><b>COMPLETED</b></p> <p>This was sent out to the Board on 1 September 2017</p>
<p><b>Report from the Chair of the Audit Committee for the meeting held 17 July 2017 (17/151 – July 2017)</b></p> <p>A report on the outstanding actions from past internal audit reports is to go to the next Executive Management Team meeting in order for them to be reviewed.</p>	Dawn Hanwell / Sara Munro	September 2017 EMT meeting	<p><b>THIS IS CLOSED AS A BOARD ACTION</b></p> <p>Reviewed at EMT and will now be a standing agenda item at the newly formed Executive Risk Management Group meeting to ensure ongoing oversight</p>
<p><b>CQC Action Plan – update report (17/144 – July 2017)</b></p> <p>A further paper would come back to the September Board meeting setting out the final position on the individual actions that were still outstanding.</p>	Anthony Deery	September 2017 Board meeting	<p><b>COMPLETED</b></p> <p>This is included on the agenda</p>

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
<p><b>Safe staffing report – June 2017 (17/147 – July 2017)</b></p> <p>The report is to be enhanced to include details of the temporary bank and agency staff deployed onto the wards. Because the same issues are highlighted in the report month on month what is being done to address these is to be added information to be included in the report.</p>	<p><b>Anthony Deery</b></p>	<p>September 2017 Board meeting</p>	<p><b>THE BOARD IS ASKED TO CONSIDER WHETHER THE INFORMATION INCLUDED IN THE SAFE STAFFING REPORT IS SUFFICIENT AND IF THIS ACTION CAN BE CLOSED</b></p>
<p><b>Verbal report from the chair of the Quality Committee for the meeting held 24 July 2017 (17/138 – July 2017)</b></p> <p>Proposals for the levels of tolerance in relation to the impact on quality of CIPs is to be determined so there is a very clear framework for staff are to go to the October Quality Committee meeting.</p>	<p><b>Anthony Deery and Joanna Forster Adams</b></p>	<p>October 2017 Quality Committee</p>	<p><b>PLEASE BE ASSURED THAT THIS HAS BEEN ADDED TO THE QUALITY COMMITTEE FORWARD PLAN</b></p>

**AGENDA  
ITEM**

7

**LEEDS AND YORK PARTNERSHIP NHS  
FOUNDATION TRUST**

**MEETING OF THE BOARD OF DIRECTORS**

<b>PAPER TITLE:</b>	Chief Executive's Report
<b>DATE OF MEETING:</b>	26 <sup>th</sup> October 2017
<b>PRESENTED BY:</b> (name and title)	Dawn Hanwell, Chief Financial Officer & Deputy Chief Executive
<b>PREPARED BY:</b> (name and title)	Dr Sara Munro, Chief Executive

<b>THIS PAPER SUPPORTS THE TRUST'S STRATEGIC OBJECTIVE/S</b> (please tick relevant box/s)		✓
SO1	We deliver evidence based care that is safe, effective and improve outcomes	✓
SO2	We provide a dynamic, rewarding and supportive place to work	✓
SO3	We focus on innovative partnerships	✓
SO4	We are transparent and accountable	✓
SO5	We deploy our resources to deliver effective and sustainable services	✓

**EXECUTIVE SUMMARY**

This paper provides a report on the activities of the Chief Executive. This report covers :

1. Staff Engagement
2. Regulatory matters
3. Strategy Update
4. Providing Inclusive Services
5. Reasons to be Proud

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

**RECOMMENDATION**

The Board is asked to receive this report for information and to be assured of the work being carried out by the Chief Executive.

## **CHIEF EXECUTIVE'S REPORT : 26 OCTOBER 2017**

**Author: Dr Sara Munro, Chief Executive**

### **1. Staff Engagement**

We launched the annual staff survey at the start of the month and in the first 2 weeks had a response rate of 18% which is higher than at the same time last year. One team in the workforce directorate has already achieved a 100% return rate which is fantastic. We have been sharing the good work done since the last staff survey to reassure staff the feedback really does make a difference.

CQC engagement workshop; following receipt of a request to submit our provider information reports to the CQC the planned senior leadership forum on the 11<sup>th</sup> October was changed to a workshop for staff across the organisation. The purpose of the workshop was to engage as many people as possible with reviewing where services are against the key lines of inquiry which we have to submit as part of our PIR. We anticipated 100 people attending and were delighted when this rose to almost 160. Feedback has been very positive and we will follow it up with another session in November to maintain such high levels of engagement and momentum. It provided a great opportunity for teams and services to reflect on all the good work they have done in the past 12 months as well as provide space to reflect on the challenges we continue to have.

Freedom to Speak up Guardian; John Verity has now taken up post as our freedom to speak up guardian and he will be spending his first few weeks getting out and about visiting staff and services to ensure he is visible and accessible to staff.

### **2. Regulatory Matters**

On Friday 29<sup>th</sup> September I received an official request for the trust to submit our routine provider information report which was done by the 20<sup>th</sup> October as per CQC timescales. This marks the start of the next inspection window for the trust and additional updates will be provided by the Executive lead which is the Director of Nursing

Quarterly review meeting with NHSI – we held our routine review meeting on the 11<sup>th</sup> October. Our rating under the single oversight framework remains at level 2.

Health Services Development Working Group – this is a new group established as sub group to the Leeds health scrutiny board. The first meeting took place at the end of September and they will take place every 3 months. I attended to present an update on the activity and performance of the trust which was informed by our annual reports. The report was positively received and we will use the next report to

have a detailed focus on the provision of services for people with a learning disability.

### **3. Strategy Update**

We are on schedule to bring a final Trust strategy to the Trust board in November. This follows significant engagement from board to ward, with staff service users and partners and we are living our value of keeping it simple.

### **4. Providing Inclusive Services**

A multi-agency LGBT and mental health mapping event was held earlier this month and the Trust was represented by Kate Ward who has been doing a significant amount of work on how we improve the mental health services we provide for LGBT communities. Whilst I was only able to attend for part of the workshop it was hugely insightful and consistent with the session we held at our AGM on how we better engage with all service users. Viewing our services and their accessibility from the eyes of those who need them is a powerful way of identifying where we can and should make improvements. This also resonates with a piece written by Dr Dissanayaka for the Centre for Mental Health

Dr Dissanayaka is a consultant psychiatrist with our assertive outreach team. This month he has had a blog published by the centre for mental health which draws on his professional experience, the experiences of his patients and the wider evidence and societal factors surrounding the fact that people from a BME background are consistently over represented in mental health act detentions.

<https://www.centreformentalhealth.org.uk/blog/racial-disparity-in-mental-health-challenging-false-narratives>

We need to lead by example and undertake further work in our own organisation and with local partners to understand and improve the experiences of service users from all backgrounds including black and minority ethnic backgrounds and LGBT communities. There are lots of excellent examples of innovative and inclusive approaches being taken by our staff to ensure services are accessible and meet the different needs of people. However there is also a lot more we can and should be doing and this is will be the subject of a future board workshop.

## **5. Reasons to be Proud**

### **Trust awards**

Once again we had a new record number of nominations with 128 individuals and team put forward. We have a shortlist of 24 who are all invited to the awards ceremony on the 10<sup>th</sup> November at the Marriot Hotel in Leeds.

### **Leeds Health Coaching Project – Shortlisted for 2017 HSJ Awards**

#### **Award Category: ‘Supported Self Care’ and ‘Improved Partnerships between Health and Local Government’**

The Trust has been involved in a project to establish health coaching as a key skill for health and care staff working in services in Leeds and has been successful in being shortlisted for this year’s HSJ Awards

The Leeds health coaching steering group, accountable to the Leeds Health and Care Plan, was established 2 years ago and uses NHS England’s house of care model as a framework. This sets the agenda for system change, and highlights the need for person-centred care with health professionals committed to partnership working and engaged, informed service users and carers as outlined in the NHS England 5 year forward view. The group, consisting of energetic, innovative members from health and care organisations including organisational development leads, clinical leads and a Public Health Consultant, has grown and nurtured a culture that embodies coaching values and behaviours. This has spread to all parts of the health and care system through developing strong relationships with CCG’s, local authority, public health and provider organisations, with a shared vision of having great conversations that transform relationships and health behaviours to benefit citizens and staff.

Over 500 health and care staff, from across the Leeds system, have been trained in using a health coaching approach by a cohort of local trainers. In the Trust staff from a number of services including, health Living Service, CMHTS, Rehabilitation and Recovery, Primary Care Liaison, Locked Rehabilitation and Intensive Community Service have been trained and supported to embed health coaching in their clinical practice.

The project is led by Angela Earnshaw, Head of Learning and Organisational Development and Claire Paul, Healthy Living Services Manager and our local Trust trainers are Sara Tomlinson, Clinical Lead, R&R Service, Karen Ridealgh, Clinical Lead Lindon West CMHT and Ruby Bansal, Equality and Diversity Advisor.

Winners will be announced at an award ceremony on the 22<sup>nd</sup> November 2017.

## **Positive Practice Awards**

On the 12<sup>th</sup> October myself, the Chair and two of our teams were at the Positive Practice Awards ceremony in Blackpool. Our Personality disorder service and Yorkshire centre for eating disorders were both highly commended for the excellent work they are doing. This is a fantastic achievement and recognition at a national level for the expertise and impact of our staff and services. Well done.

**Dr Sara Munro**  
**Chief Executive**  
**October 2017**

**AGENDA  
ITEM**

9

**LEEDS AND YORK PARTNERSHIP NHS  
FOUNDATION TRUST**

**MEETING OF THE BOARD OF DIRECTORS**

<b>PAPER TITLE:</b>	Chief Operating Officer Report
<b>DATE OF MEETING:</b>	26 <sup>th</sup> October 2017
<b>PRESENTED BY:</b> (name and title)	Joanna Forster Adams : Chief Operating Officer
<b>PREPARED BY:</b> (name and title)	Joanna Forster Adams : Chief Operating Officer

<b>THIS PAPER SUPPORTS THE TRUST'S STRATEGIC OBJECTIVE/S</b> (please tick relevant box/s)		✓
SO1	We deliver evidence based care that is safe, effective and improve outcomes	x
SO2	We provide a dynamic, rewarding and supportive place to work	x
SO3	We focus on innovative partnerships	
SO4	We are transparent and accountable	
SO5	We deploy our resources to deliver effective and sustainable services	x

**EXECUTIVE SUMMARY**

This report identifies the key areas of activity for the Chief Operating Officer during September 2017 and responds to issues of significant concern or requiring update for Board consideration.

It includes for September:

- Strengthened clinical leadership arrangements
- Progress on care group governance
- Progress on winter planning and preparedness
- A detailed report on out of area placements.

Do the recommendations in this paper have any impact upon the requirements of the protected groups identified by the Equality Act?

**State below  
'Yes' or 'No'**

If yes please set out what action has been taken to address this in your paper

**RECOMMENDATION**

- The Board are asked to note the content of this report and discuss any areas of concern.
- Identify any further work required and agree timeframes and prioritisation.



## **Leeds and York Partnership Foundation Trust**

### **Chief Operating Officer Board Report**

#### **1. Introduction**

This report identifies the key areas of activity for the Chief Operating Officer during September 2017 and responds to issues of significant concern or requiring update for Board consideration.

It includes for September:

- Strengthened clinical leadership arrangements (section 2)
- Progress on care group governance (section 3)
- Progress on winter planning and preparedness (section 6)
- A detailed report on out of area placements (section 7).

#### **2. Strengthening our Clinical Leadership Arrangements**

The Board will be aware that the Clinical Director for our Leeds care group signalled his intent to stand down from this post a number of months ago. The Medical Director and Chief Operating Officer have been working together to recruit to the post and attract an effective leader with demonstrable clinical and governance credibility in order to take forward the development of our services in Leeds.

The post was advertised a number of weeks ago although in that period the current Clinical Director, Dr Guy Brookes has stepped back from these duties. As a result we have taken steps to provide interim arrangements to ensure that our staff are well supported and that we can make the progress we agreed to strengthen our governance arrangements.

Tom Mullen, who had been the Clinical Director for Specialist Services, has now transferred to Leeds to support our clinical leaders and staff in the care group over the coming months. This has been facilitated by Dr Sophie Roberts, the professional head of psychiatry across Specialist Services, who has stepped into the post of Clinical Director in the Care Group. This provides for continuity and stability within our Specialist Services Care Group and offers great leadership across the range of the clinical services we provide.

It is anticipated that this arrangement will be in place for at least three months and we will review in the New Year.

#### **3. Improving the governance arrangements in our care groups**

We know that as part of the well-led development work we have been supported with in recent months, there has been a need identified to standardise and improve the clinical and operational governance arrangements in our Care Groups. We have seen marked change in

line with improvements being made at a corporate level in order to ensure that we enable staff to make decisions as close to the patient as possible and to ensure that we have a clear line of sight from ward to Board. We have spent the last few weeks learning in our Care Groups, what works for our staff and what needs to be improved from a governance perspective. More recently we have concluded our information gathering and are now in the process of consolidating this and moving to change our arrangements where needed.

This means that in December we will:

- Have an agreed accountability and performance framework in place that is simple and understandable and allows for staff to make decisions and take actions in a supportive and safe climate.
- Have standardised clinical and operational governance arrangements across our Care groups.
- Have clarity on where issues, risks and concerns are shared and resolved.
- Have better communication and information flow channels across our services.
- Have established the process of performance review strengthening collective leadership across Care groups and the Executive team.

#### **4. Current Service Improvement Reviews**

There are a number of strands of work on-going which are reviewed as part of our Operational plan process. A progress report is included in the October Board papers.

The Board should be aware a key piece of work in our Leeds Care Group which aimed to review and propose subsequent reconfiguration of our Community Teams to re-establish a specific Older Adults service. It has been underway over a prolonged period. This potential change has been driven and led by a number of expert Clinical staff and the Senior Leadership Team will review the resultant proposal in December.

We are also pursuing changes and improvements in the way our Intensive Community Support Service is provided. This work is being overseen by the newly appointed Clinical Director and a summary of the changes made will be included in the COO report in November.

Progress against New Care Models developments are included in the CEO update.

#### **5. CQC KLOE Self-Assessment Event**

In early October, all services participated in an event aiming to use their intelligence and information to undertake an assessment of their service under each of the CQC key lines of enquiry. The event was attended by 158 people including a range of clinicians, operational managers and staff. Every service was represented and they were supported through a

facilitated process to undertake a conclusive self-assessment. It was a lively and productive day with positive feedback on how involved people felt in the process and how it strengthened our collective intelligence and ownership.

At the end of the day all services rated either good or outstanding.

## 6. Winter Plan Update (Leeds System Delivery Plan - winter 2017/18)

During the last month significant work has taken place to finalise our internal operational approach and plans to manage variation (surge and peaks) in demand during winter 2017/18 and at other times. These plans also address anticipated events specifically adverse weather, staff unavailability and flu in order to demonstrate our preparedness to respond to these.

Our work on specifying the requirements of the Operational Pressures Escalation Levels (OPEL, the NHS mandated framework to address surge and escalation) that is required in order that we support the Leeds system approach to escalation and mutual aid has progressed and is near completion. The Systems Resilience Assurance Board (SRAB) will be holding a Gold Command desk top exercise to test the system wide plans (including ours) on 30<sup>th</sup> October which will be facilitated by NHS England. In order to achieve the requirements the following areas have been progressed:

### 6.1. Identifying criteria to use as indicators of OPEL levels (dashboard)

Work has now been completed to identify the correct performance criteria and levels for each of the OPEL reporting requirements up to OPEL 4. These cover all critical services both inpatient and community and also some of the NHS England commissioned services given the impact they may have on the overall impact and ability to respond during surge and escalation pressures occurring. These criteria have also been weighted (1 for lower impact and 2 for higher impact) according to their impact on the services capacity and response.

Work is now taking place to refine how the weighted criteria will define the OPEL levels based on an acceptable range of scores at each level of OPEL. Two examples from the plan are:

		OPEL 1		OPEL 2		OPEL 3		OPEL 3 (Escalating)	
Criteria	Weight	Level	Score	Level	Score	Level	Score	Level	Score
Acute female beds occupancy %	2	85%		97%		100		>100%	
ALPs response over 3 hours wait for ED assessment	1	0		0		2 or less		3 or more	

This work will be completed and be ready for final sign off by the Operational Leadership Team at the end of October.

## **6.2. Identifying internal actions**

Operational managers have now identified a full suite of internal actions for all levels of OPEL aimed at addressing surge and escalation pressures and forestalling escalation to the next OPEL level. At higher OPEL levels (3 and 4) we are working at harmonising these within our business continuity response. Internal actions include prioritisation of clinical need, stepping down routine work and transferring staffing resource to support urgent and priority demand in other services such as our crisis team and alternative to admission services. These actions also specify how long we would sustain them at each OPEL level. Staff have identified risks to critical activities for service continuity from surge and escalation as part of business continuity impact and risk assessment work undertaken this year and resultant business continuity strategies to address these risks have been identified. Final business continuity plans will also be completed by end of October and we are planning to internally test these to ensure that dependencies and synergy between them provides the robust response we expect in order to minimise disruption to services.

## **6.3. External actions**

Two aspects of our work on external actions have been undertaken.

- The mutual aid actions that we want in place from partners when pressure and surge is taking place in our services
- The action we will take to support our partners when they are experiencing escalation.

Our principle partners in terms of our patient pathways and patient flow are Leeds City council (including AMHPS, social work, access to accommodation etc.), access to the 3<sup>rd</sup> sector provided services and Leeds Community Health Care Trust (LCH) and Leeds Teaching Hospitals NHS Trust specifically in relation to older people patient flows. We have identified the actions we require from partners, these include for example the response we need from adult social care at higher OPEL levels to resolve delayed transfers of care (above the action that we already have place to address this as business as usual). We will finalise these actions with the relevant partners in order to complete this work for sign off later this month. LTHT have shared with us the action they require of us when they are in an escalating position which is primarily an increase in responsiveness from our Hospital Liaison Service particularly in the emergency departments but also throughout the hospitals. We have addressed how we will make staff available to respond to this as part of our plans.

#### **6.4. OPEL (Surge and escalation plan and procedure)**

The final part to our work on OPEL is the development of an internal surge and escalation procedure and additional action card based plans demonstrating how we would escalate and de-escalate based on our dashboard and resultant internal command and control and communication requirements. Draft action cards have been developed and we are finalising these as part of the procedure and plan ready for approval at the end of October.

#### **6.5. Leeds Teaching Hospitals Trust - Perfect week**

Leeds Teaching Hospitals Trust undertook the “Perfect Week” improvement approach during the week commencing 2<sup>nd</sup> October 2017. This methodology has been designed by the national Emergency Care Intensive Support Team. The Perfect Week is aimed at addressing and unblocking issues that prevent the Trust from delivering optimum care and patient flow. Our staff participated in this event including the daily gold command team that was in place to respond and address issues that were preventing effective patient flow. The report detailing the outcome and learning from this exercise is expected during the next two weeks. One of the early issues that was identified that related to our services were that waiting times for assessment by the older peoples part of our hospital liaison team were longer than usual. This was due to temporary staff shortage and surge in demand, we made effort throughout the week and continue to do so to address this.

This issue is linked to the service having not been fully commissioned this year although additional non-recurrent funding is now in place and additional staff are being recruited. In addition, our commissioners have also recently confirmed their intent to undertake a review of the provision of the hospital liaison service as this is supported by a significant amount of non-recurrent funding without a clear plan as to how this is going to be resolved and made sustainable.

The other key issue was the recognition that both LTHT and ourselves experience difficulty and delay in accessing nursing home provision for those service users presenting with dementia who have challenging behaviours. Leeds CCG have taken a lead on setting up mechanisms to address this through the A and E Delivery Board (SRAB).

#### **6.6. Accommodation for the hospital liaison service in LTHT**

The issue of a consistently available base for liaison staff has been on-going for some time. This has been escalated repeated now and is now being addressed in LTHT who will report through to the SRAB. An accommodation specification has been provided to the LTHT corporate planning manager and we have received assurance that this is now being progressed. We have requested clarity of the time scale and will updated the Board on progress.

## **7. Out of Area Placements**

In this section we aim to provide an overview of the position in relation to the use of out of area placements (OAPs) for service users with acute mental health and locked rehabilitation needs. This includes:

- Work undertaken in the last twelve months to reduce out of area placements
- Further improvement work that is planned to reduce out of area placements
- Financial impact

### **7.1. Background**

Out of area placements become necessary when:

- There is no appropriate locally commissioned service.
- There are insufficient beds commissioned locally, which is generally a function of variability in demand.

Out of area placements often provide a poor quality experience for service users, their carer's and families. OAP's can increase the time that service users require inpatient care, increase transfers between services and delay recovery.

It was proposed and accepted by commissioners and by LYPFT that the management function for OAPs in operational and clinical terms works best when it is embedded within provider services. This led to commissioners devolving the OAPs budget responsibility for adult acute overflow (including older people and PICU) to LYPFT in April 2008. Devolved budget responsibility for the locked rehabilitation OAPs followed in April 2011. Initially significant reduction was achieved in the number of placements for acute; PICU and locked rehabilitation.

The government set a national ambition in the 5YFV to eliminate inappropriate acute out of area placements (OAPs) by 2020/21. From quarter 3 2017/18 NHS Improvement will introduce a new regulatory performance metric. Mental Health Trusts will be required to show a demonstrable reduction in total number of bed days patients have spent inappropriately out of area against rolling annual baseline, working towards elimination of inappropriate out of area placements by 2020/21.

### **7.2. Acute OAPs position**

LYPFT has continued to robustly focus on reducing OAPs and improving flow across the acute care pathway. Three years ago, the Trust received national recognition for work undertaken with the local authority and third sector partners to integrate and improve the pathway for service users requiring supported housing or local authority tenancies.

The number of OAP's increased during 2016 and in discussion partners; we identified the Rapid Improvement Event (RIE) methodology as offering potential improvement solutions.

This process brought together operational and clinical staff along with the relevant partners we work with across the city, together over four days with follow up improvement reviews taking place after 30, 60 and 90 days.

The Rapid Improvement Event was held in September 2016 facilitated by NHSI and attended by a range of partners across the city. This set out to achieve;

**Sustaining bed occupancy at no more than 85%.**

The key areas identified for improvement which would have the highest impact on improving flow by reducing inefficiency and unnecessary variation were identified. Workstreams for each were established with support being provided by the continuous improvement team. The work streams included:

- **Revising the access criteria for CMHT's** - due to a significant rise in referrals for assessment and interventions for low complexity need which resulted in insufficient capacity for delivering effective interventions to those with serious and enduring mental illness.

Before the RIE 19% of service users referred to the CMHT's were signposted to other services after triage this is now 43%. Due to this need being transferred mainly to primary care this has led to the introduction of new primary mental health worker roles funded non-recurrently by the CCG with an evaluation in place to measure the outcome of this new service.

Numbers on the caseloads of CMHT's have reduced by 15% and are now much closer to an average caseload size of 35 service users per whole time equivalent staff member. We have been able to determine that is service users with low complexity need that have reduced due to the decrease in number of service users in clusters 1-3.

- **Increasing the delivery of purposeful Interventions** - due to the excessive caseload size it was necessary to ensure CMHT's had the capability and capacity to deliver NICE compliant interventions to maximise recovery and avoid hospital admission.

The work stream has achieved:

- A reduction in depot prescribing and more appropriate care and follow-up for service users who continue to receive depot medication.
- An increase and improvement in access and delivery of therapeutic groups has been achieved by combining this activity with the IAPT (Increasing access to psychological therapies service provided by Leeds Community Health Trust).
- The implementation of more rigorous and regular monitoring of interventions against NICE guidance to assist the development of outcome measures.

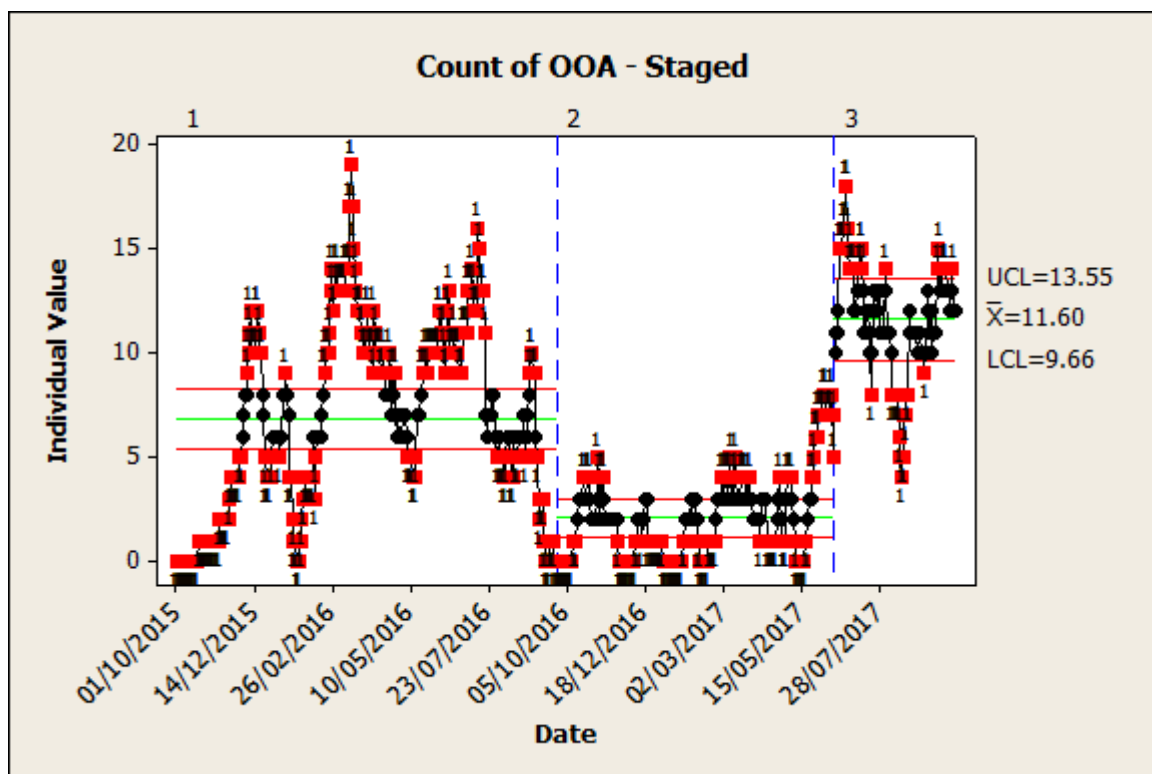
- **Reducing Clinical Variation in acute inpatient wards** - purposeful inpatient admission process (PIPA) rolled out across all acute inpatient wards to achieve a consistent operating model in order to reduce unnecessary variation.

Implementation was achieved across all wards. A 10% reduction in clinical variation in the pilot wards was achieved.

The Older Peoples Social Care Team were located within the Mount in order to work towards establishing a fully effective integrated approach to discharge planning.

- **Culture, Safety and Planning** – developed a new procedure for clinical risk management. This facilitated a focus on effective service user safety planning in order to avoid crisis. It further ensures that the clinical approach to risk management is consistent across the acute and community pathways.

Immediately after the RIE a reduction in OAPs occurred (see chart below measuring the number of service users placed out of area) demonstrating this was maintained for 8 months.



Despite the early success of the RIE there has been deterioration in the position with OAPs since June 2017.

The latest national benchmarking data for mental health again shows that services in Leeds are effective at admission avoidance and admits significantly lower numbers of people than the national average. LYPFT admits 168.4 service users per 100,000 population compared with the national mean of 237.4. When comparing admissions over a 3 year period there is



evidence to confirm that overall admissions have been decreasing on average since the introduction of the Crisis Assessment Unit (CAU opened in August 2015). The monthly average admissions prior to the introduction of the CAU were 82 and in February 2017 had reduced to 70. The mean for the entire period was 77 admissions per month. Since February this year the average (mean) number of admissions (including OAP's) has been 61. System wide work has taken place over recent years as part of the crisis concordat requirements to improve the offer to service users with urgent and crisis care mental needs which means when compared to other health economies the offer in Leeds is comprehensive. This includes:

- Comprehensive offer from our Intensive Community Service (ICS) which offers both home and building based interventions,
- Impact of the Crisis Assessment Unit (CAU)
- Provision offered by Dial House, the user led crisis service
- Opening of the new crisis café in December 2016
- Street Triage service complemented by the benefit of mental health nurses in the police control room
- Our A&E Liaison service which is working in partnership with the third sector to offer effective alternatives to service users with mental health issues who frequently attend A&E.
- The work that we led as part of the Urgent Care Vanguard that developed crisis care plans that are now shared with the emergency services including Yorkshire Ambulance Service in order to avoid hospital admission when this is not required.
- Co-location of the adult social care emergency duty team at the Becklin Centre to improve the integrated approach to those service users with a mental health crisis.

The position relating to preventing admissions is therefore one where further improvement is likely to be marginal.

However outflow from our acute inpatient wards and achieving timely discharge remains a concern and this is evidenced by our length of stay. The average length of stay excluding the crisis assessment unit from April 2016 until February 2017 was 44 days against a national average of 35.9 days. In the last 6 months the average length of stay has risen to 46.7 days. Whilst we report relatively few formal delayed discharges we regularly have significant numbers of service users who are waiting for assessment by other agencies and community accommodation not provided by LYPFT.

Over the last year there has been a marked change in accommodation within the community for our service users. The new housing policy and eligibility criteria have impacted on the timely access to housing for our service users. There has also been a reduction in the amount of residential care and nursing homes providing dementia care (a further 40 beds have been lost in the last two months). In addition there have been changes to the commissioning of third sector providers supporting our service users in the community.

Our view remains that we have sufficient beds to meet acute care demand and this is demonstrated by the national mental health benchmarking and the independent flow and

capacity analysis undertaken by Mental Health Strategies in 2015. Adult acute bed capacity has marginally increased in recent years.

Bed Base	2013/14	2014/15	2015/16	2016/17	2017/18	2017/18
Becklin W1	22	22	18	18	18	18
Becklin W3	22	22	22	22	22	22
Becklin W4	22	22	22	22	22	22
Becklin W5	22	22	22	22	22	22
Newsam W4	21	21	21	21	21	21
CAU			6	6	6	6
Newsam W1 PICU	12	12	12	12	12	12
<b>Adult Acute total</b>	<b>121</b>	<b>121</b>	<b>123</b>	<b>123</b>	<b>123</b>	<b>123</b>

In summary we have undertaken and continue to undertake significant work to minimise variation and strive to support people through their recovery in the place that is best for them. Failure to always achieve timely discharge remains the most significant factor in our ability to reduce out of area placements. Our aim to achieve average bed occupancy of 85% continues.

In the last month we have implemented a number of internal improvements aimed at reducing any avoidable variation in practice to facilitate timely supported discharge. We are monitoring the impact of these actions weekly at a senior level.

In order to stimulate the health and care system response we need we have identified the flowing actions and are actively progressing these with partners.

- Improve timely/rapid access to community/home support packages of care that have a significant social care element.
- Strengthen delayed transfer of care escalation approaches with the commissioners so that the system is more sighted on LYPFT's position
- Improve timely access to existing supported accommodation
- Review the whole system care and treatment pathway including access to accommodation for patients with dual diagnosis.
- Utilise STP to support PICU flow by configuring service on the West Yorkshire footprint and eradicating unused capacity due to mixed sex provision.
- As part of the system wide work on OPEL, clearly identify the mutual support the system can provide to LYPFT to reduce pressures when they rise.
- Improve joint decision making for those with highly complex need and require input from a large number of agencies.
- Building on the work already commenced, align the work of the 3<sup>rd</sup> sector to better support people on discharge.

### 7.3. Locked Rehab OAPs position

The Locked Rehab OAPs budget is currently forecasting a £3.431m spend against a recurrent budget of £1.824m. It is acknowledged by the commissioners that this increase in demand and financial pressure is not entirely in the control of LYPFT, This has been impacted by the increased patient flow from low secure services since the budget was devolved. We also have not yet got to a position of agreeing a clear plan either at Leeds or STP level to address

the management of the locked rehabilitation service in order to repatriate OAPs and mitigate this pressure. Capital solutions will be required in order to facilitate this and the Trust has previously stated it is willing to invest to support this. With good system partnership working together the Trust is confident that a sustainable solution could be developed within two years.

It is acknowledged we have not yet got to a position of agreeing a clear plan either at Leeds or STP level to address the management of the locked rehabilitation service in order to repatriate OAPs and mitigate this pressure. Capital solutions will be required in order to facilitate this and the Trust has previously stated it is willing to invest to support this. With good system partnership working together the Trust is confident that a sustainable solution could be developed within two years. It is acknowledged we have not yet got to a position of agreeing a clear plan either at Leeds or STP level to address the management of the locked rehabilitation service in order to repatriate OAPs and mitigate this pressure. Capital solutions will be required in order to facilitate this and the Trust has previously stated it is willing to invest to support this. With good system partnership working together the Trust is confident that a sustainable solution could be developed within two years.

As previously agreed, we have been undertaking a review of our locked rehabilitation service and the demand / flow relating to locked rehab, and this work is now near to completion. We have also reduced expenditure on residential placements, and have managed to remove the demand for specialist CAMHS transition placements through some joint work with the CAMHS service. Our review has identified:

- There are currently 28 patients placed from this budget. 11 of these are in female locked rehabilitation placements (for which there is no local provision) and 4 are in male locked rehab beds. The remaining 13 are a mixture of patients requiring specialist types of rehabilitation beds - older people requiring a secure setting (4) and people with a dual diagnosis LD & MH need (5) – and the remainder of the cohort of service users that were originally transferred with the budget, who are now in continuing residential care (4).
- We now have a well established process for referral and placement decisions, through the multi-disciplinary multi-agency placement panel that meets monthly (and includes commissioners). The panel also manages any referral for a locked LD placement or other specialist placement (such as ABI), although these are funded directly by the CCGs.
- The panel has a robust process for decision making that identifies alternative local clinical pathways wherever possible, and may sometimes offer clinical advice and support to the referring team. This is evidenced by the fact that of 42 referrals since April 2015, only 16 have been placed. The panel process is effective in both managing placement demand and in reducing expenditure to circumstances where no other reasonable alternative can be found.
- Our current forecast is that we will spend £1.4 m on locked rehabilitation placements for women by the end of the financial year, and £539k on out of area (overflow) locked rehabilitation placements for men.

### Next Steps to progress locked rehab

- A very successful 'system wide' meeting was held in September including representatives from acute and community mental health services as well as our in-patient and community rehab service, forensic services and social care partners. This work has clearly identified the need to redesign the locked rehab pathway to better support both flow and patient outcomes and experience, and to provide an alternative model of care for those service users who have been in locked services for in excess of 5 years. As planned this work will formally report at the end of the calendar year, and will make recommendations around a preferred service model and reconfiguration. It is anticipated that the current expenditure on these Out of Area placements may be invested locally to develop the new model.
- The STP work on reducing locked rehabilitation placements has commenced and is being led by LYPFT, this work stream has representation from all providers and the CCG's across the patch and agreement has now been reached about the scope of this work

### 7.4. Financial impact

During 2016/17 the Trust's cost pressure relating to OAPs resulted in a session which set out our position with Leeds CCGs. The approach distinguished between Acute/PICU and Locked Rehabilitation. The outcome of this resulted in £1m non recurrent funding for 16/17 and a further £650k to be utilised in 17/18.

The contract for 2017/18 included the requirement for a midyear review linked to the unresolved outstanding financial risk.

In 2016/17 the Trust absorbed a financial risk of £1.35m and is currently facing a forecast risk of £2.9m in 2017/18 (Appendix 1). The financial pressure as forecast for 2017/18 may result in the Trust failing to meet its financial control total as the full scale of the financial gap cannot be mitigated or absorbed internally.

The forecast acute out of area placement cost pressure for 2017/18 is £2m (c 4,000 occupied bed days). The Trust therefore set the following position out to the commissioners at the contract mid-year review meeting:

- **Locked Rehabilitation** - until such time that a sustainable solution can be achieved for locked rehabilitation the Trust sought ongoing revenue support to fully mitigate the financial pressure which is currently estimated at c£1.6m. Acknowledging the £0.65m support already provided in 2017/18 we requested full mitigation for the remaining financial pressure which is currently estimated at £0.957m in 2017/18.
- **Adult Acute** - our intention is to reach a position of zero inappropriate OAPs and we recognised there is still work to be done within the Trust. We maintained our view that the overall bed base is sufficient if both our internal processes and the wider system are working optimally. However, the current state is not optimal and this position poses a c£2m forecast financial pressure for 2017/18. In recognition of the original OAPs budget transferred and the way the Trust has utilised this, we proposed that for 2017/18 only, the Trust absorbs the first £0.5m OAPs. This would

require the CCG to fund the excess which is currently forecast at c£1.5m in 2017/18 based on current run rate. At this stage it is difficult to predict the 2018/19 trajectory but the Trust maintains its strong commitment to the actions which we believe will support us to reach the objective of zero inappropriate OAPs. However given that there is no recurrent acute OAPs budget, and the ongoing requirement to achieve financial efficiencies within a block contract we proposed that the CCG support the Trust and underwrite any ongoing OAPs pressure in the next financial year.

## **7.5. Conclusion**

This update sets out the OAPs position, the work underway in care services to improve this along with the identification of the Leeds system and STP action that are needed to make a significant change.

Our CCG have agreed to support the position on a temporary basis for the remainder of the year although the final settlement and longer term solution has not yet been agreed.

**Joanna Forster Adams**

**Chief Operating Officer**

**October 2017.**

Appendix 1

Out of area placement Finance Summary 2017/18	2017/18 Forecast			2016/17 Actual		
	Funding £000's	Forecast £000's	Overspend £000's	Funding £000's	Actual £000's	Overspend £000's
Adult Acute	0	1,493	1,493	0	649	649
PICU	0	484	484	0	401	401
<b>Sub total Acute</b>	<b>0</b>	<b>1,977</b>	<b>1,977</b>	<b>0</b>	<b>1,050</b>	<b>1,050</b>
Locked Rehabilitation	1,824	3,431	1,607	1,869	3,165	1,296
OAPs pressure (pre non recurrent support)	1,824	5,408	3,584	1,869	4,215	2,346
Non recurrent support	650		(650)	1,000		(1,000)
<b>OAPs 2017/18 (post non recurrent support)</b>	<b>2,474</b>	<b>5,408</b>	<b>2,934</b>	<b>2,869</b>	<b>4,215</b>	<b>1,346</b>



**AGENDA  
ITEM**

**9.1**

**LEEDS AND YORK PARTNERSHIP NHS  
FOUNDATION TRUST**

**MEETING OF THE BOARD OF DIRECTORS**

<b>PAPER TITLE:</b>	Monthly Performance Report
<b>DATE OF MEETING:</b>	26 October 2017
<b>PRESENTED BY:</b> (name and title)	Joanna Forster Adams - Chief Operating Officer
<b>PREPARED BY:</b> (name and title)	Joanna Forster Adams - Chief Operating Officer Fiona Coope - Business Support Manager

<b>THIS PAPER SUPPORTS THE TRUST'S STRATEGIC OBJECTIVE/S</b> (please tick relevant box/s)		✓
SO1	We deliver evidence based care that is safe, effective and improve outcomes	✓
SO2	We provide a dynamic, rewarding and supportive place to work	✓
SO3	We focus on innovative partnerships	
SO4	We are transparent and accountable	✓
SO5	We deploy our resources to deliver effective and sustainable services	

**EXECUTIVE SUMMARY**

The document brings together the high level metrics we currently report and use in the management process set against our current strategic objectives to enable the Board to consider our performance in September 2017. It reports performance against the mandated standards contained within:

- The regulatory NHSI Single oversight framework
- The Standard contract metrics we are required to achieve
- The NHSE Contract
- The Leeds CCG contract.

In addition to the reported performance against the requirements above, we have included further performance information for our services, our people and some of our quality indicators (currently being strengthened and expanded for inclusion in November reports).

The report includes narrative where there are concerns about performance and further includes highlights where we have seen sustained improvement or delivery.

As agreed and discussed previously, we will undertake a review of Board level requirements for the oversight of our performance in November 2017. It is anticipated that the launch of a resultant improved performance report will be achieved in January /February 2018.

In the meantime we will continue to refine and improve the current performance report and



continue to establish and support our services to make improvements and changes to deliver our quality performance standards.

Do the recommendations in this paper have any impact upon the requirements of the protected groups identified by the Equality Act?

**State below  
'Yes' or 'No'**

**No**

If yes please set out what action has been taken to address this in your paper

### **RECOMMENDATION**

- The Board are asked to note the content of this report and discuss any areas of concern.
- The Board are asked to acknowledge and support the on-going work to improve how we work to deliver consistent achievement of our quality standards.

## **Performance Summary**

**September 2018**

This document presents our currently reported monthly metrics and provides a narrative update where there are material changes, concerns or highlights which board members should be aware of.

It continues to provide details of our performance against our mandated NHSI, CCG and Standard NHS Contract requirements. In the main, where there have been exceptions or under-performance, those will have financial implications where there are quality impacts that are of significant concern, these are included in the narrative for board consideration.

The currently reported metrics for our services, our people and our quality. Again, narrative is included where we have material concerns or can highlight positive results which provide assurance to the Board.

It is this section that we will consider as part of the Board Development session in November to ensure that we collectively agree the measures we will establish to determine progress against our strategic objectives.

In addition, we will agree how, what and frequency of key performance metrics will be overseen and scrutinised through Board sub-committee structure.

In September our key performance highlights include:

- Achievement of the measures within the SOF, including **7 day follow up** and **access to inpatient services via Crisis practitioners**.
- The use of **HoNOS in our Camhs inpatient services** in order to support on-going support and care planning.
- Marked improvement in response in **A and E liaison** achieving 94% in month.
- Our levels of compulsory training.

Our key areas of concern include:

- **Bed occupancy** in the month is 98% which continues as we continue to experience significant pressure in our inpatient services.
- **Out of area placements** continues to be driven by high levels of occupancy and above average length of stay within our acute services. This is an agenda item as part of the COO report in the Board papers for October.
- **Access to our gender identity services** – considered by the Board in July and September.
- Access to **Community Mental Health Services in the west of Leeds**.
- Access to **Older Peoples Memory Services**.
- **Sickness rates** in our clinical services remain over our standard. This is explored more fully in our workforce report.
- **The completion of ethnicity data** – required as part of the standard NHS contract which may have financial penalties applied.

## Section 1 Our Performance Against the Single Oversight Framework

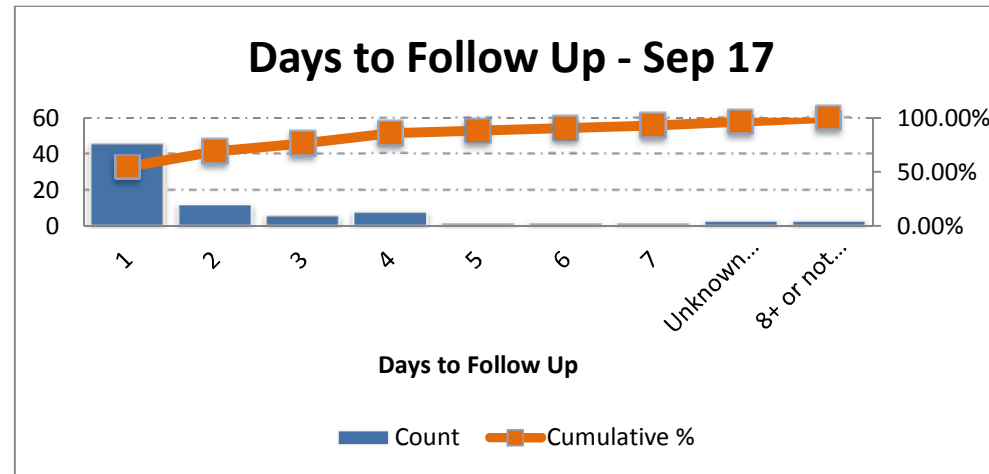
As reported previously, we are now required to report the proportion of our service users who are now in employment and also how many are in settled accommodation. We reported 10% and 63% respectively in September.

These two indicators may be fundamental to the wellbeing and recovery path for our service users. Whilst we are working with NHSI to establish how we will be mandated to report going forwards, we need to consider these measures as part of our Board session in more depth in November.

We continue to consistently deliver against the SOF set of mandated indicators as follows:

		Target	Actual
SOF-1	Admissions to Inpatient services had access to crisis resolution/home treatment teams	95%	97.66%
SOF-2	7 Day Follow Up	95%	96.68%
SOF-4	Data Completeness - Identifiers	97%	99.18%

Specifically in relation to the 7 day follow up target, the Board had asked to review our performance towards achieving a more challenging follow up target to effectively review patients immediately post-discharge. The table below summarises our current performance. In September of the total number of patients, 55 % were followed up within 24 hours of discharge. We are now considering a stretch target trajectory to enable further improvements based on clinical urgency and acuity at discharge. This will be shared and monitored through our established clinical governance processes.



Days to Follow Up	Count	Cumulative Count	Cumulative %
1	46	46	54.76%
2	12	58	69.05%
3	6	64	76.19%
4	8	72	85.71%
5	2	74	88.10%
6	2	76	90.48%
7	2	78	92.86%
Unknown - Marked as followed up	3	81	96.43%
&+ or not followed up	3	84	100.00%
Grand Total	84		

## **Section Two : Our Performance against the NHS Contract**

There are 6 indicators where performance is measured and financial penalties are applied where we do not meet targets. We consistently achieve in relation to reporting requirements with the exception of community recording of ethnicity.

Our performance in relation to ethnicity data completeness consistently underachieves with little sustained improvement. There have been regular refreshes of data and support training efforts to address this. Our Information team are currently working with teams to determine where we can make changes to improve and sustain our performance. Our performance in September is reported as:

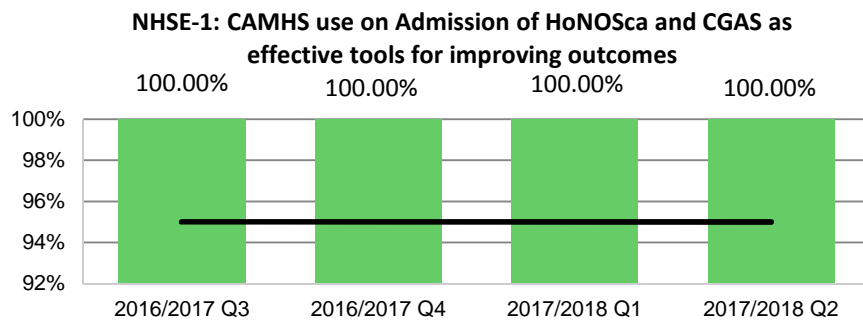
	Trust Level only	Target	Actual	
<b>SNC-1</b>	Data Completeness – Ethnicity (NHS Standard Contract)	<b>90%</b>	<b>86.90%</b>	
<b>SNC-2</b>	Data Completeness – Ethnicity (Seen Only)	<b>90%</b>	<b>89.51%</b>	
<b>SNC-3</b>	Data Completeness – Inpatient Ethnicity	<b>90%</b>	<b>96.97%</b>	
<b>SNC-4</b>	Incidents reported within 48 hours from incident identified as serious	<b>100%</b>	<b>100%</b>	
<b>SNC-5</b>	Never Events	<b>0</b>	<b>0</b>	
<b>SNC-6</b>	NHS Safety Thermometer Harm Free Care	<b>95%</b>	<b>97.90%</b>	

### Section 3 : Our Performance Against Mandated Requirements in the NHSE Contract

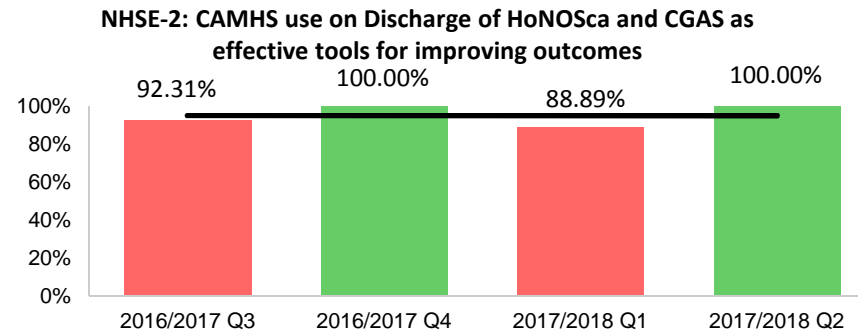
Two formal metrics are measured within our NHS England contract and these relate to our use and application of HoNOS within our inpatient CAMHS service. Whilst there is some variation in the quarterly performance against this metric, numbers are low so any omission in recording will result in a significant percentage variation.

We do not have any significant concerns in relation to this indicator.

#### NHSE-1



#### NHSE-2





#### Section 4 : Our Performance Against the Leeds CCG Contract (Access)

The targets established in our Leeds CCG Contract relate primarily to access.

This set of measures is crucially important to us from a commercial perspective, a sustainability perspective and a quality perspective. Access to our services is our most significant concern across a number of key services.

We measure access monthly although regular reporting and tracking in our services has not been regular or robust. Our Performance team are currently aiming to improve this working with team leaders to produce relevant information to manage access more effectively.

In terms of our core **community mental health services**, we aim to see people within 14 days of referral. Our performance has consistently underachieved against our standards over a prolonged period (18 months). Whilst previous to this, we did undertake weekend working establishing clinic sessions outside of core hours, on assessing the quality impact of this it was felt that there was insufficient formulation to allow for comprehensive triage and assessment. On balance, it was considered that this approach to reducing waiting times was felt to be negatively impacting. We have not fully recovered waiting times over the past year.

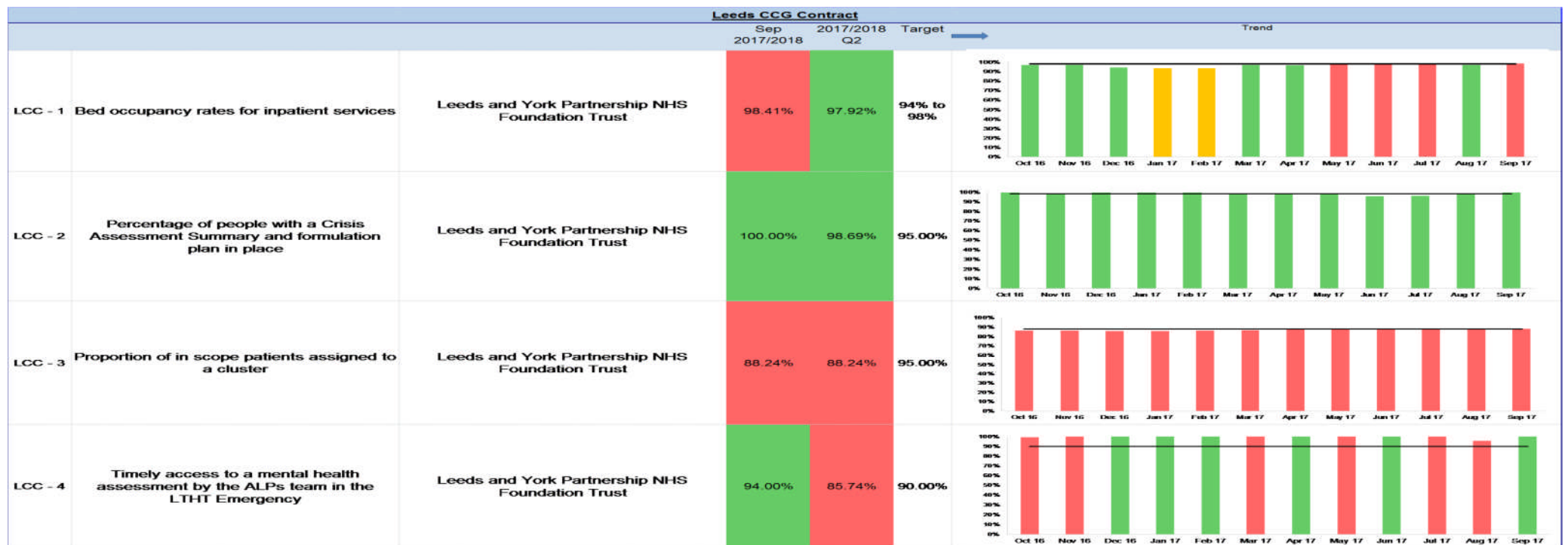
The Chief Operating Officer and the team are undertaking a deep dive in order to identify improvements we could make to see a step change where better access would be sustained. This will be shared within the Finance and Performance Committee in December 2017.

Our **Memory Services** are subject to a service review with the aim of strengthening the quality of our offer, service and responsiveness. This work is overseen by the Senior Leadership Team and conclusions are being presented in December. The January 2018 Board report will include an impact analysis of these changes with a projection for improved and sustained performance.

We have seen variation with our access and diagnosis timeline in our **Autism Services**. We aim to see and diagnose within 26 weeks.

The variation has been driven by 3 main contributory factors identified as an increase in referrals, absence of planned key medical staff and the rate of DNA's in clinics. The service is undertaking work to recover this position and build resilience and plan for this to be concluded in October 2017.

There are no other reported significant concerns. Our monthly and quarterly performance against agreed metrics is:



Leeds CCG Contract			Sep 2017/2018	2017/2018 Q2	Target	Trend
LCC - 5	Timely access to MH assessment under S136; % within 3 hours	Leeds and York Partnership NHS Foundation Trust	43.18%	32.61%		
LCC - 6	Waiting times for Community Mental Health Teams for face to face contact within 14 days	Leeds and York Partnership NHS Foundation Trust		73.42%	80.00%	
LCC - 7	Waiting Times Access to Memory Services; Referral to first face to face contact within 8 weeks	Leeds and York Partnership NHS Foundation Trust		79.83%	90.00%	
LCC - 8	Memory Services – Time from Referral to Diagnosis	Leeds and York Partnership NHS Foundation Trust		50.56%	50.00%	

Leeds CCG Contract

			Sep 2017/2018	2017/2018 Q2	Target	Trend
LCC - 9	Referral and Receipt of a Diagnosis within LADs Service	Leeds and York Partnership NHS Foundation Trust		71.88%	80.00%	
LCC - 10	Timely Communication with GPs Notified in 10 days	Leeds and York Partnership NHS Foundation Trust		71.68%	80.00%	
		Leeds Mental Health Care Group		68.08%	80.00%	
		Specialist and Learning Disabilities Care Group		82.62%	80.00%	

**Section 5 : Metrics reported which relate to the delivery of our services** (excluding those reported under the mandated requirements of NHSI, CCG, NHSE)

**5.1 Out of Area Placements in September**

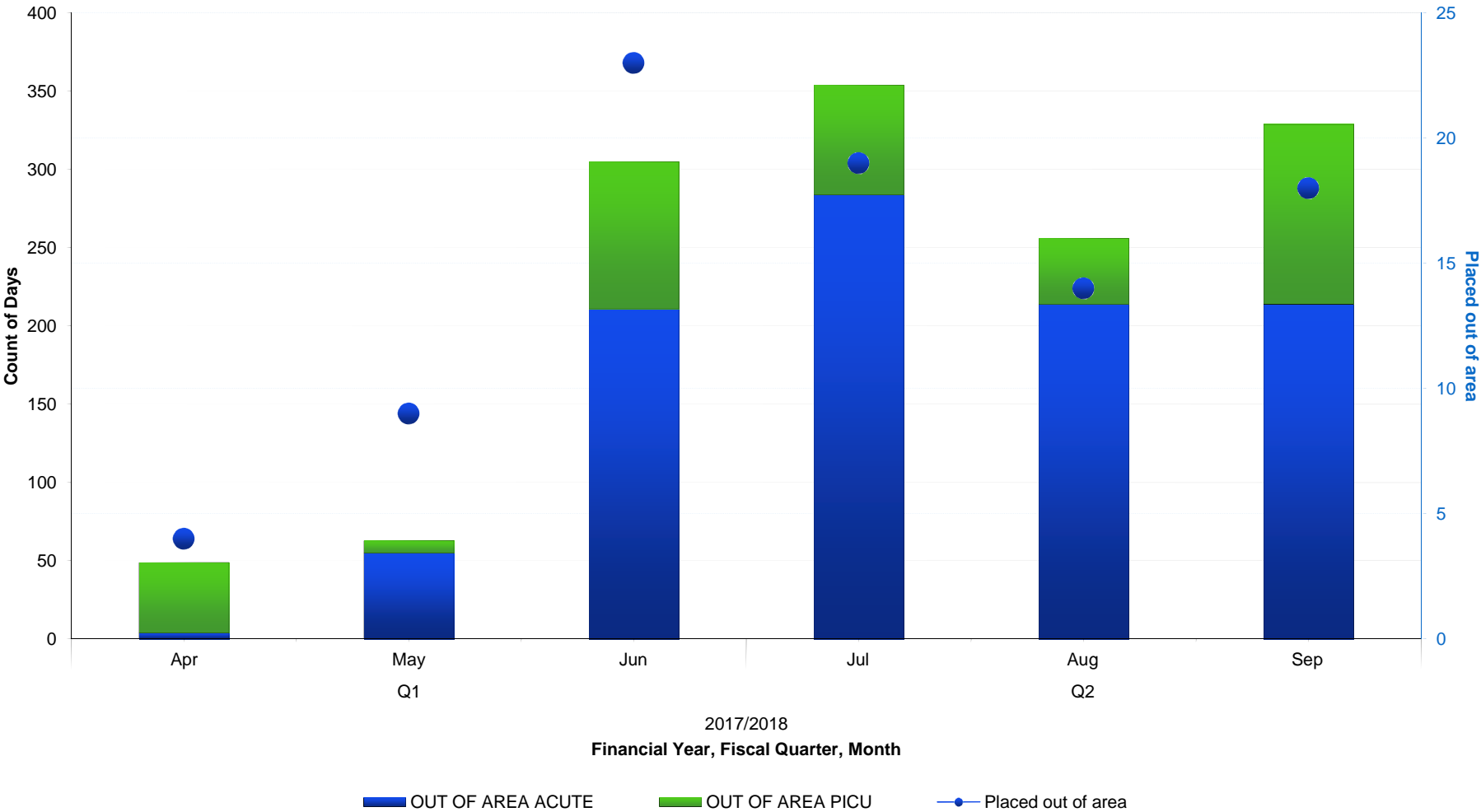
In September we placed 11 acute mental health patients Out of Area. Four of these patients were older adults and 7 adult acute patients. The older adult patients were supported in the West Yorkshire footprint. One acute patient was supported in Stevenage with others being placed in the West Yorkshire footprint.

We had 7 OOA PICU placements. One patient was placed in Coventry with other PICU provision available within the northern region.

At month end we had 4 males (2 in Stevenage/2 in Darlington), 5 female PICU and 3 OPS (1 female/2 males) out of area with a discharge plan for one of the men in place for early October. Cumulatively YTD we have placed 63 acute admissions out of area (7 of these being older people) and 24 PICU.

We now have reached agreement with our commissioners and partners through the System Resilience Board and Contracting process, that we will formally manage our delayed transfers of care and patient flow issues through the senior level system arrangements. This will enable all partners to share our information and step in to meet the challenge of supporting patient placement at discharge. We have also made a number of internal process improvements to maintain focus on effective patient flow and minimising length of stay. An information dashboard to tightly manage this has been established with reports being overseen by the COO and Medical Director effective from October 2017.

Out of Area					Sep 17/18	17/18 Q2	Trend
SO1 - 3	Out of Area Placements Adult Acute	Leeds and York Partnership NHS Foundation Trust	11.00	34.00			
SO1 - 4	Out of Area Days Adult Acute	Leeds and York Partnership NHS Foundation Trust	200.00	632.00			
SO1 - 5	Out of Area Placements Locked Rehab	Leeds and York Partnership NHS Foundation Trust	1.00	1.00			
SO1 - 6	Out of Area Days Locked Rehab	Leeds and York Partnership NHS Foundation Trust	206.00	578.00			
SO1 - 7	Out of Area Placements PICU	Leeds and York Partnership NHS Foundation Trust	6.00	14.00			
SO1 - 8	Out of Area Days PICU	Leeds and York Partnership NHS Foundation Trust	90.00	202.00			



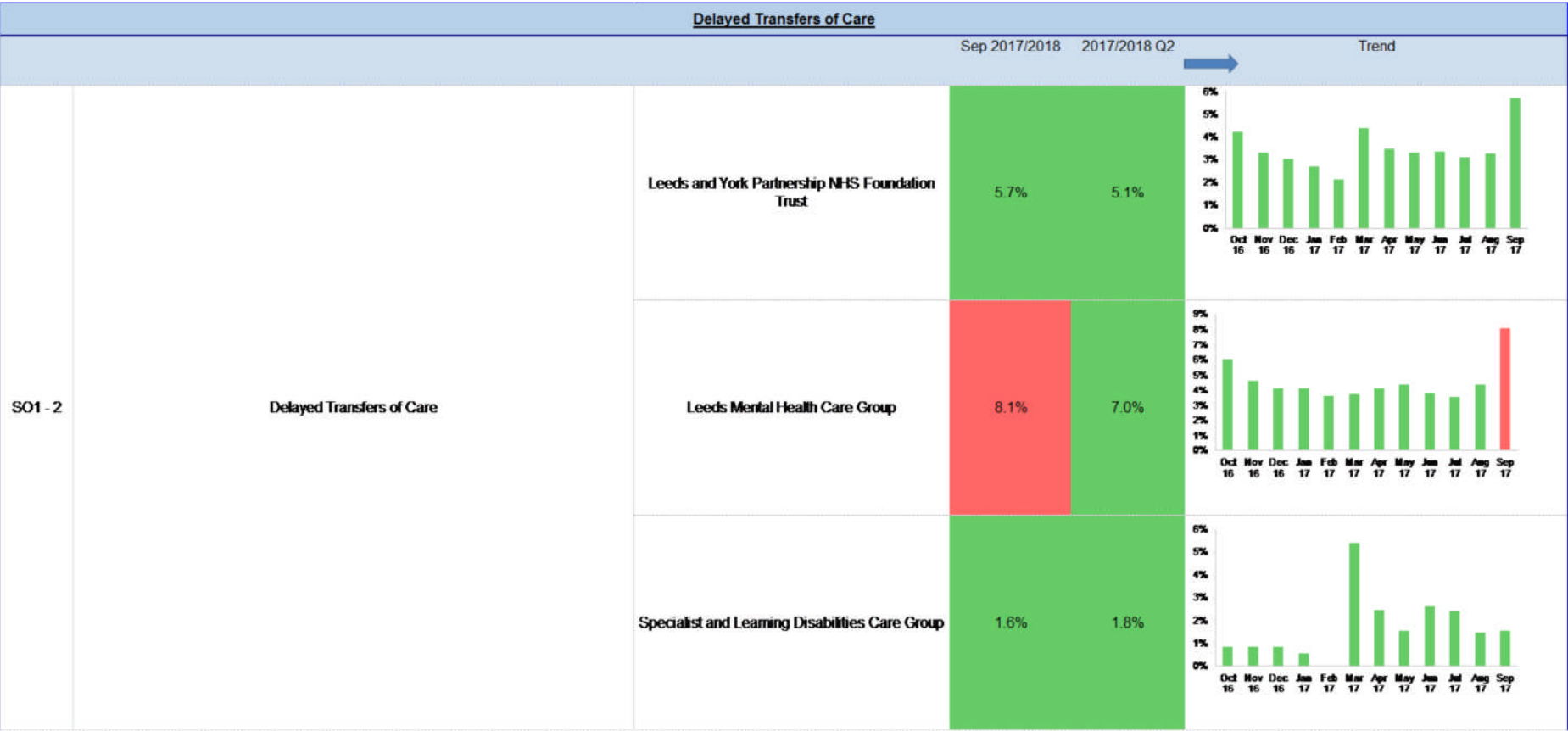
## 5.2 Delayed Transfers of Care

Although The Trust position is within the performance target level there are three areas within the Leeds Care Group that have significant delays, these are:

- Becklin ward 4 – delays at 17%
- Mount ward 1 – delays at 58%
- Mount ward 2 – delays at 31%

The complexity of the service users and the lack of suitable long term care placements to meet these individual needs is the reason for the delays. There are escalation processes executed with social care and cases are reviewed weekly with senior managers in order to progress discharge. There has been a significant reduction in the number of care and nursing homes providing care for people with dementia and many of our service users are assessed by a number of care homes before a suitable placement is found. There is a risk that the level of performance for this indicator will deteriorate further, the board are requested to accept the assurance provided that this is being very closely managed to minimise the impact on service users and their families.

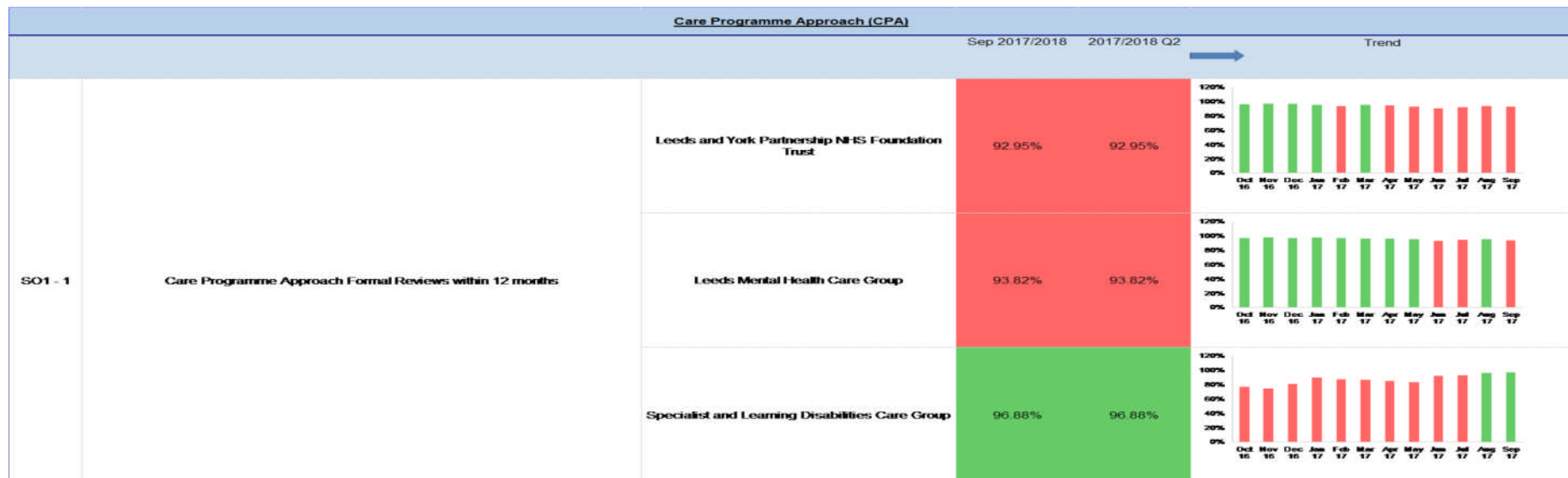




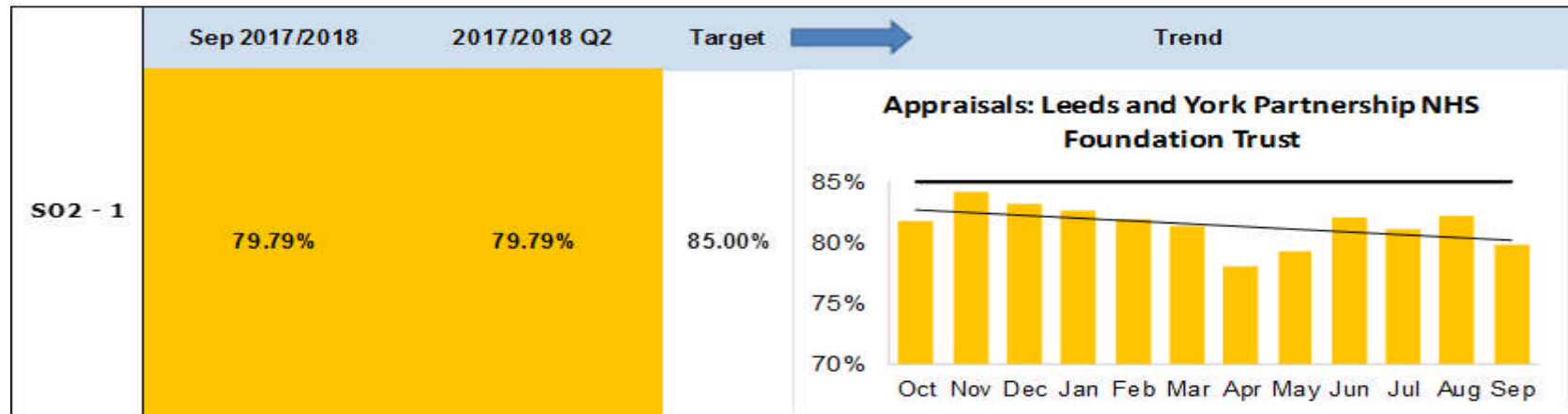
### 5.3 Care Programme Approach Formal Reviews within 12 months

We continue to see concerning issues in our community mental health teams where vacancies have impacted on regular and comprehensive reviews as part of our CPA approach with service users. The recruitment issues are being resolved in these services with recent success in attracting and recruiting staff. The lead manager and clinical lead are focusing on ensuring that caseload management and effective supportive care coordination are central to the team activities in the coming weeks to recover any gaps in care planning and review. The clinical team leaders in our community services have safeguards in place to ensure that effective risk, prioritisation and triage are in place.

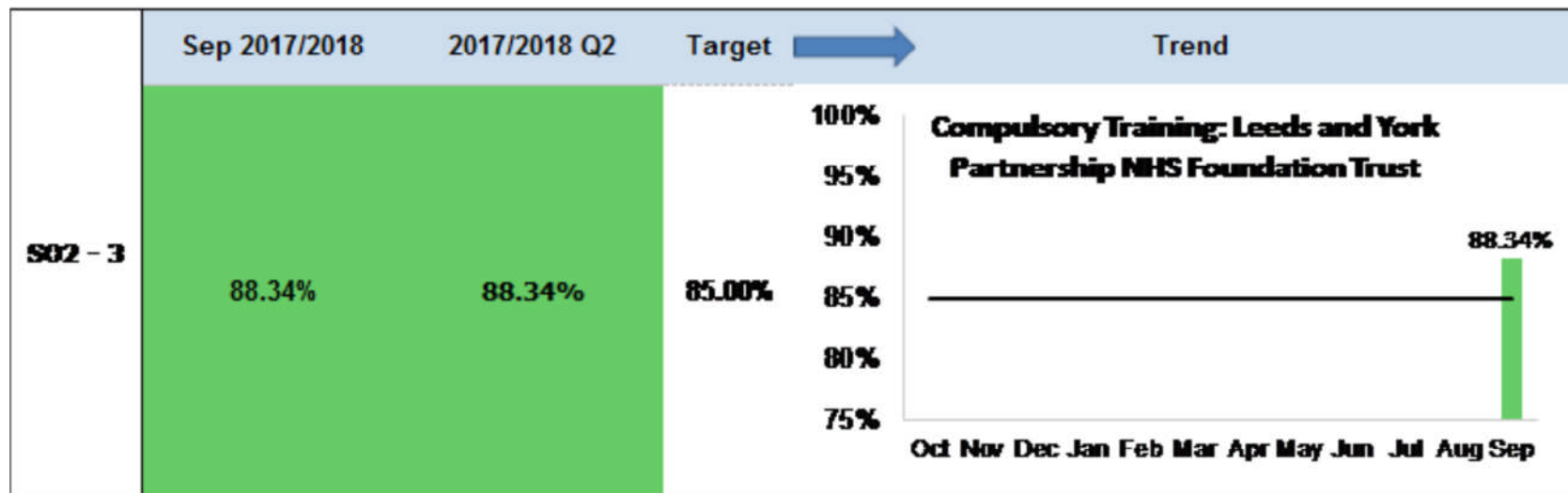
As reported in the access section of this report, the COO will report an in depth analysis and supporting plan for these core service to the Board sub committees in December.



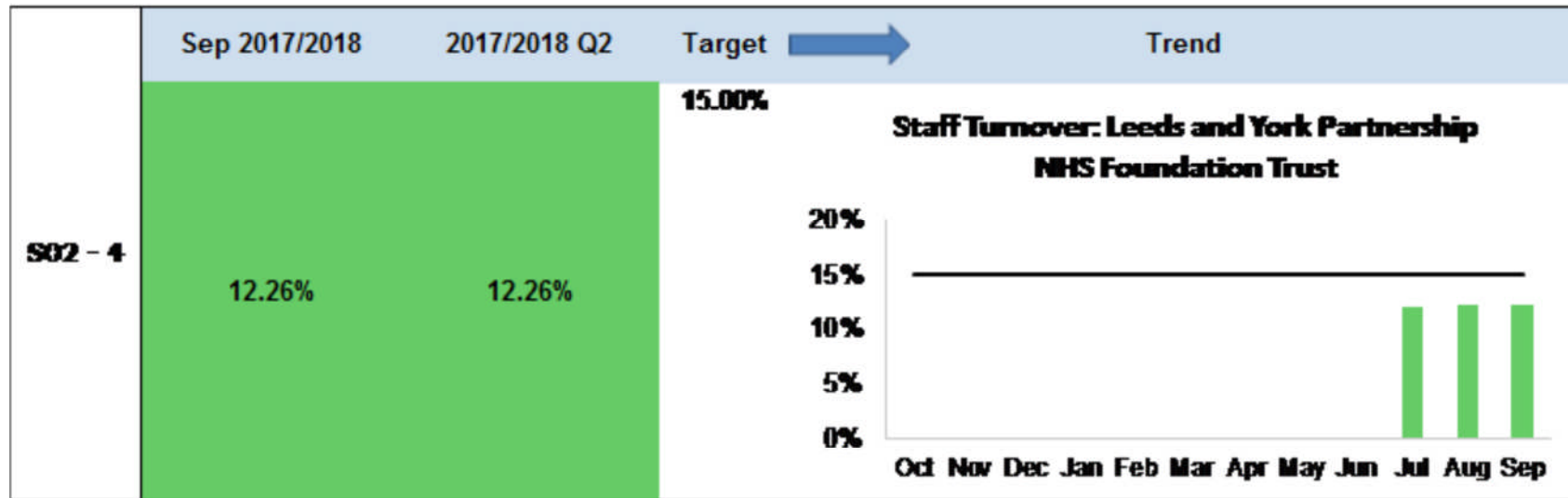
Section 6 – Our Workforce Performance Indicators



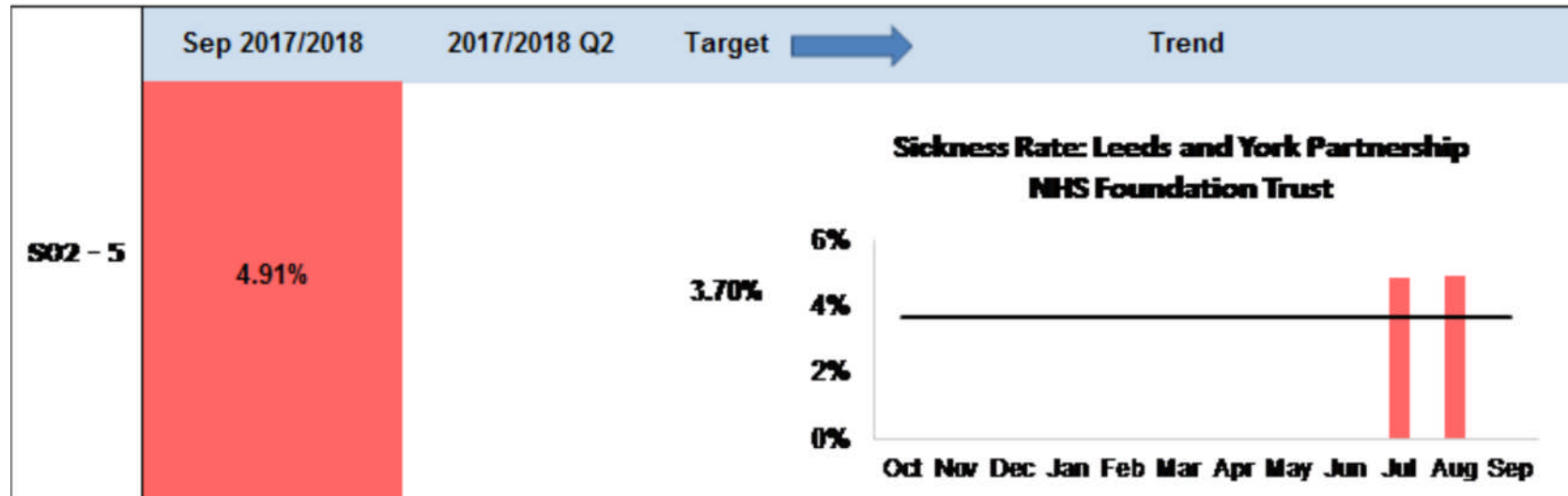
**Strategic Objective 2 - We provide a dynamic, rewarding and supportive place to work**



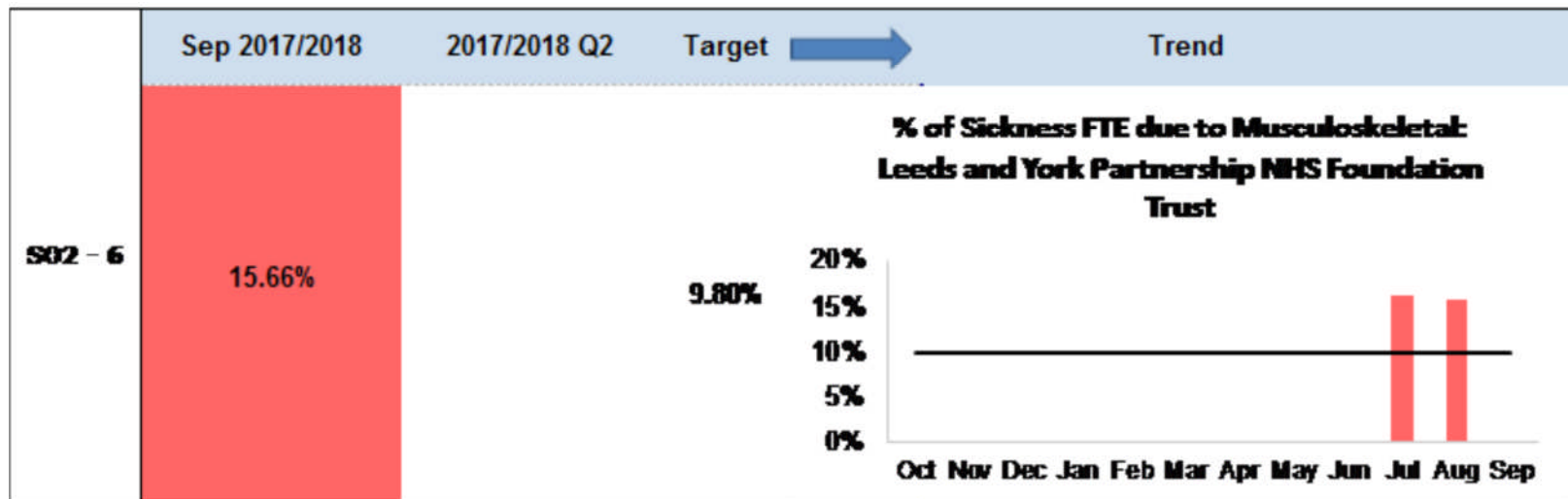
**Strategic Objective 2 - We provide a dynamic, rewarding and supportive place to work**



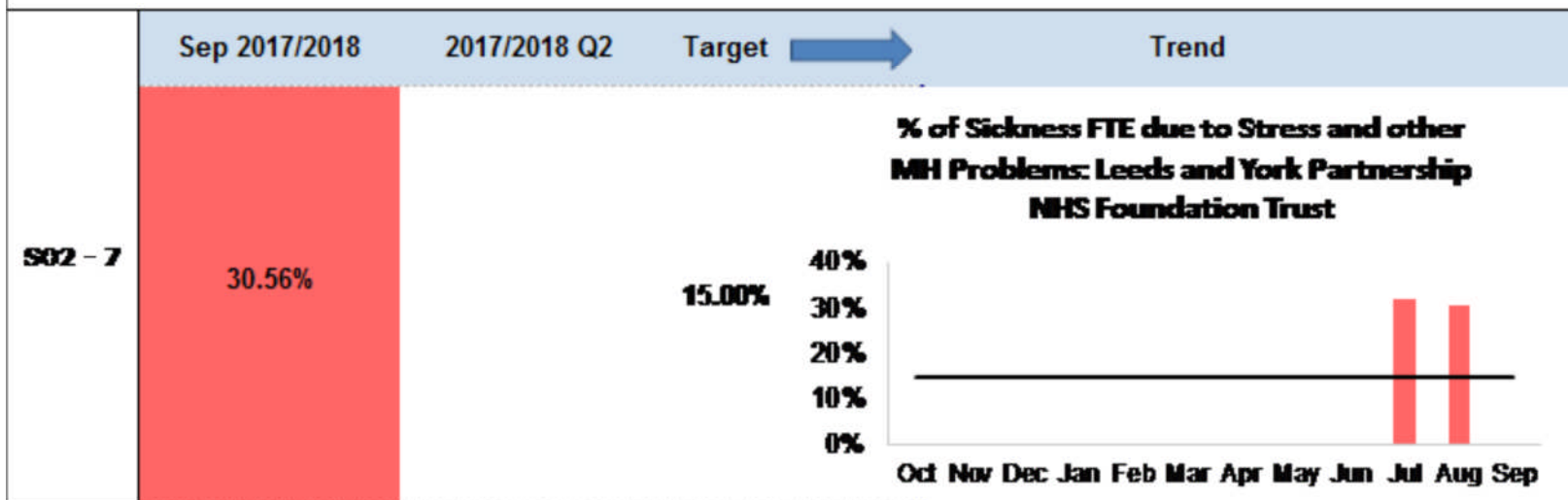
**Strategic Objective 2 - We provide a dynamic, rewarding and supportive place to work**



**Strategic Objective 2 - We provide a dynamic, rewarding and supportive place to work**



**Strategic Objective 2 - We provide a dynamic, rewarding and supportive place to work**



## **6.1 Appraisal**

Overall Trust compliance levels for appraisals continue below the Trust target of 85%. To support higher levels of compliance staff are being trained in using the new documentation and recording processes on iLearn. Bespoke training sessions continue to be available for services. All staff have access to the step by step user guide on iLearn and the system has been updated in response to feedback from managers and staff.

## **6.2 Compulsory Training**

Overall Trust Compulsory Training compliance remains at 88%, exceeding our target of 85%. The Learning and OD team are working closely with service areas and training leads in specific areas where compliance rates are lower or issues have been identified. Three different types of Block training days, are currently being piloted, these aim to minimise the time off the ward for clinical staff, enabling staff to achieve compliance on a number of CT elements in one day.

## **6.3 Turnover**

Turnover in the care groups remains within our target for healthy turnover with the Leeds Care Group showing a more positive picture. Turnover in Corporate services is higher than usual; however there has been a number of planned re-structuring and management of change processes that have resulted in staff leaving the organisation. The turnover target is currently being reviewed as part of the Workforce and OD Strategic Plan.

## **6.4 Sickness**

Sickness levels remain below the 5% level and this has been the performance over the last two quarters. HR continues to support managers to review and manage absence with greater focus on hotspots and high individual absence. The sickness target is currently being reviewed as part of the Workforce and OD Strategic Plan.

## **6.5 MSK absence**

The Trust Physiotherapist continues to be very proactive around supporting staff with MSK conditions and over the summer months promoted exercises for office and sedentary workers to improve posture and well-being. A series of Health and Well-being roadshows have taken place during September focusing on MSK, physical and mental well-being which have been well attended and received very positively by staff.

## **6.6 Sickness due to Stress and other MH absence**

The Occupational Health Well-being adviser has been triaging any work-related absences reported via First Care to provide early support to staff to reduce length of absence. The WB adviser is also working with HR to identify individuals and teams who are reporting high levels of absence or work-related stress to develop supportive action plans and interventions. Our stress pathway and the Employee Assistance Programme have also been part of the offer and showcased at the H&WB roadshows.

## Section 7 – Our Current Quality Metrics

### 7.1 Complaints

The table below shows the number of complaints received in September 2017 and how many were responded to (acknowledged) within our 3 day timescale:

Care Group	Total Number received	Number acknowledged within 3 days	Number acknowledged after 3 days
Leeds	12	3	9
Specialist/LD	9	0	9
<b>TOTAL</b>	<b>21</b>	<b>3</b>	<b>18</b>

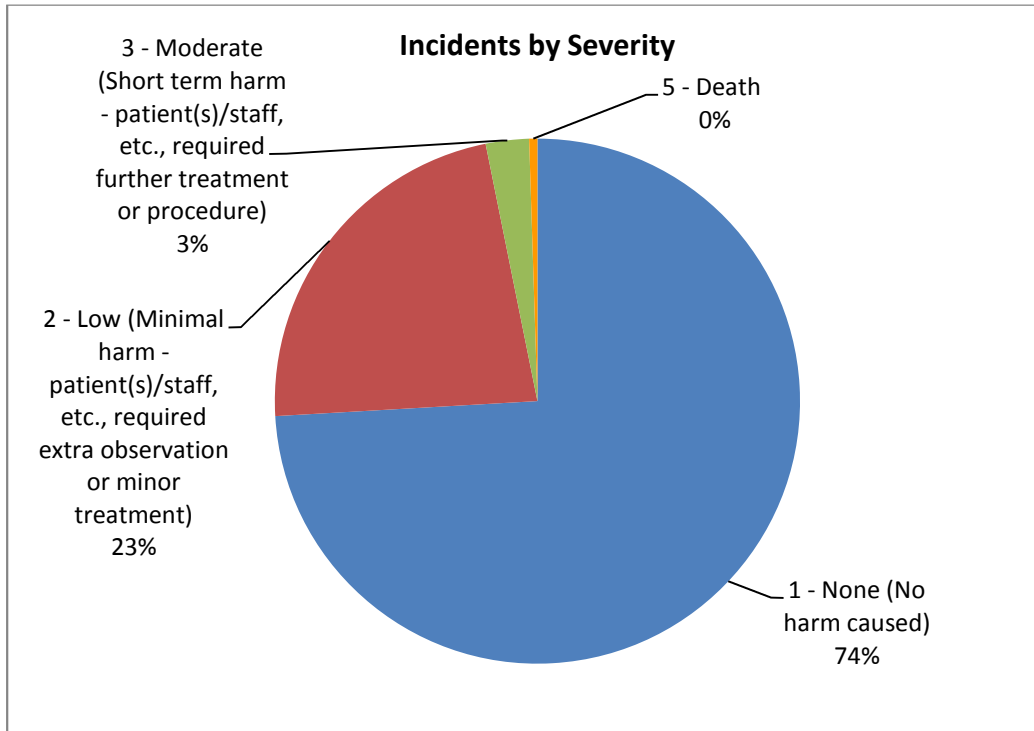
**Please note:** all complaints were acknowledged in under 9 days. The delay has been due to the staff changes within the complaints department, process improvements are now in place to ensure that the 3 day timescale is adhered to.



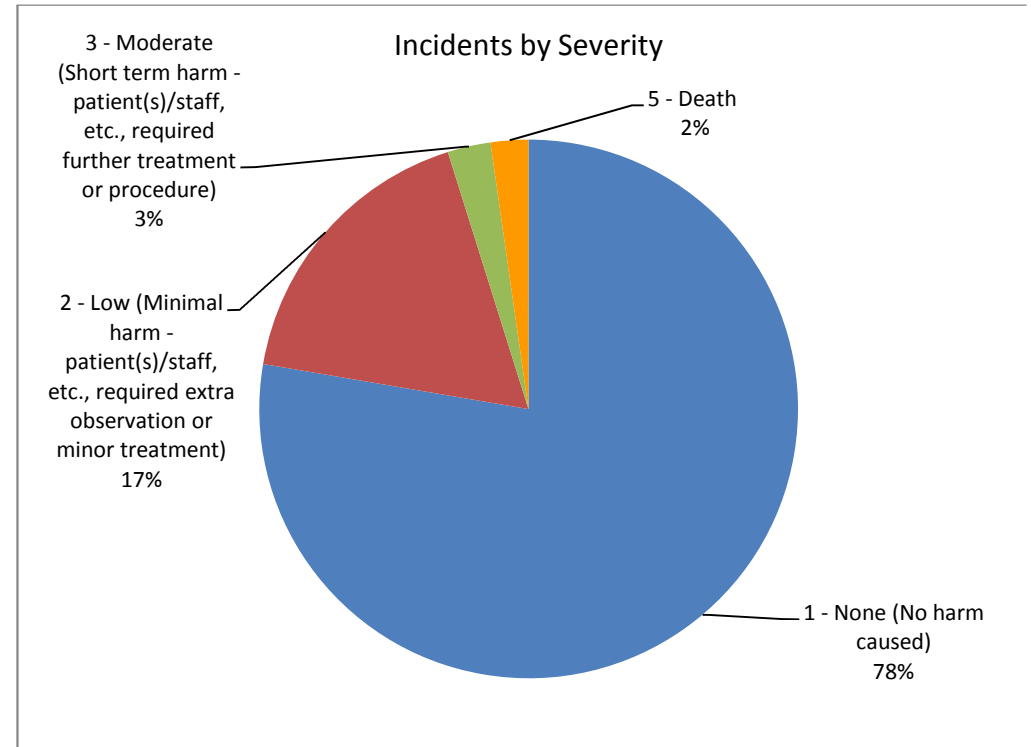
## 7.2 Incidents

### Severity rating of these incidents

**Leeds Care Group**



**Specialist Services Care Group**



As the above chart demonstrates 74% of the incidents reported resulted in no harm which would demonstrate a culture where staff feel confident to report incidents especially near miss incidents.

The 3% of incidents reported at severity 3, 4 & 5 will be discussed in the next section.

As the above chart demonstrates 78% of the incidents reported resulted in no harm which would demonstrate a culture where staff feel confident to report incidents especially near miss incidents.

The 5% of incidents reported at severity 3, 4 & 5 will be discussed in the next section.

**Average timeframe to manage incidents (Reported to Finally Approved) – September 2017**

Ranking	Unit	Incidents Reported	Average Processing Time (Days)
1	Mill Lodge	53	2.71
2	Ward 3 BC	20	2.95
3	Ward 4 BC	18	3.44
4	Ward 1 The Mt	65	3.95
5	Specialised Supported Living	40	4.75
6	Ward 1 NC	28	4.75
7	Ward 4 NC	18	4.83
8	Rose	13	5.38
9	Parkside Lodge/Woodlands	70	5.44

Ranking	Unit	Incidents Reported	Average Processing Time (Days)
10	Ward 4 The Mt	31	5.45
11	Ward 3 The Mt	28	5.5
12	Ward 2 The Mt	39	5.66
13	Ward 5 NC	32	6.06
14	Ward 5 BC	103	6.86
15	Ward 1 BC	115	7.13
	<b>Trust Average</b>		<b>7.82</b>
16	Ward 2 NC A&T	16	8.12
17	136/CAS/CAU	18	8.27
18	Ward 2 NC (W)	18	9.69
19	Ward 3 NC	23	15.21
20	Asket Croft R&R	47	26

The performance of Mill Lodge is exceptional given this unit historically managed far more incidents than most. Improvement has been noted in Becklin 3 & 4 which were an average of 9.12 & 9.31 (days) at last August report.

Asket Croft R&R has increased the average days from 24.4 in August to 26 in September.

### 7.3 Serious Incidents

These are defined as incidents reported as a severity 4 & 5 on DATIX.

**Note:-** All severity 3 and above incidents are reviewed at the Learning from Incidents and Mortality Meeting.

We discussed a total of **15 deaths** in September, all of whom had been reported as Category 5 on Datix or reported on the NHS Spine as deceased.

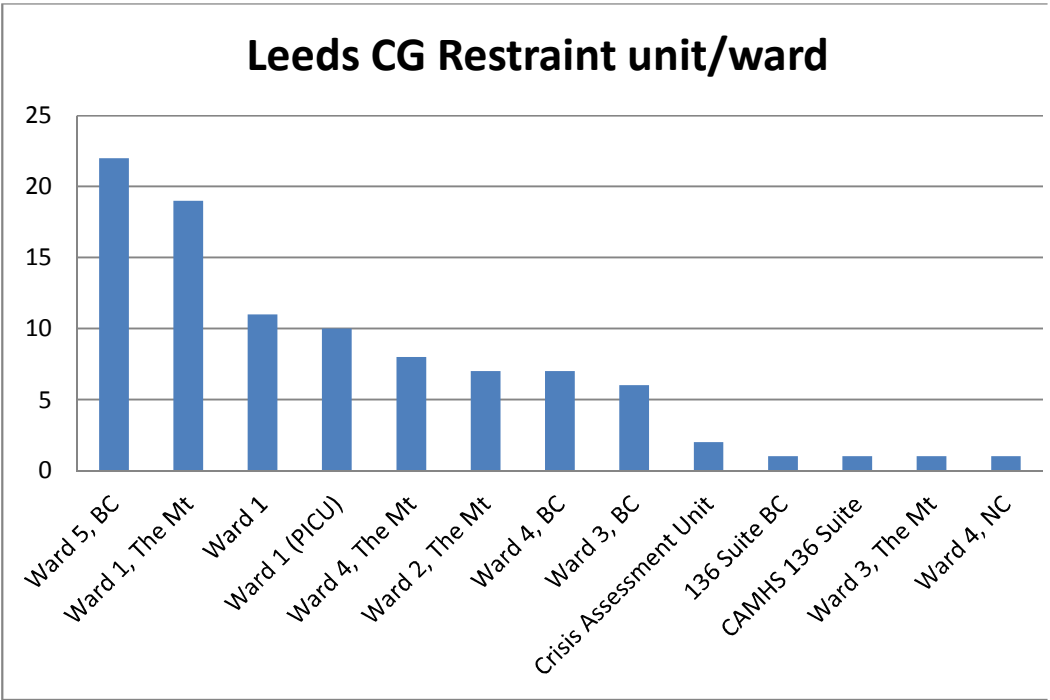
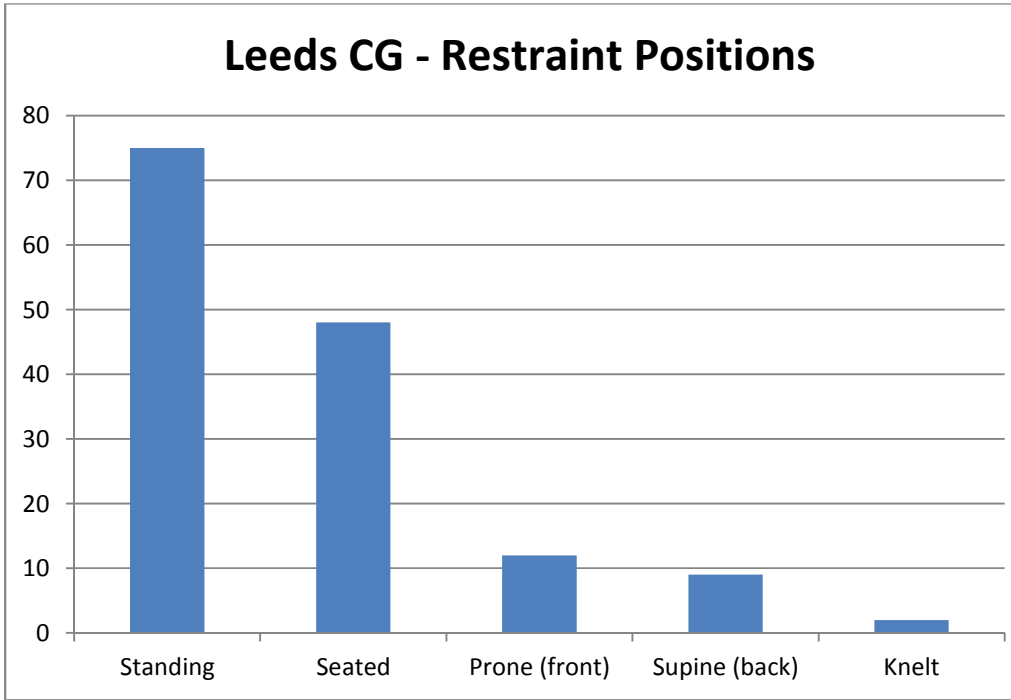
Of the 15 deaths, 10 deaths were recorded as death occurring with another service provider i.e. Leeds Teaching Hospital and are not coded as our death. These patients have been under the care of LYPFT at some point in the last 6 months but no concerns noted and patients died of physical health problems.

#### **The 5 that were our deaths are detailed below:**

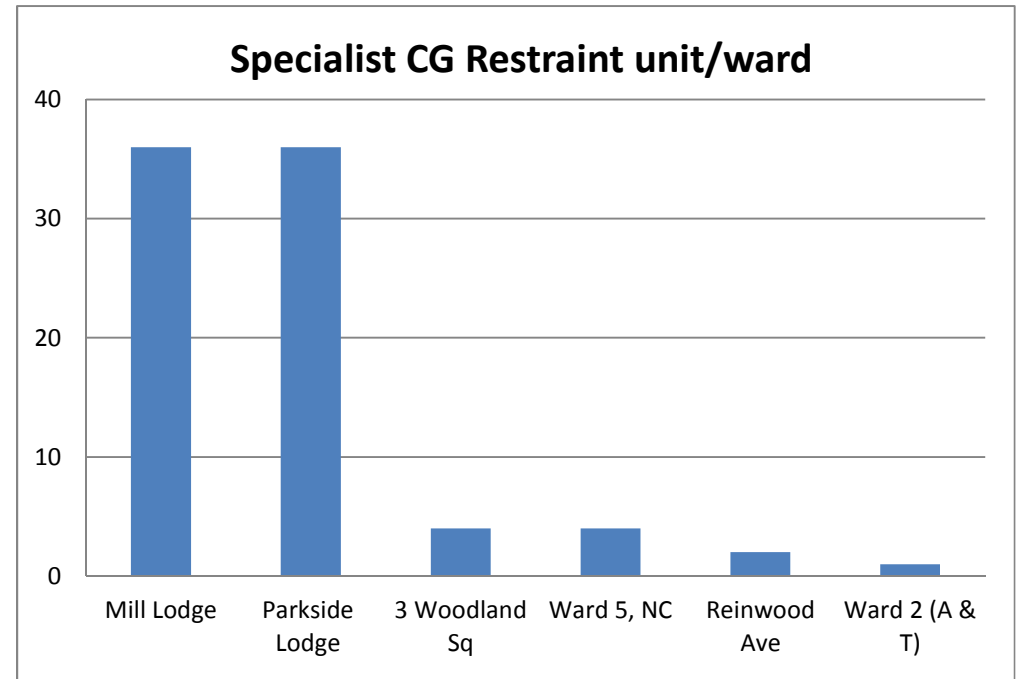
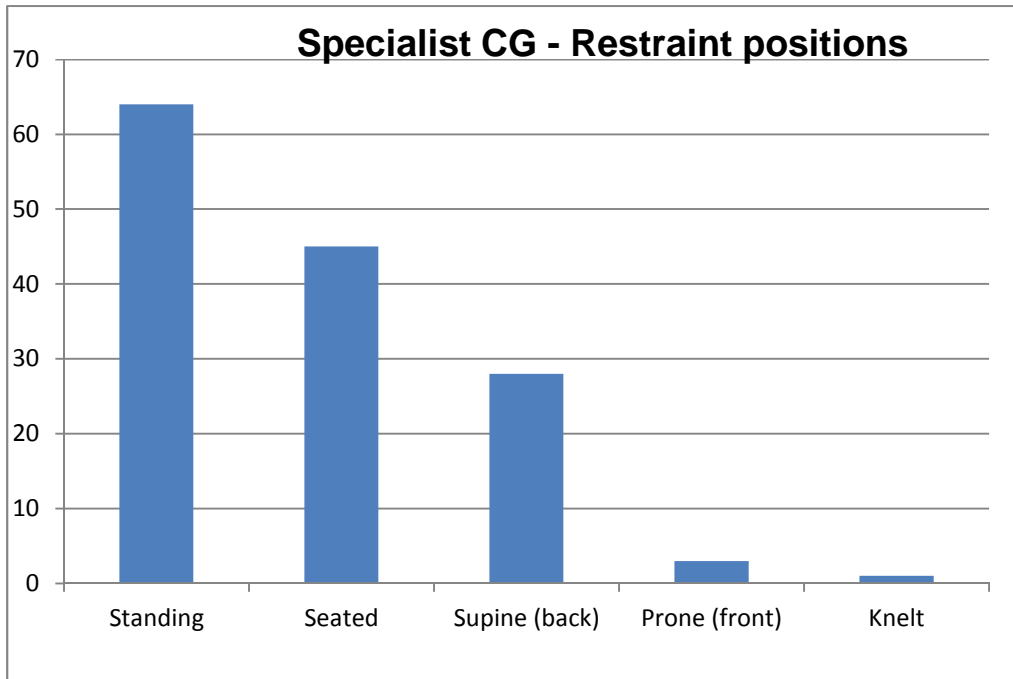
- 1 inpatient death which has been reported to NHS England (patient died at LTHT but in receipt of our care and further investigation required)
- 1 community services death which has been reported on STEIS as a Serious Incident, as death by suicide
- 3 care home deaths, receiving support from the care homes team, with no concerns identified.

7.5 Restraint Incidents

Leeds Care Group



**Specialist Services Care Group**



**AGENDA  
ITEM:**

**10**

**LEEDS AND YORK PARTNERSHIP NHS  
FOUNDATION TRUST**

**MEETING OF THE BOARD OF DIRECTORS**

<b>PAPER TITLE:</b>	Forensic Services Review Update
<b>DATE OF MEETING:</b>	26 October 2017
<b>PRESENTED BY:</b> (name and title)	Dr Claire Kenwood Medical Director
<b>PREPARED BY:</b> (name and title)	Peter Johnstone Deputy Associate Director

<b>THIS PAPER SUPPORTS THE TRUST'S STRATEGIC OBJECTIVE/S</b> (please tick relevant box/s)		<input checked="" type="checkbox"/>
SO1	We deliver evidence based care that is safe, effective and improve outcomes	<input checked="" type="checkbox"/>
SO2	We provide a dynamic, rewarding and supportive place to work	<input type="checkbox"/>
SO3	We focus on innovative partnerships	<input type="checkbox"/>
SO4	We are transparent and accountable	<input type="checkbox"/>
SO5	We deploy our resources to deliver effective and sustainable services	<input type="checkbox"/>

**EXECUTIVE SUMMARY**

Following concerns about the functioning of the forensic services an external report was sought and received by the service in March 2017

Discussion at the Board in June 2017 was supported by a logic diagram and an update was agreed for October 2017

Board discussion in June acknowledged that many of the issue within the service were 'wicked', being complex often longstanding and had not been amenable to many of the short and longer term solutions that had been tried. The Board also agreed that an iterative improvement approach would be required.

This update includes the current logic diagram and this is supported by a wide number of appendices. These cover work in progress in a broad range of areas and seek to offer assurance that the brief summary which the logic diagram offers is underpinned by a range of interventions which are at varied stages and have made varied progress in line with the discussions in June.

The primary paper for consideration by the board is the logic diagram and the other papers included are provided to deliver assurance and detailed examples of the quality improvement activity which is ongoing. The papers include:

1. Logic Diagram
2. Patient Experience Report – closure of Westerdale Ward

3. Capturing Patient Experience
4. Improving staff health and wellbeing report
5. Improving patient safety in the Forensic Service
6. A review of Clinical Supervision
7. Organisational Development plans and actions
8. Improvement action plan
9. Draft Annual Report
10. Governance Framework Diagram

Do the recommendations in this paper have any impact upon the requirements of the protected groups identified by the Equality Act?

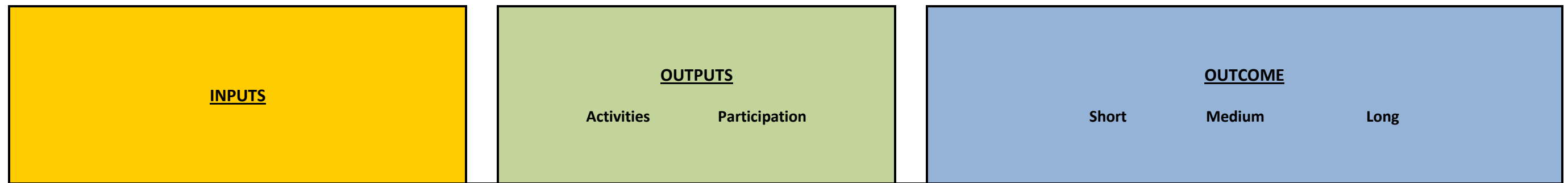
**State below  
'Yes' or 'No'**  
**Yes / No**

If yes please set out what action has been taken to address this in your paper

**RECOMMENDATION**

The board are asked to accept the papers and be assured that the Forensic Quality Improvement Team are addressing the issues raised in the external review report and are taking appropriate, remedial action.





Responding to the Forensic service external review June 2017

<u>SITUATION</u>	<u>WHAT WE INVEST</u>	<u>WHAT WE DO</u>	<u>WHO WE REACH</u>	<u>SHORT TERM</u>	<u>MEDIUM TERM</u>	<u>ULTIMATE IMPACT</u>
<p>In November 2016 the forensic services were rated as requiring improvement after a CQC inspection earlier in the year.</p> <p>Of concern, this rating included safe and effective domains</p> <p>Other concerns expressed within the service included:</p> <ul style="list-style-type: none"> <li>Increased sickness in all professional groups</li> <li>High staff attrition rates</li> <li>Recruitment difficulties</li> <li>Ward closures against a backdrop of insufficient staffing</li> <li>Concerns across a wide range of staff about difficult relationships and team dynamics</li> <li>'patient safety' issues identified within the CQC report</li> </ul> <p>An external review was commissioned from NTW Forensic services and this was received and shared with staff in spring 2017</p> <p>A Quality Improvement plan is now being devised around the actions within this report.</p>	<ul style="list-style-type: none"> <li>The time, effort and inclusive method that was used to gain staff feedback as part of the external review</li> <li>Reponses to the 24 actions held within it</li> <li>Extra management capacity (wte 8C)</li> <li>Additional Executive attention – 1PA medical director time, Interim COO focus</li> <li>0.5 wte OD support 8a</li> <li>0.2 wte improvement support 8a</li> <li>Additional administrative support for the program</li> <li>Extra OD, Comms and engagement capacity and resource to support</li> <li>Service evaluation time from continuous improvement team</li> </ul>	<ul style="list-style-type: none"> <li>Share the report with staff groups and frame this within the improvement work required</li> <li>Build a new communications plan to support two way widespread engagement and communication</li> <li>Work with staff on the recommendations in a way that will stimulate the right culture: <ul style="list-style-type: none"> <li>-the right relationships</li> <li>-the right balance of psychologically safe and accountable clear structures</li> <li>- culture of continuously improving compassionate care</li> <li>- collective leadership; the partnership of clinical and operational leaderships distributed across the service</li> </ul> </li> <li>Ensure that we evaluate and monitor the effects on patient experience, care and outcomes</li> <li>Work with commissioners to ensure that we maximise the contribution of service on both sites for the future as full contributors to the STP and regional plans</li> </ul>	<p>Those who use our service, those who care about them.</p> <p>Commissioners and STP partners</p> <p>All of our staff within the forensic service at every grade and background</p> <p>All of our staff in services which work alongside, refer to or from or support forensic services</p>	<ul style="list-style-type: none"> <li>Establish the quality improvement resource and infrastructure</li> <li>Start with a 'safety first' approach within the services given the high level of concerns.</li> <li>Test and gain feedback on the Communications platforms</li> <li>Commission baselines for patient outcomes and experience</li> <li>Commission an inclusive process to develop a thematic bottom up review of how we could improve conditions and staff wellbeing at work</li> <li>Support QI interventions already occurring at the frontline</li> <li>Engage with the professional leads for the service and understand how they might work as a team to provide collective leadership for the Service</li> <li>Establish and consult on the plan to recruit to the Service Clinical Lead.</li> <li>Establish the operational / clinical leadership structure for each team and develop an understanding of the resources, strengths and challenges for each of them</li> <li>Scope the patient flow for the service with attention to the 'space between teams'</li> <li>Refresh the working of referral MDT working to ensure that there is role and decision making clarity that also makes best use of the whole team</li> </ul>	<ul style="list-style-type: none"> <li>Develop the 'safety first' project with ward managers and staff to include the team building OD work , data streams to support understating and monitoring of safety critical items (run charts) and incorporates the QI work underway</li> <li>Incorporate this into the clinical governance redesign</li> <li>Re- evaluate communications plan after a period</li> <li>Support the leadership team to make decisions around patient outcomes and experience report</li> <li>Develop action plan in relation to staff wellbeing recommendations</li> <li>OD work to build a cohesive professional leadership team</li> <li>Co-design new Clifton house make up with staff, commissioners and in mind of the STP challenges</li> <li>Focus with HR colleagues on the recruitment challenge</li> <li>Work with the wider system on the financial challenge and the impact of the closure to date on the wider system and the effect on our ability to provide care close to home for this vulnerable group</li> <li>To develop a plan to 're-integrate' SSLD leadership arrangements into the forensic service and bring the forensic service properly back into the SSLD care group.</li> </ul>	<p>Services that provide the best of care to those requiring a forensic setting as measured by:</p> <ul style="list-style-type: none"> <li>-patient outcome data</li> <li>-patient experience data</li> <li>-Positive feedback from carers</li> <li>- efficient and effective smooth patient flow through our services</li> <li>-On-going positive commissioning intentions</li> <li>- ability to participate with partners for a comprehensive regional service characterised by a high level of professional mutual respect and ease flow through the system</li> <li>-psychologically safe learning cultures; high degrees of respectful problem solving relationships</li> <li>- Outstanding CQC rating</li> </ul>

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#### Assumptions

- That we can engage effectively with staff and build the trust required for the program as outlined
- That there is sufficient leadership skill and flexibility in our key staff groups to work together in partnership at the collective leadership challenge
- That the pace of change can be quick enough to keep commissioners engaged

**AGENDA  
ITEM**

11.1

**LEEDS AND YORK PARTNERSHIP NHS  
FOUNDATION TRUST**

**MEETING OF THE BOARD OF DIRECTORS**

<b>PAPER TITLE:</b>	Safer Staffing 1 September to 30 September 2017
<b>DATE OF MEETING:</b>	26 October 2017
<b>PRESENTED BY:</b> (name and title)	Paul Lumsdon – Director of Nursing, Professions and Quality
<b>PREPARED BY:</b> (name and title)	Linda Rose – Head of Nursing and Patient Experience Laura Booth – e-Rostering Team Manager

<b>THIS PAPER SUPPORTS THE TRUST'S STRATEGIC OBJECTIVE/S</b> (please tick relevant box/s)		✓
SO1	We deliver evidence based care that is safe, effective and improve outcomes	
SO2	We provide a dynamic, rewarding and supportive place to work	
SO3	We focus on innovative partnerships	
SO4	We are transparent and accountable	
SO5	We deploy our resources to deliver effective and sustainable services	✓

**EXECUTIVE SUMMARY**

The purpose of this report is to provide assurance of the current position with regards to the National Quality Board (NQB) Safer Staffing requirements across the two operational care services in Leeds and York Partnership Foundation Trust, to the Board of Directors and the public.

The report provides assurance that all efforts are being made to ensure detailed internal oversight and scrutiny is in place to ensure safer staffing levels are maintained.

This report provides information on 27 inpatient units for the periods 1<sup>st</sup> September 2017 to the 30<sup>th</sup> September 2017 and includes details of any notable exceptions to the planned staffing levels.

Due to the dates of the Safer Staffing and Executive Support Visits feedback from those visits will be given verbally at the Board meeting.

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

**RECOMMENDATION**

The board is asked to review and discuss the staffing rates in the Unify report – particularly those areas that have provided a narrative as a result of being identified as exceptions of note.



## **Report to the Board of Directors Safer Staffing September 2017**

### **1. Background**

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

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

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

In addition to this the Trust is required openly display information for patients and visitors in all of our wards that shows the planned and actual staffing available at the start of every shift.

### **2. Purpose of this report**

The purpose of this report is to provide assurance of the current position with regards to the National Quality Board (NQB) Safer Staffing requirements across the two operational care services in Leeds and York Partnership Foundation Trust, to the Board of Directors and the public.

Detailed internal oversight and scrutiny is in place to ensure safer staffing levels are maintained.

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

This report provides information on 27 inpatient units for the periods 1<sup>st</sup> September 2017 to the 30<sup>th</sup> September 2017. The report includes details of any notable exceptions to the planned staffing levels for September 2017. (Please note that Asket Inpatient unit split into two separate rosters during September resulting in an increase to the total number of wards included in the report).

### **3. Updates**

#### **3.1 Safe Staffing Alert notification to Director of Nursing**

An automated report will be generated from Healthroster and sent to the Director of Nursing on a daily basis. The report will identify any wards where a Bank or Agency Nurse is taking charge of a shift. The report will also identify where there is no one to take charge. The report will enable the Director of Nursing to assess the safety of these areas in real time and with Ward Managers directly.

In addition to this, a retrospective assessment of the regularity of work undertaken by these Bank and Agency Nurses who are taking charge will be included in the Safe Staffing report on a monthly basis with narrative and comment from the Ward Managers.

### 3.2 Safer Staffing and Executive Support visits

Director of Nursing will make an initial visit to three wards which consistently show identifiers for issues with safe staffing.

Initial visits have been arranged for:

Monday 23 October 2017 – Ward 3 at The Mount  
Wednesday 25 October 2017 – Ward 4 at the Becklin Centre  
Wednesday 25 October 2017 – Ward 4 at the Newsam Centre

The e-Rostering Manager will assist the Director of Nursing by providing detailed matrices for each identified ward covering staffing information skill mix, planned versus actual hours, temporary staffing usage, sickness rates and other unavailability rates. This information will also be provided to Ward Managers prior to the visits.

### 3.3 Temporary Staffing Usage by Quarter and Worker Type

Below are the temporary staffing usage rates for each ward included in the Unify report. The figures are shown by quarter and are broken down to identify the regularity of the work undertaken by staff working within the Trust.

The Bank and Agency (B&A) column shows the percentage of all hours worked during the quarter that are not worked as substantive duties.

The Regular Workers column shows the percentage of all hours during the quarter that are worked by Bank or Agency workers who work an average of 15 hours per week or more within the Trust. This figure also includes Substantive staff members who work Bank shifts.

The Irregular Workers column shows the percentage of all hours worked during the quarter that are worked by Bank or Agency staff that work an average of less than 15 hours per week within the Trust.

This information enables a comparison of the working regularity of the staffing on each ward, for example, Newsam Ward 1 PICU has a very high Bank and Agency usage rate for Quarter 1 (54.66%) however less than ten percent (6.55%) of all hours were worked by someone who may be unfamiliar with the ward and the service users.

#### Quarter 1 2017/18

Ward Name	Ad Hoc Agency	Ad Hoc Bank	Regular Agency	Regular Bank	Substantive	Substantive Bank	Total B&A Usage	Regular Workers	Irregular Workers
2 Woodland Square	0.00%	0.00%	7.08%	4.45%	80.64%	7.84%	19.36%	19.36%	0.00%
3 Woodland Square	0.66%	6.75%	0.26%	6.37%	82.23%	3.73%	17.77%	10.36%	7.41%
Asket Inpatient Unit	0.83%	2.36%	1.04%	9.10%	80.71%	5.96%	19.29%	16.09%	3.20%

Becklin Ward 1	2.48%	3.73%	5.74%	14.73%	67.08%	6.26%	32.92%	26.72%	6.20%
Becklin Ward 2 CR	0.22%	0.40%	0.52%	0.77%	97.81%	0.29%	2.19%	1.58%	0.62%
Becklin Ward 3	2.17%	1.73%	4.35%	11.61%	74.86%	5.28%	25.14%	21.24%	3.90%
Becklin Ward 4	2.49%	1.58%	3.93%	13.18%	69.77%	9.04%	30.23%	26.16%	4.07%
Becklin Ward 5	2.85%	2.12%	7.74%	13.67%	68.87%	4.74%	31.13%	26.15%	4.98%
Mother and Baby The Mount	1.36%	2.15%	1.58%	11.87%	80.86%	2.17%	19.14%	15.62%	3.51%
Newsam Ward 1 PICU	4.41%	2.14%	9.56%	32.66%	45.34%	5.89%	54.66%	48.11%	6.55%
Newsam Ward 2 Forensic	2.99%	2.84%	3.70%	23.40%	59.68%	7.39%	40.32%	34.49%	5.83%
Newsam Ward 2 Womens Services	3.60%	4.10%	1.61%	13.88%	69.05%	7.75%	30.95%	23.25%	7.70%
Newsam Ward 3	2.83%	2.17%	2.76%	19.54%	70.15%	2.56%	29.85%	24.86%	5.00%
Newsam Ward 4	3.75%	1.54%	4.00%	25.37%	53.65%	11.69%	46.35%	41.06%	5.29%
Newsam Ward 5	2.14%	1.26%	3.76%	25.49%	58.25%	9.11%	41.75%	38.35%	3.40%
Newsam Ward 6 EDU	3.66%	2.15%	3.72%	3.39%	82.46%	4.62%	17.54%	11.73%	5.81%
NICPM LGI Closed D&V	1.16%	4.40%	0.80%	11.60%	78.86%	3.19%	21.14%	15.59%	5.55%
Parkside Lodge	2.23%	2.71%	9.06%	32.90%	45.70%	7.40%	54.30%	49.36%	4.94%
The Mount Ward 1 New (Male)	6.05%	0.34%	9.06%	16.82%	61.43%	6.31%	38.57%	32.19%	6.39%
The Mount Ward 2 New (Female)	8.77%	1.60%	9.56%	9.61%	63.20%	7.26%	36.80%	26.43%	10.38%
The Mount Ward 3a	3.66%	1.17%	5.68%	6.68%	78.44%	4.37%	21.56%	16.73%	4.83%
The Mount Ward 4a	2.24%	2.20%	6.22%	8.46%	73.21%	7.68%	26.79%	22.36%	4.44%
York - Bluebell	4.04%	0.97%	1.52%	11.02%	81.91%	0.54%	18.09%	13.08%	5.01%
York - Mill Lodge	6.61%	1.18%	3.20%	11.01%	75.92%	2.07%	24.08%	16.28%	7.79%
York - Riverfields	1.39%	0.46%	3.14%	1.63%	92.84%	0.54%	7.16%	5.31%	1.85%
York - Rose	11.13%	1.94%	12.63%	5.62%	68.28%	0.41%	31.72%	18.65%	13.07%

## Quarter 2 2017/18

Ward Name	Ad Hoc Agency	Ad Hoc Bank	Regular Agency	Regular Bank	Substantive	Substantive Bank	Total B&A Usage	Regular Workers	Irregular Workers
2 Woodland Square	0.19%	2.96%	7.50%	0.55%	83.58%	5.22%	16.42%	13.27%	3.15%
3 Woodland Square	0.59%	4.86%	1.45%	15.23%	70.38%	7.49%	29.62%	24.17%	5.45%
Asket Croft	1.42%	3.89%	1.18%	10.37%	77.74%	5.40%	22.26%	16.95%	5.31%
Asket House	0.00%	1.50%	1.33%	2.28%	90.14%	4.76%	9.86%	8.36%	1.50%
Becklin Ward 1	3.04%	2.14%	5.74%	19.11%	67.22%	2.76%	32.78%	27.60%	5.18%
Becklin Ward 2 CR	0.05%	0.53%	0.52%	0.82%	97.60%	0.48%	2.40%	1.82%	0.58%
Becklin Ward 3	2.50%	0.88%	3.20%	9.19%	78.25%	5.98%	21.75%	18.38%	3.38%
Becklin Ward 4	3.69%	3.68%	5.23%	15.49%	62.51%	9.40%	37.49%	30.12%	7.37%
Becklin Ward 5	4.84%	1.30%	5.57%	17.75%	64.10%	6.44%	35.90%	29.76%	6.14%
Mother and Baby The Mount	0.72%	0.97%	0.32%	8.36%	87.82%	1.81%	12.18%	10.48%	1.69%
Newsam Ward 1 PICU	3.53%	4.84%	5.65%	31.04%	48.45%	6.49%	51.55%	43.18%	8.36%
Newsam Ward 2 Forensic	2.79%	4.88%	2.67%	23.78%	60.23%	5.66%	39.77%	32.10%	7.67%
Newsam Ward 2 Womens Services	5.51%	4.65%	2.96%	10.72%	69.12%	7.03%	30.88%	20.72%	10.16%
Newsam Ward 3	4.21%	1.95%	3.43%	24.10%	62.00%	4.30%	38.00%	31.84%	6.16%

Newsam Ward 4	3.09%	0.81%	2.61%	24.88%	57.06%	11.55%	42.94%	39.05%	3.89%
Newsam Ward 5	2.53%	1.46%	1.54%	18.02%	65.76%	10.69%	34.24%	30.25%	3.99%
Newsam Ward 6 EDU	1.17%	0.66%	0.59%	3.15%	89.39%	5.03%	10.61%	8.78%	1.84%
NICPM LGI	2.34%	4.87%	0.21%	10.05%	77.16%	5.38%	22.84%	15.63%	7.20%
Parkside Lodge	1.64%	1.90%	5.55%	39.02%	44.35%	7.53%	55.65%	52.11%	3.54%
The Mount Ward 1 New (Male)	7.75%	2.21%	10.27%	13.46%	62.38%	3.95%	37.62%	27.67%	9.95%
The Mount Ward 2 New (Female)	6.90%	3.43%	9.66%	9.48%	62.95%	7.57%	37.05%	26.71%	10.34%
The Mount Ward 3a	6.11%	2.27%	6.06%	13.08%	66.72%	5.77%	33.28%	24.91%	8.37%
The Mount Ward 4a	5.09%	2.42%	6.81%	10.64%	64.53%	10.50%	35.47%	27.96%	7.52%
York - Bluebell	4.17%	0.61%	2.57%	10.50%	80.44%	1.70%	19.56%	14.78%	4.78%
York - Mill Lodge	6.16%	3.46%	3.23%	8.85%	77.96%	0.35%	22.04%	12.42%	9.61%
York - Riverfields	0.55%	0.19%	4.30%	0.41%	94.55%	0.00%	5.45%	4.71%	0.74%
York - Rose	7.51%	0.59%	7.55%	4.47%	78.60%	1.28%	21.40%	13.30%	8.10%

#### 4. September 2017 - Exception reports against Planned and Actual staffing

The e-Rostering manager identified five areas with staff rates outside of tolerance in 3 or more areas. The exception reports are presented in a narrative format detailing the activities and issues at ward level in order to provide assurance of awareness of the issues of concern and actions being taken to mitigate those concerns. Detailed data can be presented on request around incidents, staffing levels, Temporary Staffing Usage, skill mix and vacancies should this be required.

##### 4.1 Becklin Ward 1

Type	PlannedRegHours Day	ActualRegHours Day	PercentRegD ay	PlannedRegHoursNi ght	ActualRegHoursNi ght	PercentRegNi ght
HCW	546	1,430.66666666	262.03%	660	980.5	148.56%
NURSING	1,099.5	977.76666666	88.93%	660	660	100.00%

There are higher than usual HSW numbers in September and lower RN numbers during the day.

##### Observations

During September there were two service users on one to one within eye-sight observations which led to an increase in the number of HSW staff required on each shift. There was also one service user who was on three to one observations until a PICU bed could be arranged.

##### Vacancies

There is currently one RN and one HSW vacancy on Ward 1 Becklin.

##### Temporary Staffing (40%)

The increase in temporary staffing usage was a result of the extra numbers required for observations, sickness, unauthorised leave and phased return.



### Staff Unavailability

During September annual leave on Ward 1 Becklin was managed well. Sickness remained high amongst the HSW complement. Management days were utilised in order to support Business Continuity, Calderdale framework training and management work. A period of unauthorised leave also affected staffing availability as well as two HSW staff put on Phased Return and one utilising some carers leave.

### Matron Feedback

The HSW staff members that were off sick during September have now returned and substantive staffing levels have improved. The increase in HSW requirements related directly to the need for high levels of observations for the service user awaiting an Out of Area PICU bed.

## 4.2 Becklin Ward 4

Type	PlannedRegHours Day	ActualRegHours Day	PercentRegDay	PlannedRegHoursNigh	ActualRegHoursNigh	PercentRegNigh
HCW	688.5	1,855.5	269.50%	638	1,265	198.28%
NURSING	1,212	930.5	76.77%	638	657.5	103.06%

There are higher than usual HSW staffing numbers and lower RN numbers during the day in September.

### Observations

Throughout September there have been several instances of two to one within eye-sight observations in addition to other instances of one to one within eye-sight observations. Due to the very challenging nature of the observations the ward increased the staffing numbers in order to reduce concerns around staff resilience. The increased level of observations has led to an increase in the usage of Bank and Agency staff

### Vacancies

There are currently two Band 5 RN vacancies which became vacant in August. These posts are being recruited to as part of the October Recruitment Event. One RN was appointed to post several months ago and is due to start work in October.

One new HSW commenced work in September. There is one vacancy for an HSW which is being held for an apprentice.

### Temporary Staffing (45%)

Temporary staff have been utilised in order to fill vacancies, cover sickness, and assist with observations. Bank and Agency staff have also been utilised in order to back fill RN duties.

### Unavailability

There is one RN who is currently on long term sick and they are being managed by the Employee Wellbeing Procedure. Another RN returned to work in September on a phased return.

### Matron Comments

There has been a significant use of observations in the last month which has felt unavoidable and required increased use of agency and bank to support this, Additional staffing has also supported ensuring that staff members are able to take required breaks during their shift in what is currently a very challenging environment. Support has been

offered throughout the management structure to support the ward further which has been appreciated by the team.

The team are caring for a service user who has particularly complex needs requiring specialist placement. The additional observations required to manage risk on the ward cannot be provided from within funded staffing levels as there are intermittent periods where intervention is required from more than the two allocated staff which would have an impact on the team's capacity to meet the needs of the other 21 patients.

### 4.3 Parkside Lodge

Type	PlannedRegHours Day	ActualRegHours Day	PercentRegDay	PlannedRegHoursNigt	ActualRegHoursNigt	PercentRegNigt
HCW	1,361.5	2,407.75	176.85%	934.5	1,743	186.52%
NURSING	1,105	866	78.37%	630	598.25	94.96%

There are higher than usual HSW and low RN numbers during September.

#### Observations

During September there were two service users on one to one Within Eye-Sight Observations. This observation level has now been reduced.

#### Vacancies

There are currently three RN vacancies on the ward. Where RN duties cannot be filled by substantive staff the shifts are sent to Bank and Agency, however there is a preference on the unit to back fill RN duties with HSW staff if these staff are known to the unit and the service users.

#### Incidents

There are a high number of incidents relating to one service user in particular who requires five members of staff to safely restrain.

#### Staff Unavailability

During September there were two HSWs on long term sick. Both of these staff members are being managed via the Employee Wellbeing Procedure.

#### Matron comments

A review of the rostered establishment is required. The Roster currently shows a need for two RN staff at all times but the unit is only budgeted for one. This will be addressed with the e-Rostering Team in due course. Staff at Parkside Lodge are in close contact with the Safeguarding team due to the highly vulnerable and often aggressive nature of the service users. Ward safety is reviewed regularly, both at MDT and informally. The differing needs of the service users on the wards impacts both acuity and safety.

### 4.4 The Mount Ward 1

Type	PlannedRegHours Day	ActualRegHours Day	PercentRegDay	PlannedRegHoursNigt	ActualRegHoursNigt	PercentRegNigt
HCW	1,647.75	2,334.2	141.66%	956.75	1,881.25	196.63%
NURSING	813	916.91666667	112.78%	634.25	376.25	59.32%

There are higher than usual HSW staffing numbers and lower RN numbers during September.

**Observations**

During September there were three service users on Within Eye-Sight levels of Observations throughout the month. There were also a high number of service users requiring additional staffing to provide assistance with personal care.

**Vacancies**

There are currently 5.7 HSW vacancies on Ward 1. This accounts for 23% of HSW shifts having to be filled by Bank and Agency before acuity is taken into account.

**Incidents**

There continues to be high numbers of low level incidents on Ward 1. Falls and aggression are the two main causes of these incidents.

**Temporary Staffing (44%)**

High levels of Temporary Staffing usage is directly related to high levels of acuity on the Ward. The ward is budgeted for two RN staff at all times and difficulties in filling 41% these duties led to the shifts being back filled by HSW staff via the Bank and via Agency.

**Staff Unavailability**

There were three HSW staff on long tem sickness during September all of whom are being managed by the Employee Wellbeing Procedure. There are currently two RNs on Maternity Leave.

**Matron Comments**

Staffing at the Mount continues to sit on the risk Register. Ward 1 have significant HSW vacancies and often, HSW back fill by Bank or Agency is the only means of ensuring staffing levels are met.

**4.5 The Mount Ward 3**

Type	PlannedRegHours Day	ActualRegHours Day	PercentRegDay	PlannedRegHoursNight	ActualRegHoursNight	PercentRegNight
HCW	1,211	1,582.	130.64%	660	991.75	150.27%
NURSING	847.5	535.58333333	63.20%	327.75	324.5	99.01%

There are higher than usual HSW staffing numbers and lower RN numbers during August 2017.

**Observations**

Observations have increased during September due to the mix of male and female service users. The additional observations prevent service users from entering accommodation that is identified for the opposite sex, a challenge that has become an increasing feature on Ward 3. There were two complaints received in September relating to the mixed clinical functions of the ward.

### **Vacancies**

There are currently 4.8 RN vacancies on Ward 3. In order to compensate for a 60% fill rate for nursing duties during the day the ward is back filling with HSWs and utilising more HSW staff at night.

### **Temporary Staffing (34%)**

The increase in temporary staffing usage is due to the need to back fill the RN duties and also to manage the intermittent observations relating to gender, both during the day and at night.

### **Staff Unavailability**

There were two RN off on long term sick during September which in addition to the vacancies on the ward led to an increased requirement for qualified bank and Agency staff. One of these staff members has now returned to work and both were managed by the Employee Wellbeing procedure.

### **Matron Comments**

All wards at the Mount have a high occupancy level and there is an increased demand on the service due to a number of service users admitted with Dementia.

## **6. Conclusion**

Employment checks for newly recruited registered nurses are creating some delays in the system and Bank and Agency staff are filling the interim gaps. Managers are working with the Recruitment Team to pursue these clearances as soon as possible to increase staffing numbers across the services.

There has also been a significant influx of preceptees during the month of September and managers are monitoring the 'Newly Qualified Mix' metric to ensure that the correct balance of experience and preceptee staffing levels is maintained.

13 of the 26 wards (50%) experienced staffing pressures of two triggers or more but were able to maintain safe patient care through use of roster management and the staffing escalation procedure.

Temporary Staffing has also been a significant feature across all exception areas this month and most units are evidencing that whilst the Bank and Agency percentages are often high, the staff themselves are, where possible, regular bank staff either from the substantive team or regular temporary staff to provide as much continuity for the patients as possible.

## **7. Recommendations:**

- The Board is asked to receive the report and note the contents.
- Discuss any issues raised by the content

Appendix A

Unify Report September 2017

WardName	Type	PlannedRegHoursDay	ActualRegHoursDay	PercentRegDay	PlannedRegHoursNight	ActualRegHoursNight	PercentRegNight
ASKET CROFT	HCW	618	573	92.72%	451	495	109.76%
	NURSING	427.5	481.2	112.56%	231	242.5	104.98%
ASKET HOUSE	HCW	315	248.75	78.97%	220	231.5	105.23%
	NURSING	283.25	401.25	141.66%	231	231	100.00%
ASKET INPATIENT UNIT	HCW	396	427.5	107.95%	297	351.5	118.35%
	NURSING	301.5	321.83333333	106.74%	198	198	100.00%
BECKLIN WARD 1	HCW	546	1,430.66666666	262.03%	660	980.5	148.56%
	NURSING	1,099.5	977.76666666	88.93%	660	660	100.00%
BECKLIN WARD 2 CR	HCW	690	672.5	97.46%	678.5	769	113.34%
	NURSING	690.5	702.5	101.74%	690	609.5	88.33%
BECKLIN WARD 3	HCW	819	1,321	161.29%	660	790	119.70%
	NURSING	903.5	866.25	95.88%	649	660.25	101.73%
BECKLIN WARD 4	HCW	688.5	1,855.5	269.50%	638	1,265	198.28%
	NURSING	1,212	930.5	76.77%	638	657.5	103.06%
BECKLIN WARD 5	HCW	750	1,244.75	165.97%	649	900.5	138.75%
	NURSING	1,125.5	1,083.08333333	96.23%	660	669.31666667	101.41%
YORK - BLUEBELL	HCW	673.5	982.5	145.88%	621.48	621.56666658	100.01%
	NURSING	772.5	599	77.54%	321.6	310.78333343	96.64%
YORK - RIVERFIELDS	HCW	572	1,330	232.52%	642.9	632.28333324	98.35%
	NURSING	773	668.5	86.48%	321.6	321.5000001	99.97%
YORK - ROSE	HCW	744	674	90.59%	632.19	707.29999992	111.88%
	NURSING	798	589	73.81%	321.6	300.06666676	93.30%
NICPM LGI	HCW	382.25	458.75	120.01%	273.	275.	100.73%
	NURSING	974	942	96.76%	619.5	629.	101.53%
NEWSAM WARD 1 PICU	HCW	1,319	2,558.7	193.99%	649	2,051.75	316.14%
	NURSING	1,219.75	980.75	80.41%	649	547.25	84.32%
NEWSAM WARD 2 FORENSIC	HCW	857.5	1,042.5	121.57%	645	655.75	101.67%
	NURSING	808.5	671.75	83.09%	301	301	100.00%
NEWSAM WARD 2 WOMENS SERVICES	HCW	820.5	1,120	136.50%	634.25	634.25	100.00%
	NURSING	786	554.5	70.55%	322.5	322.5	100.00%

WardName	Type	PlannedRegHoursDay	ActualRegHoursDay	PercentRegDay	PlannedRegHoursNight	ActualRegHoursNight	PercentRegNight
NEWSAM WARD 3	HCW	751.48	991.98333333	132.00%	623.5	655.75	105.17%
	NURSING	825	692	83.88%	311.75	311.75	100.00%
NEWSAM WARD 4	HCW	699	1,230.95	176.10%	660	825	125.00%
	NURSING	1,156.5	953	82.40%	649	638	98.31%
NEWSAM WARD 5	HCW	1,171.5	1,417	120.96%	660	1,067	161.67%
	NURSING	829.5	765.66666667	92.30%	660	399.5	60.53%
NEWSAM WARD 6 EDU	HCW	744	864	116.13%	630	556.5	88.33%
	NURSING	822	898	109.25%	304.5	379	124.47%
PARKSIDE LODGE	HCW	1,361.5	2,407.75	176.85%	934.5	1,743	186.52%
	NURSING	1,105	866	78.37%	630	598.25	94.96%
2 WOODLAND SQUARE	HCW	666.5	463	69.47%	315	304.5	96.67%
	NURSING	629	707	112.40%	315	315	100.00%
3 WOODLAND SQUARE	HCW	843.5	804.5	95.38%	315	346.5	110.00%
	NURSING	569.5	380.5	66.81%	315	315	100.00%
MOTHER AND BABY THE MOUNT	HCW	693.8	805	116.03%	572	616	107.69%
	NURSING	749	759.5	101.40%	572	551.5	96.42%
THE MOUNT WARD 1 NEW (MALE)	HCW	1,647.75	2,334.2	141.66%	956.75	1,881.25	196.63%
	NURSING	813	916.91666667	112.78%	634.25	376.25	59.32%
THE MOUNT WARD 2 NEW (FEMALE)	HCW	1,280.5	1,474.65	115.16%	645	1,084.58333332	168.15%
	NURSING	859.5	753.5	87.67%	645	322.5	50.00%
THE MOUNT WARD 3A	HCW	1,211	1,582.	130.64%	660	991.75	150.27%
	NURSING	847.5	535.58333333	63.20%	327.75	324.5	99.01%
THE MOUNT WARD 4A	HCW	1,250.25	1,581.33333334	126.48%	660	991.33333333	150.20%
	NURSING	827.75	771.08333333	93.15%	330	331	100.30%
YORK - MILL LODGE	HCW	1,221	1,225.91666664	100.40%	660	693	105.00%
	NURSING	1,390.5	957.59999997	68.87%	649	616	94.92%

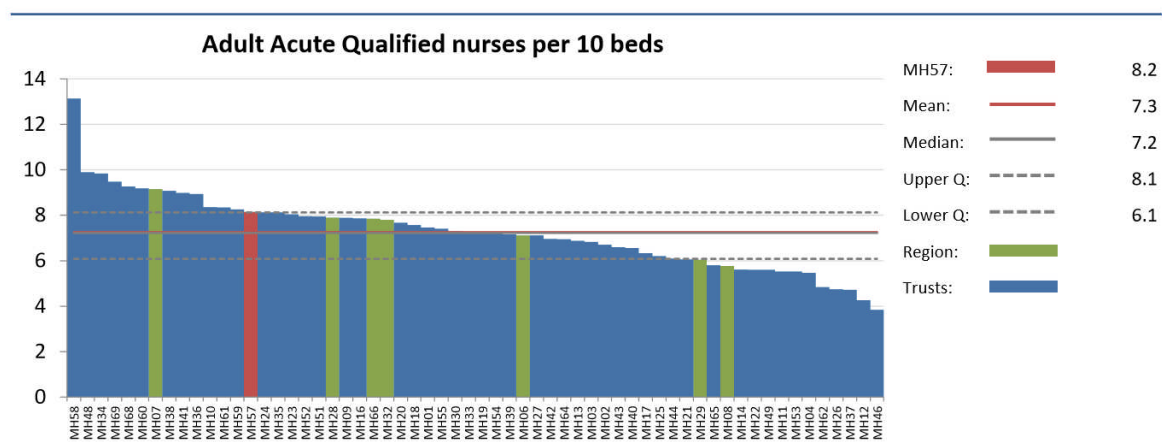
## Analysis of the Background and Impact of Skill Mix Changes in Inpatient Services as part of the 2015/2016 Cost Improvement Scheme.

In 2015/16 Leeds MH Care Group identified a Cost Improvement Scheme to refine the skill mix within the acute working age adult inpatient service by reducing the number of Band 6 nurses from six to four on each ward with a resulting increase in the number of Band 5 nurses per ward.

Board members have requested an analysis of the impact this change in order to gain assurance that it has not resulted in an adverse effect in relation to the recruitment, retention and career development of our nursing staff.

### Background

In summary, our decision to implement changes which resulted in consistency in staffing and skill mix establishments across our acute inpatient wards (both older peoples and working age) was taken in light of benchmarking information together with the experience of professional and clinical leads in our services. LYPFT was, and remains, rich in terms of the number of registered nurses per bed and also in terms of the skill mix with proportionately higher banding of nurses than other comparable mental health providers. The table below is taken from the NHS Benchmarking report for MH services published in November 2016 and illustrates our position in terms of our numbers of registered nurses in our Acute inpatient wards.



Our proposed efficiency scheme was scrutinised through a star chamber (established with senior and Executive clinical leads) who considered the evaluation of impact and concluded that the proposal should progress for approval through the Quality Committee.

The scheme was successfully implemented through natural turnover of staff without a management of change process in March 2015. A review was undertaken at the year-end in order to determine:

- The progress of implementation
- Any immediate quality impacts identified
- Any unintended consequences causing a negative impact on quality.

The results of this year-end review are summarised below demonstrating that in fact we saw an improvement in the scoring between the development of the scheme and the evaluation. The impact of the scheme was monitored throughout the year 2015/16 and no adverse effects from this scheme were directly attributed to this scheme.

### Quality Impact Assessment January 2015

Delivery Impact Assessment (assessment of the potential delivery impact of the proposed CIP scheme) - use attached key:								
Evidence Behind Savings			Capacity & Capability			Stakeholder Involvement		
High Agreement			High Agreement			High Agreement		
Medium Agreement			Medium Agreement			Medium Agreement		
No impact or improvement			No impact or improvement			No impact or improvement		
Quality Impact Assessment (assessment of the potential impact on quality the proposed CIP scheme may have) - use attached key:								
Patient Safety			Patient Experience			Clinical Effectiveness/Outcomes		
Impact	Significance	Score	Impact	Significance	Score	Impact	Significance	Score
3	2	6	3	2	6	3	3	9

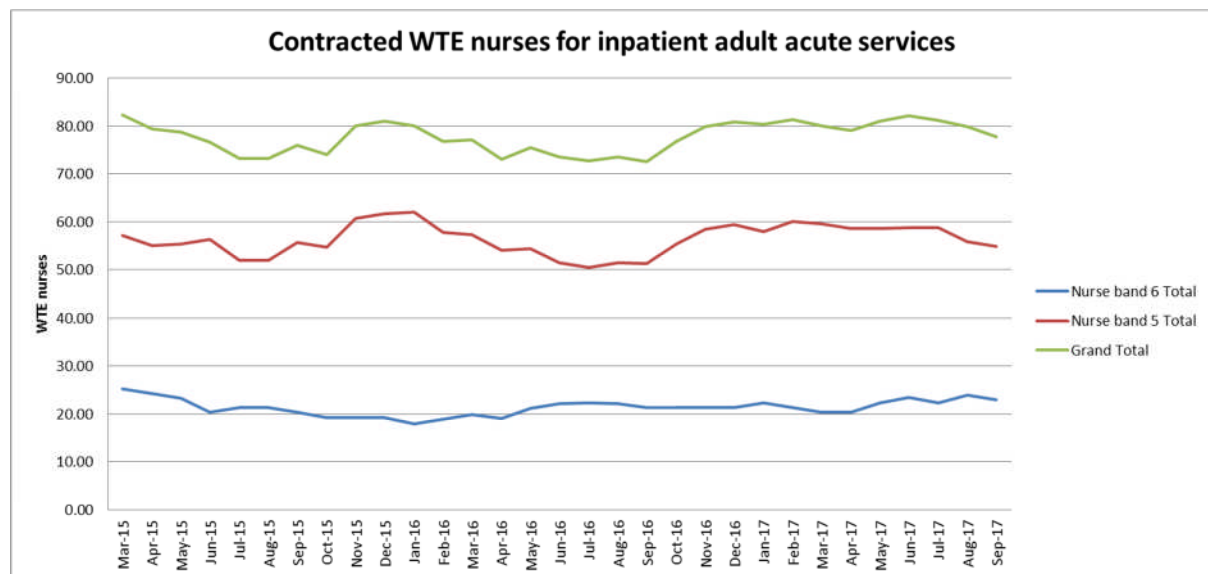
### Quality Impact Assessment March 2016 (as reported to Quality Committee)

2016/17 scheme name	Planned CIPS		Quality Impact Rating		
	2016/17	Safety	Experience	Effectiveness	
	(£k)				
Nursing band 6 reduction (skill mix)	-82				

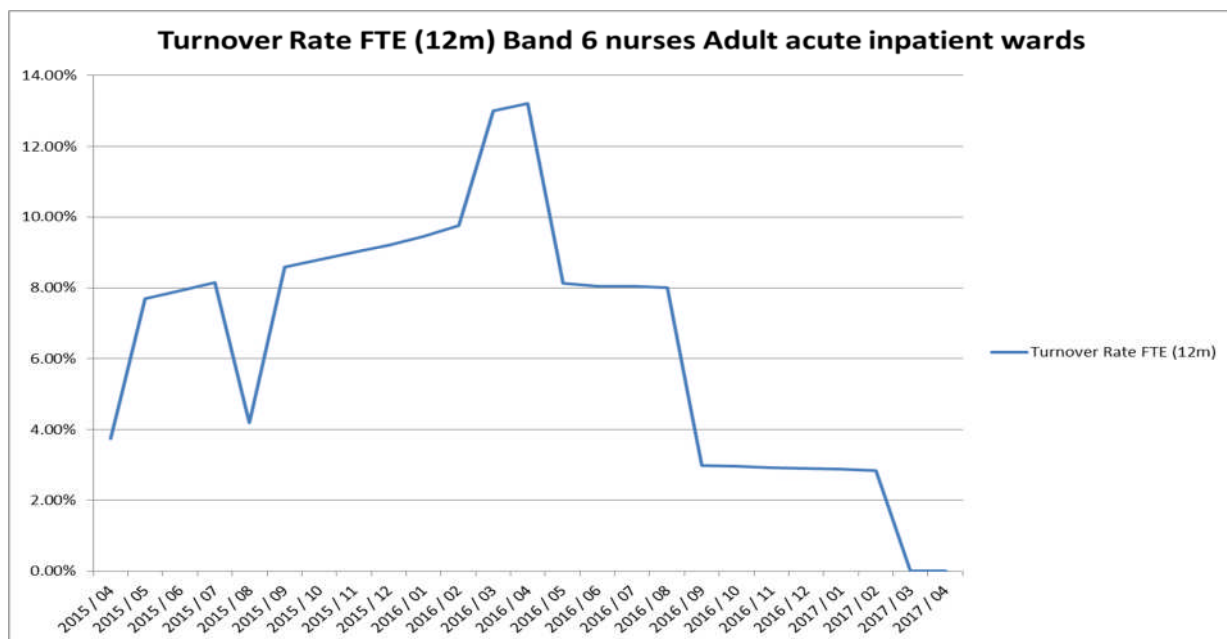
### Summary of the Scheme and Impact

At the outset of the scheme there were 32WTE funded posts within the acute inpatient service. The scheme resulted in reduction to 23wte across our inpatient wards. What we did was increased our funded band 5 posts from 64wte to 71 WTE at this point in time. In addition we reduced inpatients beds by 4. The net effect on registered nursing was an overall reduction of 2wte.

The graph below demonstrates the number of staff in post for band 5 and 6 across the acute inpatient service since the introduction of the scheme. The second graph shows the turnover rate for band 6 post-holders in the two years since the introduction of the scheme, there was an increase in turnover at the introduction of the scheme that has been settled and below “normal” turnover rates







Our data analysis shows that since the changes were implemented we have fallen below our funded establishment of band 6 nurses. However, this has been due to temporary acting up arrangements or opportunities in our services for promotions. In turn this has provided for career progression for our band 5 staff.

Since the scheme was implemented 6 Band 5 staff have successfully developed into Band 6 posts within the service and a further 4 have either completed a period of acting up or are currently acting up to Band 6. We have had one Band 6 member of staff permanently promoted to a Band 7. In our inpatient services we have supported many of the Band 5 and Band 6 staff to undertake formal development as part of the clinical leadership programme.

#### **Other factors affecting on-going review of staffing in inpatient services**

There has been an increase in demands on the role of the ward manager and those supporting directly this role. We have seen a move to broaden the responsibilities of ward staff to include procurement, recruitment, managerial input, management of the interface with our estate provider which is significant, input of ESR information and retrieval of performance information. We know from these staff that we need to ensure that this will ultimately improve their capacity. However, at this point our ward managers and deputies are reporting that this is impacting adversely on their capacity.

The number of preceptees in teams has been high over the last year which places increasing reliance on our Band 6's to provide them with senior support and experience during their preceptorship. This is one area where our Band 6 staff report added stress in their role so we need to support them to undertake this crucial work in order to develop future staff and ensure high quality care.

The mix and acuity of patients has changed markedly over the last 18 months and as a result ideally we aim to ensure that there is a Band 6 or 7 on every shift providing supervision and support to less experienced staff. The use of our Eroster system measures our achievement of this as a standard.

Whilst we are not always able to achieve this we are able to provide assurance that more senior staff are available across our inpatient wards to enable support and guidance at all times.

### **Conclusion**

The initial review of the impact of the changes made concluded that there were no significant impacts on recruitment and retention of staff. We have seen the development of staff from these services which have positively impacted on career progression.

Nevertheless, there are unintended impacts in relation to the availability of band 6 staff to provide for preceptorship and direct easily accessible support on every shift in every ward. In addition the changes in acuity on our wards has called into question the need for more experienced staff in higher numbers.

As a result of this and as part of the scheduled quality and safe staffing work, the DoN is undertaking a skill mix review as a matter of urgency so that we can plan accordingly, identify any urgent gaps and make any changes required. In the meantime our wards are operating over establishment in order to ensure that we continue to operate safe and effective services.

**AGENDA  
ITEM**

13

**LEEDS AND YORK PARTNERSHIP NHS  
FOUNDATION TRUST**

**MEETING OF THE BOARD OF DIRECTORS**

<b>PAPER TITLE:</b>	Workforce Performance Report
<b>DATE OF MEETING:</b>	26 October 2017
<b>PRESENTED BY:</b> (name and title)	Susan Tyler, Director of Workforce Development
<b>PREPARED BY:</b> (name and title)	Lindsay Jensen, Deputy Director of Workforce Development and Angela Earnshaw, Head of Learning and Organisational Development

<b>THIS PAPER SUPPORTS THE TRUST'S STRATEGIC OBJECTIVE/S</b> (please tick relevant box/s)		✓
SO1	We deliver evidence based care that is safe, effective and improve outcomes	
SO2	We provide a dynamic, rewarding and supportive place to work	✓
SO3	We focus on innovative partnerships	
SO4	We are transparent and accountable	
SO5	We deploy our resources to deliver effective and sustainable services	

**EXECUTIVE SUMMARY**

The paper provides an update and information on 4 key areas:

- Recruitment activity and progress
- Communication update and activity during quarter 2
- Staff Support and Health and Wellbeing and Yorkshire & Humber SPF

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

**RECOMMENDATION**

The Board is asked to note and discuss the content of this paper.

## **Workforce Performance Report – Board of Directors Meeting – 20<sup>th</sup> October 2017**

The Workforce Performance Report will focus on the following key areas:

- Recruitment
- Communications update and activity in quarter 2 up to September 2017
- Staff Support and Health and Well-being
- Yorkshire and Humber SPF

### **1. Recruitment**

The Recruitment team are on target to implement the TRAC recruitment system from 31 October 2017. The team have undertaken training and are now delivering briefing sessions across the organisation. This system will improve the pre-employment check process and it is anticipated that this will reduce our 'time to hire' timescales and key performance targets are being developed as part of the Workforce and OD Strategic Plan.

In addition, the internal Recruitment Review is underway and is planned to be completed by 30<sup>th</sup> November 2017 with findings and recommendations reported back to the Workforce and OD Committee.

Our upcoming recruitment activity includes:

Registered Nurse Assessment Centre - 24<sup>th</sup> October 2017  
Supported Living Support Worker Assessment Centre – 17<sup>th</sup> November 2017  
Apprentice Recruitment Event (Support Workers) – early December 2017

A further event for Registered Nurses is scheduled for January 2018.

### **2. Communications update and activity**

The Trust's Communications Team's purpose is to connect people; with high quality, accessible information about the Trust, its work and its staff, and with each other. We work across the entire Trust and support people in a number of ways, including through corporate communications, public relations, stakeholder relations, digital communications and social media, branding, marketing, emergency planning and crisis management.

The following information is a high level summary of how we've supported the organisation during quarter 2 of 2017/18 (July – September 2017).

This is the team's first quarterly report and therefore some of the data appears for the first time. We will use this as a baseline going forward and aim to include comparative data and trends in future quarterly updates.

#### **Key projects, campaigns and initiatives**

The table overleaf is a summary of how we've supported or delivered key projects and initiatives during the quarter.

<b>Name of projects</b>  <b>Examples listed below</b>	<b>Detail</b>	<b>Client / service area</b>
Annual members' day 19 September 2017	<p>We delivered this year's Annual Members' Day event including all associated event planning and marketing. The event consisted of the Trust's Annual General Meeting and a "big conversation" on improving how we engage with service users.</p> <p>The event also saw the publication of the Trust's annual review (accessible version of the annual report) and two films highlighting four service user case studies shown during the event.</p> <p>We'll be submitting a paper that captures the outputs and recommendations from the 'big conversation' for discussion at the Council of Governors' November meeting.</p>	Membership, corporate governance, patient experience
Older People's Service redesign	<p>Regular updates about the project are developed in the style of a 'team brief' document for distribution and cascade throughout the Leeds Care Group team meeting structure. Three team briefs were distributed during the quarter. The updates are also shared on the dedicated Staffnet page and through internal communications. A stakeholder mapping exercise is being conducted with staff across the project team to identify all key parties ahead of the implementation phase of the service. A staff-facing document describing the new service model is in development, and will be published ahead of the management of change process.</p>	Leeds Care Group, Older People's Service, Project Management Office
Staff Survey	<p>We are leading the 2017 Staff Survey communications working with OD and staff engagement colleagues. Q2 work has focussed on developing the communications plan which centres on messaging around the improvements and actions taken as a direct result of survey feedback, using the line "the Staff Survey doesn't change anything – does it?".</p>	Workforce, OD, Staff Engagement,
Chief executive's staff engagement	<p>We supported the chief executive's 11 staff engagement sessions on values and behaviours over the summer through a programme of multichannel staff communications. We also facilitated some of the events which were attended by around 120 people. Feedback was presented to the executive team on 5 September.</p>	Workforce, OD, staff engagement, chief executive.

Staff health and wellbeing	During Q2, we supported the staff health and wellbeing agenda through a series of multichannel internal communications campaigns. These focused on two new occupational health offers (physical health checks and fast-track appointments for work-related stress), the Employee Assistance Programme and a series of exercise demo videos. In addition, we have supported five staff health and wellbeing roadshows (currently ongoing) and produced collateral including pull-up banners, leaflets, wallet-sized information cards and branded tote bags.	Workforce, staff health and wellbeing committee,
Staff reward and recognition	We are playing a leading role in the 2017 Trust Awards with a multi-channel internal communications campaign, which has resulted in a record-breaking 128 nominations.  We have promoted the awarding of two Star Awards to members of Trust staff this quarter.	Workforce, OD, staff engagement
Forensics quality improvement	We are supporting the quality improvement work in forensics with a series of blog posts from staff leading the work. This quarter featured blogs from: <ul style="list-style-type: none"> <li>• Jan McAdam, Nurse Consultant, on supporting new starters</li> <li>• Sarah Russo, Clinical Team Manager on patient safety and team culture</li> </ul>	Specialist and LD care group, Forensics, medical directorate,
Visual identity refresh	We have developed a new visual identity for the Trust which emulates our new values and behaviours. This was approved in July. It has since been showcased through the launch of our refreshed Imagine magazine and at our Annual Members' Day, and is currently being rolled out through all new documentation and design work.  The visual identity guidelines document and template toolkit are being developed and tested ahead of an October launch.	Strategy and Partnerships, workforce,
NICPM	We have managed communications for the renaming and rebranding of the Yorkshire Centre for Psychological Medicine; including web presence, marketing collateral, public relations and stakeholder briefings. This work concluded in Q2.	Specialist and LD Care Group, NICPM
Board communications	We support the Board of Directors meetings through digital communications by advertising the events, encouraging questions for the chair, live tweeting during the meeting and posting a blog from the chair summarising the key points after each meeting.	Chair, corporate governance,

## Communications activity in numbers

The table below gives a flavour of the scale of our outputs for the quarter.

Number of scheduled "Trustwide" internal e-bulletins written, edited and published	17
Number of stakeholder bulletins/publications published	1
Number of external news and blog articles published	14 (10 news and 4 blogs)
Number of media enquiries managed	16
Number of media articles/items published/broadcast with involvement from communications	11
Number of Staffnet news and events items published	54
Number of new / updated web pages published	41
Total number of social media posts across all channels (including likes and retweets)	We posted 225 times on Twitter, generating 738 retweets and 1073 Likes.  We posted 72 times on Facebook, generating 85 likes and 3548 engagements.
Number of active graphic design projects for the quarter	13

## Web and social media analytics

### Website statistics

Our top ten most popular pages from 1 July to 30 September:

Page title	Page views	Unique views
Home page	10,352	7,774
Gender Identity Service	3,580	2,736
Our services (landing page)	3,540	2,141
Contact us	3,027	2,537
Board of directors	1,734	1,079
About us	1,560	1,186

Crisis assessment service	1,519	1,335
YCED	1,474	1,207
Careers	1,454	1,130
Urgent referrals	1,202	918

### Context and analysis

The popularity trend data on the Trust website for Q2 clearly demonstrates a correlation between campaign activity and views, including social media activity.

Certain areas of our website, such as the home page, 'Services', 'About us', 'Corporate' and 'Careers' landing pages consistently make up our 'most-visited'. To have individual service pages in our top 10 is unusual. We can correlate digital marketing led by Communications with a spike in views for Gender ID and the YCED.

New and updated content also proved popular, with the Board of Directors page seeing an increase in traffic following the development of this area of the site.

### New web content

The website benefitted from improved pages on a number of our services, including the CAMHS Inpatient Unit at Mill Lodge, and updated information about Board members. We also increased the number of news articles posted to the website by over 100%, from 7 published in Q1 to 15 published in the second quarter.

### Twitter

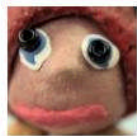
Followers: 5,521

Posts: 225

Engagement: 78 replies, 886 link clicks

Tweet of the quarter:

Tweet activity
✕



**Leeds & York NHS PFT** @LeedsandYorkPFT  
 Young service users & staff at our Inpatient CAMHS Unit are animated in new service video <http://bit.ly/2uWoP7F> #mentalhealth @Biomation pic.twitter.com/AsbDYz6tll

**Impressions** 25,730

**Total engagements** 311

Media engagements 132

Link clicks 60


Likes 48

Retweets 35

Detail expands 24

Profile clicks 8

Hashtag clicks 4

 **Reach a bigger audience**  
 Get more engagements by promoting this Tweet!

Get started

This CAMHS unit animation tweet was seen by 25,730 people, received 311 engagements (interactions), 48 likes and 35 retweets.



## Facebook

Followers: 1800


Posts: 72

Engagement: 3548

Posts of the quarter




Our post with the highest level engagement: “People with #mentalhealth issues and #learningdisabilities in #Leeds have been enjoying the company of pets as part of their recovery...” had 538 interactions (likes, comments and links clicked)

 **Leeds and York Partnership NHS Foundation Trust**  
Published by Hootsuite [?] · 10 September · 🌐

Today is #SuicidePreventionDay and this year's theme is 'Take a minute, change a life'.

If you think a friend, colleague or family member may be struggling, please start a conversation with them today. Samaritans has provided information on how to start a difficult conversation with someone you're concerned about. You can find it on their website: <http://bit.ly/2xdkoqg>

If you're in a mental health crisis, the most important thing is that you reach out for help. ... See more



**Take a minute,  
change a life.**

#ItsOktoTalk    #SuicidePreventionDay

Our most wide-reaching post: "Today is #SuicidePreventionDay and this year's theme is 'Take a minute, change a life'.." was seen by 8,577 people.

## LinkedIn

Followers: 1,973

Posts: 20

Impressions: our posts over this period were seen by 11,194 people

Post of the quarter:

Posted by Oliver Tipper • 7/24/2017 • Sponsor now

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

The nationally-renowned Yorkshire Centre for Psychological Medicine has changed its name. But what to? Find out more on our website at: <http://ow.ly/VZyb30d04SE>

8 Likes · 1 Comment

Like Comment

Organic Reach Hide stats

Targeted to: All followers

2,592	2.24%	45
Impressions	Engagement	Clicks
13		
Social Actions		

“The nationally-renowned Yorkshire Centre for Psychological Medicine has changed its name. But what to? Find out more on our website” was seen by 2,589 people.

## You Tube

New videos posted: 15

Engagement activity highlights: Two videos, ‘Kerry’s gender identity journey’ and an animation about staying in Mill Lodge created by service users, garnered over 500 views each, with significant cross-activity and engagement on our social media platforms.



## **Reasons to be proud - highlight of the quarter**

### **Relaunch of our magazine Imagine**

In August, we published the first edition of the new-look Imagine magazine. The tone, content, format and frequency of the magazine were redeveloped in response to reader feedback and the publication was redesigned in line with the new visual identity. Imagine will now be delivered to our members, staff and stakeholders in hard copy format twice a year in August and January. This will be complemented by a digital version, Imagine Online, every two months.

The new magazine will routinely feature more in depth articles about conditions, treatments and medication, along with spotlight features on our services and clinicians. It will also include service user and carer feedback, opportunities for members to get more involved in our work and will celebrate the good news and achievements of our staff.

We have received some very positive feedback from our readers about the summer edition, and received a significantly fewer 'unsubscribe' contacts than previous editions.

### **3. Staff Support and Health & Wellbeing**

At the Trust Leadership Forum in September, both Care Groups and their HR Business Partners presented some examples of their approaches to Health and Wellbeing and Staff Engagement in response to the 2016 Staff Survey results. These will be shared more widely across the Trust to support this year's staff survey demonstrating some of the positive work we have done in response to what staff said.

The S&LD Care Group have established a local Health and Wellbeing Forum jointly led by a clinician and HR and there has been further discussion regarding the establishment of a similar Forum within Leeds Care Group. Both these groups will report into the Trust HWB Group.

The 2017 Staff survey has now been launched with the engagement and communication being supported by a task and finish groups with identified survey champions across services and departments.

A series of Health and Wellbeing Roadshows have taken place in September as part of the Trust's commitment to taking positive action on the health and wellbeing of staff. At the roadshows staff members were able to pick up a free goody bag, access advice around physiotherapy services, have a go on the body composition scales, sign up for a full physical health check and ask questions about how they and their family can benefit from the Employee Assistance Programme. The roadshows have been well received by staff and three more have been planned to take place in October.

A best practice case study on improving access to physiotherapy services for staff has also been submitted to NHS Employers for sharing more widely across all Trusts and we have been asked to participate and contribute to a webinar in November to showcase examples of best practice nationally.

#### **4. Yorkshire & Humber Social Partnership Forum**

Susan Tyler, Director of Workforce Development has become co-chair of the above with Charlie Carruth, Full time officer for UNISON Yorkshire & Humber. The role of the SPF is to work with Trusts, HEE and Full-time officers to take forward issues of joint strategic interest. Current work schedule includes STP workforce impact, bullying and harassment in the NHS, impact of Trade Union Act.

**AGENDA  
ITEM**

15

**LEEDS AND YORK PARTNERSHIP NHS  
FOUNDATION TRUST**

**MEETING OF THE BOARD OF DIRECTORS**

<b>PAPER TITLE:</b>	Report from the Chief Financial Officer
<b>DATE OF MEETING:</b>	26 October 2017
<b>LEAD DIRECTOR:</b> (name and title)	Dawn Hanwell, Chief Financial Officer
<b>PAPER AUTHOR:</b> (name and title)	Dawn Hanwell, Chief Financial Officer

<b>THIS PAPER SUPPORTS THE TRUST'S STRATEGIC OBJECTIVE/S</b> (please tick relevant box/s)		✓
SO1	We will deliver evidence-based, person-centred care that involves people in their recovery, improves their wellbeing and supports re-ablement	
SO2	We provide a dynamic, rewarding and supportive place to work	
SO3	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	
SO4	We are transparent and accountable to the people and partners we work with	
SO5	We invest our resources to achieve effective and sustainable outcomes for our service users	✓

<b>EXECUTIVE SUMMARY</b>		
<p>The financial position as reported at month 6 is within plan tolerances, but the underlying income and expenditure position is deteriorating and the position is wholly underpinned by non- recurrent factors.</p> <p>Detailed review of the mid- year position (as shared at a Board workshop and further considered at the Finance and Business Committee) has confirmed the ongoing risk of delivering the full year forecast. However at this stage the forecast has not been adjusted, as actions are underway to mitigate and manage the position. A further review and assessment will be undertaken at quarter 3. NHSI is aware of the Control Total risk.</p>		
Do the recommendations in this paper have any impact upon the requirements of the protected groups identified by the Equality Act?	<p>State below 'Yes' or 'No'</p> <p>No</p>	If yes please set out what action has been taken to address this in your paper

<b>RECOMMENDATION</b>
<p>The Board of Directors is asked to:-</p> <ul style="list-style-type: none"> <li>Consider the quarter 2 financial position for 2017/18, with overall surplus marginally above plan and a reported use of resources score of 1. Noting overall Single Oversight Framework assessment by our regulator remains 2.</li> <li>Note the ongoing risk to delivering the full year Control total target and the actions being taken to manage the position.</li> </ul>

## BOARD OF DIRECTORS - 26 OCTOBER 2017

### FINANCIAL POSITION – QUARTER 2 (MONTH 6)

#### 1. The Purpose

This report provides an overview of the reported financial position at quarter 2 (September 2017), including key areas of performance. It highlights the key risks and areas of concern at this stage of the financial year.

#### 2. Key Performance Indicators

##### 2.1 Statement of Comprehensive Income

Table 1 below summarises the income and expenditure position at quarter 2, showing an overall net surplus of £1,001k (pre STF) and £1,356k inclusive of STF.

Table 1

Income & Expenditure Position	Month 6		
	Plan £000's	Actual £000's	Variance £000's
Clinical Income	64,440	64,408	(32)
Other Operating Income	10,249	10,661	412
<b>Total Operating Income</b>	<b>74,689</b>	<b>75,069</b>	<b>380</b>
Employee Expenses Substantive	(52,711)	(51,529)	1,182
Employee Expenses Agency	(2,316)	(2,280)	36
<b>Employee Expenses Total</b>	<b>(55,027)</b>	<b>(53,810)</b>	<b>1,217</b>
Non Pay	(16,480)	(18,051)	(1,571)
<b>Total Operating Expenses</b>	<b>(71,507)</b>	<b>(71,860)</b>	<b>(353)</b>
Non-Operating income	101	39	(62)
Non-Operating expenses	(2,369)	(2,247)	122
<b>Surplus (Deficit)</b>	<b>914</b>	<b>1,001</b>	<b>87</b>
<b>STF</b>	<b>355</b>	<b>355</b>	
<b>Total Surplus (Deficit) inc. STF</b>	<b>1,269</b>	<b>1,356</b>	<b>87</b>

The cumulative year to date position (month 6) remains very marginally above plan. However as previously reported the run rate in each month is insufficient to meet the surplus target and non-recurrent measures are supporting the position. The two key drivers are:

- Costs - out of area placements (OAPs) are an escalating cost pressure (£999k at month 6) which is negatively impacting on actual expenditure. Month 6 clinical income reflects a non-recurrent contribution of £500k (part year impact of £1m confirmed OAPs support) from Leeds CCGs.
- CIP stretch - the level of unmet non recurrent stretch CIP is increasing the variance from control total.

The tables below demonstrate the position very clearly:

Table 1a shows the reported performance in each month and cumulatively, inclusive of non- recurrent measures that have offset the key drivers noted above

Table 1b shows the actual in month performance excluding the non- recurrent items. This shows a more representative presentation of the underlying performance, which is a deficit position. However if the OAPs cost pressure was managed or mitigated the actual position would be marginally in surplus, which is more aligned to our planned underlying breakeven position.

Table 1a	In month performance						Cumulative £000s
	Month 1 £000s	Month 2 £000s	Month 3 £000s	Month 4 £000s	Month 5 £000s	Month 6 £000s	
Planned surplus	41	42	42	264	263	262	914
Actual surplus	81	43	69	214	266	328	1001
Variance	40	1	27	-50	3	66	87

Table 1b	£000s	£000s	£000s	£000s	£000s	£000s	£000s
Actual surplus	81	43	69	214	266	328	1001
Exclude One Off Items	0	-86	-257	-230	-355	0	-928
Exclude OAPs support	0	0	0	0	0	-500	-500
Underlying surplus/(deficit)	81	-43	-188	-16	-89	-172	-427

Appendix 5 shows the divergence between in month reported surplus (2016/17 and 2017/18) and underlying position compared to plan. Appendix 6 shows the divergence between cumulative reported surplus (2016/17 and 2017/18) and underlying position compared to plan.

Operating income is below plan at month 6 primarily due to a shortfall against the planned cost per case activity levels and a delayed development. This position is offset by £0.5m non recurrent CCG contribution to OAPs pressures.

Pay spending is below plan at month 6 due to vacancies in corporate services and doctors in training. An analysis of vacancies at directorate level and staff type is included in appendix 3. The majority of vacancies within Leeds Care Group (64 wte) and Specialist & LD Care Group (170 wte) are being filled by temporary staffing.

Non Pay is above plan at month 6 primarily due to out of area placement pressures and CIP shortfalls.

Table 2 shows the key budget variances at directorate level which are contributing to the overall position. Budget performance is presented at appendix 1.



Table 2

<b>Directorate</b>	<b>Month 6 Variance £000's</b>
Leeds Care Group	(1,416)
Specialist	247
CPC	(101)
Other Hosted	60
Corporate	2,407
Reserves	(1,110)
<b>Surplus (Deficit)</b>	<b>87</b>
<b>STF</b>	<b>0</b>
<b>Total Surplus (Deficit) inc. STF</b>	<b>87</b>

The main points to note at month 6 are:

#### Leeds Mental Health Care Group

- Non-pay pressure (£890k) linked to placing clients out of area.
- PICU staffing pressures (£247k) from additional observations due to complexity of client mix.
- Pressures primarily from high use of temporary staffing caused by high levels of acuity experienced at Mount dementia wards (£160k) and Becklin wards (£218k).
- £18k shortfall on CIP plan.

#### Specialist and Learning Disability Care Group

- Temporary closure of Westerdale ward is generating a £411k underspend which is offsetting £162k overspending on other Forensic wards. This position reflects continued full recovery of contract income (£820k) for the temporary ward closure.
- Lower than planned occupancy levels at National Centre for Inpatient Psychological Medicine resulted in a £31k under recovery of income. Further under trading against cost per case activity targets for Chronic Fatigue services resulted in a £86k shortfall.
- £195k Parkside Lodge staffing pressures from additional observations due to complexity of client mix is offset by community Learning Disability teams £200k underspend.
- CAMHS vacancies (£70k).
- £157k shortfall on CIP plan.
- Locked Rehabilitation OAPs pressure £109k.

#### Corporate

- Pay underspending resulting from doctors in training vacancies and lower than planned protection costs linked to the new junior doctor contract.
- Pay underspending due to vacancies, Workforce £42k, Chief Nurse £143k. Chief Financial Officer £177k.
- £17k shortfall on CIP plan.

### 3. Cost Improvement Plans

The level of unidentified savings (£2.94m) remains one of the key risks (note the Control Total is predicated on identifying and achieving a significant level of non-recurrent CIP - £2.664m). In addition, the identified CIPs are £0.19m (13%) behind plan at month 6 as detailed in table 3 below.

The actions as previously reported are on-going, including efforts to accelerate assets sales which should generate a one off contribution to the target.

Table 3

CIP Summary	2017-18	Month 6			
	Plan £'000	Plan £'000	Actual £'000	Variance £'000	Variance %
Leeds Mental Health Care Group	796	398	381	(18)	-4%
Specialist & Learning Disability Care Group	1,415	707	550	(157)	-22%
Workforce and Development	48	24	24	0	0%
Chief Executives Office	12	6	6	0	0%
Chief Financial Officer	718	359	341	(17)	-5%
Medical	45	22	22	0	0%
Chief Nurse	11	6	6	0	0%
<b>Sub Total allocated/ identified</b>	<b>3,044</b>	<b>1,522</b>	<b>1,330</b>	<b>(192)</b>	<b>-13%</b>
Non-recurrent to be allocated/identified	664	332	0	(332)	-100%
Non-recurrent linked to commercial opportunities	2,000	667	0	(667)	-100%
Recurrent to be allocated/identified	277	139	0	(139)	-100%
<b>Total</b>	<b>5,985</b>	<b>2,659</b>	<b>1,330</b>	<b>(1,329)</b>	<b>-50%</b>

### 4. Capital

Capital expenditure is £638k at month 6 which is £586k under plan. The main reason as previously noted is the review of the tender process on the PFI refurbishment works. A full reforecast of the capital plan will be produced at quarter 3, as required by NHSI, due to the impact of individual trust plans on the overall national capital forecast.

The full details of capital scheme spend is included in appendix 2.

### 5. Cash Flow

The cash position of £53.2m is £2.9m above plan at the end of month 6 and liquidity increased to 103 days operating expenses.

Appendix 4 shows the cash plan phasing for 2017/18 and actual cash balances for 2016/17 and quarter 2 of 2017/18.

### 6. Use of Resources Score

The key metrics which make up the score by which the regulator assesses and monitors overall financial performance is detailed below in table 4.

Table 4

Use of resources	Month 6			Month 5	Month 4	Month 3	Month 2	Month 1
	Score	Actual	Plan	Actual	Actual	Actual	Actual	Actual
Capital Service Cover	1.93	2	2	2	2	3	2	3
Liquidity	103	1	1	1	1	1	1	1
I&E Margin	1.8%	1	1	1	1	2	2	1
Variance in I&E Margin	0.11%	1	1	1	1	1	1	1
Agency Cap	-20.3%	1	1	1	1	1	1	1
<b>Overall use of resources metric</b>		<b>1</b>	<b>1</b>	<b>1</b>	<b>1</b>	<b>2</b>	<b>1</b>	<b>1</b>

The Trust achieved the plan at quarter 2 with an overall use of resources score of 1.

#### Capital Service Cover

Measures the ability to repay debt, based on the amount of surplus generated. The Trust scores relatively poorly on this metric due to the higher level of PFI debt repayment. As the overall level of surplus is set to increase over the year this metric should remain a rating of 2. A surplus in excess of £6.7m is required to achieve a score of 1 on this metric.

#### Liquidity

Measures the ability to cover operational expenses after covering all current assets/liabilities. The healthy cash position of the Trust pushes this rating up significantly. The Trust reported a liquidity metric of 103 days, an improvement over quarter 1 2017/18 (99 days), achieving a rating of 1.

#### Income and Expenditure (I&E) Margin and Variance in I&E Margin

Measures the surplus or deficit achieved expressed as a percentage of turnover and provides a comparison to the planned percentage. The Trust has reported a 1.8% (rating of 1) I&E margin and is 0.1% (rating of 1) positive variance to plan.

#### Agency Cap

Compares actual agency spend (£2.3m at quarter 2) to the capped target set by the regulator (£2.9m at quarter 2). The Trust reported agency spending 20% below the capped level and achieved a rating of 1.

## 7. Conclusion

The financial position as reported at quarter 2 is within plan tolerances. However, the static run rate, level of unidentified CIP and out of area cost pressures is flagging the challenge to delivery of the overall full year plan position. The year to date performance is wholly underpinned by non-recurrent factors.

A mid- year contract review has been undertaken with Leeds CCGs, at which the exceptional level of OAPs pressure was acknowledged. Subject to their Board agreement, a non- recurrent financial contribution has been agreed (£0.5m reflected in year to date position).

Work continues internally to manage cost pressures and identify mitigations to support achievement of the control total target. A range forecast has been shared with the Board based on in depth analysis and assessment of the position. This identified ongoing risk to delivering the full year plan. It has been agreed not to

change the forecast at this stage but review again at quarter 3, as the impact of actions and ongoing pressures are clearer. The regulator has been informed of the risks.

## **8. Recommendation**

The Board of Directors is asked to:-

- Consider the quarter 2 financial position for 2017/18, with overall surplus marginally above plan and a reported use of resources score of 1. Noting overall Single Oversight Framework assessment by our regulator remains 2.
- Note the ongoing risk to delivering the full year Control total target and the actions being taken to manage the position.

Directorate Level Budget Performance at September 2017

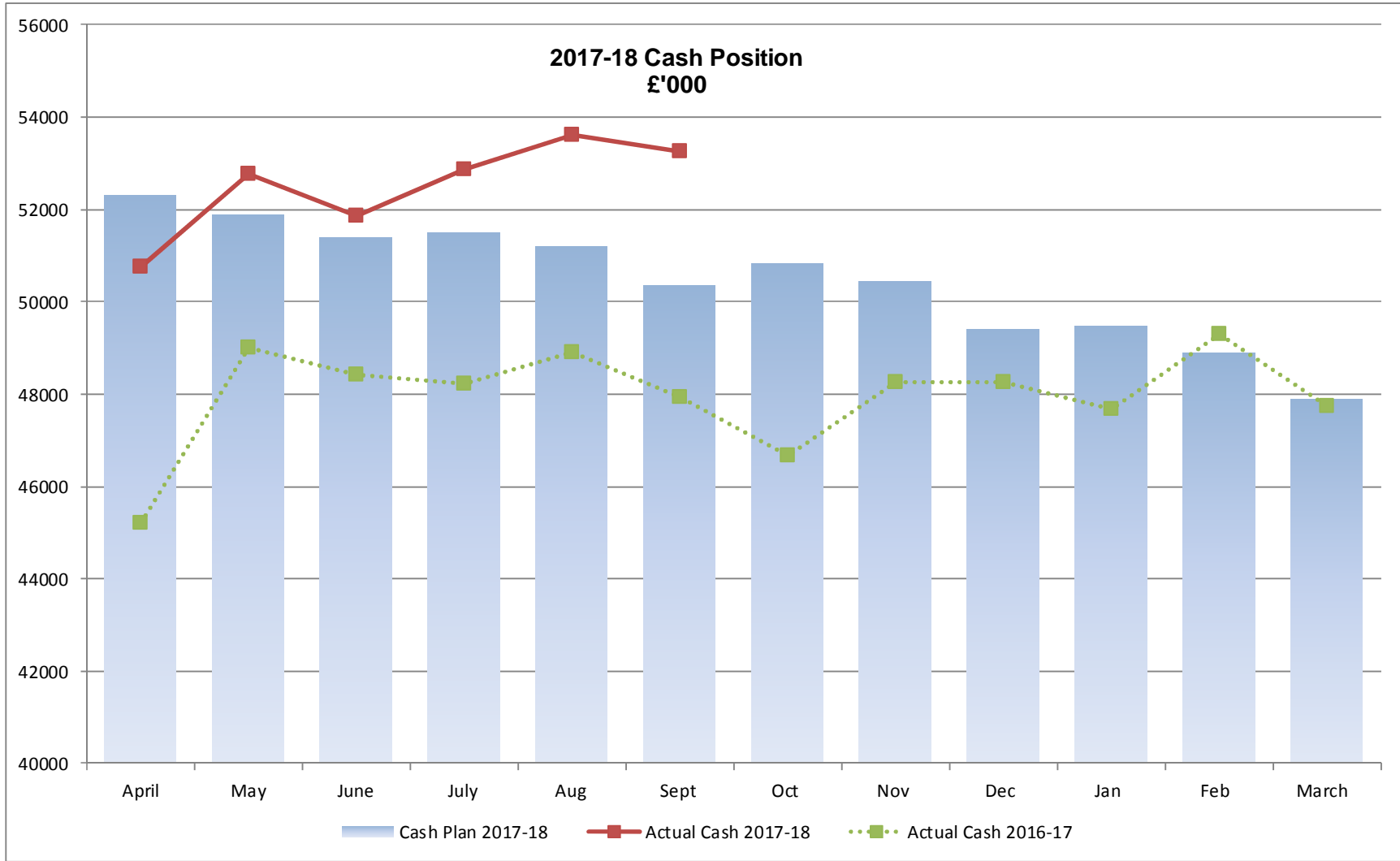
	Leeds Mental Health			Specialist Services			Corporate			CPC			Other Hosted			Reserves			Total		
	Budget £000's	Actual £000's	Variance £000's	Budget £000's	Actual £000's	Variance £000's	Budget £000's	Actual £000's	Variance £000's	Budget £000's	Actual £000's	Variance £000's	Budget £000's	Actual £000's	Variance £000's	Budget £000's	Actual £000's	Variance £000's	Budget £000's	Actual £000's	Variance £000's
Clinical Income	337	283	(54)	16,788	16,708	(81)	47,018	47,417	399										64,144	64,408	264
Other Operating Income	118	295	176	2,261	2,295	35	3,819	4,115	296	1,885	1,896	11	2,074	2,061	(13)	50	(50)		10,207	10,661	454
<b>Total Operating Income</b>	<b>456</b>	<b>578</b>	<b>122</b>	<b>19,049</b>	<b>19,003</b>	<b>(46)</b>	<b>50,837</b>	<b>51,531</b>	<b>694</b>	<b>1,885</b>	<b>1,896</b>	<b>11</b>	<b>2,074</b>	<b>2,061</b>	<b>(13)</b>	<b>50</b>	<b>(50)</b>		<b>74,351</b>	<b>75,069</b>	<b>718</b>
Employee Expenses Substantive	(20,265)	(20,015)	250	(20,754)	(19,425)	1,330	(11,533)	(9,901)	1,632	(1,103)	(1,018)	85	(936)	(953)	(17)	374	(217)	(591)	(54,217)	(51,529)	2,688
Employee Expenses Agency	(4)	(791)	(788)		(807)	(807)	(19)	(302)	(284)	(63)	(380)	(317)							(85)	(2,280)	(2,195)
<b>Employee Expenses Total</b>	<b>(20,269)</b>	<b>(20,807)</b>	<b>(538)</b>	<b>(20,754)</b>	<b>(20,232)</b>	<b>523</b>	<b>(11,551)</b>	<b>(10,203)</b>	<b>1,348</b>	<b>(1,166)</b>	<b>(1,398)</b>	<b>(232)</b>	<b>(936)</b>	<b>(953)</b>	<b>(17)</b>	<b>374</b>	<b>(217)</b>	<b>(591)</b>	<b>(54,302)</b>	<b>(53,810)</b>	<b>493</b>
Non Pay	(2,383)	(3,383)	(1,001)	(3,184)	(3,413)	(229)	(10,190)	(9,786)	405	(434)	(314)	120	(1,245)	(1,155)	91	469	(469)		(16,967)	(18,051)	(1,084)
<b>Total Operating Expenses</b>	<b>(22,652)</b>	<b>(24,190)</b>	<b>(1,538)</b>	<b>(23,938)</b>	<b>(23,645)</b>	<b>294</b>	<b>(21,741)</b>	<b>(19,989)</b>	<b>1,753</b>	<b>(1,600)</b>	<b>(1,712)</b>	<b>(112)</b>	<b>(2,181)</b>	<b>(2,107)</b>	<b>73</b>	<b>843</b>	<b>(217)</b>	<b>(1,060)</b>	<b>(71,269)</b>	<b>(71,860)</b>	<b>(591)</b>
Non-Operating income							102	39	(63)										102	39	(63)
Non-Operating expenses							(2,270)	(2,247)	23										(2,270)	(2,247)	23
<b>Surplus (Deficit)</b>	<b>(22,196)</b>	<b>(23,612)</b>	<b>(1,416)</b>	<b>(4,890)</b>	<b>(4,642)</b>	<b>247</b>	<b>26,928</b>	<b>29,335</b>	<b>2,407</b>	<b>285</b>	<b>184</b>	<b>(101)</b>	<b>(106)</b>	<b>(46)</b>	<b>60</b>	<b>893</b>	<b>(217)</b>	<b>(1,110)</b>	<b>914</b>	<b>1,001</b>	<b>87</b>
<b>STF</b>							<b>355</b>	<b>355</b>											<b>355</b>	<b>355</b>	
<b>Total Surplus (Deficit) inc. STF</b>	<b>(22,196)</b>	<b>(23,612)</b>	<b>(1,416)</b>	<b>(4,890)</b>	<b>(4,642)</b>	<b>247</b>	<b>27,283</b>	<b>29,690</b>	<b>2,407</b>	<b>285</b>	<b>184</b>	<b>(101)</b>	<b>(106)</b>	<b>(46)</b>	<b>60</b>	<b>893</b>	<b>(217)</b>	<b>(1,110)</b>	<b>1,269</b>	<b>1,356</b>	<b>87</b>

<b>CAPITAL PROGRAMME - at 30 SEPTEMBER 2017</b>	<b>Annual Plan £'000</b>	<b>Actual Spend £'000</b>	<b>YTD Variance £'000</b>
<b>Estates Operational</b>			
Health & Safety /Fire	25	15	(10)
Planned Annual Commitments	25	18	(7)
Estate refurbishment	367	75	(292)
<b>Sub-Total</b>	<b>417</b>	<b>107</b>	<b>(309)</b>
<b>IT/Telecomms Operational</b>			
PC Replacement Programme	100	68	(32)
IT Network Infrastructure	0	130	130
Additional Server/Storage	30	10	(20)
<b>Sub-Total</b>	<b>130</b>	<b>208</b>	<b>78</b>
<b>Other Equipment</b>			
	0		0
<b>Sub-Total</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Estates Strategic Developments</b>			
Mount consolidation	115		(115)
St Marys House - non-clinical hub	20		(20)
Pharmacy - upgrade works	75	77	2
The Mount Annexe	21	23	3
<b>Sub-Total</b>	<b>231</b>	<b>101</b>	<b>(130)</b>
<b>IT Strategic Developments</b>			
Big Hand Voice Recognition	25	5	(20)
Integration System	25	0	(25)
Replacement PAS	0	45	45
Remote Access	150	112	(38)
Public Wi-Fi Deployment	20	0	(20)
Standard Smartphones for all staff	8	(2)	(10)
EPR System Developments	20	56	36
<b>Sub-Total</b>	<b>248</b>	<b>214</b>	<b>(33)</b>
<b>Contingency Schemes</b>			
Contingency	200		(200)
Newsam Management Suite	0	1	1
Agile Working Office	0	6	6
Franking Machine	0	17	17
2016/17 Completed Schemes	0	(17)	(17)
<b>Sub-Total</b>	<b>200</b>	<b>8</b>	<b>(192)</b>
<b>TOTAL CAPITAL PROGRAMME</b>	<b>1,225</b>	<b>638</b>	<b>(586)</b>
<b>Capital Programme Summary</b>	<b>Revised Plan £'000</b>	<b>Actual Spend £'000</b>	<b>YTD Variance £'000</b>
Estates Operational	417	107	(309)
IT/Telecomms Operational	130	208	78
Estates Strategic Developments	231	101	(130)
IT Strategic Developments	248	214	(33)
Contingency Schemes	200	8	(192)
<b>Total</b>	<b>1,225</b>	<b>638</b>	<b>(586)</b>

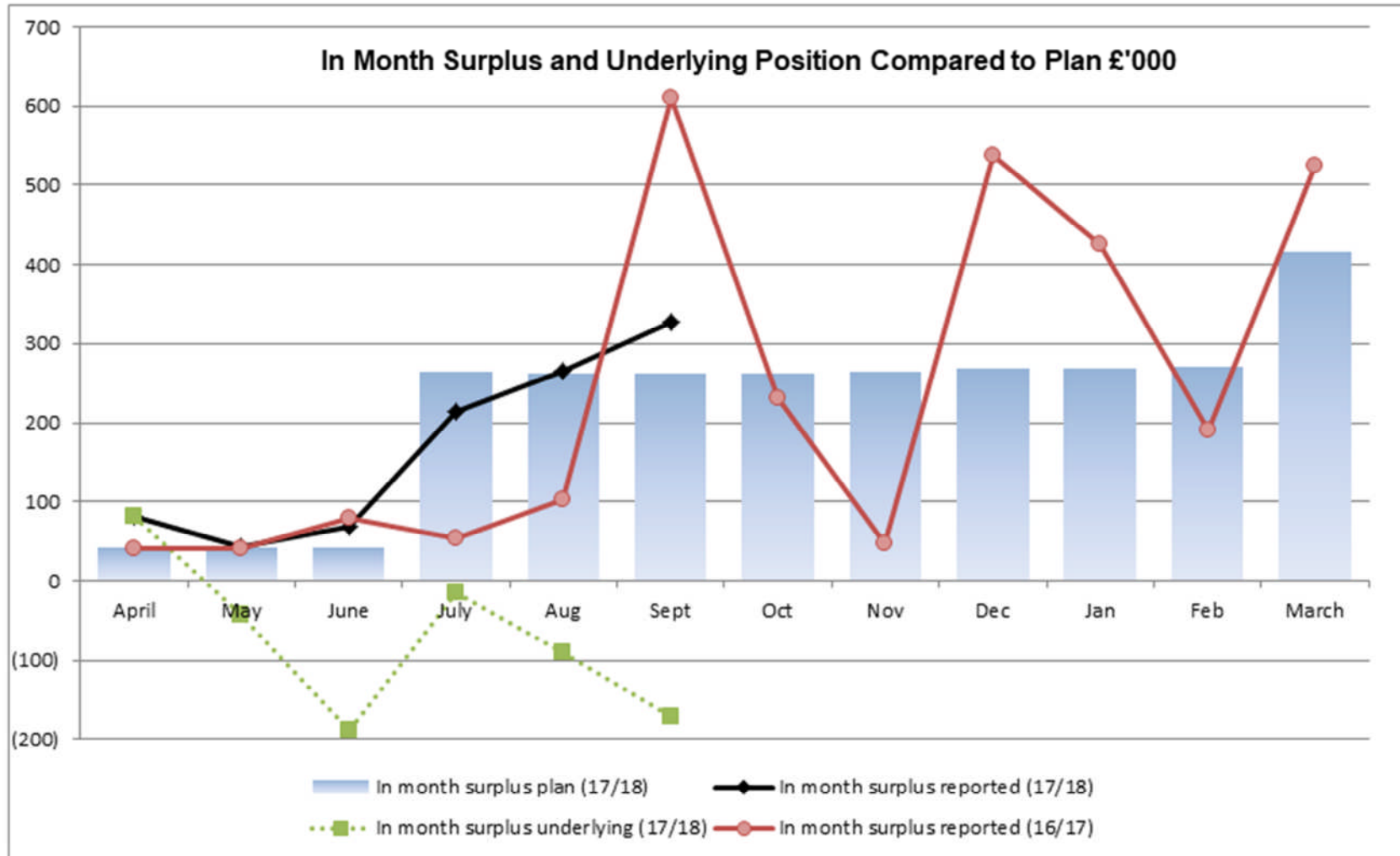
## Manpower and pay spend analysis

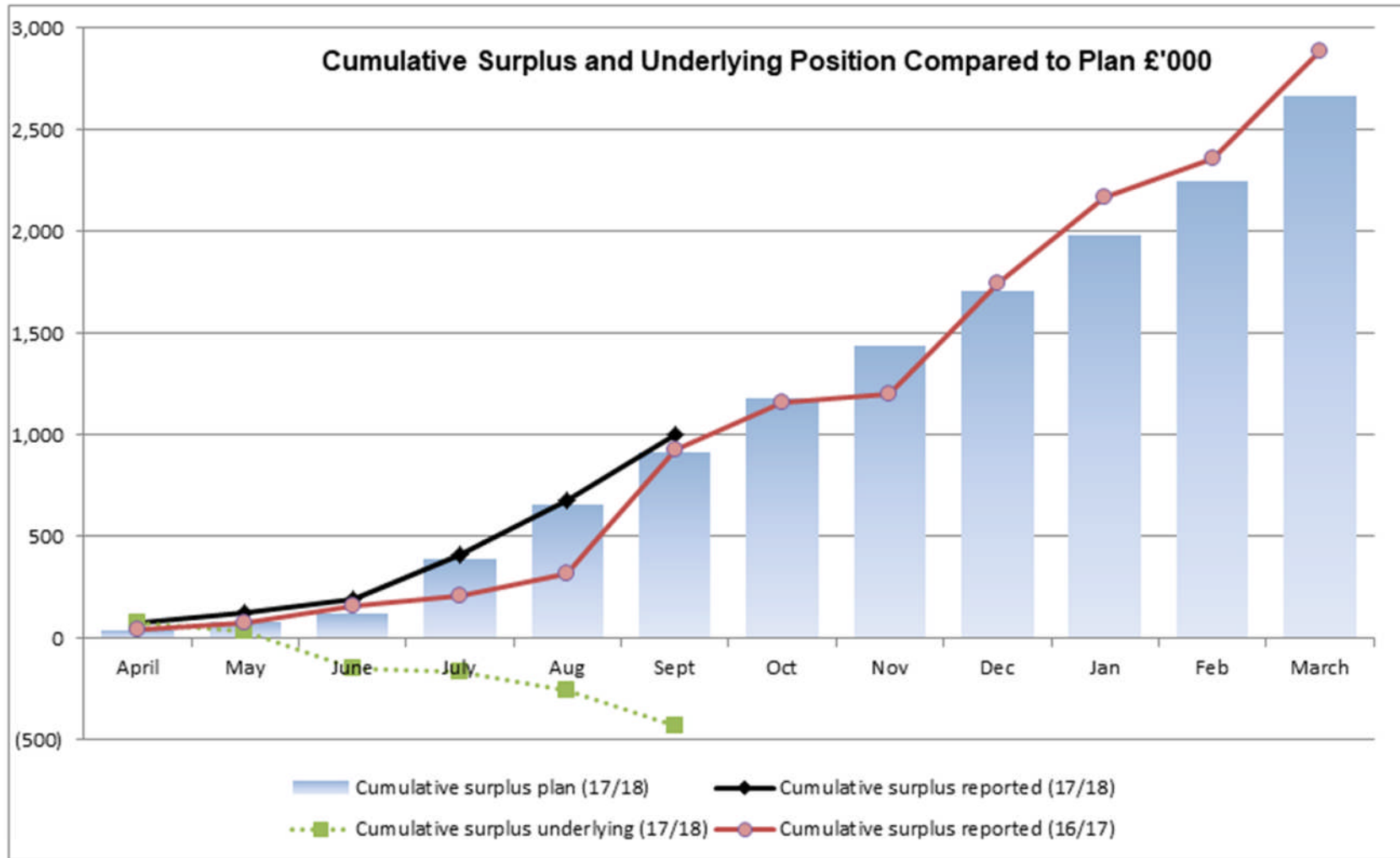
Directorate / Care Group		Budget wte	Contracted wte	Vacancy wte
<b>Leeds Mental Health</b>	LMH Central	182	162	(20)
	LMH Community	416	420	4
	LMH Inpatients	385	337	(48)
<b>Leeds Mental Health Total</b>		<b>984</b>	<b>919</b>	<b>(64)</b>
<b>Specialist Services</b>	Addictions	27	26	(2)
	CAMHS NYN	62	50	(13)
	Eating Disorders	48	43	(5)
	Forensic Services	221	173	(49)
	Gender ID	17	17	(0)
	LD Services	408	326	(82)
	Liaison Psychiatry	95	89	(5)
	NDD	12	11	(1)
	Perinatal Services	41	37	(4)
	Personality Disorders	46	43	(3)
	Prison Inreach	2	2	(0)
	Specialist Serv Central	28	30	2
	Ward 5 Newsam	35	27	(8)
<b>Specialist Services Total</b>		<b>1,041</b>	<b>872</b>	<b>(170)</b>
<b>Corporate</b>	Chief Executives Office	25	24	(1)
	Chief Financial Officer	193	160	(33)
	Chief Nurse	55	40	(15)
	Chief Operating Officer	14	11	(3)
	CPC	46	40	(6)
	Medical	219	199	(20)
	Reserves/Developments	19	0	(19)
	Workforce Development	72	66	(7)
<b>Corporate Total</b>		<b>643</b>	<b>541</b>	<b>(102)</b>
<b>Grand Total</b>		<b>2,668</b>	<b>2,332</b>	<b>(337)</b>

Staff Type		wte	wte	wte
Admin & Estates		547	464	-83
AHPs		180	177	-3
Management		107	98	-9
Medical		209	190	-19
Nursing		828	688	-140
Pharmacy		65	57	-8
Psychology		125	125	0
Reserves/CIPS		-31	0	31
Support Workers		638	532	-106
<b>Month 6 (in month)</b>		<b>2,668</b>	<b>2,332</b>	<b>-337</b>









**AGENDA  
ITEM**

**16**

**MEETING OF THE BOARD OF DIRECTORS**

<b>PAPER TITLE:</b>	Quarterly Operational Plan Update Report
<b>DATE OF MEETING:</b>	26 October 2017
<b>PRESENTED BY:</b> (name and title)	Joanna Forster Adams - Chief Operating Officer
<b>PREPARED BY:</b> (name and title)	Amanda Burgess - Strategic Development Manager

<b>THIS PAPER SUPPORTS THE TRUST'S STRATEGIC OBJECTIVE/S</b> (please tick relevant box/s)		✓
SO1	We deliver evidence based care that is safe, effective and improve outcomes	✓
SO2	We provide a dynamic, rewarding and supportive place to work	✓
SO3	We focus on innovative partnerships	✓
SO4	We are transparent and accountable	✓
SO5	We deploy our resources to deliver effective and sustainable services	✓

**EXECUTIVE SUMMARY**

This is our second report of 2017/18 and is set out to provide an overall summary of our position at this half year stage against each of the schemes in the 2017 - 2019 Operational Plan. Further narrative has been provided to summarise our areas of concern and the plans in place to address them.

All of our schemes are closely monitored to track progress made or understand where we may be behind schedule. On 6 September the Senior Leadership Team reviewed all our priorities in order to determine the key areas of focus for the second half of this financial year. As part of these discussions the decision was taken to withdraw and/or suspend a number of schemes. Appendix one provides a summary of our progress, the schemes withdrawn and/or suspended.

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

**RECOMMENDATION**

Members of the Board of Directors are asked to note the progress made against our Operational Plan priorities at the end of quarter two 2017/18; and confirm that they are assured of progress being made to address areas for improvement.

# OPERATIONAL PLAN IMPLEMENTATION QUARTER 2 REPORT

## 1. Purpose

This report provides a summary of the Trust's progress against the objectives within our 2017/18 Operational Plan. This is our second report of 2017/18 and is set out to provide an overall summary of our progress against each of the schemes described in the 2017/18 Operational Plan. This report also includes how we are progressing against our cost improvement programme.

## 2. 2017/18 Operational Plan status summary

We produced our two-year Operational Plan in December and submitted it to NHS Improvement on 23 December 2016. This was three months earlier than usual and was due to the release of '*strengthening financial performance and accountability*' guidance which set out the action to be taken to try and stabilise NHS finances (financial reset) and issue all NHS Trust's with pre-determined control totals.

We are currently awaiting published guidance setting out the 2018/19 planning process, however recent conversations with NHS Improvement lead us to believe that this will be a process mainly focused on refreshing the financial elements of the plan.

On 6 September the Senior Leadership Team reviewed all our priorities in order to determine the key areas of focus for the second half of this financial year. As part of these discussions the decision was taken to withdraw and/or suspend a number of schemes, the details of these along with a summary of all of our plans described in the 2017 – 2019 Operational Plan can be found at **appendix one**.

### Progress we have made at the end of quarter two

We have now assessed ourselves against our second quarter milestones as set out within our 2017-2019 Operational Plan. This programme of work is being closely supported, monitored and reported upon via our Strategic Development Team to track the progress we have made. Our 2017 - 2019 Operational Plan includes the schemes for delivery over a one year or longer timeframe, we are also one year into the delivery of some schemes from our 2016/17 plan. Where a longer timeframe has been agreed, the Operational Plan tracks progress for this year only against the planned one year milestone.

Our 2017 – 2019 Operational Plan originally set out 80 schemes for delivery, 29 schemes have since been withdrawn and one scheme has been suspended:

- **SO1 – Supporting people in their recovery:**
  - **Acute Liaison Psychiatry (ALPS) provision:** Our original plans to implement a new model within our ALPS provision to respond to people who visit A&E in crisis within one hour has been put on hold this financial year, pending confirmation from our commissioners as to whether the funding will be available from 2018/19. Discussions are ongoing to resolve this jointly with our commissioners and we remain positive that a satisfactory outcome can be reached.

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

- **SO5 – Providing efficient and sustainable services:**
  - **Deliver our Cost Improvement Programme:** The 2017/18 cost improvement programme is behind plan at the end of quarter two and significant elements of non-recurrent cost improvement plans remain to be identified. We are continuing to actively identify maximum efficiencies for delivery in 2018/19 via the newly established Cost Improvement Programme Performance Group. It is recognised that the plans emerging from our Clinical Services Plan and other functional plans will begin to put in place the building blocks of major changes that will help us tackle the longer term cost improvement plan challenge.

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

- **SO1 - Supporting people in their recovery:**
  - **Implement a new gambling addiction service:** Commencement of this new service will now not begin until 1 April 2018 (previously quarter four). The service model has been developed however we are currently seeking agreement and confirmation of commissioner funding.
  - **Evaluation of our Crisis Assessment Unit:** A specification has been compiled for the Academic Health Science Unit (AHSU) in order to undertake a full economic evaluation of our Crisis Assessment Unit which would inform its long term future. We are currently seeking confirmation from the AHSU regarding timescales for commencing the evaluation during quarter three.
  - **Review of our single point of access:** Our plans to fully review our single point of access have been delayed due to future consideration needed to take place around the interface between IAPT and LYPFT services. Further discussions will take place in early quarter three in order to reach a resolution.
- **SO1 - Supporting staff to promote and coordinate helpful and purposeful practice:**
  - **Implement a new service model for older people's services:** With the support of frontline clinicians we have redesigned the three pathways for CMHT, Intensive Home Treatment Team (former ICS) and Memory Assessment Service and set out the way we intend to provide a new community service for older people. This work is largely completed. There are however concerns about the potential quality impact upon our working age community services and how we will utilise our resources to provide safe and effective care. Due to these complexities it is intended that the Senior Leadership Team will receive at the November meeting a precis of the proposed model. This will incorporate the resource implications and the potential risks for our core community mental health services and the potential risks identified as a result of the new service model for older people. Subject to the successful approval by the Senior Leadership Team it is anticipated that the new model would be implemented in the spring of 2018.
- **SO2 - Recruitment, retention, reward and talent management:**
  - **Governor training programme:** A new governor training programme has been developed and resources identified to deliver the programme. Unfortunately we have encountered delays with the recruitment to the identified post that will support this work which has resulted in the programme not commencing as intended. It is anticipated that the post will be filled during quarter three to enable the training programme to begin during quarter four.
  - **Vacancies on the psychiatry training schemes:** Recruitment via national and local campaigns to attract core trainees has resulted in a number of unfilled posts. A number of initiatives are in place including targeted communication with trainees on placement and adapting the teaching session programme to improve the training experience. Early forecasting work highlighted that we will maintain our vacancy rate.

- **Reduce the number of agency medical locums:** We are continuing to recruit Trust locums to keep the pace with Trust locums leaving. Unfortunately a recent interview process (AAC) for Aspire did not result in an appointment (two applicants withdrew before interview). In addition, the recruitment to the Clinical Director post has been postponed due to known part-time consultant vacancies in order to create a full-time position. A timetable is in place for consultant panels during quarter three and four.
- **SO3 – Working with local service partnerships:**
  - **Develop and implement new models of care prototypes:** The new models of care prototypes across both the Leeds South/East, West and North CCGs are well underway with two mental health practitioners per CCG are actively working across GP practices. Evaluation of all schemes is in progress with data being collated including feedback from service users and primary care staff. Some challenges remain in developing the pilots across the North CCG patch with discussions taking place to ensure continued engagement. Funding to support this work has been secured until 2018/19.
- **SO3 - Working with specialist partnership providers:**
  - **Future configuration of forensic services:** The tender notification has not yet been released for forensic services. We are awaiting further details from NHS England and no timescales are known at this point. We are working collaboratively with partner providers and commissioners to determine the future configuration of forensic services across the West Yorkshire and Humber Coast and Vale STP areas. This incorporates the development of a new model for community forensic services.
  - **Tier 4 CAMHS provision:** We are continuing to work jointly with Leeds Community Healthcare on the development of the new care model proposal and future site for inpatient CAMHS. Delays have been encountered with the review of CAMHS out of hours eating disorder provision via specialist practitioners and the confirmation of future bed numbers and configuration at Mill Lodge, however it is anticipated that both of these actions will be resolved in early quarter three.
- **SO4 – We bring collective leadership to an environment that supports continuous quality improvement across every level of the organisation:**
  - **Service user and carer experience:** We are currently in the process of establishing a new process for the way we encourage service users to complete the experience questionnaire. One approach we are currently exploring is the introduction of tablet devices, with the outcome known whether this will be a feasible approach during quarter three.
- **SO4 – We ‘disagree well’; we know this is important for promoting safe, effective, reliable care:**
  - **Maintain delivery of targets:** At the end of quarter two we have not achieved some of our delivery targets. These include: ethnicity completeness; access to memory services within 8 weeks; referral and receipt of a diagnosis within Leeds Autism Diagnostic Service; timely communication with GPs notified in 10 days; waiting times for community mental health teams for face to face contact within 14 days; and bed occupancy rates for inpatient services. Remedial action plans are in place to address performance across these areas.
- **SO5 – Providing efficient and sustainable services:**
  - **Mental health clustering:** The mental health clustering target has not been achieved. At the end of quarter two, we are at 88.2% against a target of 90% for people in scope of mental health payments. A number of initiatives are in place linked with the recent Rapid Improvement Event around effective caseload management, purposeful interventions and data cleanse exercise to resolve the data quality problems.
  - **Trust strategy and functional strategy/plan development:** There has been a further delay with the finalisation of our new public facing five-year Trust strategy. This is due to the need to finalise our core strategic objectives, linked with our priorities underpinning

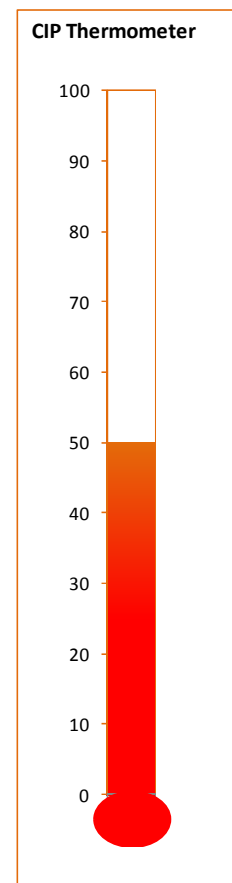
each functional plan. Our new Trust strategy will now be ratified by the Board of Directors at its meeting in November.

### 3. Delivery of our 2017/18 Cost Improvement Programme

Our approach to setting the 2017/18 cost improvement schemes has been largely tactical and includes only those schemes where we have a high degree of certainty that they can be delivered, with minimal or no impact upon quality. All our CIPs have been quality and delivery impact assessed, with the CIP proforma being completed for each individual scheme. On Tuesday 13 December we held our internal Star Chamber session, where each directorate/care group was given the opportunity to present their CIPs and fair, transparent and proportionate challenge was made by the Director of Nursing, Medical Director and other Executive Team colleagues present. As a result all our CIPs have been signed off by the Director of Nursing and Medical Director.

As at quarter two, we have achieved £1,330k savings of the identified 2017/18 planned cost improvement of £3.044m. All of our schemes are well underway and we have made significant progress to achieve our forecasted position. We are currently identifying schemes that will contribute £2.941 to the total planned £5.985m (non-recurrent linked to commercial opportunities).

Given the enormity of the financial challenge and to ensure we have good robust oversight of the quality delivery of our cost improvement programme we have initiated a Cost Improvement Programme Performance Group. This group is chaired by the Chief Executive, meets on a bi-monthly basis, reports into the Senior Management Group/Executive Team and has a number of key people including professional leads on its membership from across the care groups.



### 4. Recommendation

Members of the Board of Directors are asked to note the progress made against our Operational Plan priorities at the end of quarter two 2017/18; and confirm that they are assured of progress being made to address areas for improvement.

## APPENDIX 1: OPERATIONAL PLAN PROGRESS DASHBOARD AT Q2 2017/18

Operational Plan scheme dashboard		✓	Objective completed
		■	Objective suspended/withdrawn
<b>Strategic objective 1:</b> We deliver evidence based care that is safe, effective and improve outcomes		<b>Lead director:</b> Chief Operating Officer	
1.1.1	Reduce the number of disability assessment and treatment beds at Parkside Lodge		
1.1.2	Implement a new community services model for complex needs on evidence and needs based interventions		
1.1.3	Implement a new ALPS model to give specialist assessment within 1 hour to those who visit A&E in crisis		
1.1.4	Complete a long term future economic evaluation of CAU		
1.1.5	Develop plans and processes to review our SPA and assessment function		
1.1.6	Implement a new gambling addiction service		
1.2.1	Expand our service user employment support model		
1.2.2	Implement and embed health coaching as a clinical intervention to support self-management		
1.3.1	Agree and implement the new service model for older people's services, with a new staff skill mix.		
1.3.2	Implement a new learning disability community services model ensuring efficient and effective revised skill mix		
1.3.3	Explore the implications of linking our adult eating disorder service in Leeds to CAMHS in York and Leeds		
1.3.4	Explore the option of extending the upper age limit to 25 for the National Deaf CAMHS service		
1.3.5	Complete a review of the outpatient liaison service		
<b>Strategic objective 2:</b> We provide a dynamic, rewarding and supportive place to work		<b>Lead director:</b> Director of Workforce & OD	
2.1.1	Continue to develop innovative and attractive recruitment approaches		
2.1.2	Continue to use Calderdale framework to develop new roles to support changes in new models of care		
2.1.3	Develop and implement a Talent Management Plan to ensure retention of key skills and succession planning		
2.1.4	Develop and implement a plan to address psychiatry core and higher training scheme vacancies		
2.1.5	Reduce the number of agency medical locums within the organisation		
2.1.6	Expand our internal nursing workforce linked with exploring opportunities for a collaborative bank for medics		
2.1.7	Implement an assessment centre approach for an expanded suite of roles		
2.1.8	Develop and implement a new annual governor training programme		
2.2.1	Develop and implement an OD framework to support the new organisational values and behaviours		
2.2.2	Deliver all diversity and inclusion objectives		
2.2.3	Develop the culture of the organisation with focus on quality improvement and workforce that recommend us		
2.3.1	Develop and implement alongside key stakeholders a co-created model of agile working across the Trust		
<b>Strategic objective 3:</b> We focus on innovation partnerships		<b>Lead director:</b> Chief Operating Officer	
3.1.1	Tender for forensic services (in partnership with other providers in West Yorkshire)		
3.1.2	Agree future and develop future strategy Model of Trust input to Garrow House Tier 4 personality disorder service		
3.1.3	Agree with other providers an approach to partnership working of specialised areas of work		
3.1.4	Agree our specialist Tier 4 CAMHS provision within the STP footprint		
3.1.5	Explore viability of a female only PICU		
3.1.6	Expand our perinatal inpatient facility whilst also seeking resources to increase community provision across STP footprint		
3.1.7	Align our eating disorder services with a wider NHS pathway across West Yorkshire		
3.1.8	Tender for gender identity services		
3.2.1	Develop and implement new models of health care prototypes with each of the Leeds CCGs		
3.2.2	Develop a section 136 partnership with Leeds Community Healthcare for CAMHS.		
3.2.3	Redesign our ICS through closer working with ASC and their recovery model to reduce out of area treatments		
3.2.4	Work with commissioners to review and develop capacity for a LD inpatient locked rehab facility		
3.3.1	Work with third sector partners to develop a crisis cafe		
3.3.2	Demonstrate being a successful, valued and expert partner working with other organisations and patients		
<b>Strategic objective 4:</b> We are transparent and accountable		<b>Lead director:</b> Director of Nursing & Professions & Quality / Medical Director	
4.1.1	Significantly reduce reliance on out of area placements for long term rehabilitation		
4.1.2	Improve the quality of the service user and carer experience		



Operational Plan scheme dashboard		✓	Objective completed
		■	Objective suspended/withdrawn
4.1.3	Improve service user experience through improving our environments where care and treatment is received		
4.1.4	Launch the new membership and engagement campaign 'Youth Matters'		
4.1.5	Embed the sharing of service user and carer stories to the Board of Directors		
4.1.5	Complete one round of governor elections for vacant governor seats		
4.1.6	Pilot the use of measure of health-related quality of life and recovery for people with mental health conditions) Patient Reported Outcome Measure and DEMQOL (measure of health-related quality of life for people with dementia)		
4.2.1	Staff are able to talk openly and honestly about incidents and complaints that have occurred within their service. Promoting a culture of learning from SI's, DoC, Complaints and incidents.		
4.2.2	To audit the effectiveness of the 4 C's across all clinical areas.		
4.2.3	Following on from the 4C's audit we will look to reduce variation in our clinical practice.		
4.2.4	Rollout the falls risk assessment tool across all our inpatient units		
4.2.5	Improve the governance systems used to assess, monitor and improve the quality and safety of our services		
4.2.6	Improve the risk and incident management processes that support the effective operations of the Trust		
4.2.7	Improve the systems and processes to ensure that all care records are accurate and contemporaneous.		
4.3.1	Complete the recommendations of the Deloitte's Action Plan		
4.3.2	Reduce unexplained variation in our clinical practice		
4.3.3	Improve our clinical risk management processes		
4.3.4	Improve our mental health legislation processes		
4.3.5	Maintain delivery of targets; achieve new CQUINs for 2017/18 and remedial action plans		
4.3.6	Develop a performance framework at Board, committee/service level and care group and corporate group level reporting		
4.3.7	Ensure sustained delivery of CQC action plan		
4.3.8	Improve our overall CQC rating to 'good' or 'outstanding'		
<b>Strategic objective 5: We deploy our resources to deliver effective and sustainable services</b>		<b>Lead director: Chief Financial Officer</b>	
5.1.1	Improve adherence to mental health clustering requirements		
5.1.2	Develop delivery vehicle for mHabitat		
5.1.3	Review PFI funding arrangements		
5.1.4	Deliver CIPs for 2017/18		
5.1.5	Achievement of the financial control total in 2017/18 and delivery of a 'breakeven' position for 2018/19		
5.1.6	Maintain a use of resources score of a minimum of two throughout 2017 - 2019		
5.1.7	Develop and agree the out of area treatment risk share proposal		
5.1.8	Agree new investment associated with the deliverables set out in the Mental Health Five Year Forward View		
5.1.9	Complete scoping with STP partners and locally for opportunities for back offices collaborative working		
5.1.10	Create, ratify and implement our new Trust Strategy and underpinning functional plans		
5.1.11	Source a supplier to provide an electronic expenses system		
5.2.1	Pilot and rollout new technology solutions to reduce burden on clinical staff		
5.2.2	Procure a new contract and deploy smart phones for staff Trust wide		
5.2.3	Implement full interoperability of healthcare records		
5.2.4	Review and explore feasibility of procuring new e-prescribing mobile platform		
5.2.5	Implement new digital and mobile technologies that support the transition to agile working		
5.2.6	Procure a new network contract by March 2019		
5.2.7	Complete a full re-procurement exercise for a clinical information system		
5.2.8	Complete deployment of the virtual desktop (phases 1 and 2)		
5.3.1	Co-locate our inpatient learning disabilities provision with our acute services		
5.3.2	Reduce the cost of running our estate by 2019		
5.3.3	Explore opportunities for shared estate with the integration of community based services and agile working		
5.3.4	Consolidation of our three main inpatient PFI sites		
5.3.5	Remodelling and partial disposal of St Mary's Hospital site, linked to LD services and possible CAMHS site		
5.3.6	Consolidation of all back office functions onto two main sites as space is freed up		