Leeds and York Partnership
NHS Foundation Trust

PUBLIC MEETING OF THE BOARD OF DIRECTORS
will be held at time 9:30 am on Thursday 26 April 2018
in the Training Room 3, Becklin Centre, Alma St, Leeds, LS9 7BE

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).

		LEAD
1	**Sharing stories – Research work on ending mental health stigma**	
2	**Apologies for absence** (verbal)	**SP**
3	**Declaration of interests for directors and any declared conflicts of interest in respect of agenda items** (enclosure)	**SP**
4	**Minutes of the previous meeting held on 29 March 2018** (enclosure)	**SP**
5	**Matters arising** (verbal)	**SP**
6	**Actions outstanding from the public meetings of the Board of Directors** (enclosure)	**SP**
7	**Chief Executive report** (enclosure)	**SM**
7.1	**Strategic alignment and priorities** (enclosure)	**SM**
PATIENT CENTRED CARE		
8	**Combined Quality and Performance Report** (enclosure)	**JFA**
9	**Quarter 4 Operational Plan Implementation Report** (enclosure)	**JFA**
10	**Safer Staffing March 2018** (enclosure)	**CW**
USE OF RESOURCES		
11	**Report from the Chief Financial Officer – March 2018** (enclosure)	**DH**
12	**IM&T Strategy** (enclosure)	**DH**

WORKFORCE		
13	**Workforce and Organisational Development Report** (enclosure)	**ST**
GOVERNANCE		
14	**Report from the Chair of the Strategic Investment and Development Committee for the meeting held 29 March 2018** (enclosure)	**SP**
15	**Report from the Chair of the Quality Committee for the meeting held 10 April 2018** (enclosure)	**JB**
16	**Report from the Chair of the Audit Committee for the meeting held 17 April 2018** (enclosure)	**MW**
17	**Report from the Chair of the Finance and Performance Committee for the meeting held 24 April 2018** (verbal)	**SWH**
18	**Board Assurance Report** (enclosure)	**SM**
19	**Mental Health Act Manager Contract Extension and Recruitment** (enclosure)	**SW**
20	**Annual Declarations of Interest, Non-executive Directors' Independence, and Fit and Proper Person Annual Declarations** (enclosure)	**CH**
21	**Glossary** (enclosed for information)	
22	***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***	**SP**

The next public meeting will be held on Thursday 24 May 2018 in 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
Telephone: 0113 8555930

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

AGENDA ITEM

3

Declaration of Interests for members of the Board of Directors

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

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NON-EXECUTIVE DIRECTORS								
Susan Proctor Non-executive Director	**Owner** 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.	**Associate** Capsticks Law firm.	None.	**Member** Lord Chancellor's Advisory Committee for North and West Yorkshire **Chair** Safeguarding Group, Diocese of York **Member** Veterinary Nurse Council (RCUS)	Partner Employee Link
John Baker Non-executive Director	None.	None.	None.	None.	None.	**Professor** University of Leeds	None.	Partner CBT Therapist Pennine Care NHS Trust
Helen Grantham **Non-executive Director**	**Director,** Entwyne Ltd	**Director** Entwyne Ltd.	**Director** Entwyne Ltd	**Director** Entwyne Ltd	None	None	None	Partner Director of Entwyne Ltd
Margaret Sentamu Non-executive Director	None.	None.	None.	**President Mildmay International** Pioneering HIV charity delivering quality care and treatment, prevention work, rehabilitation, training and education, and health strengthening in the UK and East Africa.	None.	None.	None.	None.

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Susan White Non-executive Director	None.	None.	None.	None.	None.	None.	None.	None.
Steven Wrigley-Howe Non-executive Director	**Non-executive director- The Rehab Group** An independent international group of charities and commercial companies which provides training, employment, health and social care, and commercial services for over 80,000 people each year in Ireland, England, Wales, Scotland and Poland.	None.	None.	**Non-executive director- The Rehab Group** An independent international group of charities and commercial companies which provides training, employment, health and social care, and commercial services for over 80,000 people each year in Ireland, England, Wales, Scotland and Poland.	None. .	None. .	None.	Partner Dentist Hunmanby Dental Practice.

Name	Directorships, including Non-executive Directorships, held in private companies or PLCs (with the exception of those of dormant companies).	Ownership, or part-ownership, of private companies, businesses or consultancies likely or possibly seeking to do business with the NHS.	Majority or controlling shareholdings in organisations likely or possibly seeking to do business with the NHS.	A position of authority in a charity or voluntary organisation in the field of health and social care.	Any connection with a voluntary or other organisation contracting for NHS services.	Any substantial or influential connection with an organisation, entity or company considering entering into or having entered into a financial arrangement with the Trust, including but not limited to lenders or banks.	Any other commercial or other interests you wish to declare. This should include political or ministerial appointments (where this is information is already in the public domain – this does not include personal or private information such as membership of political parties or voting preferences)	Declarations made in respect of spouse or co-habiting partner
Martin Wright Non-executive Director	None.	None.	None.	**Trustee** of Harrogate Hub A charity offering a space for community, safety and belonging to support those who are finding life difficult. **Trustee** of Roger's Almshouses (Harrogate) A charity providing sheltered housing, retirement housing, supported housing for older people,	None.	None.	None.	None.

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

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

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

Leeds and York Partnership NHS Foundation Trust

Agenda item 4

LEEDS AND YORK PARTNERSHIP NHS FOUNDATION TRUST

Minutes of the Public Meeting of the Board of Directors held on held on Thursday 29 March 2018 at 9:30 am in the Cypress Room, Bridge Community Church, Rider Street, Leeds, LS9 7BQ

Board Members

		Apologies	Voting Members
Prof S Proctor	Chair of the Trust		✓
Prof J Baker	Non-executive Director		✓
Mrs J Forster Adams	Chief Operating Officer		✓
Miss H Grantham	Non-executive Director		✓
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 S Tyler	Director of Workforce Development		✓
Mrs S White	Non-executive Director		✓
Mrs C Woffendin	Director of Nursing and Professions		✓
Mr M Wright	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

Three members of the public (one of whom was a member of the Council of Governors)

		Action
	The Chair opened the public meeting at 9.30 am. She welcomed members of the Board and those observing the meeting; in particular she welcomed Mrs Woffendin, Director of Nursing and Professions, who was attending her first Board meeting since she took up her post in March.	
18/044	**Sharing Stories** (agenda item 1) Prof Proctor welcomed Deborah Page (Acting Clinical Operations Manager) and Bronwyn Ashton (Lead Service User for the Positive Steps Partnership) who worked within the perinatal service, noting that they were attending to talk about the service and the role of the Positive Steps Partnership; their peer support group. Mrs Page firstly spoke about the service and the type of care they provide to service users. Mrs Ashton explained how the Positive Steps Partnership had come about noting that this was a group for inpatients who come together to support each other during their period of care. She outlined the work of the group and the important part it plays in their journey to recovery. She also spoke about the way in which she and members of the group were raising awareness of the work of the perinatal service, including with external partners. Mrs Ashton shared with the Board her own experience of the service and paid tribute to the way in which the staff on the unit had supported and cared	

	for her. Prof Proctor thanked Mrs Page and Mrs Ashton for sharing their experiences and offered the opportunity for the members of the Board to ask questions. Mrs Sentamu asked whether the service would benefit from an increase in the number of volunteers and whether they would benefit from training such as counselling. Mrs Ashton was supportive of this suggestion and acknowledged the important role volunteers play. Mrs White indicated that she had visited the service and noted that the group was making links with professional staff at the acute trusts who may be involved with supporting mothers who had experienced severe mental health issues related to pregnancy. Mrs White also noted that the group was involved with community services, again to raise awareness of the way in which they can support mothers early on to try and stop them becoming acutely unwell. In the light of this, Mrs White asked what more could be done to expand support in the community. Mrs Page explained the contractual arrangements in place and noted the value of increasing the community provision and also the need to collaborate more closely with primary care and the third sector to look at how preventative care can be developed. Prof Baker expressed concern that there were difficulties with staffing on the unit and asked what more was needed. Mrs Page indicated that the inpatient service had been very well supported by the Trust but suggested that more could be done in relation to community support. However, she did indicate that if there were difficulties with staffing on the inpatient unit this was due to unexpected peaks in activity and the explained added demand this places on staff. She advised that the issue could be compounded with the use of bank staff who were unfamiliar to service users and who did not have an established pattern of contact with them. In response to the issues around staffing Prof Proctor asked Mrs Woffendin to look at how the Trust sustains the quality of staff on the perinatal unit; including looking at staffing ratios and the skill mix.	**CW**
	Prof Proctor thanked Mrs Page and Mrs Ashton for sharing their experience and for the work they do to help support the provision of care on the unit.	
18/045	**Apologies for absence** (agenda item 2) Apologies were received from Dr S Munro, Chief Executive.	
18/046	**Declaration of interests for directors and any declared conflicts of interest in respect of agenda items** (agenda item 3) No director advised of any change in their declared interests, and no director at the meeting advised of any conflict of interest in relation to any agenda item.	

18/047	**Minutes of the previous meeting held on 22 February 2018** (agenda item 4) In relation to minute 18/031 Dr Kenwood asked for it to be noted that culture and ownership of quality was not only the responsibility of those at the front-line (i.e. professional staff and service users) but also for those at a managerial and Board level. Dr Kenwood also noted that the final sentence of the third paragraph on page 6 should make reference to working with partners. In relation to minute 18/037 Mrs White asked for it to be noted that references to Section 36 of the Mental Health Act should read Section 136. The minutes of the meeting held on 22 February 2018 were **accepted** as a true record with the inclusion of the above points of clarification.	
18/048	**Matters arising** (agenda item 5) There were no matters arising that were not included on the agenda.	
18/049	**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. Prof Proctor noted that the format of the report now makes a distinction between those actions that will be completed outside of the Board meeting (i.e. those classed as management actions) and those that will result in an item being brought back to a subsequent Board meeting. For clarity and to ensure there is an audit trail, Prof Proctor asked for those actions that were to be reported to a Board sub-committee meeting to show the date they would be presented. Mrs Hill agreed to obtain these dates from the relevant directors. With regard to the dialogue with NHS England regarding the contract adjustment for the Forensic ward closures, Mrs Hanwell indicated that the action was in respect of the financial year 2017/18 and that this had now been concluded satisfactorily. However, she noted that for 2018/19 there were still some issues outstanding which would be picked up and discussed later in the meeting. In respect of the new service model for the Gender Identity Service, Mrs Forster Adams indicated that there had been informal feedback provided to the Trust noting that this was being considered. She agreed that a more detailed update would be provided to the April Board meeting.	**CH** **JFA**

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

18/050 **Chief Executive's report** (agenda item 7)

Mrs Hanwell presented the Chief Executive's report. She drew attention to the key points, in particular the work in relation to strategy and priorities noting that the executive team was continuing to define the priorities for 2018/19. She also drew attention to the CQC report for the Specialist Supported Living Service noting that this had moved from 'requires improvement' to 'good' overall and had also been rated as 'outstanding' for caring. She commended the service for this achievement.

With regard to the new models of care for the Eating Disorders service, Mrs Hanwell reported that the baseline financial funding had been agreed and that the service would 'go-live' on the 1 April 2018.

In regard to the capital priorities, Mrs Hanwell noted that there would be an opportunity for organisations to bid for capital funding which would then commit the national funding over the coming three years. As part of the national bidding process she noted that the Trust had put forward three collaborative priorities for funding in respect of rehabilitation; assessment and treatment for learning disability services; and PICU provision. She added that these would be submitted to the Department of Health and be accessed alongside all proposed priorities for the West Yorkshire and Harrogate STP.

Mrs White was pleased to see progress being made in respect of the Leeds CCG and NHS England contracts. However, she asked about parity of esteem in relation to funding and whether any analysis had been done in relation to this. She also asked if there was a lack of parity should be identified were there were there any known plans to invest more in mental health services over time. Mrs Hanwell indicated that the national monitoring of CCG parity of funding was much more transparent and that it had been agreed that information in relation to the funding of mental health services would be shared with trusts. Mrs Hanwell noted that whilst some of this Trust's non-recurrently funded items had now been made recurrent, no new investment had been made and that this had been challenged by the Trust. She advised that the outcome of this would be reported back to the Board. **DH**

Prof Proctor noted that the report had indicated that the improvement trajectory for OAPs was being monitored by the Clinical Commissioning Group and NHS Improvement and that the Trust was confident about the leadership and management arrangements in place for this. Prof Proctor sought assurance on these arrangements. Mrs Forster Adams agreed to pick this up in her report.

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

18/051 **Chief Operating Officer's report** (agenda item 8)

Mrs Forster Adams presented the Chief Operating Officer's report noting that this provided an update on three areas: business continuity arrangements regarding the adverse weather; Out of Area Placements (OAPs); and clustering.

With regard to the recent adverse weather, Mrs Forster Adams noted that services had been well prepared and staff had been flexible in where and how they had worked. She added that routine services had been stepped back to ensure the safety of service users and staff and that due to the arrangements put in place there had been very little adverse impact on the delivery of urgent care. With regard to cancelled appointments, Mrs Forster Adams drew attention to the number of re-appointments that had been arranged and indicated that a more in-depth analysis of the achievement of the target for re-appointment would be provided to the Finance and Performance Committee. **JFA**

Mrs Forster Adams then drew attention to clustering. She outlined the ways in which clustering information had been used positively by clinicians including: to help formulate pathways and identify the interventions required in that pathway; and to identify the knowledge and skills required by staff within those pathways; and to develop the training tools needed.

With regard to OAPs, Mrs Forster Adams reported that the arrangements in place had been reviewed, refined and strengthened. She outlined the changes that had been made including there now being stronger clinical oversight. She added that as a result of the changes there had been a slight decrease in OAPs activity, although she added that some of this improvement had been helped by a marginal decrease in demand.

Miss Grantham thanked Mrs Forster Adams for the excellent communications to staff during the adverse weather noting not only their content but also their tone. She then asked how confident the executive team was that had the period of bad weather continued the business continuity plans would have been sustainable and also asked what the learning was to come out of this. Mrs Forster Adams noted that there was work underway to look at the learning from this event. However, she was able to report that early indications had been that transport was an issue and that there needed to be robust contingency arrangements in place for times when transport links were compromised.

Miss Grantham asked what arrangements were in place for the appointments that had been cancelled and what consideration there had been to carrying these out in ways other than face-to-face. Mrs Forster Adams indicated that alternative arrangements had been in place during this recent episode, including various technological solutions, but there was some learning around more remote sites.

Prof Proctor asked if there was an opportunity to take learning from partners in the STP. Mrs Forster Adams indicated that the learning had only been

shared on a place-based basis within Leeds. Mrs Hanwell also added that the Trust was required to participate in other regional resilience groups in the north and west Yorkshire areas on matters of resilience more widely and that recent issues experienced by the Trust would be reported into these groups. Prof Proctor agreed to raise the learning from the recent adverse weather at a future meeting of the Committees in Common to discuss opportunities for learning across the West Yorkshire footprint. Prof Proctor also agreed to include a paragraph on staff's resilience within her blog. **SP** **SP**

Mrs Forster Adams advised that arrangements were in place for the coming bank holiday weekend and that staff were continuing to monitor the situation in relation to the weather and the potential for there to be further snow.

With regard to OAPs, Mr Wright noted that this was an area of risk in relation to this year's financial position and that it also presented a risk to the position going forward. He asked for more information on what was being done in relation to this. Mrs Forster Adams reminded the Board that a detailed report had been presented to the Board some months ago and that this had set out all the steps taken. She also noted that the Trust was now required to submit a recovery trajectory to NHS Improvement and that this had also detailed all the steps being taken. Mrs Forster Adams agreed to speak to Mr Wright outside of the meeting and also to present details of the trajectory to the Finance and Performance Committee. **JFA**

Mrs White thanked Mrs Forster Adams for the report on clustering noting that this had provided assurance that clustering was being used positively within the organisation.

The Board **received** the Chief Operating Officer's report and **discussed** and noted the content.

18/052 **Combined Quality and Performance Report (CQPR)** (agenda item 8.1)

Mrs Forster Adams presented the CQPR firstly noting that the data for the Care Plan Approach follow-up had been suspended for this month's report due to data quality issues and assured the Board that this would be resolved for the April report.

She noted that the CQPR now contained a workforce section adding that this reported on an agreed set of metrics but not on the targets and measures set out in the Workforce and Organisational Development strategic plan. She noted that these would be reported on a quarterly basis.

With regard to community services, Mrs Forster Adams indicated that there had been an improvement in performance and that this had been discussed at a recent Executive Operational Performance Group where there had been scrutiny of a number of indicators that sit behind those shown in this report. Miss Grantham asked if this improvement was sustainable. Mrs Forster Adams noted that whilst there were a number of actions highlighted some of these would take time to bed-in. However, she added that some of these actions had already started to result in improvement.

Mrs White asked about performance in relation to delayed transfers of care and OAPs and whether this improvement was sustainable. Mrs Forster Adams confirmed that the improvement was an upward trend but that for there to be any sign of improvement the Leeds system would need to address issues such as the provision of elderly mentally ill (EMI) services. She added that there was an EMI strategic plan and that this was being considered by the Integrated Commissioning Executive.

In regard to timely communication with GPs, Mrs White noted that the current target had not been met and asked about the ability of the Trust to meet the new more stringent target which was to be implemented. Mrs Forster Adams expressed concern about performance against the target and added that the report outlines some of the actions being taken to support an improvement in performance, in particular the improvements in the electronic systems for communicating. She added that there would be a report to the Finance and Performance Committee at the end of quarter 1 which would look at the impact of these actions. **JFA**

Prof Baker noted that whilst speaking to a psychiatrist from the Trust, they had commented that spending time meeting various KPIs, such as access targets, was having a detrimental effect on the quality of service they were able to provide. He asked if the impact of meeting KPIs had ever been considered. Mrs Forster Adams expressed concern at this comment and agreed to understand this in greater detail. She outlined the importance of access targets to ensure that people receive the service they require in an acceptable timeframe. Mrs Forster Adams and Dr Kenwood agreed to look into this further. **JFA / CK**

Prof Baker asked about the safety data in the report noting that it was still showing a number of anomalies in terms of numbers and a disconnect in what was being reported. The Board noted that there seemed to be an inconsistency between the incidents' data in the report. Mrs Woffendin provided some context to this and explained why there was an apparent anomaly in the report. She added that going forward the data would be better explained to ensure it was clearer for the Board.

In relation to the 42 deaths reported in the CQPR, Mrs Woffendin indicated that these were the deaths of people where the Trust was not the primary care provider. Dr Kenwood then explained the national classifications which had been devised by Mazars and the term 'not our death' which had been agreed by that team. She outlined the circumstances under which an individual would be classed as primarily not in our care, including those people who were in a care home but where, for example, advice may have been provided by a member of our staff. She also assured the Board that whilst the Trust may not have been the primary care provider there would still be a review of any such death to ascertain whether there were any points of learning and improvement to make.

Dr Kenwood noted that there was a view that incidents, serious incidents and learning from deaths should be reported in an integrated way to avoid duplication. She acknowledged that whilst this had been decided upon for the performance report the nationally mandated learning from deaths report

	on different timescales and parameters that this had the potential to present a confusing picture. She suggested that at the Quality Committee in April there was a discussion as to how the data for incidents, serious incidents and deaths would be reported and where.	**CW/CK**
	Mrs Sentamu noted that the ethnicity data was much clearer in the report. Mrs Forster Adams explained further improvements that were being looked at in sourcing information from patients who had not yet been seen in clinic.	
	Mrs Sentamu also noted that the Friends and Family Test was facilitated externally and asked what was being done in relation to ensuring value for money. Mrs Woffendin advised the Board that in her view the system was not fit for purpose and was being included in an external review of the way in which patient experience is captured and used in the Trust.	
	Prof Proctor asked if it was possible to benchmark the data around staff sickness caused by stress. Mrs Tyler indicated that the data warehouse does not provide detailed data at that level but agreed to look at the public Board papers for other comparative organisations and also to look at the national staff survey data by way of benchmarking.	**ST**
	With regard to clinical supervision, Mrs Tyler noted that this was now being recorded on iLearn and that the system had been transferred to the Workforce Information team. She added that she was optimistic that now this was being overseen by a team with technical system knowledge there was a greater potential for there to be an increase in the recording of performance.	
	The Board **received** and **discussed** the Combined Quality and Performance Report and noted performance against metrics.	
18/053	**Director of Nursing report and Safe Staffing Report for February 2018** (agenda items 9 and 9.1)	
	Mrs Woffendin presented the Director of Nursing report and the Safe Staffing report. She firstly noted that she had commissioned an external review of the patient experience and involvement functions within the Trust. She added that she had concluded that safe staffing needed a more robust process around it and that a Safe Staffing Steering Group had been set up which would provide oversight and a level of assurance in respect of this area. In regard to the recent flu campaign, Mrs Woffendin noted that the uptake had been 65.65% and that this had attracted a payment of 75% of the CQUIN money. The Board noted this achievement.	
	Mr Wrigley-Howe drew attention to the data provided on complaints and noted that some of the measures listed were in the gift of the Trust to influence and achieve, but that some, particularly in relation to coroners inquests, were not. It was also suggested that the complaints data was reported in the CQPR rather than as a stand-alone report.	
	Mrs White welcomed the establishment of the Safer Staffing Steering Group	

and also noted that the National Quality Board had released new improvement resource guides and suggested that these could be used by the group to inform its work.

With regard to the Safe Staffing report Prof Baker drew attention to the use of acuity in determining the level of staffing required. He added that acuity should be predictable and should not be used as a rationale for the need for extra staff. Mrs Woffendin supported this and noted that the Safe Staffing Steering Group would focus on issues such as this. Mrs Woffendin advised the Board that with effect from July there would be a new style of report to the Board in relation to Safe Staffing and that the content would be informed by the work of the new steering group. **CW**

With regard to acuity Mrs Hanwell acknowledged that there was a level of predictability in relation to the staffing levels needed. However, she indicated that some of the issues were around those patients who should not be cared for within the Trust's services due to their level of need, noting that this was a systemic issue that was being discussed with the commissioners.

Mr Wright asked if it was possible to benchmark the Trust against other organisations. Mrs Woffendin explained that the monthly report should detail breaches and whether wards were safely staffed. She added that to complement this there should be a more in-depth report every six months which looked at triangulating safe staffing information with information such as complaints, incidents, recruitment and retention.

With regard to steps being taken to forge better relationships with universities in order to support an increase in applications for learning disability registered nurses, Prof Proctor sought assurance on the steps being taken in relation to this. It was noted that there was more dialogue to be undertaken with the universities. It was also noted that it would be helpful to have a wider discussion with other local NHS partners to look at way of addressing this as a system. Prof Proctor agreed to pick this up at the forthcoming Committees in Common meeting. **SP**

Specifically in relation to a comment about the steps being taken at 3 Woodlands Square, Prof Baker noted his concern at the 'substitution' of staff explaining band 4 nursing associates were being appointed rather than band 5 registered nurses. Mrs Tyler acknowledged this point and indicated that given the difficulties in appointing to some registered nursing posts there was a need to look at other more flexible solutions and skill-mix options which could include appointing nursing associates.

The Board **received** the Director of Nursing Report and the Safer Staffing Report and **noted** the contents.

18/054	**Progress report in relation to the application of the Smoke-free Policy** (agenda item 9.2) Mrs Woffendin presented a paper to the Board which set out progress and action in relation to the application of the Smoke-free Policy. The Board **received** and **noted** the update in relation to the Smoke-free Policy.	
18/055	**Medical Directors' quarterly report – information on the work of the Continuous Service Improvement team** (agenda item 10) Dr Kenwood presented her quarterly report noting that this focused on the work of the Continuous Service Improvement Team. Mrs White thanked Dr Kenwood for the information and asked if the work of the team was reactive or proactive and whether it was this linked to any findings made by internal audit. She also asked if there was sufficient capacity in the team. Dr Kenwood confirmed that their work was both proactive and reactive. She acknowledged that the resource in the team was small noting that it supports and enables work rather than undertaking it. The Board discussed the issue of capacity in some detail. Mrs Hanwell noted that Leeds Community Health Care NHS Trust (LCH) had a service improvement team and suggested that where a project touched on the work of LCH or primary care this resource could be approached to ensure collaborative work and best use of resource. Dr Kenwood noted this suggestion as a possible way forward but highlighted the difficulties it can create in deciding the improvement methodology to be used adding that different organisations have different approaches to service improvement. Miss Grantham noted that continuous improvement should be at the heart of how the Trust operates and that developing the capability within the workforce will help with the capacity in the team. She also asked if the outcome and learning from reports was shared widely. Dr Kenwood indicated that sharing information and learning was shared and that it was also an intrinsic part of the Quality Plan to facilitate this. Prof Proctor acknowledged the discussions that had taken place in relation to service improvement. She suggested that in order to raise awareness of the team they should be offered the opportunity to have a stall at the Annual Members' Meeting. Dr Kenwood supported this and also noted that awareness could be raised as part of the launch of the Quality Plan. The Board **received** the Medical Directors' quarterly report and **noted** the content.	**OT**

18/056 **Mortality Review: Learning from Deaths – Mortality Data Quarter 3 (1 October – 31 December 2017)** (agenda item 11)

Dr Kenwood introduced a paper which set out the mortality data for quarter three along with key themes from the learning identified.

She firstly drew attention to the 'not our death' discussion that had taken place earlier in the meeting, noting that this should have assured the Board of the processes around the investigation of deaths classified in this way and also that lessons are learnt from these events.

In relation to these deaths she drew attention to the implementation of a Structured Judgement Review noting that this is where a case note review of a death is carried out to establish any learning or good practice; that it is used where the death may not require a comprehensive review.

Dr Kenwood also drew attention to the maturity matrix which showed the progress against the agreed actions. This was noted by the Board.

The Board **received** and **noted** the quarter three report.

18/057 **Workforce and Organisational Development Report** (agenda item 12)

Mrs Tyler presented the Workforce and Organisational Development report noting that this detailed the outcome from the 2017 Staff Survey; an update on how staff with stress related conditions were supported; and details of the training provided to bank staff.

With regard to the 2017 Staff Survey, Mrs Tyler noted that the survey had been sent to all staff and there had been an increase in the reponse rate with a total of 56.3% of those staff responding; 4% above the national average for mental health and learning disability trusts. She then detailed some of the key headline data in relation to the responses and made a comparison to previous years and to other comparative trusts nationally.

In regard to next steps, Mrs Tyler noted that teams would be provided with their localised heat maps and would be invited to devise and develop an action plan in response to those findings. She added that these would be presented to the Leadership Forum in June.

Miss Grantham suggested that the findings from the staff survey could be used by non-executive directors when they visit services as a source of assurance when talking to staff and to understand what the local plans were. She also suggested that some of the findings could be used as a 'selling point' as part of future recruitment drives.

Mrs Sentamu asked about the concerns raised by staff with disabilities and how the Trust understands what these issues were. Mrs Tyler noted that the survey is anonymised and as such it was not possible to analyse the specific issues. However, she noted that going forward issues such as this would be

picked up locally through the heat maps and discussed generally within teams.

Mrs Sentamu noted that responses in relation to flexible working had improved. Mrs Tyler advised that flexible working was key to the retention strategy and that there was more work to do to raise awareness of this with the current and potential workforce.

Mrs Sentamu noted that there had been an improvement in two of the four Workforce Race Equality Staff Survey (WRES) metrics and asked what this improvement was attributed to. Mrs Tyler advised that following the 2016 survey some targeted work had been carried out and that this had been acknowledged and well received and had likely impacted positively on the responses provided.

With regard to the issues of support for staff experiencing stress related sickness, Miss Grantham asked if there was to be a further evaluation of the effectiveness of the employee assistance programme. Mrs Tyler indicated that a report on this service goes to the Workforce and Organisational Development Group on a regular basis and she agreed to share the latest report with Miss Grantham. **ST**

Mrs White welcomed the appointment of a clinical lead for bank staff noting that it was reported that they would be picking up issues in relation to training and supervision for bank staff, and she looked forward to seeing improvements for bank staff related to the work of this new post. She also suggested that there could be consideration of there being a survey of bank staff which would help to inform the work of the clinical lead. Mrs Tyler noted that the individual appointed was looking to set up a Bank Forum and that the development of a survey would be something they would look at taking through that forum.

Prof Proctor asked for a progress report on bank staffing to be brought back to the June Board meeting. **ST**

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

18/058 **Report from the Chief Financial Officer – February 2018** (agenda item 13)

Mrs Hanwell presented the report for February and assured the Board that the year-end control total would be achieved. The Board was pleased to note this.

Mrs Hanwell advised the Board of the discussions that had taken place in the Financial Planning Group in relation to recent guidance issued by NHS Improvement noting that this set out the definition of what can be classified as a Cost Improvement Plan (CIP). She advised that it had been agreed that clear guidance for staff would be developed to help with accurately identifying the CIPs that would be accepted by NHSI as part of future

financial plans.

With regard to OAPs, Mrs Hanwell reported that the position had improved; that there had been some non-recurrent support from the Leeds CCG; and that the year-end outturn would be better than forecast.

Mrs Hanwell then drew attention to the poor performance against the capital expenditure plan, noting that there were a number of reasons for this and that the regulator was aware of the revised plan.

Mrs White asked why the £50k investment in cyber security software had not been utilised in-year. Mrs Hanwell noted that this had been included as a contingency in the plan, but that there had not been a need to use it in- year. She noted that the Trust would continue to have this contingent level of expenditure in future plans in case there was a need to invest in the IT infrastructure in relation to a cyber risk.

With regard to vacancies, Mrs White noted that whilst these contribute to the financial performance that there were 83 WTE vacancies in the learning disability service and asked what was being done to address this. Mrs Forster Adams indicated that these were in the Specialist Supported Living (SSL) service and that whilst staff were being recruited to the service a similar number were leaving. She added that there was an action plan to address these issues which had been presented to the Finance and Performance Committee and she agreed to bring an update against the actions to the July Finance and Performance Committee. Prof Proctor asked for an update on the discussion to be provided to the Board by the Chair of the committee to the June Board meeting so it could understand if there was a specific urgent risk in relation to the SSL service. **JFA** **SWH**

In regard to vacancies in the Trust more broadly, Mrs Hanwell reported that there was a 12% vacancy rate, noting that this was indicative of national recruitment issues, particularly within the nursing workforce. She added that if this level of vacancy was to be addressed then creative workforce solutions would need to be considered including such as skill-mix options.

Prof Proctor asked for the report to the Workforce and Organisational Development Group to show where the variations were within the vacancy rate and which services were successful at recruitment and retention. **JFA**

Miss Grantham asked about the pay offer to staff on Agenda for Change and how this would be funded. Mrs Hanwell reported that early indications were that this would be fully funded by the Government. Mrs Tyler also noted that part of the pay package would be to link pay progression to performance and that the Trust would need to ensure that processes were in place to support this. Miss Grantham suggested that the Board needed to understand the implications of this more fully. Prof Proctor asked for the financial implications of the pay award and pay progression to be looked at by the Finance and Performance Committee as part of the implications for the financial plan.

Prof Proctor asked about CIPs and budget management and whether those designated as budget holders had the right level of competence to carry out

	this role. Mrs Hanwell indicated that there was a Budgetary Control Framework in place which set out the necessary guidance. She added that there was on-line training which could be utilised, but acknowledged that there was always more that could be done to ensure sufficient training and understanding. Mrs Tyler agreed to look at whether this was part of the management essential training package.	**ST**
	The Board **received** the report from the Chief Financial Officer and **noted** the content.	
18/059	**Assurances on the General Data Protection Regulation (GDPR)** (agenda item 14) Mrs Hanwell drew attention to the information set out for the Board to provide assurance as to the Trust's readiness for the new GDPR regulation which will come into force on 25 May. Mr Wrigley-Howe drew attention to the action plan and noted that many of the actions were attributed to one member of staff. He asked what arrangements were in place to mitigate the risk this posed. Mrs Hanwell assured the Board that the organisation was in a good place in terms of managing data and that this was embedded within the organisation. She added that in addition to this individual there was a small team in which they worked and that the Information Governance Group also had a good understanding of the issues in hand. Prof Proctor asked about communicating private information and how this affects information provided to the Board and its sub-committees. She asked whether files and information should be password protected. Mrs Hill agreed to look into this.	**CH**
	The Board **received** the report and **noted** the assurances.	
18/060	**Approval of the Standing Financial Instructions** (agenda item 15) The Board received the revised Standing Financial Instructions. Mr Wright asked whether this should make reference to the Committees in Common, in particular the financial limits delegated. It was agreed that Mrs Hanwell and Mrs Hill would look at where and how this is described.	**DH / CH**
	The Board **approved** the Standing Financial Instructions, subject to the addition of a reference to the Committees in Common.	

18/061	**Information Governance Toolkit – Board approval prior to submission** (agenda item 16) The Board received the self-assessment against the IG Toolkit and noted that this had been scored at 'satisfactory' with all relevant requirements achieving or exceeding Level 2. The Board **considered** and **agreed** the self-declaration against the IG Toolkit and agreed its submission.	
18/062	**Approval of the Terms of Reference for the Strategic Investment and Development Committee** (agenda item 17) The Board **approved** the Terms of Reference for the Strategic Investment and Development Committee	
18/063	**Approval of the Terms of Reference for the Mental Health Legislation Committee** (agenda item 18) Mrs White presented the Terms of Reference for the Mental Health Legislation Committee she noted that whilst the Board was being asked to approve this version there were still discussions to be undertaken in relation to the committee carrying out the approval of the appointment of Mental Health Act Managers. She added that once this discussion had taken place the Terms of Reference would be amended and returned to the Board for its approval. Mr Wrigley-Howe asked as to the reason for there being a CQC nominated individual on the membership of the committee. It was agreed that this would be clarified by the Mental Health Legislation Team. The Board **approved** the Terms of Reference of the Mental Health Legislation Committee.	**SL / SW**
18/064	**Glossary** (agenda item 19) The Board received the glossary.	
18/065	**Any other business** (agenda item 20) Prof Baker expressed concern that the Board had not discussed the paper on the Mortality Review data in any detail. He asked for the Board to acknowledge that these were tragic events for everyone concerned and that the Board had sought assurance on the learning. It was also suggested that future papers include an acknowledgement of the	

	impact these events have on all those involved including staff and a reference to the organisation seeking to learn from these including scrutiny by the Board on the key points of learning. Mr Wrigley-Howe explained the level of scrutiny that occurs at the Trust Incident Review Group. Dr Kenwood then spoke about the level of compassion, detail and scrutiny at that meeting in relation to the events she also agreed that there would be an explicit recognition of this in the report.
18/066	**Resolution to move to a private meeting of the Board of Directors** (agenda item 21) At the conclusion of business the Chair closed the public meeting of the Board of Directors 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 …….

Leeds and York Partnership NHS Foundation Trust

AGENDA ITEM

6

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
Chief Operating Officer's report (minute 18/051 – March 2018) **NEW -** Prof Proctor also agreed to include a paragraph on staff's resilience within her blog.	**Sue Proctor / Oliver Tipper**	Management Action	**COMPLETED** This was included in the Chair's blog
Chief Operating Officer's report (minute 18/051 – March 2018) **NEW -** Mrs Forster Adams agreed to speak to Mr Wright outside of the meeting of the steps taken to address the reduction in Out of Area Placements.	**Joanna Forster Adams**	Management Action	**COMPLETED** Information has been provided to Mr Wright by Mrs Forster Adams
Combined Quality and Performance Report (CQPR) (minute 18/052 – March 2018) **NEW -** Mrs Forster Adams and Dr Kenwood to look at ensuring that clinical staff know how to escalate any issues they may have and will also address specific issues raised by a consultant in relation to any impact there may be on quality in meeting key targets.	**Joanna Forster Adams / Claire Kenwood**	Management Action	**COMPLETED** A discussion has taken place with the Consultant concerned and a joint communication issued to all Senior Clinical staff to ask for any concerns regarding KPI's to be shared with COO and MD or escalated by Clinical Governance

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
Medical Directors' quarterly report – information on the work of the Continuous Service Improvement team (minute 18/055 – March 2018) **NEW -** In order to raise awareness of the Service Improvement team they should be offered the opportunity to have a stall at the Annual Members' Meeting.	**Oliver Tipper**	Management Action	**COMPLETED** This has been picked up by the Annual Members' Meeting planning group
Workforce and Organisational Development Report (minute 18/057 – March 2018) **NEW -** Mrs Tyler indicated that an evaluation of the effectiveness of the employee assistance programme goes to the Workforce and Organisational Development Group on a regular basis and she agreed to share the latest report with Miss Grantham.	**Susan Tyler**	Management Action	**COMPLETED** The report has been provided to Miss Grantham
Report from the Chief Financial Officer – February 2018 (minute 18/058 – March 2018) **NEW -** In relation to budget management and whether those designated as budget holders have the right level of competence to carry out this role it was noted that there was on-line training which could be utilised, Mrs Tyler agreed to look at whether this was part of the management essential training package.	**Susan Tyler**	Management Action	**COMPLETED** A module on budgetary and financial management is included within the management essentials programme. Overall uptake on this programme has been lower than expected so work is being undertaken to invite and encourage relevant supervisors and managers to attend.

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
Assurances on the General Data Protection Regulation (GDPR) (minute 18/059 – March 2018) **NEW -** Prof Proctor asked about communicating private information and how this affects information provided to the Board and its sub-committees. She asked whether files and information should be password protected. Mrs Hill agreed to look into this.	**Cath Hill**	Management Action	**COMPLETED** NHS Mail accounts provide a robust level of encryption when transmitting information. There should is need for any further level of password protection or encryption
Approval of the Terms of Reference for the Mental Health Legislation Committee (minute 18/063 – March 2018) **NEW -** The reason for there being a CQC nominated individual on the membership of the committee was questioned and it was agreed that this would be clarified by the Mental Health Legislation Team.	**Sarah Layton / Sue White**	Mental Health Legislation Committee meeting May	**CLOSED AS A BOARD ACTION** This has been added to the May Mental Health Legislation Committee agenda
Chief Operating Officer's report (minute 18/051 – March 2018) **NEW -** With regard to appointments that had been cancelled during the period of adverse weather Mrs Forster Adams agreed to provide an update of the re-appointment rate and the achievement of the target and for this to go to the Finance and Performance Committee.	**Joanna Forster Adams**	Finance and Performance Committee meeting -April	**CLOSED AS A BOARD ACTION** This was discussed by the Finance and Performance Committee in April
Chief Operating Officer's report (minute 18/051 – March 2018) **NEW -** Mrs Forster Adams agreed to report the recovery trajectory for Out of Area Placements to the Finance and Performance Committee, as reported to NHS Improvement.	**Joanna Forster Adams**	Finance and Performance Committee April	**CLOSED AS A BOARD ACTION** This was discussed by the Finance and Performance Committee in April

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
Combined Quality and Performance Report (CQPR) (minute 18/052 – March 2018) **NEW -** Mrs Forster Adams agreed to provide a report to the Finance and performance Committee at the end of quarter 1 which would look at the performance against the target for timely communication with GPs and the impact of the actions taken to address the poor performance.	**Joanna Forster Adams**	Finance and Performance Committee July 2018	**CLOSED AS A BOARD ACTION** This has been added to the bring forward schedule for the July Quality Committee meeting
Report from the Chief Financial Officer – February 2018 (minute 18/058 – March 2018) **NEW -** With regard to vacancies in the Specialist Supported Living (SSL) service an update on the actions being taken to address this would be brought to July Finance and Performance Committee.	**Joanna Forster Adams**	Finance and Performance Committee July 2018	**CLOSED AS A BOARD ACTION** Please note that this has been added to the July agenda for the Finance and Performance Committee
Safe Staffing Report – January 2018 (minute 18/034 – February 2018) It was noted that a national benchmarking report in relation to community services had been received by the Finance and Performance Committee and had shown that the Trust's costs community services were lower than average. Prof Proctor asked for the Finance and Performance Committee to look at issues such as reference costs, community staffing levels in some detail.	**Dawn Hanwell / Joanna Forster Adams**	Finance and Performance Committee July 2018	**CLOSED AS A BOARD ACTION** This has been added to the Finance and Performance Committee forward plan for July to look at reference costs and benchmarking

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
Chief Operating Officer's report (minute 18/051 – March 2018) **NEW -** Prof Proctor agreed to raise the learning from the recent adverse weather at a future meeting of the Committees in Common to discuss opportunities for learning across the West Yorkshire footprint.	**Sue Proctor**	April Committees in Common Meeting	**CLOSED AS A BOARD ACTION** This will be picked up at the next meeting of the Committees in Common
Director of Nursing report and Safe Staffing Report for February 2018 (minute 18/053 – March 2018) **NEW -** Prof Proctor agreed to pick this up the issue of better support for the recruitment of registered Learning Disability nurses at the forthcoming Committees in Common meeting.	**Sue Proctor**	April Committees in Common Meeting	**CLOSED AS A BOARD ACTION** This will be added to the Committees in Common work schedule
Combined Quality and Performance Report (CQPR) (minute 18/052 – March 2018) **NEW -** Dr Kenwood suggested that at the Quality Committee in April there was a discussion as to how the data for incidents, serious incidents and deaths would be reported and where.	**Cathy Woffendin / Claire Kenwood**	Quality Committee April	**CLOSED AS A BOARD ACTION** This was discussed at the April Quality Committee meeting
Report from the Chair of the Quality Committee for the meeting held 13 February 2018 (agenda item 15) Mr Lumsdon noted that the in relation to mechanical restraint these were only small numbers and that ultimately there would be a detailed report to the Board in June.	**Cathy Woffendin**	May Quality Committee meeting June Board of Directors' meeting	**ONGOING** The Quality Committee will receive a report in May in respect of restrictive practices and assurances will be made back to the Board by the chair of the committee through the Chair's report

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
Report from the Chief Financial Officer – February 2018 (minute 18/058 – March 2018) **NEW -** It was requested that the report to the Workforce and Organisational Development Group shows where the variations were within the vacancy rate and which services were successful at recruitment and retention.	**Susan Tyler**	Workforce and Organisational Development Group June 2018	**CLOSED AS A BOARD ACTION** Please note that this has been added to the June agenda for the Workforce and Organisational Committee
Safe Staffing Report – January 2018 (minute 18/034 – February 2018) The Board noted the work that had been undertaken to learn from successful recruitment fairs and that a paper would be taken to the Workforce and Organisational Development Group to understand what recruitment strategies and actions had been put in place to determine wider learning.	**Joanna Forster Adams**	To go to the Workforce and OD Group April	**CLOSED AS A BOARD ACTION** This was discussed by the Workforce and Organisational Development Committee in April
Approval of the Standing Financial Instructions (minute 18/060 – March 2018) **NEW -** Mrs Hanwell and Mrs Hill to look at where reference to the Committees in Common, in particular the delegated financial limits is described in the Standing Financial Instructions / other governing documents.	**Dawn Hanwell / Cath Hill**	Audit Committee July 2018	**CLOSED AS A BOARD ACTION** The financial limits will be articulated in the Scheme of Delegation and references will be included in the Standing Financial Instructions – assurances will be made to the Audit Committee meeting in July as to completion of this work

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
Combined Quality and Performance Report (minute 18/010 – January 2018) It was noted that at a previous Board it had been reported that there was a new service model due to be implemented by NHS England in regard to the Gender Identity service. It was noted that the outcome of this was still awaited and agreed that an update would come to the February Board meeting.	**Joanna Forster Adams**	~~February Board of Directors' meeting~~ ~~Verbal update to the March Board of Directors' meeting~~ April Board meeting	
Approval of the Trust's Strategy (minute 17/205 – November 2017) With regard to this suite of documents (Trust Strategy and the five strategic plans) it was agreed that there would be a board workshop to look at their alignment and an agreement as to the key outcomes to monitor delivery of the three strategic objectives. Mrs Hill agreed to factor this into the Board development programme for 2018/19.	**Cath Hill**	April Board of Directors' meeting	**COMPLETED** This has been added to the April private Board agenda

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
Director of Nursing report and Safer Staffing 1 November to 31 December 2017 (minute 18/011 – January 2018) The Board supported the pro-active relationship management for students and asked for a report on this to be included in a future workforce report.	**Susan Tyler**	May Board of Directors' meeting	**ONGOING** At the end of the second year a conversation will take place with the student and mentee to agree if they would be interested in working within LYPFT upon qualification. An annual list of students due to qualify in the next 12 months will be produced by the practice placement facilitator and shared with service managers who will then work closely with their HR business support manager to provide a list of job opportunities and offer subsequent contracts based on successful qualification.
Sharing Stories (minute 18/044 – March 2018) **NEW -** In response to the issues around staffing within the Perinatal Unit, Mrs Woffendin agreed to look at how the Trust sustains the quality of staff on the perinatal unit; including looking at staffing ratios and the skill mix.	**Cathy Woffendin**	May Board of Directors' meeting	**ONGOING** An update will be provided in May's safer staffing report upon completion of site visit and receipt of benchmarking data
Chief Executive's report (minute 18/050 – March 2018) **NEW -** Mrs Hanwell is to provide a report on the outcome of the challenge back to commissioners on there being no new investment monies paid to the Trust. The outcome of this is to be reported back to the Board.	**Dawn Hanwell**	May Board of Directors' meeting	

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
Workforce and Organisational Development Report (minute 18/057 – March 2018) **NEW -** The Board asked for a progress report to be brought back to the June Board meeting on bank staffing and the progress being made by the clinical lead for bank staffing relating to issues such as training and supervision.	**Susan Tyler**	June Board of Directors' meeting	
Combined Quality and Performance Report (CQPR) (minute 18/052 – March 2018) **NEW -** Mrs Tyler is to look at determining benchmarking data for staff sickness caused by stress by looking at information such as the public Board papers for other comparative organisations and also to look at the national staff survey data by way of benchmarking.	**Susan Tyler**	June Board of Directors' meeting	
Director of Nursing report and Safe Staffing Report for February 2018 (minute 18/053 – March 2018) **NEW -** Mrs Woffendin advised the Board that with effect from July there would be a new style of report to the Board in relation to Safe Staffing	**Cathy Woffendin**	July Board of Directors' meeting	

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
Report from the Chief Financial Officer – February 2018 (minute 18/058 – March 2018) **NEW -** The Chair of the Finance and Performance committee to report to the July Board meeting if there was a specific urgent risk in relation to staff recruitment and retention in the Specialist Supported Living service.	**Steven Wrigley-Howe**	July Board of Directors meeting	
Report from the Chief Operating Officer (minute 17/207 – November 2017) With regard to patient-flow management and capacity the Board noted that there was a comprehensive piece of work which would take place in early 2018. Mrs Forster Adams agreed to include an update on this work in the Chief Operating Officers' report to the January Board detailing progress with this.	**Joanna Forster Adams**	~~February Board meeting 2018~~ ~~Finance and Performance Committee in April 2018~~ July Board workshop	This and the following three items are linked and will be picked up together in a Board workshop in July 2018
Actions outstanding from the public meetings of the Board of Directors (minute 18/006 – January 2018) It was agreed that there would be an update on the work around the internal skill-mixing work and the application of the acuity tool would be brought to the April Board which would also include a review of the contractual arrangements to ensure there is adequate investment to provide the right level of staffing in the services.	**Joanna Forster Adams**	July Board workshop	Ditto above

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
Actions outstanding from the public meetings of the Board of Directors (minute 18/006 – January 2018) It was agreed that patient flow would be looked at in more detail in the May Board development session.	**Joanna Forster Adams**	July Board Workshop	Ditto above
Combined Quality and Performance Report (CQPR) (minute 18/032 – February 2018) In relation to patient flow, it was noted that this was to be picked up in the July Board workshop. It was agreed that this would also highlight any variances in flow within the Trust.	**Joanna Forster Adams**	July Board workshop	Ditto above

CLOSED ACTIONS

(3 MONTHS PREVIOUS)

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
Sharing Stories (minute 18/023 – February 2018) The Board asked about the Leeds Commitment to Carers and when it would expect to be asked to engage in this formally. It was agreed that this would be taken forward through the Service User Forum in the first instance.	**Cathy Woffendin**	Management action	**CLOSED AS A BOARD ACTION** An external review of the Trusts patient experience, service user and carer involvement is currently being commissioned and will commence with a workshop to scope and obtain initial views across these areas. In addition the Director of Nursing and Professions has organised to meet with key individuals from the Leeds Carers group.
Actions outstanding from the public meetings of the Board of Directors (minute 18/028 – February 2018) The Board agreed that the care manager who regularly visited people placed out of area with a view to repatriating or discharging services user should be invited to a sharing stories session. Mrs Hill agreed to schedule this in.	**Cath Hill**	Management action	**CLOSED AS A BOARD ACTION** This has been added to the schedule of Sharing Stories

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
Guardian of Safe Working Hours quarterly report (minute 18/029 – February 2018) It was agreed that the Guardian would present the annual report each year, but that quarterly reports would be presented by the Medical Director, unless there were any issues which the Guardian felt it necessary to attend the Board for. Mrs Hill agreed to note this on the work-schedule.	**Cath Hill**	Management Action	**CLOSED AS A BOARD ACTION** The annual cycle of business has been updated
Chief Executive's report (minute 18/030 – February 2018) The Board asked for a letter to be sent to Peter Trigwell from the Board congratulating him on achieving a Silver Level national clinical excellence award.	**Cath Hill / Sue Proctor**	Management Action	**CLOSED AS A BOARD ACTION**
Combined Quality and Performance Report (CQPR) (minute 18/32 – February 2018) The Trust is looking at the way in which the Friends and Family Test would be facilitated going forward.	**Cathy Woffendin**	Management Action	**CLOSED AS A BOARD ACTION** This action is being picked up as part of the review of Trusts patient experience, service user and carer involvement
Combined Quality and Performance Report (CQPR) (minute 18/32 – February 2018) Data around the themes to come from complaints will be looked at by the Quality Committee.	**Cathy Woffendin**	To go to the Quality Committee	**CLOSED AS A BOARD ACTION** This is on the work schedule for the Quality Committee and will be discussed at the April meeting as to when and how this will go to the committee.

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
Estates Strategic Plan (minute 18/035 – February 2018) It was noted that the Estates Strategic Plan was now in the public domain and that there should be a communications plan both internally and externally to support this. Dr Munro agreed to pick this up with Mr Tipper, Head of Communications.	**Sara Munro**	Management action	**CLOSED AS A BOARD ACTION** This forms part of the next round of engagement session which start in May
Report from the Chief Financial Officer – January 2018 (minute 18/036 – February 2018) The Trust remains in dialogue with NHS England regarding the contract adjustment for Forensic ward closures and that it is anticipated that a resolution would be reached at the end of February.	**Dawn Hanwell**	Management Action	**COMPLETED** A reduction in the contract has been agreed to take account of the two ward closures
Combined Quality and Performance Report (CQPR) (minute 18/032 – February 2018) It was noted that the information in the report in relation to Out of Area Placements did not make any differentiation between those service users in NHS, third sector and private providers. Mrs Forster Adams agreed to report this information to the Quality Committee.	**Joanna Forster Adams**	To go to the Quality Committee	**CLOSED AS A BOARD ACTION** This has been added to the Quality Committee forward plan

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
Combined Quality and Performance Report (CQPR) (minute 18/032 – February 2018) There were a number of requests for information in the CQPR in relation to the Quality Section: • Clarification on an apparent disconnect between the severity and number of incidents reported in January on pages 17 and 18. • A narrative to provide further details on those incidents that were not STEIS reportable • For the data to contain both figures and percentages.	**Cathy Woffendin**	March Board	**COMPLETED** Included in the March Board report
Combined Quality and Performance Report (CQPR) (minute 18/032 – February 2018) An update in relation to the ethnicity data for those service users not yet seen.	**Joanna Forster Adams**	March Board	**COMPLETED** This has been included in the performance report
Safe Staffing Report – January 2018 (minute 18/034 – February 2018) It was agreed that the NHS Improvement guidance in relation to safe staffing be reflected in the report to the March Board.	**Cathy Woffendin**	March Board	**COMPLETED** Included in March Safer Staffing Report and the Director of Nursing and professions report

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
Report from the Chair of the Mental Health Legislation Committee meeting held 8 February 2018 (agenda item 14) The revised Terms of Reference for the committee, to be brought to the March Board meeting for ratification.	**Sue White**	March Board	**COMPLETED** On the March Board agenda

Leeds and York Partnership
NHS Foundation Trust

AGENDA ITEM
7

MEETING OF THE BOARD OF DIRECTORS

PAPER TITLE:	Chief Executive Report
DATE OF MEETING:	26 April 2018
PRESENTED BY: (name and title)	Dr Sara Munro – Chief Executive
PREPARED BY: (name and title)	Dr Sara Munro – Chief Executive

THIS PAPER SUPPORTS THE TRUST'S STRATEGIC OBJECTIVE/S (please tick relevant box/s)		✓
SO1	We deliver great care that is high quality and improves lives.	✓
SO2	We provide a rewarding and supportive place to work.	✓
SO3	We use our resources to deliver effective and sustainable services.	✓

EXECUTIVE SUMMARY

The purpose of this paper is to inform the board on some of the activities of the Chief Executive which are undertaken to support the delivery of the Trusts strategic objectives.

This month's reports covers:

1. Staff Engagement,
2. Regulatory update,
3. System update,
4. 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?	**State below 'Yes' or 'No'**	If yes please set out what action has been taken to address this in your paper
	No	

RECOMMENDATION

The Board is asked to note the content of the report.

CHIEF EXECUTIVE'S REPORT: 26 APRIL 2018

Author: Dr Sara Munro, Chief Executive

1. Introduction

The purpose of this paper is to update the board on the activities of the CEO.

2. Staff Engagement

I will be visiting our Gender ID Services on the 24th April which I will expand on at the board meeting.

I, along with a small group of CEOs had the privilege of meeting the secretary of state for health and social care Jeremy Hunt on the 17th May 2018. The meeting was a good opportunity to talk about the future commitment to the NHS including mental health services. Workforce strategy and a long term funding settlement are key priorities for the SoS in the coming months. He is also continuing visits to Trusts and intends to visit every Trust in the Country. Therefore we should anticipate a visit in the near future which will be for a cross range of staff to meet with Jeremy and discuss his commitment to mental health and patient safety in particular. He fed back that from his visits so far he has been very impressed at the level of work and commitment to patient safety in mental health Trusts.

3. Regulatory Update

3.1 CQC – At the time of writing we are still awaiting the response to our factual accuracy check submission and confirmation of final ratings and publication date. Once this is confirmed we will receive the final reports embargoed and the CQC communications team will liaise with our regarding publication. We are also planning for wider communication to our staff and stakeholders.

3.2 NHSI – We have had confirmation on the STF incentive and bonus scheme that is being applied to Trusts based on achievement of control total and key performance metrics in 2017/18. This will impact on our year-end financial position and the Director of Finance will update further in their report. We have had a routine quarterly review meeting with NHSI in April with no significant matters to report.

4. System Update

4.1 Mental Health Collaborative

Following approval by all boards last month of the proposal to establish a committee in common our communications team will be arranging for wider dissemination to key staff and stakeholders. We also anticipate this may generate some wider media interest.

As a result of this milestone, and transfer of the chair from Nicola Lees to myself we will be discussing at our CEO meeting on the 23rd April to do a stocktake and reaffirm the expectations and intended outcomes of the existing work streams, align resources as well as consider any additional areas we should include going forward.

4.2 West Yorkshire and Harrogate STP

The focus of the leadership group continues to be on our memorandum of understanding and accountability arrangements going forward including detailed work by our DoFs on a system level control total if we were to progress as an Integrated Care System. Dawn Hanwell has volunteered to join a smaller group to work with the ALBs on behalf of the leadership group to further develop the benefits that would potentially arise as a result of being an ICS.

4.3 The Leeds Plan

Following a refresh and stocktake of the Leeds plan programmes the central team is now recruiting to the central posts to support delivery. As SRO for workforce we are arranging a conference mid-May to identify wider ideas and opportunities to ensure we have the right workforce for the long term in Leeds. Simultaneously, we have commissioned a review of the capacity and capability or workforce in part triggered by the significant change in senior personnel that lead on workforce across all agencies in the City. This is expected to conclude by the end of May.

5. Reasons to be Proud

5.1 Success for our Trainee Doctors

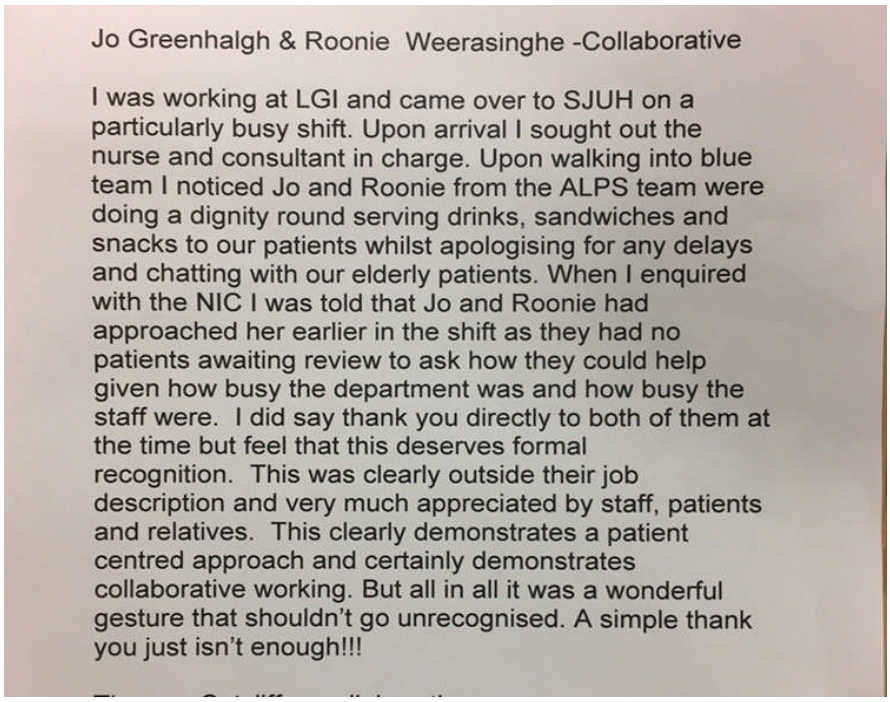
Dr Alderson, one of doctors has been awarded with the Higher Psychiatry Trainee of the Year award 2018 by the School of Psychiatry in Yorkshire and the Humber.

Dr Ball another doctor in the trust has been awarded with the Core Psychiatry Trainee of the Year award 2018 by the School of Psychiatry in Yorkshire and the Humber.

Both doctors will also be nominated in the Royal College of psychiatry awards and I would also like to make additional thanks to Dr Nightingale our DME who plays a very active and passionate role in supporting our Trainees.

5.2 Caring and Partnership Working at its Best in ALPS

Two of our staff in the acute liaison psychiatry service based in LTHT have been recognised by the acute Trust following a nomination which I believe speaks for itself. They received a "Commending Excellence in the Emergency Department (CEED)" award for collaborative and patient centred working in the ED. Joanne Greenhaulgh and Roonie Weerasinghe were nominated by ED staff and received a certificate from the LTHT director of HR with a small audience recognising their contribution to the ED.



Jo Greenhalgh & Roonie Weerasinghe -Collaborative

I was working at LGI and came over to SJUH on a particularly busy shift. Upon arrival I sought out the nurse and consultant in charge. Upon walking into blue team I noticed Jo and Roonie from the ALPS team were doing a dignity round serving drinks, sandwiches and snacks to our patients whilst apologising for any delays and chatting with our elderly patients. When I enquired with the NIC I was told that Jo and Roonie had approached her earlier in the shift as they had no patients awaiting review to ask how they could help given how busy the department was and how busy the staff were. I did say thank you directly to both of them at the time but feel that this deserves formal recognition. This was clearly outside their job description and very much appreciated by staff, patients and relatives. This clearly demonstrates a patient centred approach and certainly demonstrates collaborative working. But all in all it was a wonderful gesture that shouldn't go unrecognised. A simple thank you just isn't enough!!!

6. Executive team update

The board will know that Susan Tyler retires at the end of May, her final board meeting being the 24th May 2018. I am delighted to confirm that Lindsey Jensen, currently deputy director of workforce has agreed to take on the interim executive role of director of workforce commencing the 1st June 2018. We look forward to welcoming Lindsey to future board meetings and Lindsey and Susan will be arranging a handover throughout the next few weeks. Arrangements for recruitment to the substantive director are currently being finalised.

Dr Sara Munro
Chief Executive
April 2018

Leeds and York Partnership
NHS Foundation Trust

AGENDA ITEM
7.1

MEETING OF THE BOARD OF DIRECTORS

PAPER TITLE:	Strategic alignment and priorities
DATE OF MEETING:	26 April 2018
PRESENTED BY: (name and title)	Dr Sara Munro – Chief Executive
PREPARED BY: (name and title)	Dr Sara Munro – Chief Executive

THIS PAPER SUPPORTS THE TRUST'S STRATEGIC OBJECTIVE/S (please tick relevant box/s)		✓
SO1	We deliver great care that is high quality and improves lives	✓
SO2	We provide a rewarding and supportive place to work	✓
SO3	We use our resources to deliver effective and sustainable services	✓

EXECUTIVE SUMMARY

The purpose of this paper is to inform the board on the priorities for the year 2018/19 that have been agreed by the Executive Team.

The priorities are aligned with the strategic plans and inform our submission to NHSI on our operational plan for 2018/19. They will now be included in individual objectives as part of the appraisal setting process and communicated out to staff through a series of engagement events during May and June

The paper also sets out how assurance will be provided through the sub committees and the board on implementation of the priorities.

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
	No	

RECOMMENDATION

The Board is asked to note the content of the report.

LEEDS AND YORK PARTNERSHIP NHS TRUST ORGANISATION PRIORITIES FOR 2018/2019

1. Introduction

The purpose of this paper is to inform the Board of the collective priorities that have been agreed and will be led by the Executive team for the year ahead. The identification of these priorities has been based on the following principles;

- Priorities are based on recently approved strategic plans and inform our operational plan submission
- Responsiveness to known or expected commissioning intentions
- Whilst delivery of regulatory CQC requirements will be within business as usual assurance on progress will be an action in its own right
- Use existing resources/personnel where possible and therefore align core activity to priorities
- Provide additional resource where necessary to enable delivery of the priority
- Align with overall financial planning including CIP

These priorities reflect the most significant and cross cutting work programmes which will have Executive leadership and ensure delivery of service improvements in line with our overall strategic plan. The collective agreement is these are essential programmes of work.

There are likely to be additional programmes of work the Executive team agree to prioritise in response to wider changes with the STP and Leeds Plan, and commissioner intentions. Therefore we need to maintain a degree of flexibility and pragmatism. All the priorities identified in this paper are core to the work of care groups and corporate teams going forward and additionally have been subject to review to ensure they can be adequately resourced which they can. They will inform individual objective setting as part of our appraisal process and be embedded with our performance oversight arrangements for care groups and corporate services.

2. Organisational Priorities 2018/2019

The priorities fall within different categories outlined as follows. In addition table 1 sets out more detail, executive ownership and monitoring arrangements. Given many of the priorities reflect the work of the strategic plans the detail has not been replicated here. The important point to note is one of alignment and cross cutting work across the strategic plans.

2.1 Defined Change Projects

- Commission, design and deployment of new EPR (will go beyond 18/19)
- Community Mental Health Services redesign
- Decant of specified community premises
- Delivery of New Care Models
- Scoping of local rehabilitation model (likely Q3 and implementation into next year)

2.2 Cross cutting enablers

- Staff engagement; OD expertise, well-being and stress, retention, management of change capacity
- PFI resize and refinance
- St Marys hospital site decant
- Implementation of defined model for Quality Improvement
- Review of Patient experience and delivery of improvements

2.3 Business as Usual

- Sustained improvements in bed capacity to reduce out of Area placements and delayed transfers of care
- Development and delivery of the Winter Plan
- Refurbishment of inpatient PFI stock
- Safe staffing refresh
- Inpatient bed capacity modelling refresh

2.4 Mental health Collaborative and STP Work

- STP model for assessment and treatment in Learning Disability services
- PICU model
- Specialist Rehabilitation Model
- Forensic model for WY&H
- Primary care mental health model

3. Governance Reporting on our Priorities

The table attached outlines in more detail our intentions around how we will report on the progress we are making against our priorities for 2018/19. We will provide a high-level assurance report to the Board of Directors on a bi-annual basis, this will have been presented to the various Board sub-committees for assurance and more detailed scrutiny. These bi-annual reports will encompass a mid-year and end of year review.

There will be governance arrangements as set out below within the operational governance structure which will take account of some of the cross-cutting elements of some of the priorities (whereby different aspects may need to be reported to different groups within that operational structure). Should any blockages and/or risks to delivery occur which require immediate intention by a respective operational exec led group, the responsible lead will ensure this is agendered accordingly.

Quarterly, the PMO will provide a report against key deliverables to the Senior Leadership Team by way of a progress report.

Linked with our priorities for delivery, we also intend to expand the breadth of our Quality Impact Assessment process and governance to assess the quality impact of any cost improvement/neutral schemes/tenders. Assurances on the outcome of this process will be reported to the Quality Committee.

Since we have ratified all our strategic plans there is a need to further review the terms of reference for each respective operational exec led group to ensure the appropriate membership and duties are in place to oversee the work of the delivery the priorities.

Table 1 : Governance and Assurance on Organisational

Priorities

Organisational Priorities for 2018 - 2019		Executive Lead	Operational governance	Period	Report	Assurance governance
Key deliverables within our Community and crisis services	Implementation of a new community and crisis model for older and working age adults.	Chief Operating Officer	PMO reporting into the Service Development Group	Each meeting	Details of progress made against the plans in place.	Quality committee bi-annually prior to reporting to Board (providing assurance on progress with implementation)
	Integrate the specialist liaison outpatient model with Leeds Teaching Hospitals NHS Trust (acute provider) specialisms and identify growth opportunities in non-acute outpatient care.	Chief Operating Officer	PMO reporting into the Service Development Group	Each meeting	Details of progress made against the plans in place.	Quality committee bi-annually prior to reporting to Board (providing assurance on progress with implementation) Any growth opportunities will be reported to the Finance and Performance Committee when identified
	We will respond to people who visit the emergency department in crisis within 1 hour by increasing our specialist triage provision provided by the Assessment and Liaison Psychiatry Service (ALPS).	Chief Operating Officer	PMO reporting into the Service Development Group	Each meeting	Details of progress made against the plans in place.	Quality committee bi-annually prior to reporting to Board(providing assurance on progress with implementation)
	As part of the winter pressures planning across Leeds, we will implement an enhanced Care Homes Service that will offer intensive assessment and support to newly placed care home residents.	Chief Operating Officer	PMO reporting into the Service Development Group	Each meeting	Details of progress made against the plans in place.	Quality committee bi-annually prior to reporting to Board(providing assurance on progress with implementation)

Organisational Priorities for 2018 - 2019		Executive Lead	Operational governance	Period	Report	Assurance governance
	Implement a new forensic community outreach model (including in-reach) that provides specialist community support and intervention for service users with on-going significant / complex mental health needs leaving secure care, and/or who present a significant potential risk to others or exhibit serious offending behaviour.	Chief Operating Officer	PMO reporting into the Service Development Group	Each meeting	Details of progress made against the plans in place.	Quality committee bi-annually prior to reporting to Board(providing assurance on progress with implementation)
	Implementation of the new veterans mental health intensive service.	Chief Operating Officer	PMO reporting into the Service Development Group	Each meeting	Details of progress made against the plans in place. .	Quality committee bi-annually prior to reporting to Board(providing assurance on progress with implementation)
Key deliverables within our inpatients services	▪ We will redesign our low secure model at Clifton House, York, including: o Implement two assessment and treatment wards (12 bedded male ward and a 10 bedded female ward) o Implement a 10 bedded male low secure rehabilitation and transitional ward, for men who are preparing to leave secure care and require less intensive procedural and relational security ▪ Develop new models of inpatient rehabilitation provision involving third sector partners in Leeds	Chief Operating Officer	PMO reporting into the Service Development Group	Each meeting	Details of progress made against the plans in place.	Quality committee bi-annually prior to reporting to Board(providing assurance on progress with implementation)
	Explore the feasibility and viability of a female only PICU service.	Chief Operating Officer	PMO reporting into the Service Development Group	Each meeting	Details of progress made against the plans in place.	Quality committee bi-annually prior to reporting to Board(providing assurance on progress with implementation)
	We will ensure achievement of an agreed out of area placement trajectory for acute and PICU.	Chief Operating Officer	Service Development Group – as part of the Clinical Strategic Plan delivery via the PMO	Quarterly	Strategic plan progress report	Quality Committee bi-annually on progress against the strategic plan

Organisational Priorities for 2018 - 2019		Executive Lead	Operational governance	Period	Report	Assurance governance
			Operational Delivery Group – monitoring the agreed trajectory via performance Financial Planning Group – financial monitoring against the budget allocation via finance	Each meeting Each meeting	Combined Quality and Performance report Reported as part of the financial performance report	Board each meeting as part of the CQPR Finance and Performance Group as part of the financial performance report
	We will engage an organisation to review our bed numbers with the priority focus upon our acute beds and Crisis Assessment Unit. Alongside this work we will complete a series of safe staffing reviews, with our priority area being PICU, learning disabilities and dementia wards.	Chief Operating Officer Director of Nursing and Professions	Service Development Group / operational delivery group Financial Planning Group – to consider any financial or contractual implications	To be agreed To be agreed	Outcome report Impact on the financial performance	Board workshop in the first instance
Key deliverables within our specialist and learning disability services	Implementation of new models of care for adult eating disorders.	Chief Operating Officer	PMO reporting into the Service Development Group	Each meeting	Details of progress made against the plans in place.	Quality committee bi-annually prior to reporting to Board(providing assurance on progress with implementation)
	Explore opportunities to further increase our perinatal bed base.	Chief Operating Officer	PMO reporting into the Service Development Group	Each meeting	Details of progress made against the plans in place.	Quality committee bi-annually prior to reporting to Board(providing assurance on progress with implementation)
	Develop our gender identity services and actively participate in the national procurement process.	Chief Operating Officer	Service Development Group – as part of the Clinical Strategic Plan delivery via the PMO Financial Planning Group – once tender details known, monitoring and	Quarterly As required	Strategic Plan update report Reported as part of the financial performance report	Strategic Investment and Development Committee for assurance and approval of the tender submission Finance and Performance Committee for assurance against the financial plan

Organisational Priorities for 2018 - 2019		Executive Lead	Operational governance	Period	Report	Assurance governance
			approval of the developed tender			
	Develop our plans to reduce Learning Disability assessment and treatment beds and explore options for co-location.	Chief Operating Officer	PMO reporting into the Service Development Group	Each meeting	Details of progress made against the plans in place.	Quality committee bi-annually prior to reporting to Board(providing assurance on progress with implementation)
Key deliverables that are Cross Cutting	Commence implementation of a new replacement electronic patient record system across the Trust.	Medical Director	EPR Project Team reporting into the Information Steering Group at each meeting detailing progress made against the plans in place.	Each meeting	Details of progress made against the plans in place	Finance and Performance Committee to receive assurance reports on the progress we are making prior to reporting to Board
	Confirm the feasibility of a PFI restructure/refinance.	Director of Finance/ Deputy Chief Executive	Financial Planning Group to receive updates on the progress made and agree any changes within their delegated financial limit.	Required	Updates on progress with any proposals which will be considered in	Finance and Performance Committee to receive assurance reports on the progress we are making. Strategic Investment and Development Committee – should the value be over the agreed cap Board to receive update reports as part of the CFO report
	Achievement of the disposal of four Trust properties: Springfield Mount, Malham House, Southfield House and The Cottage.	Director of Finance/ Deputy Chief Executive	Estates Project Team reporting into the Estates Steering Group at each meeting detailing progress made against the plans in place. Financial Planning Group to receive updates on the	Each meeting As required	Progress against the plans for disposal Implications of the disposal on the financial plan and	Finance and Performance Committee to receive assurance reports on the progress we are making and the financial. Assurances to the Quality Committee on the impact of the disposal of the properties and the arrangements that have been put in place.

Organisational Priorities for 2018 - 2019		Executive Lead	Operational governance	Period	Report	Assurance governance
			progress made and agree any changes within their delegated financial limit.		achievement of the control total	Strategic Investment and Development Committee – should the value be over the agreed cap Board to receive update reports as part of the CFO report
	Staff engagement, OD expertise, well-being and stress, retention, management of change capacity.	Director of Workforce	Workforce and Organisational Development Group	Quarterly	Report on performance against the Workforce and OD strategic plan	Board bi-annually to report against progress on plans
	Quality plans the initiatives set out in appendix 3	Medical Director	Trust-wide Clinical Governance Group to receive updates on the progress against the priorities detailed within appendix 3 of the Quality Strategic Plan	Quarterly or as required	Report on progress against the initiatives	Quality Committee to receive assurance reports on the progress we are making against the priorities within our Quality Strategic Plan.
	Review of Patient experience and delivery of improvements	Director of Nursing and Professions	Patient experience group	To be agreed	Outcome report from the review and resulting action plan	Quality Committee to be assured of the outcome of the review followed by a regular patient experience report
	Completion of any actions identified as a result of the CQC inspection completed in January 2018	Director of Nursing and Professions	Trust-wide Clinical Governance Group to receive updates	Monthly	Report on progress and evidence to demonstrate completion of actions	Quality Committee to be assured on progress and implications quarterly

Dr Sara Munro
April 2018

Leeds and York Partnership NHS Foundation Trust

AGENDA ITEM
8

MEETING OF THE BOARD OF DIRECTORS

PAPER TITLE:	Combined Quality Performance Report
DATE OF MEETING:	26 April 2018
PRESENTED BY: (name and title)	Joanna Forster Adams, Chief Operating Officer
PREPARED BY: (name and title)	Joanna Forster Adams, Chief Operating Officer and Executive Directors Paper coordinator, Fiona Coope, Senior Performance Manager

THIS PAPER SUPPORTS THE TRUST'S STRATEGIC OBJECTIVE/S (please tick relevant box/s)		✓
SO1	We deliver great care that is high quality and improves lives	✓
SO2	We provide a rewarding and supportive place to work	
SO3	We use our resources to deliver effective and sustainable services	✓

EXECUTIVE SUMMARY

The attached Combined Quality Performance report includes activity information from March 2018 (unless indicated otherwise).

Due to the end of the financial year, our accounts will not be finalised and closed down until the 23rd April 2018. The Board and Finance & Performance Sub Committee will receive separate reports detailing the Trust's financial position. No finance data has therefore been included in this report.

The reintroduced Workforce metrics and measures of performance in this report are in arrears and relate to both February and March 2018. It should be noted that this core set of metrics will be supported by quarterly performance reporting against our set of strategic measures as outlined in our Workforce strategic plan.

As previously reported at Board, this report continues to be under development. Our timelines for the production and analysis of data still need further improvement so that our Board sub committees can consider our performance domains at a more granular level.

The work to make improvements to the quality metrics has commenced and will be under taken in April and May 2018.

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
	No	

RECOMMENDATION
The Board are asked to: • Review and note the content of this report • Identify any concerns or additional work required

Combined Quality Performance Report

Leeds and York Partnership
NHS Foundation Trust

Lead Director: Joanna Forster Adams, Chief Operating Officer

Date: April 2018 (reporting March 2018 data, unless otherwise specified)
Board Meeting

Introduction

Unless otherwise specified, all data is for March 2018

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

At care group level the performance framework is being replicated across service areas, with each service/team having a relevant performance dashboard. Services are now receiving a one-page scorecard each month, based on the measures required or developed at a local level, which have been agreed through our governance processes.

The Board report format provides details of our performance against our mandated NHSI, CCG and Standard NHS Contract requirements. These are categorised under 5 domains with narrative provided where we have material concerns or can highlight positive results which provide assurance to the Board. The 5 domains are as follows with subsequent sub-headings:

Service Performance

- Access & Responsiveness: Our response in a Crisis
- Access and Responsiveness: Our Specialist Services
- Our Acute Patient Journey
- Our Community Care
- Clinical Record Keeping: Mandated requirements

Quality Performance

- Effectiveness
- Caring / Patient Experience
- Safety

Workforce (monthly in arrears)

Further work has taken place to categorise each metric under the CQC 5 Key Lines of Enquiry domains. These are shown at the end of the document:

- Safe
- Effective
- Caring
- Responsive
- Well-led

The Board, in their November workshop, requested kite marks to be used as a measure in which each KPI is assessed to provide assurance that the data quality meets dedicated standards. This work is being progressed through our recently appointed Head of Performance.

A plan has been developed which will take a 3-prong approach to apply kite marks against each metric:

1. Automation - a traffic light system approach to determine the source of the metric;
    a. Green - fully automated
    b. Amber - partially automated
    c. Red - manual

2. Governance
    a. Green - Standard Operating Procedures (SOP) – approved and signed off by the PIDQ Group
    b. Amber - Not reviewed in >12 months
    c. Red - No SOP in place

3. Completeness and accuracy audit – internal, external or local audit by DQ team
    a. Green - full or significant assurance
    b. Amber - limited assurance
    c. Red - no assurance

Kite mark assessments will be gradually phased in over a 12 month period to enable a full review of each metric.

In the interim, the following monthly variance indicators have been used to identify if the position of the metric has either improved, not changed or deteriorated from the previous month.

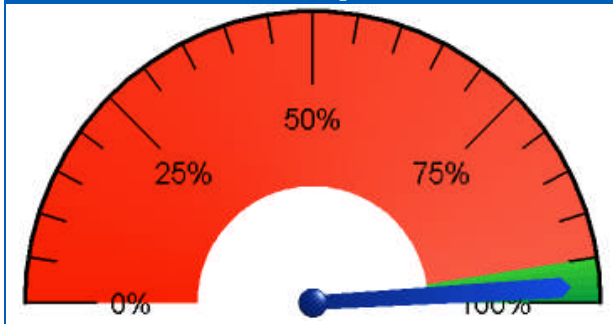
Key:

		
Green Position improved since last month	**Blue** Position unchanged since last month	**Red** Position deteriorated since last month

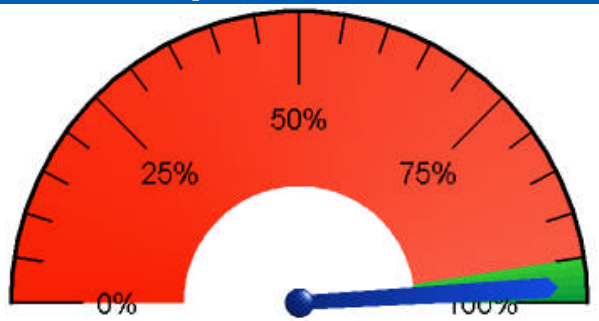
Performance

Our Service Performance

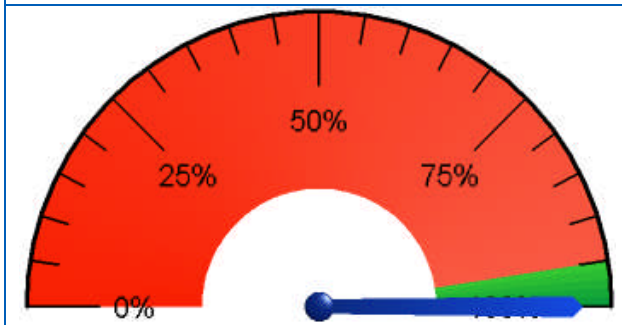
Access & Responsiveness: Our response in a Crisis



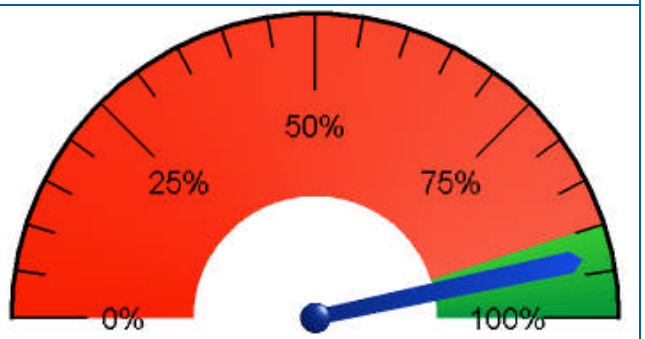
Crisis Plan within 24 hours



Percentage of people with a Crisis Assessment Summary and formulation plan in place

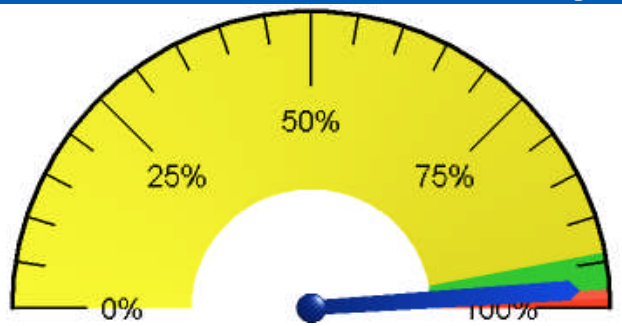


Admissions to inpatient services had access to crisis resolution / home treatment teams

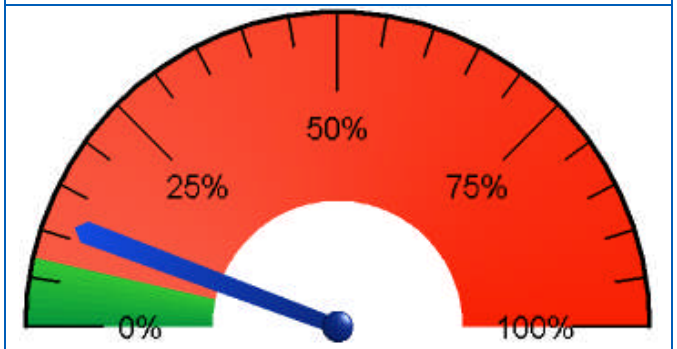


Timely Access to a MH Assessment by the ALPs team in the LTHT Emergency Department

Our Acute Patient Journey

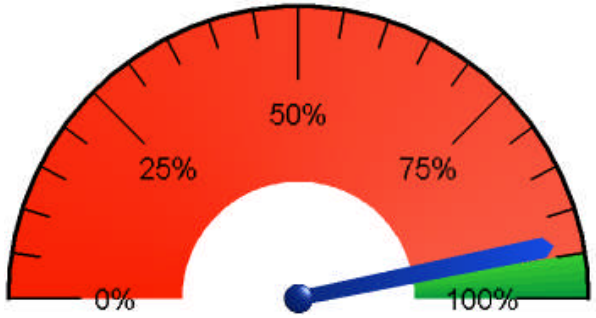


Bed Occupancy rates for (adult acute) inpatient services

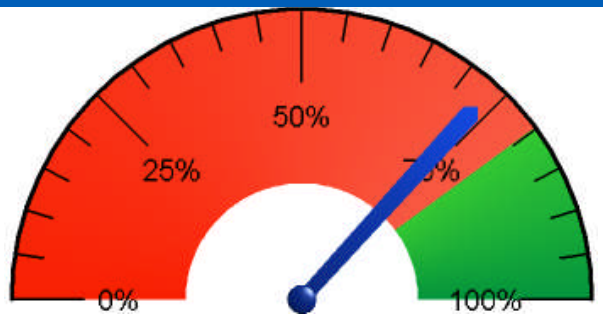


Delayed Transfers of Care

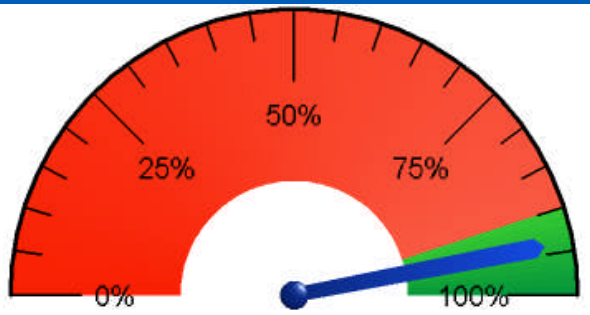
Our Community Care



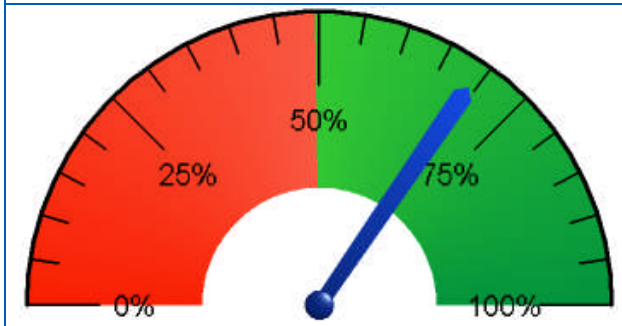
7 Day Follow Up



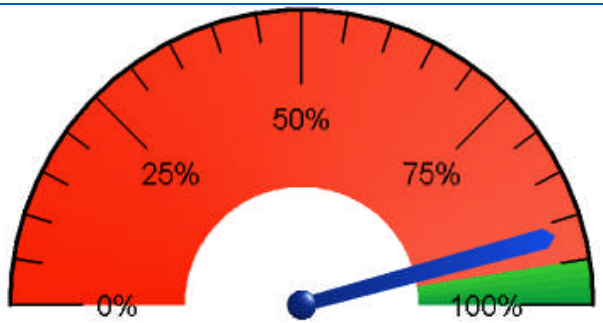
Waiting Times for Community MH Teams for face to face contact within 14 days



Waiting Times Access to Memory Services; Referral to first Face to Face Contact within 8 weeks

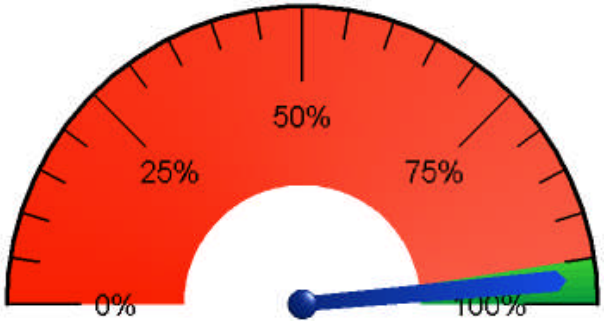


Memory Services – Time from Referral to Diagnosis within 12 weeks

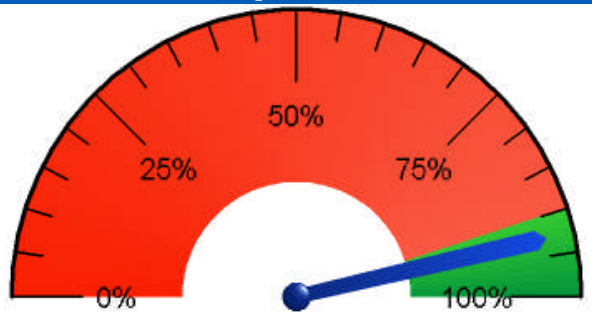


Care Programme Approach Formal Reviews within 12 months

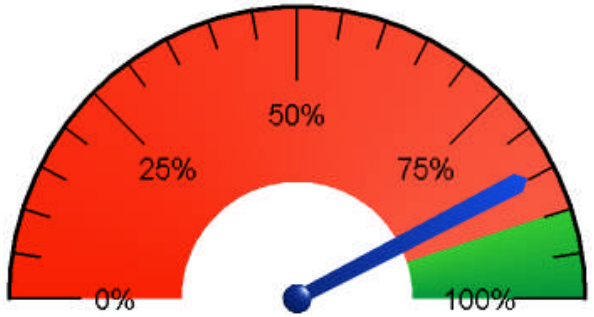
Clinical Record Keeping: Mandated requirements



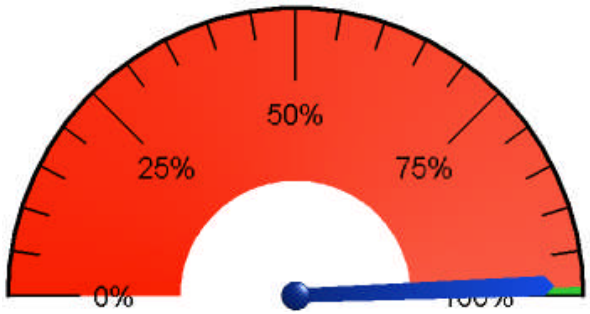
Data Quality Maturity Index (MHSDS)



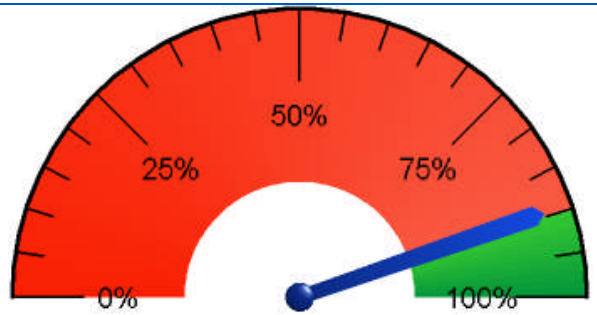
Ethnicity recorded (seen patients)



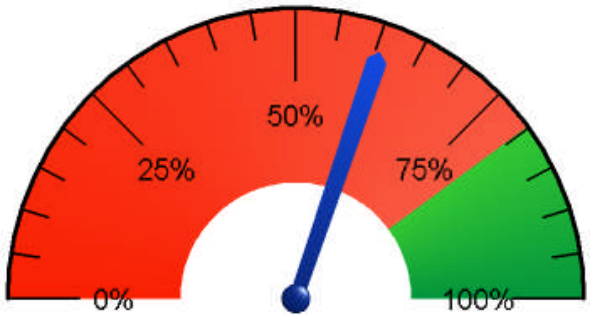
Ethnicity (NHS Standard Contract)



NHS Number



Proportion of in scope patients assigned to a cluster

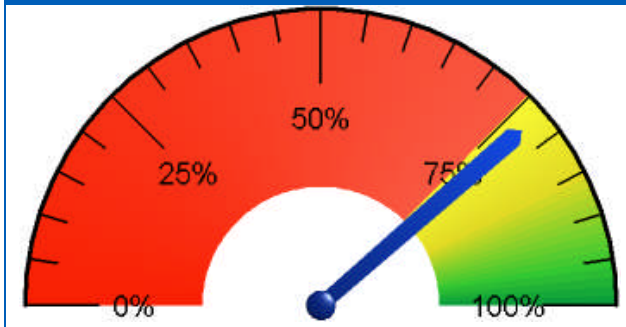


Timely Communication with GPs notified in 10 days

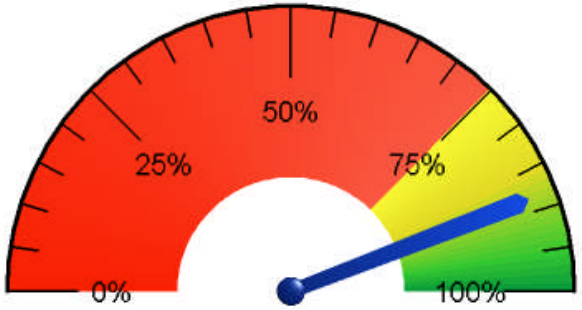
Our Workforce Performance

Our Quality Performance

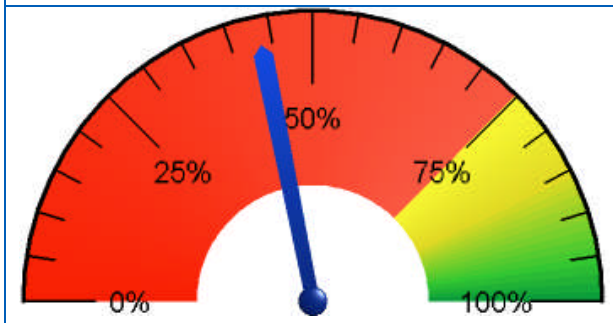
Workforce



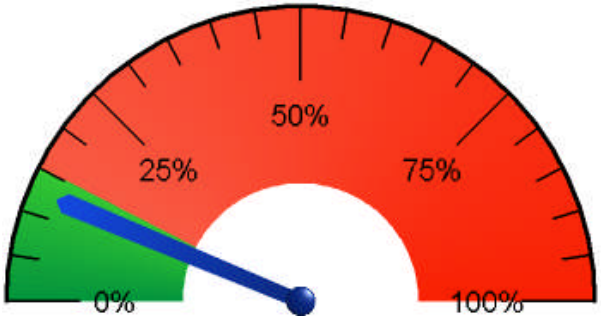
Appraisals



Compulsory Training

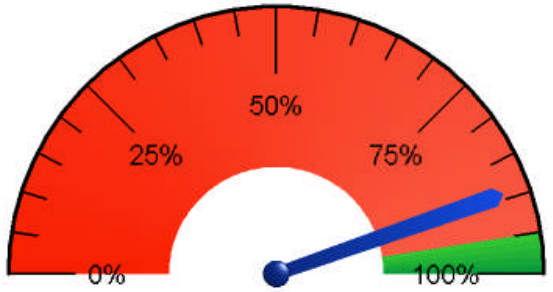


Clinical Supervision

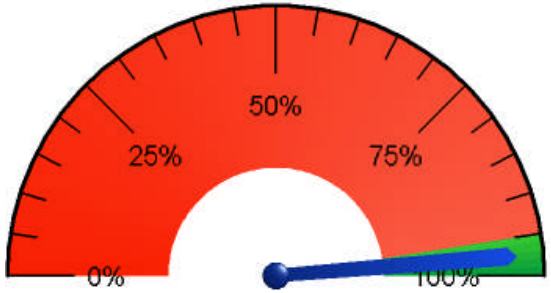


Staff Turnover

Effectiveness



NHS Mental Health Safety Thermometer Harm Free Care



NHS Classic Safety Thermometer Harm Free Care

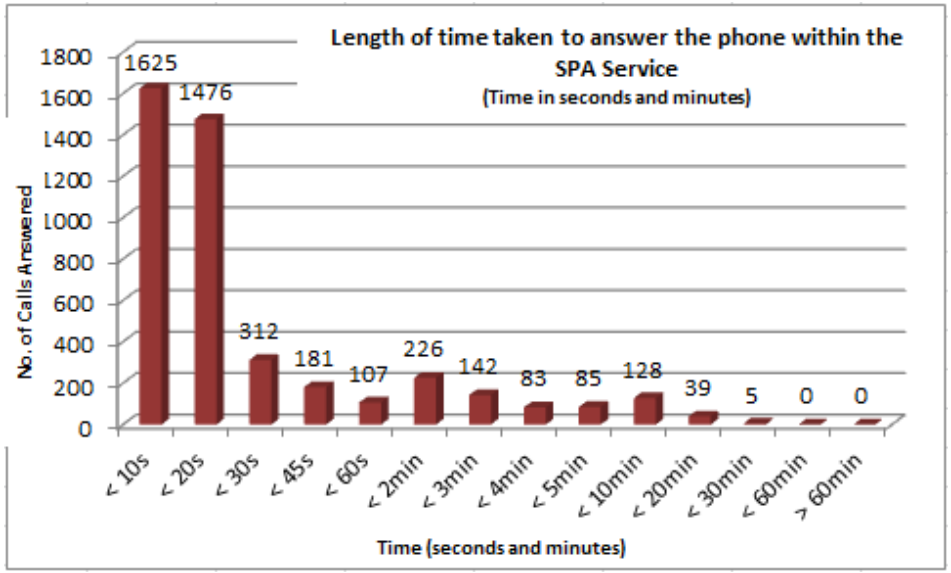
Access & Responsiveness: Our response in a Crisis

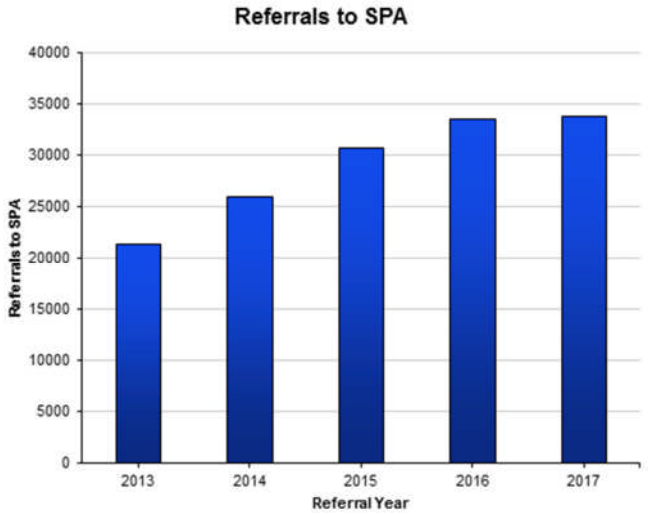
Unless otherwise specified, all data is for March 2018

Our crisis and acute liaison services aim to provide urgent assessment and care for those service users in acute crisis. This set of performance data indicates the speed and accessibility of our services in these cases. We are exploring how we measure on-going care provision and the outcomes this affects for people in crisis.

The measures contained within this section indicate that our accessibility and responsiveness is largely continuing to achieve or is close to achieving our aims. However, interpreting and active management of the data enables improvements and targets work where we identify issues. From a quality perspective it is imperative that we are able to consistently optimise our accessibility and responsiveness which is a key area of focus in our improvement and development work.

Access & Responsiveness: Our response in a Crisis





SPA response time to answer phone

The Crisis Team via the Single Point of Access (SPA) aim to answer calls within 1 minute as standard in order to maximise our response and accessibility.

In March 83.94% (3,701) of calls were answered within the 1 minute standard.

Calls answered within **1 minute** = 3,701 (83.94%)

Calls answered within **5 minutes** = 4,237 (96.10%)

There were a total of **4,411** calls attempted and **4,409** calls were answered and where people are waiting, we have an ongoing message to ask people to wait. In March, we had 2 calls aborted and as a result we are investigating whether it is possible to identify these aborted calls and how long they waited before hanging up.

Speed of call answering is critical to the quality of service provided by the single point of access. Improvements in our SPA are planned to coincide with the redesign of community and crisis services. As part of this we are looking in more detail at the times of day when callers have to wait more than 1 minute and review processes in SPA to manage this.

Calls answered within the 1 minute standard 83.94% (3,701)

Total calls answered 4,409

Access & Responsiveness: Our response in a Crisis

Crisis Plan within 24 hours

The crisis team ensure that service users receive an agreed crisis plan which focuses on meeting their immediate needs. The team aim to have this recorded and sent to the referrer within 24 hours.

The crisis service is reviewing opportunities to audit the quality of care plans as well as their timeliness.

Trust performance 98.1%
Local Target 95%

Percentage of people with a Crisis Assessment Summary and formulation plan in place

Service users in crisis receive a full assessment which includes a formulation of care required and a plan in place to meet these.

Trust performance 98.06%
Local Target 95%
Leeds Contract

Admissions to inpatient services had access to crisis resolution / home treatment teams

All service users requiring admission to hospital should be gate kept by the crisis assessment team in order to ensure that their needs cannot be met through alternatives to hospital admission.
Any exceptions to this are reviewed by the care group to identify if lessons can be learnt to avoid future breaches.

Trust performance 100%
National Central Return 95%

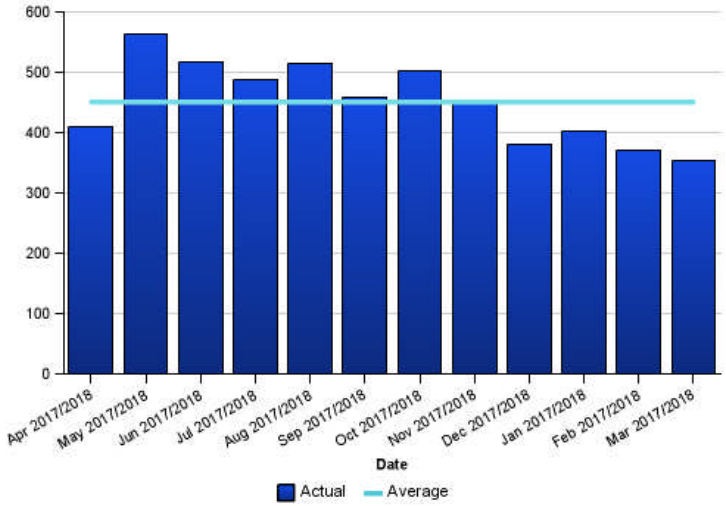
Timely Access to a MH Assessment by the ALPs team in the LTHT Emergency Department

We have performed exceptionally in the month. This is a key responsiveness target and an area for further development supported by our commissioners and partners in 2018/2019. We routinely achieve the standard required across both the Leeds General Infirmary and St James's site. We work in close partnership with A and E practitioners although at times of peak surge and demand it can be a significant challenge to achieve this standard. This can be due to irregular and unpredictable patterns of presentation in A and E, the availability of practitioners across both sites and travel time to transfer and also the longstanding issue of the availability of suitable facilities to review patients by our team.
We work on a weekly basis with the A and E leadership team to determine where improvement can be made and resolve any immediate concerns. Senior leaders within LTHT provide positive feedback on our service and responsiveness but are also keen to work with us to make the improvements signalled in the planned 2018/2019 developments.

Trust Performance 93.20%

Access and Responsiveness: Our Specialist Services

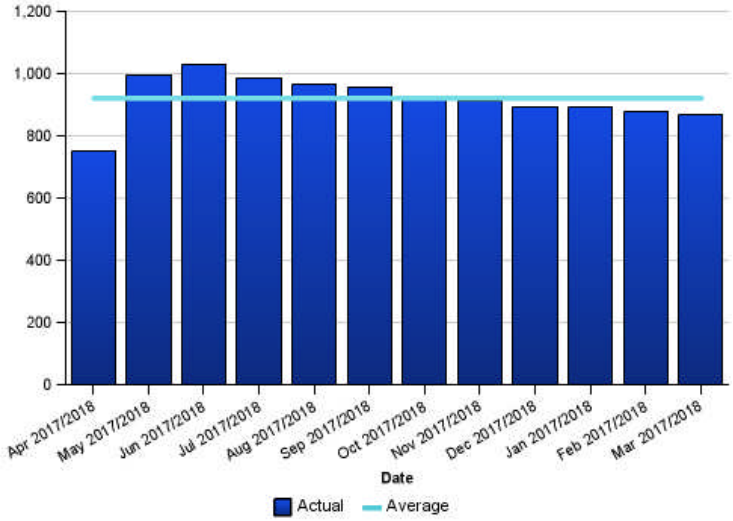
This section will be further developed to indicate a range of performance measures for our more specialist local and regional services. At this point the area of focus from a contractual perspective continues to be our Gender identity service where although we are seeing month on month improvement, we continue to see volumes of demand which far outweigh the scale of the commissioned service. The response on recent commissioner consultation is overdue although we are now anticipating a proposal for significant changes in the service model which we will consider in due course.



Gender Identity Service Average Waiting Time to First Offered Appointment

This shows the average waiting time to first assessment appointment (excluding initial screening) for new referrals to the Gender service. There is no formal target, but this is monitored nationally in all gender services due to the increasing demand and concerns about resultant waiting times for all of the national gender services.
Our position continues to improve month on month with our average waiting time reducing.
This is consistent with the increased staffing and the changes that have been made to assessment processes within the gender service, although – as previously – this may deteriorate again depending on the level of demand for the service, which continues to outstrip the available resources. We continue to work closely with our NHS England commissioners in relation to this.

Trust Performance 353



Gender Identity Service Waiting List

This relates to the number of people on the gender waiting list for their first assessment appointment. Again, this represents an improved position in month (from 869 people waiting) and is consistent with the steadily improving trajectory over the last year, as a result of increased capacity and revised processes within the service (and despite the continued increase in the number of referrals).

Trust Performance 861

Our Acute Patient Journey

We continue to experience significant pressure in our Acute inpatient services although it is clear that the patient flow work programme is demonstrating that where we can make change and improvements this is now starting to impact. We have seen improvements in our delayed transfers of care and continue to make progress with partners and commissioners in ensuring that our service users are able to exit inpatient services when sufficiently recovered. The major area of on-going work in this area relates to EMI provision where Leeds CCG are working to establish a strategic plan to address the current demand and expected rise in demand over the coming years. Results of this work will be reported in the next quarter.

We have seen an improvement in our out of area admissions in month and are closely managing and monitoring progress. We have established our NHSI required improvement trajectory and have identified the quality metrics we will establish to ensure that we sustain our quality aims in the pursuit of improvement in this area. These will be reported from May 2018.

Admissions to adult facilities of patients who are under 16 years old

There have been no admissions of service users under 16 year to our adult acute wards in March 2018.

Trust performance 0
National (SOF), no Target

Bed Occupancy rates for (adult acute) inpatient services

Bed capacity has remained a challenge during March. However we have managed to ensure that following the Easter bank Holiday period, we have maintained a position of no adult acute service users placed in acute beds out of area. This has required the use of leave beds at times, and consequently bed occupancy has remained high. The admissions and discharges group in the care group meets fortnightly to review issues related to capacity and to monitor the use of OAP beds.

Trust performance 98.4%
Local Target 94-98%
Leeds Contract – Acute wards

Our Acute Patient Journey

Delayed Transfers of Care

The care group has a process in place with the discharge coordinators to ensure that DToCs are being appropriately recorded. DToCs remain a particular concern on the older people's wards, especially for service users with dementia and complex needs. The reasons for this are understood and a strategy to address this is being agreed with commissioners.
We have agreed systems to ensure that partners are aware of DToCs, and agree both the number and reasons for these. We work at all levels with key stakeholders including social care, accommodation gateway and NHS providers to move these delays forward to transfer and discharge.

Trust total in month 11.3%
Local Target 7.5%

Out of Area Placements

Significant work is ongoing to reduce both the number of service users sent out of area and the length of time spent out of area. As at the 17th April, there was only one service user out of area (in a PICU bed).

During March, only 6 new out of area placements were made (compared with a full year average of nearly 17 per month). 4 of these service users were repatriated/discharged from out of area within the same month having spent an average of 10 days out of area.

One factor having a real impact currently is the identification by each ward of stable leave beds (where a service user is on leave and not expected to return) that can be used to avoid sending other service users needing admission out of area.

Progress is monitored through the admission and discharge group and the daily capacity call. These will continue in support of achieving our trajectory from April 2018 to end of March 2021 to gradually eliminate the use of out of area placements for non-specialist adult acute and PICU beds.

The table below shows the number of new out of area placements beginning in each month and the total number of bed days that any of our service users spent out of area (this includes new placements and those remaining from previous months).

	January	February	March
Adult Acute			
Number of new placements	16	7	4
Total bed days out of area*	464	300	154
PICU			
Number of new placements	13	5	2
Total bed days out of area	158	114	58
Older Adult			
Number of new placements	0	0	0
Total bed days out of area	31	1	0
Total			

**Total bed days includes new placements and those continuing from previous months*

Our Community Care

Our core standards for community services are reported in this section where we have seen improvement in all areas of activity – with marked improvement in our memory services. Our community and older adult services are subject to on-going review and improvement in order to maximise clinical outcomes and provide high quality experience for our services users. We will be developing appropriate measures in this area in line with the timescales for our community services review.

7 Day Follow Up

The 7 day follow up breaches are as follows:

- One patient was a genuine breach in the CAU team. This has been addressed and the service user was seen on the 27th March as the patient's mother cancelled the earlier follow up appointment.
- SU has travelled abroad 4 days after being discharged from the ward. Attempts were made to contact SU but they remained overseas. There are plans for them to return at which point we will look to reconnect.
- Service user was transferred from out of area to Wakefield services (Fieldhead hospital).
- Service user was contacted on the 26/3/18 which is within the 7 days. However, the activity was not recorded correctly.
- Follow-up not completed by the South South East Locality (SSE), appears no calls or attempts were made. There had been a CPA arranged between the East North East and SSE localities which would have met the follow up but this was cancelled and the patient has now been followed up as part of ongoing care.

Trust Performance:
93.55% (Monthly performance)
95.33% (Quarterly performance)

National (SOF) Target 95%

There have been data quality issues that have arisen, which has impacted on the breaches. Work is currently underway to address this through escalation through the Care Group Management Meeting and the Operational Delivery Group to resolve.

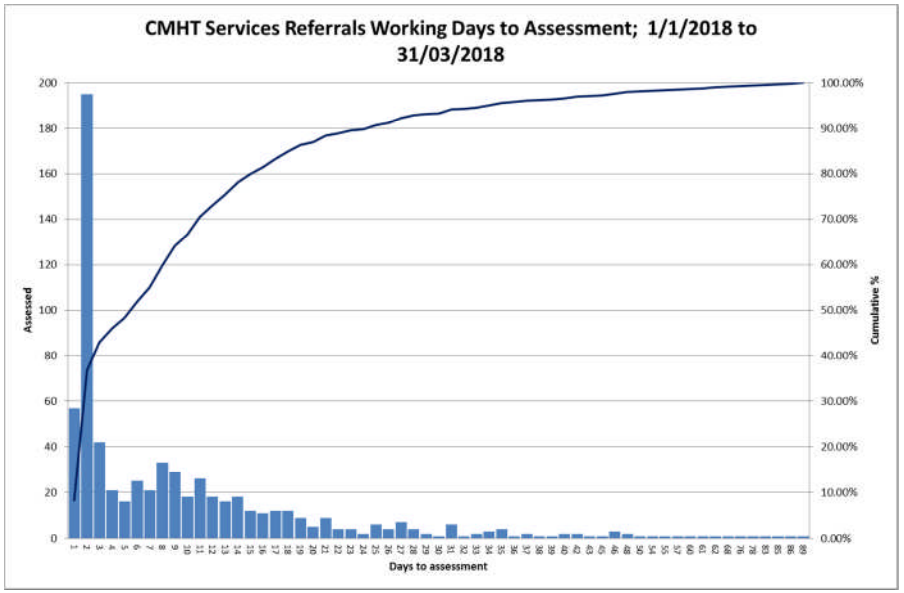
Our Community Care

Waiting Times for Community MH Teams for access within 14 days

Compliance against this target has been variable both within the months of the quarter and the 3 locality teams. Overall only the South team has managed to consistently maintain the 80%. The West North West locality (WNW) has not met the target in any month of the quarter. Increased referral demand has been identified in the WNW within specific GP practice areas, and work is underway in order to identify potential actions to address this.

During Q4 the East north East locality (ENE) received a 15.8% (79 referrals) increase in accepted referrals compared with Q3 and the cause of this is yet to be understood. This increase in referrals has adversely affected the team's ability to meet the measure.

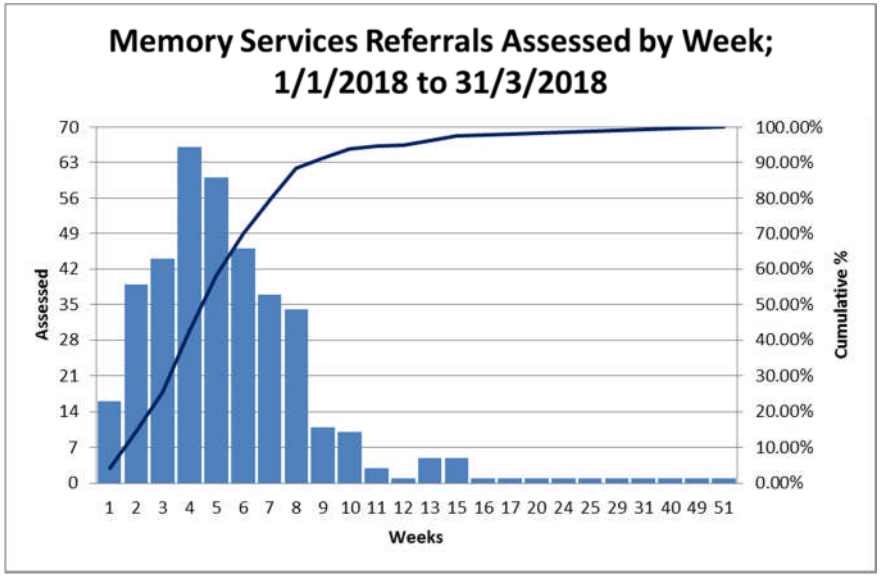
Trust Performance 78.7% (Q4)
16/17 Target 80%
17/18 No Target Agreed



The SSE locality part triage by telephone on day 2 which forms part of the assessment. This produces a spike in reported performance and consideration is being given as to how we can normalise the performance data to provide robust internal benchmarking.

Our Community Care

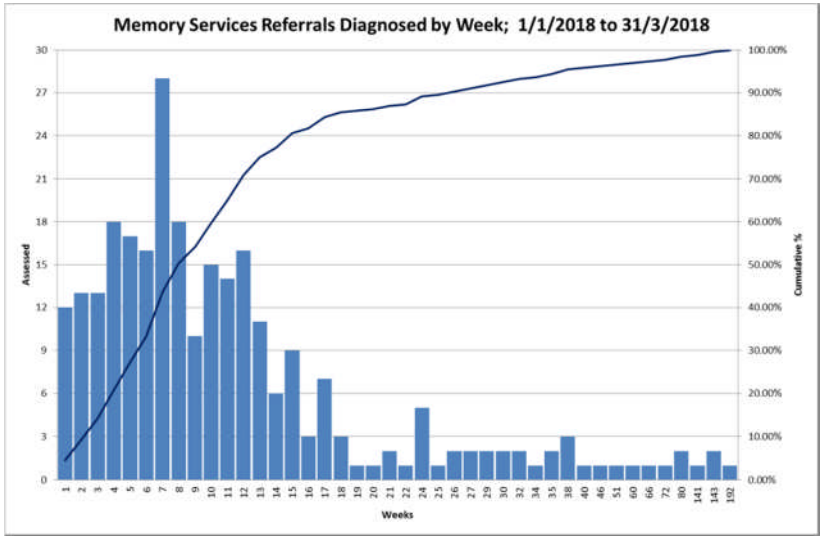
Waiting Times Access to Memory Services; Referral to first Face to Face Contact within 8 weeks



An improving trajectory of performance has been evidenced in Q4 against this standard, subsequent to progress made against the identified improvement actions within the remedial action plan. An initial analysis of the reported performance data in March indicates that actual performance is skewed by incorrect clinical recording process, and data quality issues. Urgent work is underway in correcting the recording on PARIS to prevent reported performance indicating a breach for Q4. A local action plan is in development to ensure consistent recording practices maintained in the service going forward.

Trust Performance
93.91% (March)
90.48% (Q4)
Local Target 90%

Memory Services – Time from Referral to Diagnosis within 12 weeks



The medical teams have completed a number of actions in the last quarter to increase the timeliness of diagnosis for service users. The team meets on a fortnightly basis to review compliance against the target and has been supported in this by the clinical lead. Some data quality issues have also been resolved.

Trust Performance 70.8% (Q4)
Local Target 50%

Our Community Care

Care Programme Approach Formal Reviews within 12 months

Whilst no longer monitored as part of NHS Improvement's Single Oversight Framework, this Key Performance Indicator (KPI) is still used locally as an indicator of quality.

Following a number of discussions around the accuracy of the data, a full review of the definition and technical construction of the KPI (how the information is extracted and used from our clinical system, Paris) is underway alongside a case by case audit of all service users that the data suggests have either not been reviewed within 12 months or do not have a care coordinator. The results will be reviewed and any changes to the calculation made (if appropriate) as it is likely that the configuration of Paris is also impacting on the complexity of reporting this KPI.

These actions will be followed up by a short guide for staff on how to accurately record data for inclusion in the calculation of the KPI as a number of teams have already identified that staff may not be correctly recording CPA status on our clinical system. For example, our community services are already aware of some data quality issues and are actively tackling recording errors/omissions.

An update on progress will be included in the May report with resolution expected for the June report.

Trust Performance: 91.6%
Leeds Care Group: 94.4%
SS&LD: 91.7%
Local Target 95%

Clinical Record Keeping: Mandated requirements

This set of mandated data recording issues includes a significant issue on on-going concern where some teams and services are struggling to communicate with GP's within our locally contracted standards. Whilst we are targeting improvement actions in these areas we anticipate that improvements specified in our EPR re-provision will enhance this further in future.

Data Quality Maturity Index (MHSDS)

This metric includes the mean measurement of the following criteria:

- Ethnic category
- General Medical Practice Code (patient registration)
- NHS Number
- Person stated gender code
- Postcode of usual address
- Organisation code (code of commissioner)

Trust performance 97.1%
National (SOF) Target 95%

Data Completeness – identifiers

This metric has been agreed to be removed from the end of March due to the MDSDS indicator replacing this.

Trust performance 99.7%
Local Target 97%

Ethnicity recorded (seen patients)

This relates to service users who have been physically seen by our services, rather than those that are accepted and waiting. We are now achieving this target.

Teams receive regular reports on service users without a recorded ethnicity in order to maintain compliance.

Trust Performance 92.6%
Local Target 90%

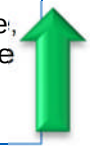
Ethnicity (NHS Standard Contract)

This measure is based on all records submitted via the mental health services dataset (MHSDS) each month (any open referral whether they have been seen or not and any admission/discharge). This measure also forms part of the Data Quality Maturity Index in the Single Oversight Framework.

Benchmarking data shows the Trust to be in the bottom quartile for performance against this KPI when compared to other mental health trusts. This is likely to be as a result of staff waiting until the service user comes for their first appointment before collecting this data. Even with the 10% tolerance built in to the target, the number of people waiting for their first face to face appointment with us (having not had a previous referral) remains too high to enable the Trust to consistently achieve the target.

Alternative ways of capturing this information are now being explored. For example, within the Gender Identity service where volumes waiting are large, the team are asking service users for their ethnicity as part of their telephone screening appointment.

Trust Performance 84.7% **National Target 90%**



Clinical Record Keeping: Mandated requirements

NHS Number This metric measures the completeness of NHS numbers populated within the central reporting system. **Trust Performance 98.7%** **National Target 99%** 	**Proportion of in scope patients assigned to a cluster** **Performance 89.4%** **No Target Agreed – measured against 90%** 
Timely Communication with GPs notified in 10 days This currently is an NHS contract service condition which we have struggled to report accurately against in 2017/18. From April 2018 this metric will become more challenging and will require GP communication within 7 days. The current communication requirement includes discharge or any significant change in treatment that requires action by the GP. Discussions are underway with the Clinical Commissioning Group to clarify the local quality target for 2018/19. Work is currently underway within the trust to ensure this new metric can be captured more effectively from the new financial year and we are targeting areas for improvement so that accurate and timely communication is established consistently in our teams. An update report will be provided to the Finance and Performance committee at the end of quarter 1 and issues of on-going concern reported to the Board.	

Quality Performance – Director of Nursing

Effectiveness

Unless otherwise specified, all data is for March 2018

This report covers a quality perspective across the organisation for the month of March 2018.

The Nursing, Professions and Quality team continue to work across both care groups to strengthen internal processes to ensure more seamless systems, which will expedite and improve the quality and increase turnaround time for complaints.

The new Director of Nursing and Professions, who commenced her role on the 1st March 2018 is arranging an external review of the Trusts patient experience, carers and involvement processes; the findings of which will be presented to board for consideration.

Work will continue to support the Board and understand future requirements for metrics and how these can be both meaningful and measured.

Healthcare Associated Infections – C.difficile	**Healthcare Associated Infections – MRSA**
We continue to report zero C.difficile incidents. HCAI remains within agreed targets (CDI 8, MRSA 0) **Trust Performance 0 (March)**	We continue to report zero MRSA incidents. **Trust Performance 0 (March)**

Effectiveness

NHS Mental Health Safety Thermometer (Harm Free Care)

The Safety Thermometer metric is compiled from 29 wards/teams. During March, 5 teams submitted nil returns which has reduced the figure to below the target.

An engagement exercise is being undertaken in the coming months to support clinical teams around guidance.

Trust Performance 89.27%
No national target set

NHS Classic Safety Thermometer (Harm Free Care)

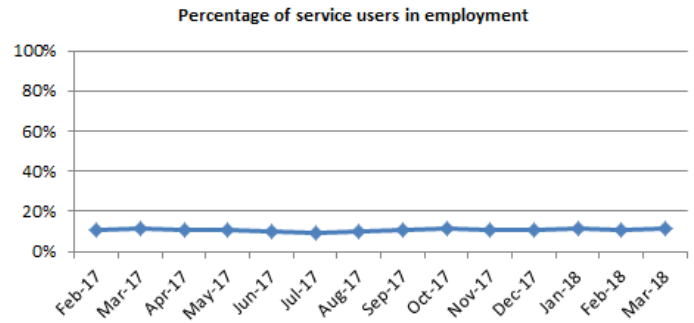
The NHS Safety Thermometer has been designed to be used by frontline healthcare professionals to measure a snapshot of harm once a month from pressure ulcers, falls, urinary infection in patients with catheters and treatment for VTE.

The NHS Safety Thermometer takes a minimum set of data to help signal where individuals, teams and organisations might need to focus more detailed measurement, training and improvement.

It should be used to reduce the amount of harm patients experience.
In order to meet the target, 100% of appropriate patients must be surveyed.
A total of 9 services (100%) have returned their submissions.

Trust Performance 97.4%
National Target 95%

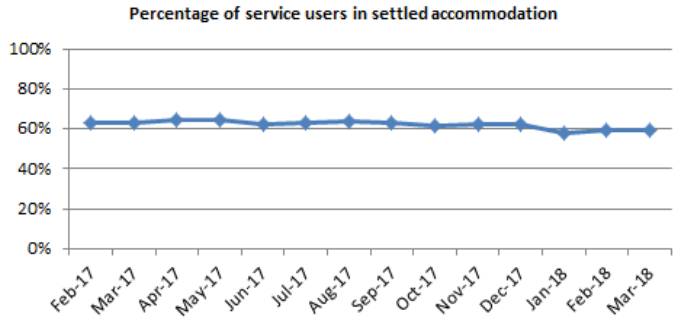
Service Users In Employment



The all England average for this measure is 8% and therefore Leeds benchmarks well against this.
There are a range of services available to service users provider by partners to support people back into work and other vocational activities and to ensure people can maintain their employment.

Trust Performance 11.5%
No Target

Service Users In Settled Accommodation



The all England average for people in settled accommodation is 60% however many trust achieve between 80%-90% for this measure.
There is an under reporting of people's living status from which settled/unsettled accommodation is derived. The clinical teams are receiving reports on data completeness to improve recording.

Trust Performance 59%
National (SOF) Indicator – No Target

Caring / Patient Experience

Friends and Family Test March 2018 saw a small number of submissions to this nationally published indicator. Currently the questionnaire is issued as a postcard to service users on discharge to either complete and send back to the freepost address on the postcard, or return them to the service who then send a monthly bulk return to Quality Health. There are 2 postcards – one for inpatient, and one for community, We also ask additional questions alongside the compulsory questions. As the onus is on our staff to hand out the postcards and provide information about it, the patient experience team are looking into training and promotional materials to encourage increased use, Other options that might help improve a response rate are online, email or SMS questionnaires or even have dedicated tablets within services for patients to complete there and then. All options will be considered in the review of the Patient experience and Involvement portfolio. Of the responses received in March 2018, there was a 100% recommendation regarding experience in the Specialist service at the Newsam Centre, with comments including staff being understanding, supportive and helping service users to feel listened to. **Nationally Published Indicator**	

Caring / Patient Experience

Complaints

The trust received x14 complaints throughout March:

- x7 Leeds Care Group
- x7 Specialist/LD Care Group

Leeds Care Group - The x7 complaints received were spread throughout the services/teams with the themes recorded as Communication (x1), access to records (x1) and aspects of clinical care (x5).

The severity level for the complaints are as below:

- x2 complaints were severity level "1"
- x5 complaints were severity level "2"

During March the Leeds Care Group closed a total of x6 complaints with x11 outstanding/overdue. The sign off of complaints is an identified bottleneck in the system and in response the Leeds Care Group moved this responsibility from the Associate Directors office to an identified senior member of the service. This action has contributed to an improvement in the backlog of complaints being responded to in a timely manner.

SS&LD –The x7 complaints received were spread throughout the services/teams with the themes recorded as lack of support (x1), Delay in discharge (x1), diet options (x1) and poor general care (x4).

The severity level for the complaints are as below:

- x4 complaints were severity level "1"
- x2 complaints were severity level "2"
- x1 complaint was severity level"3"

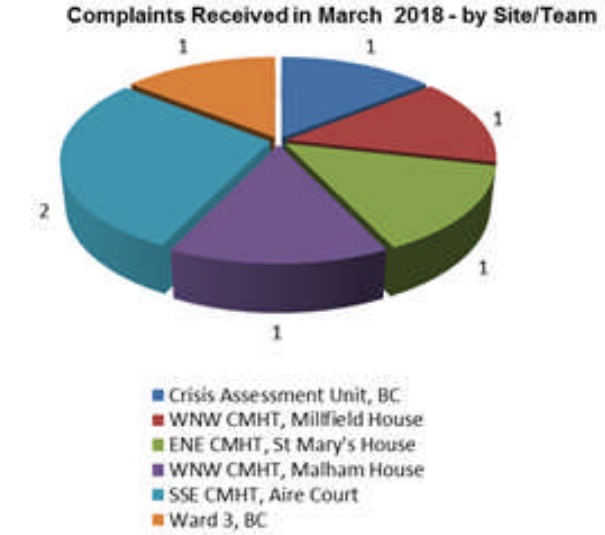
During March the SS&LD Care Group closed x1 complaint with x33 outstanding/overdue. This issue has been escalated to the Director of Nursing, Professions and Quality. A bottleneck in terms of signing off complaints at Associate Director level has been identified as contributing to the delay in timely responses. The Director of Nursing and Professions has escalated this issue to the Chief Operating Officer.

Data from NHS Improvement (Model Hospital) for Q2 17/18:

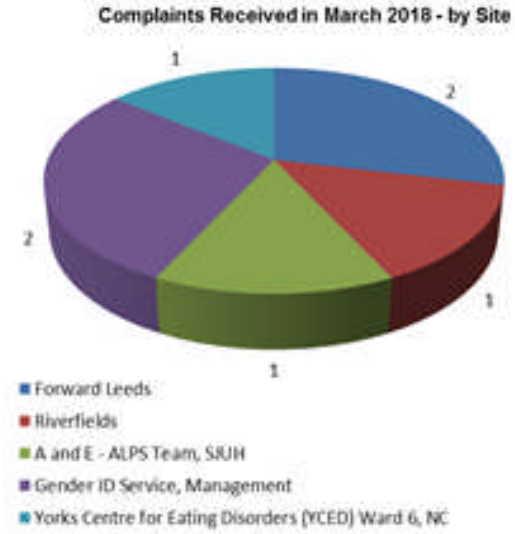
	Complaints per 1,000 wte staff
National median (MH trusts)	18.75
LYPFT	26.18

Trust Performance: 14 (Local Indicator)
*Chart shows figures for LCG & SS&LD only, Corporate complaints are not included

Leeds Care Group



SS&LD



Caring / Patient Experience

Complaints – within 3 working days of the Trust receiving the complaint, *an acknowledgement letter is received* The Trust acknowledged x13 complaints within the 3 working day timescale. X1 complaint was not acknowledged as the complainant requested that no correspondence other than contact with the investigator be sent by the Trust. **New indicator, added in as per request from Quality Committee* **Trust Performance 92%** **Local Indicator**	**Complaints – Within 3 working days of the Trust receiving the complaint, *the investigator is allocated by the Care Group*** Of the x7 complaints received, x3 achieved the timescale - 43% compliance **SS/LD** – Of the x7 complaints received, x5 achieved the timescale - 71% compliance **New indicator, added in as per request from Quality Committee* **Trust Performance 57%** **Local Indicator**
Complaints – Within 20 working days of the Trust receiving the complaint, *the investigator sends the draft report to the Complaints team to be checked and approved* Within Q4 x35 complaints were due to be submitted to the complaints team for review within 20 working days. The following responses achieved this: **Leeds Care Group** – x2 **SS/LD** – x4 **Corporate Services** - x1 **New indicator, included as per request from Quality Committee* **Trust Performance 20%** **Local Indicator**	**Complaints – Within 30 working days of the Trust receiving the complaint, *the response is sent to the complainant*** Within Q4 x39 complaints were due to be submitted to the complainant within 30 working days. The following responses achieved this: **Leeds Care Group** – x2 **SS/LD** – x1 **New indicator, included as per request from Quality Committee* **Trust Performance 8%** **Local Indicator**

Caring / Patient Experience

Patient Advice and Liaison Service (PALs)

During March 2018, the PALS office received 107 enquires. A breakdown to associated service is as below:

- x76 Leeds Care Group
- x11 Specialist Service
- x02 Finance
- x01 Procurement
- x01 HR
- x16 Other PALS

The outcomes of the enquires are as below:

- x58 Advice & information
- x03 Issues not resolved
- x35 Resolved
- x02 Referred to complaints
- x08 Referred to other departments
- x01 Not a PALS case

The issues that the PALS team were unable to resolve were due to x2 cases in which the incorrect telephone number was give and x1 enquiry were the caller did not get back in touch.

Trust Performance **107 enquires**

Patient Outcomes

*Data and narrative to be included from April once metric determined and collection measures implemented.

Safety

Incidents

Of all the incidents within March, key highlights for each care group are as below:

Leeds Care Group

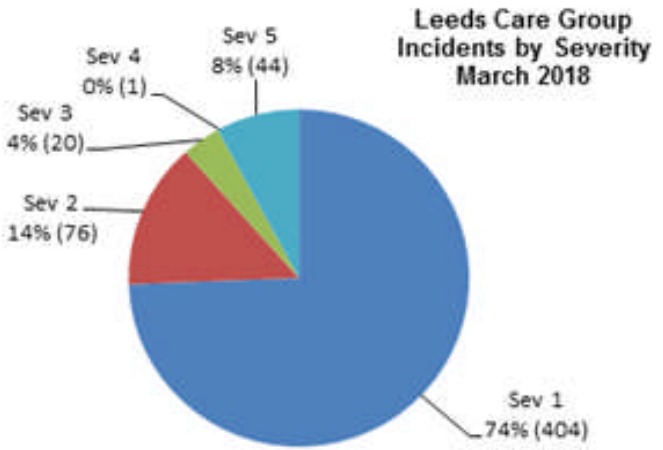
- 74% of incidents were reported as severity 1 – no harm.
- 14% of incidents were reported as severity 2 – low minimal harm.
- 4% of incidents were reported as severity 3 – moderate harm.
- All incidents reported as severity 3 and 4 were discussed at the Learning from Incidents & Mortality Meeting (LIMM) and any action required was fed back to the teams including good practice
- 8% of incidents were reported at severity 5 – deaths. All were reviewed at LIMM and action taken as appropriate.

SS&LD

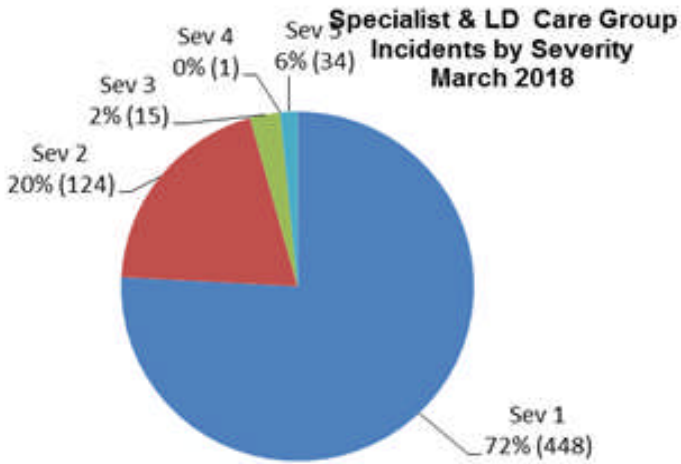
- 72% of incidents were reported as severity 1 – no harm.
- 20% of incidents were reported as severity 2 – low minimal harm.
- 2% of incidents were reported as severity 3 – moderate harm.
- All severity 3 and 4 incidents were discussed at LIMM and actioned accordingly. Good practice and action required fed back to relevant staff.
- 6% of incidents were reported as severity 5 death and all were reviewed at LIMM with action taken as appropriate.

Trust Performance: 1,048 incidents recorded

Leeds Care Group



SS&LD



Safety

Incidents reported within 48 hours from incident identified as serious In March 2018 x1 incident was reported as serious and reported within 48hr of identification. The incident is an unexpected death by hanging and occurred within the community services of the Leeds Care Group. **Trust Performance: 100%** **Local Target 100%**	**Never Events** We continue to report zero never events. **Trust Performance 0** **National Target 0**
Restraints and Restrictive Interventions The number of restraints in March 2018 is 231, which is a decrease of 2.1% on last month's figure. **Trust Performance: 231**	**No. of patients detained under the MHA** The total number of detained patients, including CTO's and conditional discharge's as of 31st March is **467** (a slight increase of 0.6% on the previous months data which was 464). **The total number of detained patients, including CTO's as of 31st March 2018: 467**
CQUINs Agreed reporting for CQUINs to be clarified and included in sub-committee reports from April.	

Safety

Flu Uptake

The NHS England strategic objectives for the flu plan and the associated CCG CQUINs' aim is to actively offer the influenza vaccine to 100% of eligible staff with intermediary targets set at 50%, 65% and 70%. The CQUIN target applies to patient facing staff on permanent contracts. The overall aim of the campaign was to achieve higher staff influenza vaccine uptake than 2016/17 (55%) in order to enhance patient safety.

LYPFT has successfully met a payment of 75% for the first time

Flu Uptake continued

The Trusts objectives were as follows:

Vaccination of service users / at risks groups would take priority.
The safety of the vaccine was emphasised, and noted that it could not cause influenza illness.
Vaccination of staff provided personal protection against influenza. And it would be offered to all staff groups.
Regular communications were circulated to mitigate against any myths that acted as a barrier to people receiving the flu jab.

Total qualifying staff	1,622
Number of qualifying staff vaccinated	1,056
% qualifying staff vaccinated	65.1%
CQUIN achievement	75%

Safety

Medication Errors

Overall 128 errors reported across the care group (table1). 95% were no harm. Details of pertinent errors of >1 severity detailed below:

Severity 2 (two detailed)

- Champix prescribed by GP (not approved by trust due to psychiatric side-effect)
- Patient administered 10mg olanzapine instead of 5mg –(family identified service user to be excessively drowsy) – led to error been detected

Severity 3 (all detailed)

- wrong depot administered to patient
- Su discharged from LYPFT I/P without care package for pain management. Spouse not informed of medication changes e.g. discontinuation of morphine – Visiting LYPFT staff sent SU to A& E immediately due to unmanaged pain relief

Table 2 –Top 5 drugs involved in all errors

The MSC continues to highlight these issues to all clinical teams and there continues to be evidence of good reporting. Over the next few month the reporting of medication errors will be simplified with staff having the following categories to choose from:

- Prescribing
- Dispensing
- Supply
- Administration

This will help identify any problems in particular areas and the professional group recording errors

Medication Errors

Table 1: Trust wide Medication error Q4

	1 - None	2 - Low	3 - Moderate	Total
LCG	50	4	2	56
LD	19	0	0	19
SS	35	1	0	36
Medical	17	0	0	17
Total	121 (95.5 %)	5 (3.9%)	2 (1.6%)	128

Table 2: Top 5 drugs involved in errors in Q4

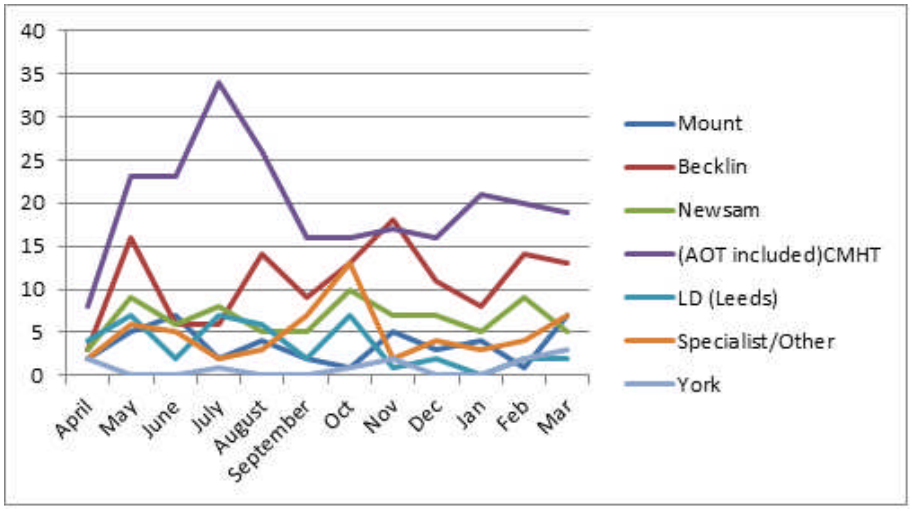
Drug	Total
Clozapine	12
Zopiclone	6
Lorazepam	5
Oxycodone	5
Paracetamol	5

Overall 128 errors reported
95% were no harm

Safety

Safeguarding Adults and Children

April 2017 – March 2018: Adult Safeguarding Advice

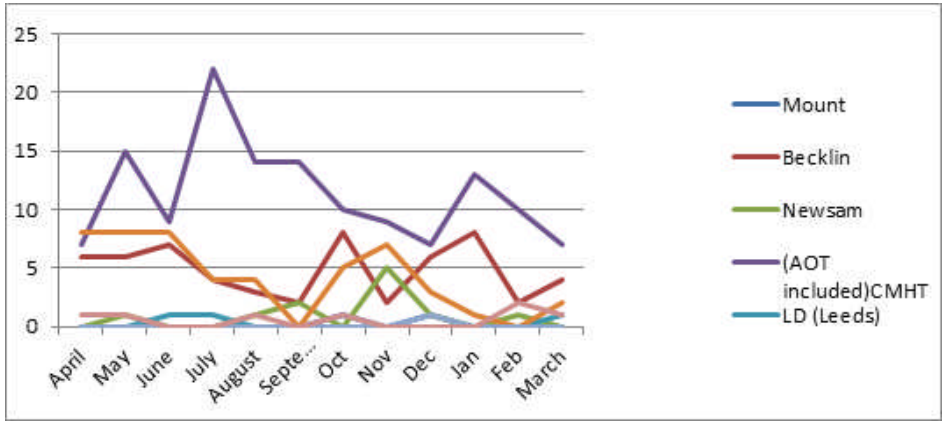


The above chart shows trends in **Adult** safeguarding advice received by the LYPFT safeguarding team by clinical area. Despite the peak in Summer 2017 from CMHT/ AOT, adult advice rates over time are generally consistent and are slowly but steadily rising. In the first three months of 2018 the total amount of advice calls has been 177, with 61 occurring in March 2018. Patterns of alleged abuse roughly reflect national data with physical, financial and emotional abuse being the most highly reported. The exception to this general trend is Clifton (York) advice data that has shown a higher increase since October 2017 which is positive. This trend is likely linked to work and increased awareness by clinical and safeguarding staff post identification of previous downward trend.

Trust performance 61 (adults) advice calls

Children Safeguarding Advice

April 2017 – March 2018



The above chart shows trends in **Child** safeguarding advice received by the LYPFT safeguarding team by clinical area. In the first three months of 2018 the total amount of advice calls has been 56, with 17 occurring in March 2018. Although there was a peak in CMHT/ AOT advice in Summer 2017 there has been a recent reduction in advice in this area but more latterly the general child advice rates over time are consistent. This situation is being monitored with support for teams where needed. There are consistent and expected themes in relation to types of allegation of abuse, with emotional being the highest.

Trust performance 17 (children) advice calls

Safety

Falls

Across LYPFT all reported service user falls are reviewed at the newly formed Trust-wide Falls & Pressure Ulcer Improvement Forum. The forum is responsible for developing specific improvement goals in relation to reducing the number of reported falls and pressure ulcers, promoting safety and well-being for service users, and demonstrating our ability to learn from incidents.

Within specialist/learning disabilities services the majority of falls are occurring within Reinwood Avenue and Ward 5, Newsam Centre (n=6). This represents 60% of total falls reported within Specialist/Learning Disabilities areas in March 2018.

The majority of the severity 1 & 2 falls occur in Leeds Care Group occurred within the Mount on wards 1 & 2 (the Dementia Inpatient Unit (n= 27)). This represents 63% of total falls reported within Leeds Care Group in March 2018.

The two 'severity 3' falls did not result in a major bone injury but both service users required some emergency treatment at A&E before their return to inpatient services based at Becklin Centre and Asket Croft R&R service. The two incidents occurred on 24th and 14th March 2018.

A falls clinical audit has been agreed for The Mount inpatient services to ensure that multi-factorial risk assessments are being carried out for all older people and people living with dementia who are admitted. The audit will also review whether interventions are being planned and implemented in relation to these falls risk assessments.
The audit data collection period commences in May 2018.
Trust performance 53

Falls by severity and care groups
In the context of reporting falls:

- **Severity 1** describes no injuries.
- **Severity 2** describes first aid, minor service interruption.
- **Severity 3** describes medical treatment given, moderate service interruption.

Severity 1 Falls

	February 2018	**March 2018**
SS/LD Services	08	06
Leeds Care Group	46	37

Severity 2 Falls

	February 2018	**March 2018**
SS/LD Services	02	04
Leeds Care Group	12	04

Severity 3 Falls

	February 2018	**March 2018**
SS/LD Services	0	0
Leeds Care Group	0	02

Workforce

Unless otherwise specified, all data is for March 2018

Appraisals

The Learning and OD team continue to offer support to staff and managers to make the transition from paper records to iLearn for recording.

Trust Performance 77.2% (March)
Local Target 85%

Compulsory Training

Trust wide compulsory training compliance continues to be maintained above the Trust target of 85%. The Learning and Organisational Development Team are working with the subject matter experts and operational staff to review the training needs analysis and associated training delivery models to support higher levels of compliance.

Trust Performance 88.3% (March)
Local Target 85%

Clinical Supervision

There are a number of work streams in place to support improvement, including the introduction of care group audit of compliance against the Trust clinical supervision policy and monitoring of performance both locally and at care group level. The transition from local records to using Ilearn for clinical supervision continues to develop and this includes support for staff locally to use the system and system enhancements to ensure Ilearn meets local and organisational requirements.

Trust Performance 43.7% (March)
Local Target 85%

Staff Turnover

The turnover target is being changed as part of some refreshed workforce metrics from 1 April and likely to be reduced to 10%.

Our performance for the trust is currently 12.5% below the existing target. Analysis of turnover data was shared in the January Board Workforce Report.

Trust Performance 12.5% (March)
Local Target 15%

Workforce

Sickness due to MSK

The target of 9.8% is being reviewed and refreshed as a result of the new Workforce Strategic Plan and a new target implemented from 1 April 2018. This is showing an improvement from the last month. Proactive and preventative interventions continue to be provided by the Trust physiotherapist.

Trust Performance 14. 8% (Feb)
Local Target 9.8%

Sickness Absence Rate

The target of 3.70% is being reviewed and refreshed as a result of the new Workforce Strategic Plan and a new target implemented from 1 April 2018.

Sickness absence has been decreasing with the trend showing a reduction over the last 6-7 months although showing a very slight increase in January.

Trust Performance 4.8% (Feb)
Local Target 3.70%

Sickness due to Stress

The target of 15% is being reviewed and refreshed as a result of the new Workforce Strategic Plan and a new target implemented from 1 April 2018. This continues to be a challenge across the Trust with OH, HR and Well-being practitioner working collaboratively to support employees and local health and wellbeing groups being developed.

Trust Performance 27.8% (Feb)
Local Target 15%

Vacancies

Monthly meetings are taking place between Associate Directors and HR to plan monthly recruitment events for nursing and HSW posts based on vacancies and hotspots. Vacancy hotspots include Clifton House and Forensics Services, The Mount and Specialised Supported Living Services. The Recruitment team is also working with the Medical Directorate to support Consultant appointments.

The number of vacancies at 28th February was 309 wte:	The main type of vacancies are:
• Specialist Services had 155 wte • Leeds 60 wte • Corporate services 94 wte	• Nursing 117 wte • Support worker 116 wte • Admin and Estates 79 wte • AHP vacancies – 7 wte of which 4 wte are Occupational Therapists

Trust Performance 12% (Feb)

Glossary

Acronym	Full Title	Definition
ASC	Adult Social Care	Providing Social Care and support for adults.
EMI	Elderly Mentally Infirm	Is a secure unit for the Elderly Mentally Infirm – providing 24 hour care.
CPA	Care Programme Approach	The Care Programme Approach (CPA) is a way that services are assessed, planned, co-ordinated and reviewed for someone with mental health problems or a range of related complex needs. You might be offered CPA support if you: are diagnosed as having a severe mental disorder.
MDT	Multi-Disciplinary Team	A **multidisciplinary team** is a group of health care workers who are members of different disciplines (professions e.g. Psychiatrists, Social Workers, nurses, physio or occupational therapists.), each providing specific services to the patient
Tier 4 CAMHS	Tier 4 Child Adolescent Mental Health Service-	Child and Adolescent Mental Health (CAMH) Tier 4 Children's Services deliver specialist in-patient and day-patient care to children who are suffering from severe and/or complex mental health conditions that cannot be adequately treated by community CAMH Services.
S136	Section 136	**Section 136** is an emergency power which allows service users to be taken to a place of safety from a public place, if a police officer considers that you are suffering from **mental** illness and in need of immediate care.
CAS	Crisis Assessment Unit	The Leeds Crisis Assessment Service (CAS) is a city-wide acute mental health service. It offers assessment to people 18 years and over who are experiencing acute mental health problems that may pose a risk to themselves and/or others, who require an assessment that day or within the next 72 hours. Our Crisis Assessment Service (CAS) works across health, social care and the voluntary sector to improve access to appropriate mental health services. It consists of:
LADS	Leeds Autism Diagnosis Service	The Leeds Autism Diagnostic Service (LADS) provides assessment and diagnosis of people of all intellectual ability who may have autism who live in Leeds.
CTM	Clinical Team Manager	The Clinical Team Manager is responsible for the daily administrative and overall operations of the assigned clinical teams. The person is responsible for the supervision of all employed clinical staff. They serve as the primary leadership communications link between the teams and departments throughout the organisation. The Clinical Team Manager is responsible to ensure the overall smooth day to day operations, employee engagement and a high quality patient experience while achieving departmental and organisational goals.
Never event	Never Events	Never events are serious, largely preventable patient safety incidents that should not occur if the available preventative measures have been implemented.
AHP	Allied Health Professionals	**Allied Health** is a term used to describe the broad range of **health professionals** who are not doctors, dentists or nurses. **Allied health professionals** aim to prevent, diagnose and treat a range of conditions and illnesses and often work within a multidisciplinary **health** team to provide the best patient outcomes. Examples of AHP's include psychologists, physiotherapists, occupational therapists, podiatrists and dieticians.
TOC	Triangle of care	The '**Triangle of Care**' is a working collaboration, or "therapeutic alliance" between the service user, professional and carer that promotes safety, supports recovery and sustains well-being principles.

Paper authors

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Kerry Playle, Senior Information Manager

Leeds and York Partnership
NHS Foundation Trust

AGENDA ITEM
9

MEETING OF THE BOARD OF DIRECTORS

PAPER TITLE:	Operational Plan Implementation Quarter 4 Report
DATE OF MEETING:	26 April 2018
LEAD DIRECTOR: (name and title)	Joanna Forster Adams -Chief Operating Officer
PAPER AUTHOR: (name and title)	Amanda Burgess - Strategic Development Manager

THIS PAPER SUPPORTS THE TRUST'S STRATEGIC OBJECTIVE/S (please tick relevant box/s)		✓
SO1	We deliver great care that is high quality and improves lives	✓
SO2	We provide a rewarding and supportive place to work	✓
SO3	We use our resources to deliver effective and sustainable services	✓

EXECUTIVE SUMMARY

This is our fourth and final report of 2017/18 and is set out to provide an overall summary of our position against each of the schemes in the 2017 - 2019 Operational Plan. It is set out building on previous reports so it is therefore cumulative. Further narrative has been provided to summarise our areas of concern and the plans in place to address them.

We are currently in the process of finalising our 2018 – 2019 Operational Plan which contains a revised list of our priorities for delivery. These are fully aligned with the priorities set out in our strategic plans, many of which are a continuation of those detailed within this report.

Appendix one provides a summary of our progress.

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
	No	

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

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

OPERATIONAL PLAN IMPLEMENTATION QUARTER 4 REPORT

1. Purpose

This report provides a summary of the Trust's progress against our objectives within our 2017/18 Operational Plan. This is our fourth and final report of 2017/18 and is set out to provide an overall summary of our progress against each of the schemes in the 2017/18 Operational Plan.

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 submitted our draft Operational Plan for 2018 – 2019 to NHS Improvement on 8 March 2018 and are currently in the process of finalising our plan for submission on 30 April 2018. Our final plan incorporates our priorities for delivery over the one year planning period.

Progress we have made at the end of quarter four
We have now assessed ourselves against our fourth 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.

At the end of the last quarter we now have 59 schemes for delivery, with sixteen schemes completed and one scheme that is suspended. A summary of all of our plans described in the 2017 – 2019 Operational Plan can be found at **appendix one**. Our completed schemes include:

- **SO1 – Supporting people to achieve their agreed goals and outcomes**
  - **Implement and embed health coaching:** Working with our city-wide partners we have successfully established a model for health coaching for use as a clinical intervention and supports self-management.
  - **Learning disability community services:** We have successfully implemented a new service model for the way we provide our learning disability community services. We have already conducted our first evaluation with a further evaluation scheduled for May 2018.

- **SO2 – Embedding values and behaviours to deliver cultural change**
  - **Implement an OD framework:** We have successfully implemented an organisational development framework that supports the new organisational values and behaviours. The behavioural framework was launched during quarter four to support staff and leaders to embed the values and behaviours within their service/team areas.

- **SO4 – We bring collective leadership to an environment that supports continuous improvement across every level of the organisation**
  - **Sharing stories to the Board of Directors:** We have successfully embedded a process to share service user and carer stories at each meeting of the Board of Directors.
  - **Governor elections:** We have successfully completed a round of governor elections for vacant seats.

- **SO4 – We are transparent and accountable**
  - **Corporate Governance Action Plan (4.3.1 & 4.3.3):** All recommendations from phase one of the Trust's Governance Improvement Plan have now been completed. Phase two of the plan is now underway. This includes the successful development and implementation of the new performance framework.

- **SO5 – Providing efficient and sustainable services:**
  - **Develop a delivery vehicle for mHabitat:** We have completed our work to explore alternative delivery platforms for mHabitat. On conclusion we have decided that mHabitat should remain as part of our Trust and not become a standalone organisation.
  - **Achievement of the financial control total:** We have achieved the delivery of a 'breakeven' position for 2018/19.
  - **Out of area placement:** We have successfully agreed our out of area placement risk share proposal with the commissioners. This has resulted in securing additional funding to enable the Trust to manage the out of area placement pressures.
  - **Mental Health Five Year Forward View:** We have successfully agreed new investment associated with the deliverables set out in the Mental Health Five Year Forward View.
  - **Trust strategy:** We have successfully developed and commenced implementation of our Trust strategy and underpinning strategic plans.
  - **Implement an electronic expenses system:** We have successfully rolled out the use of e-expenses across the organisation in January 2018.
  - **Roll out new technology solutions to reduce burden on clinical staff:** We have now successfully deployed the use of Big Hand across our clinical services.
  - **Procure a new contract and deploy smart phones for staff:** We have successfully deployed the use of Smartphones, as required, across the Trust.
  - **Complete a full re-procurement exercise for a clinical information system:** The re-procurement exercise is now completed.

The schemes we have decided to temporally suspend the delivery of this financial year are as follows:

- **SO1 – Supporting people in their recovery:**
  - **Complete a review of the outpatient liaison service:** It has been agreed with the commissioners to undertake this review next year.

At the end of the last 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 four are:

- **SO1 – Supporting people in their recovery:**
  - **Evaluation of our Crisis Assessment Unit:** The timescales for completing this scheme have not been fulfilled during 2017/18. It is now the intention to complete an economic evaluation of our Crisis Assessment Unit as part of an externally led review of our acute inpatient bed numbers. This work will now be completed during quarter one of 2018/19.

- **Implement a new gambling addiction service:** Timescales for the commencement of this new service are yet to be determined. The service model has been agreed however we are currently seeking agreement and confirmation of commissioner funding.

- **SO2** – **Recruitment, retention, reward and talent management:**
  - **Vacancies on the psychiatry training schemes:** Recruitment via national and local campaigns to attract core trainees has resulted in a number of unfilled posts. The Trust has been the first choice for the round one applicants resulting in fifteen trainees being allocated from the national recruitment campaign. 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. These actions will need to continue in 2018/19 to maintain recruitment for the foundation trainees to psychiatry core trainee scheme.
  - **Reduce the number of agency medical locums:** We are continuing to recruit Trust locums to keep the pace with Trust locums leaving. Unfortunately two recent interview processes for Garrow House and the Addictions Service did not result in any appointment. Work is underway to look at the retirement profile of our medical workforce and develop timely succession plans, linked with our Clinical Services Strategic Plan.

- **SO4 – We 'disagree well'; we know this is important for promoting safe, effective, reliable care:**
  - **Maintain delivery of targets:** At the end of quarter four we have not achieved some of our delivery targets. These include: ethnicity completeness; NHS number completeness; referral and receipt of a diagnosis within Leeds Autism Diagnosis Service; timely communication with GP's notified in 10 days; completion of HoNOS secure for service users with a length of stay exceeding 9 months; and completion of HoNOS secure within 3 months of admission. 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 four, we are at 89.4% against a target of 90% for people in scope of mental health payments. A number of initiatives are in place around effective caseload management, purposeful interventions and data cleanse exercise to resolve the data quality problems, which are beginning to come to fruition in terms of our compliance rating.
  - **Deliver our Cost Improvement Programme:** The 2017/18 cost improvement programme is behind plan at the end of quarter four and significant elements of non-recurrent cost improvement plans remain to be identified. During April we have held two cost improvement programme approval meetings to consider the quality and delivery of the schemes proposed as part of our 2018 – 2019 programme.

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

- **SO1 - Supporting people in their recovery:**
  - **Leeds based learning disability assessment and treatment beds:** Our plans to reduce the number of Leeds based learning disability assessment and treatment beds are underway with our commissioners and STP partners to agree the future delivery model. Following the development of a model the budget will be remodelled to reflect future provision. It is anticipated that this work will now take place during quarter one 2018/19.

- **SO1 - Supporting staff to promote and coordinate helpful and purposeful practice:**
  - **Implement a new Leeds community and crisis service model (1.1.2, 1.1.5, 1.3.1 & 3.2.3):** This objective now brings together our plans to redesign our entire community service model within Leeds. This will see the development and delivery of a dedicated older peoples service and pathway; crisis service gatekeeping all potential admissions and providing intensive support, including home based treatment; and the establishment of a dedicated working age adult community mental health service. We will embark upon an extensive internal and external stakeholder engagement consultation exercise concerning our plans on 1 May 2018 for a period of 12 weeks. This engagement will help the development of our proposed service pathway which is influenced by the commissioner led Mental Health Framework. It is now anticipated that the new model in its entirety would be implemented in January 2019.

    In addition, linked with our new service model we are reviewing the way we provide our single point of access function linked with the citywide discussions to establish a multi-provider single point of access.

- **SO2 - Recruitment, retention, reward and talent management:**
  - **Innovative and attractive recruitment approaches:** We have not managed to deliver our year on year plan to reduce the number of vacancies across the Trust. We have streamlined our processes and introduced new approaches to attracting candidates, working collaboratively across the Yorkshire and Humber region to tackle the national shortfall. This work now features as part of the Workforce and OD Strategic Plan.
  - **Utilising the Calderdale Framework model:** There have been delays with the completion of two schemes; learning disability services and CAMHS, due to staffing shortages. Arrangements have now been made to ensure these two schemes can be completed by the end of quarter two 2018/19.

- **SO2 – Embedding values and behaviours to deliver cultural change**
  - **Deliver diversity and inclusion objectives:** We have successfully achieved all our priority diversity and inclusion deliverables except for the Lighthouse Model Programme. This is due to a delay with the readiness of students to commence on the internship programme. We now have plans in place to achieve the delivery of this by the end of quarter one 2018/19.

- **SO2 – Staff support and health and well-being:**
  - **Agile working:** We are utilising the agile working principles as part of the Estates Strategic Plan changes we are enacting, linked with our community and crisis redesign plans. Work is still underway with the development of a Trust Agile Working Policy with the intention to complete this for approval and ratification by the end of quarter one.

- **SO3 - Working with specialist partnership providers:**
  - **Future configuration of forensic services:** 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 forensic community outreach model and redesigning our low secure model Clifton House, York.
  - **Tier 4 CAMHS provision:** We are continuing to work jointly with Leeds Community Healthcare on the development of a specialist tier 4 CAMHS provision in Leeds to be based on the St Mary's Hospital site. We are also in the process of developing our estate and

staffing solution to deliver the new service configuration at Mill Lodge. Both of these deliverables feature as part of the Clinical Services Strategic Plan.
  - **Viability of a female only PICU:** There have been delays with developing the requirements for a female only psychiatrist intensive care unit across an STP footprint. A data collection exercise across the STP has been completed and analysis is underway with further discussions across the STP intended to take place during quarter one. Internally we intend to review our PICU service as part our externally led review of our bed numbers. This work will be completed by the end of quarter one 2018/19.

- **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. Through engagement with the Local Medical Committee a positive outcome has been reached to progress the pilot further across the city including the North CCG. An evaluation is underway for the interim pilot with the first report expected in early quarter one.

- **SO4 – We bring collective leadership to an environment that supports continuous quality improvement across every level of the organisation:**
  - **Service user and carer experience:** As a priority in early 2018/19 we have decided to undertake a full review of our patient experience function.

- **SO4 – We support active learning across every level of the organisation:**
  - **Open and honest completion of documentation:** Our internal auditors have recently completed an audit of our record keeping which gave an opinion of 'significant assurance'. We are actively working through the action plan to ensure all priority actions are delivered.

- **SO5 – Providing information technology that improves care and outcomes:**
  - **Procure a new network contract:** Delays have been encountered with the regional procurement framework, resulting in the framework not being signed off until May 2018. In the meantime we are developing a business case for the replacement of the network for agreement once the regional framework is fully understood.
  - **Deployment of the virtual desktop:** We have successfully deployed phase one of the virtual desktop workstream. Preparatory work is underway for phase two deployment to commence during quarter one 2018/19.

3. Recommendation

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

APPENDIX 1 – OPERATIONAL PLAN PROGRESS DASHBOARD AT Q4 2017/18

Operational Plan scheme dashboard		✓	Objective completed
			Objective suspended
Strategic objective 1: We deliver evidence based care that is safe, effective and improve outcomes	**Lead director:** 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	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 option of extending the upper age limit to 25 for the National Deaf CAMHS service		
1.3.4	Complete a review of the outpatient liaison service		
Strategic objective 2: We provide a dynamic, rewarding and supportive place to work	**Lead director:** 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	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		
2.3.1	Develop and implement alongside key stakeholders a co-created model of agile working across the Trust		
Strategic objective 3: We focus on innovation partnerships	**Lead director:** Chief Operating Officer		
3.1.1	Tender for forensic services (in partnership with other providers in West Yorkshire)		
3.1.2	Agree our specialist Tier 4 CAMHS provision within the STP footprint		
3.1.3	Explore viability of a female only PICU		
3.1.4	Expand our perinatal inpatient facility whilst also seeking resources to increase community provision across STP footprint		
3.1.5	Align our eating disorder services with a wider NHS pathway across West Yorkshire		
3.1.6	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		
Strategic objective 4: We are transparent and accountable	**Lead director:** Director of Nursing & Professions / 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		
4.1.3	Improve service user experience through improving our environments where care and treatment is received		
4.1.4	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	✓	

Operational Plan scheme dashboard		✓	Objective completed
			Objective suspended
4.2.1	Embed a culture of learning across the organisation		
4.2.2	Embed a culture of open and honest completion of documentation that is meaningful to all, including service users and their carers		
4.2.3	Reduced unexplained variation in our clinical practice.		
4.3.1	Complete the recommendations of the Deloittes Action Plan	✓	
4.3.2	Maintain delivery of targets; achieve new CQUINs for 2017/18 and remedial action plans		
4.3.3	Develop a performance framework at Board, committee/service level and care group and corporate group level reporting	✓	
Strategic objective 5: We deploy our resources to deliver effective and sustainable services		**Lead director:** Chief Financial Officer	
5.1.1	Improve adherence to mental health clustering requirements		
5.1.2	Develop delivery vehicle for mHabitat	✓	
5.1.3	Deliver CIPs for 2017/18		
5.1.4	Achievement of the financial control total in 2017/18 and delivery of a 'breakeven' position for 2018/19	✓	
5.1.5	Develop and agree the out of area treatment risk share proposal	✓	
5.1.6	Agree new investment associated with the deliverables set out in the Mental Health Five Year Forward View	✓	
5.1.7	Complete scoping with STP partners and locally for opportunities for back offices collaborative working		
5.1.8	Create, ratify and implement our new Trust Strategy and underpinning functional plans	✓	
5.1.9	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	Procure a new network contract by March 2019		
5.2.4	Complete a full re-procurement exercise for a clinical information system	✓	
5.2.5	Complete deployment of the virtual desktop (phases 1 and 2)		
5.3.1	Reduce the cost of running our estate by 2019		
5.3.2	Remodelling and partial disposal of St Mary's Hospital site, linked to LD services and possible CAMHS site		
5.3.3	Consolidation of all back office functions onto two main sites as space is freed up		

Leeds and York Partnership NHS Foundation Trust

AGENDA ITEM
10

LEEDS AND YORK PARTNERSHIP NHS FOUNDATION TRUST

MEETING OF THE BOARD OF DIRECTORS

PAPER TITLE:	Safer Staffing 1 March 2018 to 31 March 2018
DATE OF MEETING:	26 April 2018
PRESENTED BY: (name and title)	Cathy Woffendin – Director of Nursing and Professions
PREPARED BY: (name and title)	Linda Rose – Head of Nursing and Patient Experience Andrew McNichol – Workforce Information Manager Laura Booth – e-Rostering Team Manager

THIS PAPER SUPPORTS THE TRUST'S STRATEGIC OBJECTIVE/S (please tick relevant box/s)		✓
SO1	We deliver great care that is safe, effective and improves lives	
SO2	We provide a rewarding and supportive place to work	
SO3	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 26 inpatient units for the periods 1 March 2018 and 31 March 2018 and includes details of any notable exceptions to the planned staffing levels.

This month's report also includes some information about the year-end Bank and Agency figures.

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
	No	

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
March 2018

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 to openly display information for service users 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 26 inpatient units for the period 1st March 2018 to 31st March 2018. The report includes details of any notable exceptions to the planned staffing levels for March 2018.

3. Updates

3.1 Care Hours Per Patient Day (CHPPD) for Nurse and Healthcare staffing in inpatient settings

From May 2018, all trusts, from all sectors (acute, specialist acute, mental health and community trusts) have been asked to report back monthly CHPPD data to NHS Improvement so that a national picture of how nursing staff are deployed can start to be built. This new data will allow LYPFT see how their CHPPD relates to other trusts within a speciality and by ward in order to identify how we improve our staff deployment and productivity for our benchmarked services.

Care hours per patient day =	Hours of registered nurses and midwives alongside Hours of healthcare support workers
	Total number of inpatients

By collecting CHPPD each month NHSI aim to see where unwarranted variation is happening and identify what good looks like. Having established this, examples of best practice can be identified and the principles of the highest performing Trusts can be implemented across the country.

The Trust has reformatted our Unify reports to incorporate the new requirements in advance of the deadline to ensure that we are contributing to the national dataset and can use the information to benchmark our services accordingly.

3.2 Quarter 4 2017/18 Temporary Staffing Usage by Worker Type

As part of the inspection in July 2016 the CQC requested information on inpatient areas where Bank and Agency usage was 20% or more of total staffing in any given area. Several areas in the Trust reported temporary staffing usage of over 20% and in order to contextualise this information the figures were broken down to identify the frequency with which temporary staff were working in the Trust. The Trust continues to monitor these figures and the quarterly breakdown has been included in this report.

Below are the temporary staffing usage rates for the Trust. The figures 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.

Unit	Ad Hoc Agency	Ad Hoc Bank	Regular Agency	Regular bank	Substantive	Substantive Bank	Total B&A Usage	Regular Workers	Irregular B&A	Grand Total
Q1 2017 Grand Total Averages	3.22%	2.08 %	4.70%	13.26%	71.58%	5.16%	28.42 %	23.12%	5.30%	**100.00 %**
Q2 2017 Grand Total Averages	3.26%	2.37 %	3.99%	13.14%	71.89%	5.35%	28.11 %	22.48%	5.63%	**100.00 %**
Q3 2017 Grand Total Averages	2.73%	2.19 %	3.31%	14.42%	72.20%	5.15%	27.80 %	22.88%	4.92%	**100.00 %**
Q4 2017 Grand Total Averages	3.19%	2.64 %	2.96%	14.70%	70.33%	6.18%	29.67 %	23.85%	5.82%	**100.00 %**

The information in the table reflects that whilst the Trust is operating with a 29% Bank and Agency contingent across our inpatient areas during Q4, at least 23% of these staff are regular workers on the unit and familiar with the service users, staff and practices on that ward.

March also reflected the highest Trust-wide Bank to Agency fill rates for our temporary staffing demand meaning that, of all temporary Registered Nurses working across the Trust, 82% were Bank staff with just 18% being sourced under our Agency contract and for Healthcare Support Workers 85% were Bank staff with just 15% Agency.

This, coupled with an additional 7 Registered Nurse appointments to the Trust Bank, will help to ensure that staff are available to cover vacancies identified across our services.

4. March 2018 - Exception reports against Planned and Actual staffing

The e-Rostering manager has identified key 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 The Mount Ward 2

March 2018

Type	PlannedRegHoursDay	ActualRegHoursDay	PercentRegDay	PlannedRegHoursNight	ActualRegHoursNight	PercentRegNight
HCW	1,294	1,786.5	138.06%	666.5	1,290	193.55%
NURSING	860	859.5	99.94%	602	451.5	75.00%

There are higher than usual HSW numbers during both the day and night and lower RN numbers at night during March.

Observations
There was one service user consistently on eyesight observations during the period of March. There was a further period of a week where there were two service users in total on eyesight observations.

Temporary Staffing (37%)
The original planned and budgeted staffing on this ward was for 12 beds and this has now been increased to 15 beds. To compensate for this increase and to ensure patient safety was not compromised an additional health care support worker has been employed through the bank during the early, late and night shifts.

Staff Unavailability

In March 3x staff members returned from long term sickness. Upon their return to work they were put on Phased Return to work as advised by the Occupational Health Department. These staff utilised both their Phased return and their annual leave to ensure a good transition back into the workplace.

The commencement of the new Apprentice in post in March necessitated a supernumerary period for this staff member. There has been some short term sickness, some paternity leave as well as some compassionate leave during March. 1x RN has also been on special leave for the duration of March.

Incidents
Incidents of violence and aggression have been mostly attributed to 3x service users in relation to personal care management and administration of medication under Mental Health Act. There has been a reduction in these incidents across the month.

Matron Comments
The ward continues to operate with a bed base of 15 – the current staffing is for a bed base of 12 so there is an immediate shortfall equating to one HSW per shift which has been covered through bank staffing.

Acuity remains high and levels of observation (in the main staffed via HSW) also contribute to increased staffing numbers.

4.2 Becklin Ward 4

March 2018

Type	PlannedRegHoursDay	ActualRegHoursDay	PercentRegDay	PlannedRegHoursNight	ActualRegHoursNight	PercentRegNight
HCW	784.5	1,268.5	161.70%	682	902	132.26%
NURSING	1,254.5	836.5	66.68%	660	682	103.33%

There are higher than usual HSW numbers during both the day and night and lower RN numbers during the day in March.

Observations
Observation acuity remains high with a number of service users requiring within eyesight observations over the course of March in response to incident management, escort duties, support in relation to physical health and self-harm behaviours.

Vacancies
There are currently 4x RN vacancies on Becklin Ward 4.

Unavailability
1x RN was off sick for the entirety of March, 1x RN off sick for 3 weeks of March and both staff are being supported in line with the Employee Wellbeing Procedure. There were also 2x incidences of short term sickness within the RN staffing complement and 3x incidences of short term HSW sickness during March. There is 1x HSW on Secondment.

Incidents
Incidents of assault and self-harm have led to an increased staffing requirement in order to cover the increase in observations.

Temporary Staffing (40%)
An increase in temporary staffing was utilised in order to cover sickness, eyesight observations and annual leave.

Matron Comments
Adult services are currently planning a preceptee specific recruitment event to take place in the next few weeks. Vacancies continue to be advertised on a rolling recruitment basis.

Whilst the total number of vacancies is of concern, clear oversight of the underfill is kept across the 6 wards in the service to ensure an even spread vacancies, skills and experience, which is currently been mitigated through use of regular bank staff who are familiar with these wards and service users.

4.3 Newsam Ward 4

March 2018

Type	PlannedRegHoursDay	ActualRegHoursDay	PercentRegDay	PlannedRegHoursNight	ActualRegHoursNight	PercentRegNight
HCW	684	1,303.5	190.57%	682	926.5	135.85%
NURSING	1,213.5	889	73.26%	671	674	100.45%

There are higher than usual HSW numbers both during the day and night and lower than usual RN numbers during the day in March.

Observations
During March there were four service users requiring within eyesight observations. Out of the four service users, one was on 2:1 observations for two days. There were also five service users on intermittent observations for several days at a time during March.

Vacancies
There are currently 1x Band 6 vacancy and 2x Band 5 vacancies. At the end of March there were 2x HSW vacancies. One HSW vacancy has been filled by an apprentice and another HSW is due to commence in post in April.

Unavailability
There was 1x RN off sick for the last three weeks of March who has now returned to work. Another RN had a short term period of sickness.

Matron Comments
There was a high number of staff on annual leave during March due to new staff arriving with pre booked annual leave before joining the team which required honouring. Regular bank Staff are booked advance in mitigation; however the increase in level of observations at short notice resulted in some shifts being covered through agency to ensure safe staffing levels were maintained.

The next Band 6 recruitment event will be in May. There were two early shifts during March where Preceptees were the lone RN in charge on the ward. This isn't an ideal situation but the Ward manager was present and able to provide additional clinical leadership support on both occasions.

There are Preceptee recruitment events planned and the Band 5 vacancies continue to be re-advertised.

4.4 Newsam Ward 5

March 2018

Type	PlannedRegHoursDay	ActualRegHoursDay	PercentRegDay	PlannedRegHoursNight	ActualRegHoursNight	PercentRegNight
HCW	1,129.5	1,413.166666667	125.11%	1,001	1,100	109.89%
NURSING	745.5	768	103.02%	341	418	122.58%

There are higher than usual HSW numbers during the day and higher RN numbers during the day and night in March.

Observations
There was an increase in the requirement for HSW hours as one service user required increased observation interventions for 15 days in March.

Vacancies:
There are currently 3x RN vacancies.

The increase in the usage of RN staff at night is due to the ward providing Immediate Life Support (ILS) cover for the Newsam Centre as a whole.

Temporary Staffing (37%)
The usage of Temporary Staffing during March was to cover the vacancies and observations as indicated above. The ward utilises regular Bank Staff wherever possible.

Staff Unavailability
The high level of annual leave utilised during March is due to new starters on the ward taking leave that they already had booked.

Matron Comments
As with all services, there are ongoing difficulties in recruiting RNs. An adjusted skill mix on the night shifts ensures consistent cover by regular staff. There has been a high reliance on temporary staffing to cover vacancies and increased acuity.

4.5 Bluebell

March 2018

Type	PlannedRegHoursDay	ActualRegHoursDay	PercentRegDay	PlannedRegHoursNight	ActualRegHoursNight	PercentRegNight
HCW	648	1,516	233.95%	664.33	696.58333324	104.86%
NURSING	1,051.5	720	68.47%	664.33	396.51666673	59.69%

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

Vacancies
There are currently 3x RN vacancies at Bluebell
The decrease in RN hours and the increase in HSW hours is due to replacing the 2nd RN duty with a HSW. This ensures that there is no breech as there is always a registered nurse on duty.

Observations
Bluebell has had no 'within eyesight' or 'within arm's length' observations during March. The Service Users visual observations have ranged between 10 minute observations and hourly.

Staff Unavailability
The majority of unavailability is due to staff using the last of their annual leave. This would normally be planned very strictly, however, as there was a merging of two teams (Rose Ward joining Bluebell) all planned annual leave had to be honoured, which resulted in a number of staff being off at the same time.

Incidents
Towards the middle of March Bluebell had two Service Users admitted to the ward, from secure environments with untreated psychosis resulting in challenging behaviours of verbal and physical hostility / aggression towards other service users and staff. Staff managed these situations well and the incidents were deescalated on the ward without requiring use of seclusion.

Other incidents of violence and aggression have been mostly attributed to 3x service users in relation to personal care management and administration of medication under Mental Health Act. There has been a reduction in these incidents across the month.

Matron Comments

Recruiting to RN posts at Clifton House continues to be an issue and work continues with the Human Resources and Communications teams. Due to the recent closure of Rose Ward there is a

slight over complement of HSW's and whilst Clifton House is able to benefit from increased staffing due to providing services from two wards, this is not a long term position. Though there is uncertainty over future provision which is contributing to some anxiety within the workforce, the services are managing their resources effectively. This is having a positive impact on service users as we are seeing an increase in activity figures and supervision figures for staff.

5. Conclusion

Recruitment of registered nurses remains a key concern across all areas although there were no breaches in relation to a registered nurse being on duty at all times across the 26 wards.

Service changes at Clifton House have resulted in the closure of Rose Ward and the redeployment of staff to Bluebell ward is having a positive impact on staff and services users, though there is still a shortfall of RN's within the service.

Whilst some of our services continue to have difficulty recruiting for a number of reasons, the Crisis assessment service (CAS) provides a variety of care service interventions (Crisis assessment unit, Street Triage, Section 136 suite as well as the assessment function) and this can make it quite an attractive area to work. The service has managed to recruit x2 new band 6's nurses who will commence work in the next couple of weeks. This will take the team to full establishment of band 6's in addition to the recent successful recruitment event for band 5 workers where the team were able to appoint to all 4 of their vacant posts.

We are looking at a number of ways to support the services to have the same kind of success as the CAS team.

A Safer Staffing Group meeting across the care services is planned on the 24th April and will meet monthly to ensure that there are robust systems in place to support safe staffing levels within all service areas that does not compromise care. A main function of this group will be to agree baseline staffing figures for ward areas based on need and previous occupancy in the absence of a national tool, as opposed to what its currently budgeted for. It will also ensure that analysis takes place to challenge any areas of under or over compliance.

Leeds Beckett University and the University of Leeds have a total of x68 mental health nursing students due to Register in September 2018 and York and Huddersfield Universities have a total of x37 Learning Disability Nurses due to register at the same time. Work is being progressed with HR and the Director of Nursing and professions and care services to offer our internal students employment based on successful qualification. An internal process will be agreed around preferences and ensuring adequate preceptorship is available to support this process.

The Director of Nursing and Professions is also working with senior educational leads across the Universities to support our current and future intention to ensure that we are at the fore front of being ''the provider of choice". This will include attending the universities to showcase our organisation, with an offer of employment to students at the end of their 2nd year.

The trust has been selected to join the 3rd cohort of an NHSi retention initiative, the focus of this initiative is to reduce turnover across key professional groups. An event was held on the 5th April to introduce and commence the project. There were presentations by a number of earlier cohorts and they have been able to demonstrate a 1-3% reduction in their turnover in the last 18 month period. The project requires us to submit an action plan by the beginning of July with 4-5 priorities which will be supported by NHSi

6. Recommendations:

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

Appendix A

Unify Report March 2018

Ward name	Type	Day - planned hours	Day - actual hours	Day - fill rate (%)	Night - planned hours	Night - actual hours	Night - fill rate (%)
ASKET CROFT	HCW	867.0	1,001.7	115.5%	671.0	814.6	121.4%
	NURSING	604.5	750.2	124.1%	330.0	341.0	103.3%
ASKET HOUSE	HCW	453.5	626.0	138.0%	341.0	396.0	116.1%
	NURSING	438.0	458.5	104.7%	341.0	335.3	98.3%
BECKLIN WARD 1	HCW	527.0	1,384.0	262.6%	682.0	817.0	119.8%
	NURSING	1,037.4	969.5	93.5%	682.0	675.0	99.0%
BECKLIN WARD 2 CR	HCW	673.5	1,149.0	170.6%	713.0	1,173.0	164.5%
	NURSING	713.0	686.0	96.2%	713.0	657.5	92.2%
BECKLIN WARD 3	HCW	811.5	1,268.0	156.3%	682.0	772.0	113.2%
	NURSING	1,038.0	942.4	90.8%	660.0	674.5	102.2%
BECKLIN WARD 4	HCW	784.5	1,268.5	161.7%	682.0	902.0	132.3%
	NURSING	1,254.5	836.5	66.7%	660.0	682.0	103.3%
BECKLIN WARD 5	HCW	730.5	1,465.3	200.6%	682.0	1,144.8	167.9%
	NURSING	1,208.0	1,049.0	86.8%	649.0	673.2	103.7%
YORK - BLUEBELL	HCW	648.0	1,516.0	234.0%	664.3	696.6	104.9%
	NURSING	1,051.5	720.0	68.5%	664.3	396.5	59.7%
YORK - RIVERFIELDS	HCW	585.0	1,427.5	244.0%	664.3	1,093.1	164.5%
	NURSING	742.5	772.5	104.0%	332.3	332.2	100.0%
YORK - ROSE	HCW	930.0	0.0	0.0%	664.3	0.0	0.0%
	NURSING	930.0	0.0	0.0%	332.3	0.0	0.0%
NICPM LGI	HCW	312.0	295.0	94.6%	273.0	294.8	108.0%
	NURSING	984.0	1,012.8	102.9%	630.0	652.5	103.6%
NEWSAM WARD 1 PICU	HCW	1,350.0	2,595.5	192.3%	671.0	1,953.3	291.1%
	NURSING	1,210.5	1,001.0	82.7%	594.0	540.3	91.0%
NEWSAM WARD 2 FORENSIC	HCW	859.5	1,159.0	134.8%	666.5	616.8	92.5%
	NURSING	825.0	676.6	82.0%	333.3	376.5	113.0%
NEWSAM WARD 2 WOMENS SERVICES	HCW	768.0	1,453.2	189.2%	655.8	1,113.3	169.8%
	NURSING	883.5	754.3	85.4%	333.3	333.3	100.0%

Ward name	Type	Day - planned hours	Day - actual hours	Day - fill rate (%)	Night - planned hours	Night - actual hours	Night - fill rate (%)
NEWSAM WARD 3	HCW	792.0	1,284.0	162.1%	666.5	740.5	111.1%
	NURSING	830.0	545.7	65.7%	333.3	333.3	100.0%
NEWSAM WARD 4	HCW	684.0	1,303.5	190.6%	682.0	926.5	135.9%
	NURSING	1,213.5	889.0	73.3%	671.0	674.0	100.4%
NEWSAM WARD 5	HCW	1,129.5	1,413.2	125.1%	1,001.0	1,100.0	109.9%
	NURSING	745.5	768.0	103.0%	341.0	418.0	122.6%
NEWSAM WARD 6 EDU	HCW	715.5	1,379.0	192.7%	630.0	1,059.3	168.1%
	NURSING	799.5	892.8	111.7%	325.5	451.5	138.7%
PARKSIDE LODGE	HCW	1,565.5	2,427.0	155.0%	1,050.0	1,673.3	159.4%
	NURSING	1,047.0	873.0	83.4%	315.0	380.8	120.9%
2 WOODLAND SQUARE	HCW	679.0	391.0	57.6%	325.5	325.5	100.0%
	NURSING	630.5	618.5	98.1%	325.5	325.5	100.0%
3 WOODLAND SQUARE	HCW	889.5	681.0	76.6%	325.5	325.5	100.0%
	NURSING	596.5	502.3	84.2%	315.0	293.5	93.2%
MOTHER AND BABY THE MOUNT	HCW	633.0	726.5	114.8%	605.0	890.5	147.2%
	NURSING	838.5	828.3	98.8%	506.0	506.0	100.0%
THE MOUNT WARD 1 NEW (MALE)	HCW	1,585.0	2,127.8	134.2%	989.0	2,103.8	212.7%
	NURSING	839.5	906.8	108.0%	365.5	369.0	101.0%
THE MOUNT WARD 2 NEW (FEMALE)	HCW	1,294.0	1,786.5	138.1%	666.5	1,290.0	193.5%
	NURSING	860.0	859.5	99.9%	602.0	451.5	75.0%
THE MOUNT WARD 3A	HCW	1,228.3	1,483.1	120.7%	682.0	883.0	129.5%
	NURSING	884.8	848.3	95.9%	341.0	344.0	100.9%
THE MOUNT WARD 4A	HCW	1,259.3	1,317.0	104.6%	682.0	737.0	108.1%
	NURSING	857.3	862.5	100.6%	341.0	386.0	113.2%
YORK - MILL LODGE	HCW	1,264.5	1,412.1	111.7%	682.0	1,089.0	159.7%
	NURSING	1,396.5	1,172.6	84.0%	682.0	682.0	100.0%

Leeds and York Partnership NHS Foundation Trust

AGENDA ITEM
11.

LEEDS AND YORK PARTNERSHIP NHS FOUNDATION TRUST

MEETING OF THE BOARD OF DIRECTORS

PAPER TITLE:	Report from the Chief Financial Officer (Financial Position - March 2018 (Month 12))
DATE OF MEETING:	26 April 2018
PRESENTED BY: (name and title)	Dawn Hanwell, Chief Financial Officer and Deputy Chief Executive
PREPARED BY: (name and title)	Dawn Hanwell, Chief Financial Officer and Deputy Chief Executive

THIS PAPER SUPPORTS THE TRUST'S STRATEGIC OBJECTIVE/S (please tick relevant box/s)		✓
SO1	We deliver great care that is high quality and improves lives.	
SO2	We provide a rewarding and supportive place to work.	
SO3	We use our resources to deliver effective and sustainable services.	✓

EXECUTIVE SUMMARY

This report provides an overview of the reported full year outturn financial position (ie month 12 subject to audit and additional STF funding yet to be confirmed). It includes an analysis of the key areas of performance, highlighting the main issues which have impacted the overall result. The Trust has marginally exceeded the required regulatory Control Total surplus, but there remain some significant areas of concern and on-going pressures which may impact on the forward financial plan for 2018/19 (cross referenced in a separate report).

It is really important to note the fundamental makeup of the delivery:-

- The scale of one off benefits has fully mitigated the stretch non recurrent CIP.
- The huge budgetary variances, where under-spending budgets have matched overspending budgets have led to the underlying position remaining at broadly break-even.

Capital expenditure is broadly in line with our revised forecast position.

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
	No	

RECOMMENDATION

The Board of Directors is asked to:-

- Consider the month 12 (subject to audit) financial position for 2017/18, with overall surplus marginally above plan and a reported Finance Score of 1. Noting overall Single Oversight Framework assessment by our regulator remains 2.

BOARD OF DIRECTORS - 26 APRIL 2018

CHIEF FINANCIAL OFFICER - FINANCIAL POSITION MONTH 12 2017/18

1. The Purpose

This report provides an overview of the reported full year outturn financial position (i.e. month 12 subject to audit and additional STF funding yet to be confirmed). It includes an analysis of the key areas of performance, highlighting the main issues which have impacted the overall result. The Trust has marginally exceeded the required regulatory Control Total surplus, but there remain some significant areas of concern and on-going pressures which may impact on the forward financial plan for 2018/19 (cross referenced in a separate report).

2. Key Performance Indicators

A summary of overall performance against key metrics as at month 12 is shown in the table 1 below:

Table 1

Key Metrics:	Year to date		
	Plan	Actual	Trend
Single Oversight Framework Finance Score	1	1	⟷
Income & Expenditure Position (£000s)	3,679	4,142	⟷
Recurrent CIP (£000s)	3,321	2,787	⟷
Non Recurrent CIP (£000s)	2,664	0	⟷
Cash (£000s)	47,885	52,424	↑
Capital (£000s)	4,910	1,742	↓

2.1 Statement of Comprehensive Income

Table 2 below summarises the income and expenditure position at month 12, showing an overall net surplus of £3,127k (pre STF) and £4,142k inclusive of notified STF. This result is still subject to audit and confirmation of additional year end STF bonus. This position slightly exceeds the overall required Control Total target, and includes a number of unplanned variances (both positive and negative) that underpin the position non-recurrently. The result represents an over achievement against plan of £463k, of which £250k is not allowable to contribute to Control Total as this relates to a revaluation gain .Therefore net over delivery against Control Total target is £213k.

Table 2

Income & Expenditure Position	Month 12		
	Plan £000's	Actual £000's	Variance £000's
Clinical Income	128,883	131,672	2,789
Other Operating Income	20,642	22,338	1,696
Total Operating Income	**149,525**	**154,011**	**4,486**
Employee Expenses Substantive	(105,369)	(103,473)	1,896
Employee Expenses Agency	(4,632)	(4,470)	162
Employee Expenses Total	**(110,001)**	**(107,944)**	**2,057**
Non Pay	(32,314)	(38,636)	(6,322)
Total Operating Expenses	**(142,315)**	**(146,580)**	**(4,265)**
Non-Operating income	203	104	(99)
Non-Operating expenses	(4,749)	(4,408)	341
Surplus (Deficit)	**2,664**	**3,127**	**463**
STF	**1,015**	**1,015**	
Total Surplus (Deficit) inc. STF	**3,679**	**4,142**	**463**

Notwithstanding normalised variances there has been specific one off benefits included in the position of c£2.3m, comprising:

One off and prior year benefits	Month 12 £000's
One off prior year accruals	1,345
Movement in provisions	299
One off income	398
Revaluation impact	250
Total	**2,292**

The key material issues in year that have impacted the overall outturn have been:

- Out of area placements (OAPs) – an overall operating cost pressure of £4.1m, which has been offset by additional non recurrent income support from Leeds CCG of £3.15m, resulting in a net pressure of £0.9m.

- Vacancies – there have been some significantly underspent areas of pay cost predominantly due to the scale of vacancies in corporate functions and Junior Doctors, these have more than offset the pay pressures predominantly in inpatient wards.

- One off and prior year benefits – there is a material contribution from unplanned items which offset the level of unidentified non-recurrent CIP stretch and other pressures (the £2.3m as noted above).

- NHS England contract income claw back relating to temporary forensic ward closures, offset by the level of vacancies in that area (Clifton).

- Table 2a below shows the reported performance in each month and cumulatively, inclusive of non- recurrent measures that have offset the key pressures noted above.

- Table 2b shows the actual in month performance excluding the non- recurrent items (OAPs support and one off items phased evenly in 12ths). This shows a more representative presentation of the underlying in year performance, which is a deficit position. Notably if the OAPs cost pressure was managed or fully mitigated the actual position would be in surplus, which is more aligned to our planned underlying breakeven position.

Table 2a	In month performance												Total 2017/18 £000s
	Month 1 £000s	Month 2 £000s	Month 3 £000s	Month 4 £000s	Month 5 £000s	Month 6 £000s	Month 7 £000s	Month 8 £000s	Month 9 £000s	Month 10 £000s	Month 11 £000s	Month 12 £000s	
Planned surplus	41	42	42	264	263	262	263	264	268	268	270	417	2,664
Actual surplus	81	43	69	214	266	328	246	307	246	272	264	791	3,127
Variance	**40**	**1**	**27**	**(50)**	**3**	**66**	**(17)**	**43**	**(22)**	**4**	**(6)**	**374**	**463**

Table 2b	£000s	£000s	£000s	£000s	£000s	£000s	£000s	£000s	£000s	£000s	£000s	£000s	£000s
Actual surplus	81	43	69	214	266	328	246	307	246	272	264	791	3,127
Exclude One Off Items	(433)	(433)	(433)	(433)	(433)	(433)	(433)	(433)	(433)	(433)	(433)	(683)	(5,442)
Underlying deficit	**(352)**	**(390)**	**(364)**	**(219)**	**(167)**	**(105)**	**(187)**	**(126)**	**(187)**	**(161)**	**(169)**	**108**	**(2,315)**

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 above plan at month 12 primarily due to £3.15m non-recurrent CCG contribution to OAPs pressures offset by a shortfall against the planned cost per case activity levels and a delayed development.

Pay spending is below plan at month 12 due mainly 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 (151 wte) are being filled by temporary staffing.

Non Pay is above plan at month 12 primarily due to out of area placement pressures and CIP shortfalls.

A more detailed analysis of the key variances for month 12 at directorate level is shown at appendix 1a.

Table 3 shows the key budget variances at directorate level (adjusted for Leeds CCG contribution to OAPs) which are contributing to the overall position. Budget performance is presented at appendix 1.

Table 3

Directorate	Directorate Variance £000's	OAPs CCG Contribution £000's	Variance £000's
Leeds Care Group	(3,473)	1,543	(1,930)
Specialist	(282)	957	675
CPC	(252)		(252)
Other Hosted	325		325
Corporate	6,444	(2,500)	3,944
Reserves	(2,298)		(2,298)
Surplus (Deficit)	**463**	**0**	**463**
STF	**0**	**0**	**0**
Total Surplus (Deficit) inc. STF	**463**	**0**	**463**

3. Cost Improvement Plans

The level of unidentified savings (£2.94m) remained the key issue during 2017/18 (note the Control Total was predicated on identifying and achieving a significant level of non-recurrent CIP - £2.664m). In addition, the identified CIPs are £0.26m (8%) behind plan for 2017/18 as detailed in table 4 below.

The actions as previously reported are on-going, including efforts to accelerate assets disposals. These will now contribute to the 2018/19 plan rather than 2017/18.

Table 4

CIP Summary	Month 12			
	Plan £'000	Actual £'000	Variance £'000	Variance %
Leeds Mental Health Care Group	796	781	(15)	-2%
Specialist & Learning Disability Care Group	1,415	1,207	(207)	-15%
Workforce and Development	48	48	0	0%
Chief Executives Office	12	12	0	0%
Chief Financial Officer	718	683	(35)	-5%
Medical	45	45	0	0%
Chief Nurse	11	11	0	0%
Sub Total allocated/ identified	**3,044**	**2,787**	**(257)**	**-8%**
Non-recurrent to be allocated/identified	664	0	(664)	-100%
Non-recurrent linked to commercial opportunities	2,000	0	(2,000)	-100%
Recurrent to be allocated/identified	277	0	(277)	-100%
Total	**5,985**	**2,787**	**(3,198)**	**-53%**

Recurrent	3,321	2,787	(534)	-16%
Non Recurrent	2,664	0	(2,664)	-100%
Total	**5,985**	**2,787**	**(3,198)**	**-53%**

4. Capital

The original capital plan for the year was £4.9m. A reforecast was produced at quarter 3, based on the known impact of issues previously noted (pause on PFI refurbishment tender and slippage on timeline for EPR re-procurement). Capital expenditure for 2017/18 is £1.74m, which is consistent with the re-assessed position previously reported to the regulator.

Appendix 2 provides full details of capital spend by scheme compared to plan and appendix 2a shows the monthly profile of spend compared to plan. Incomplete schemes (mainly PFI works) have been carried forward into the capital plan for 2018/19.

5. Cash Flow

The cash position of £52.42m is £4.54m above plan at the end of month 12. This is due to the unplanned increase in cash linked to the 16/17 year-end bonus STF funding (£0.9m), slippage on capital investment activities noted above and the surplus. Liquidity increased to 107 days operating expenses.

Appendix 4 shows the cash plan phasing for 2017/18 and actual cash balances for 2016/17 and 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 5.

Table 5

Finance & use of resources score	Month 12		
	Score	Actual	Plan
Capital Service Cover	2.14	2	2
Liquidity	107	1	1
I&E Margin	2.5%	1	1
Variance in I&E Margin	0.09%	1	1
Agency Cap	-21.8%	1	1
Finance Score		**1**	**1**

The Trust achieved the plan at month 12 with an overall Finance 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. This metric achieved a rating of 2. A surplus in excess of £6.7m was 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 107 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 2.5% (rating of 1) I&E margin which is 0.09% (rating of 1) positive variance to plan.

Agency Cap

Compares actual agency spend (£4.47m at month 12) to the capped target set by the regulator (£5.72m at month 12). The Trust reported agency spending 21.8% below the capped level and achieved a rating of 1.

7. Conclusion

The financial position as reported at month 12 (subject to audit and additional STF funding) has marginally exceeded the plan. It is really important to note the fundamental makeup of the delivery:-

- The scale of one off benefits has fully mitigated the stretch non recurrent CIP.
- The huge budgetary variances, where under-spending budgets have matched overspending budgets have led to the underlying position remaining at broadly break-even.

The implications for the 2018/19 plan are considered in a separate report.

Capital expenditure is broadly in line with our revised forecast position.

8. Recommendation

The Board of Directors is asked to:

- Consider the month 12 financial position for 2017/18, with overall surplus marginally above plan and a reported Finance Score of 1. Noting overall Single Oversight Framework assessment by our regulator remains 2.

Dawn Hanwell
Chief Financial Officer and Deputy Chief Executive

Appendix 1

Directorate Level Budget Performance at March 2018

	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	675	587	(88)	33,577	32,912	(665)	94,129	97,981	3,852										128,380	131,480	3,099
Other Operating Income	237	715	478	4,521	4,853	332	7,642	8,824	1,182	3,770	3,548	(221)	4,149	4,578	429	100	13	(87)	20,419	22,531	2,113
Total Operating Income	**912**	**1,302**	**390**	**38,098**	**37,765**	**(333)**	**101,771**	**106,805**	**5,034**	**3,770**	**3,548**	**(221)**	**4,149**	**4,578**	**429**	**100**	**13**	**(87)**	**148,799**	**154,011**	**5,212**
Employee Expenses Substantive	(40,673)	(40,349)	324	(41,511)	(38,869)	2,641	(22,906)	(19,903)	3,003	(2,206)	(2,044)	162	(1,872)	(1,872)	(1)	621	(435)	(1,056)	(108,547)	(103,473)	5,073
Employee Expenses Agency	(33)	(1,467)	(1,434)		(1,439)	(1,439)	(12)	(966)	(954)	(126)	(598)	(472)							(171)	(4,470)	(4,300)
Employee Expenses Total	**(40,706)**	**(41,816)**	**(1,110)**	**(41,511)**	**(40,308)**	**1,202**	**(22,918)**	**(20,869)**	**2,049**	**(2,332)**	**(2,642)**	**(311)**	**(1,872)**	**(1,872)**	**(1)**	**621**	**(435)**	**(1,056)**	**(108,717)**	**(107,944)**	**774**
Non Pay	(4,782)	(7,536)	(2,754)	(5,728)	(6,880)	(1,151)	(20,357)	(21,026)	(670)	(868)	(588)	280	(2,490)	(2,594)	(104)	1,142	(13)	(1,155)	(33,083)	(38,636)	(5,553)
Total Operating Expenses	**(45,488)**	**(49,351)**	**(3,863)**	**(47,239)**	**(47,188)**	**51**	**(43,274)**	**(41,896)**	**1,379**	**(3,199)**	**(3,230)**	**(30)**	**(4,362)**	**(4,466)**	**(104)**	**1,763**	**(449)**	**(2,211)**	**(141,800)**	**(146,580)**	**(4,779)**
Non-Operating income							205	104	(101)										205	104	(101)
Non-Operating expenses							(4,540)	(4,408)	132										(4,540)	(4,408)	132
Surplus (Deficit)	**(44,577)**	**(48,050)**	**(3,473)**	**(9,141)**	**(9,423)**	**(282)**	**54,161**	**60,605**	**6,444**	**570**	**318**	**(252)**	**(213)**	**111**	**325**	**1,863**	**(435)**	**(2,298)**	**2,664**	**3,127**	**463**
STF							**1,015**	**1,015**											**1,015**	**1,015**	
Total Surplus (Deficit) inc. STF	**(44,577)**	**(48,050)**	**(3,473)**	**(9,141)**	**(9,423)**	**(282)**	**55,176**	**61,620**	**6,444**	**570**	**318**	**(252)**	**(213)**	**111**	**325**	**1,863**	**(435)**	**(2,298)**	**3,679**	**4,142**	**463**
CCG OAPs contribution			**1,543**			**957**			**(2,500)**												
Adjusted Variance			**(1,930)**			**675**			**3,944**												

Key variances at directorate level:

Leeds Mental Health Care Group

- Non-pay pressure (£2.558m) linked to placing clients out of area which is offset partially by CCG non-recurrent income of £1.543m.
- PICU staffing pressures (£0.45m) from additional observations.
- Pressures primarily from high use of temporary staffing at the Mount dementia wards (£0.42m) and Becklin wards (£0.44m).
- Whilst community pay budgets are in balance, overspending in West locality is being offset by underspending in other community services.
- £15k shortfall on CIP plan.

Specialist and Learning Disability Care Group

- Temporary closure of Westerdale & Rose wards is generating a £908k underspend which is offsetting £243k overspending on other Forensic wards. This overall position reflects partial recovery of contract income for the temporary ward closure, a contract reduction of £582k has now been agreed with NHS England commissioners.
- Under trading against cost per case activity targets for Chronic Fatigue services resulted in a £176k shortfall.
- £391k Parkside Lodge staffing pressures from additional observations due to complexity of client mix is offset by community Learning Disability teams £441k underspend.
- Vacancies (£68k CAMHS, £145k Eating Disorders).
- £207k shortfall on CIP plan.
- Locked Rehabilitation OAPs pressure £1.537m which is offset by CCG non-recurrent income £1.607m (£0.65m + £0.957m).

Corporate/Reserves

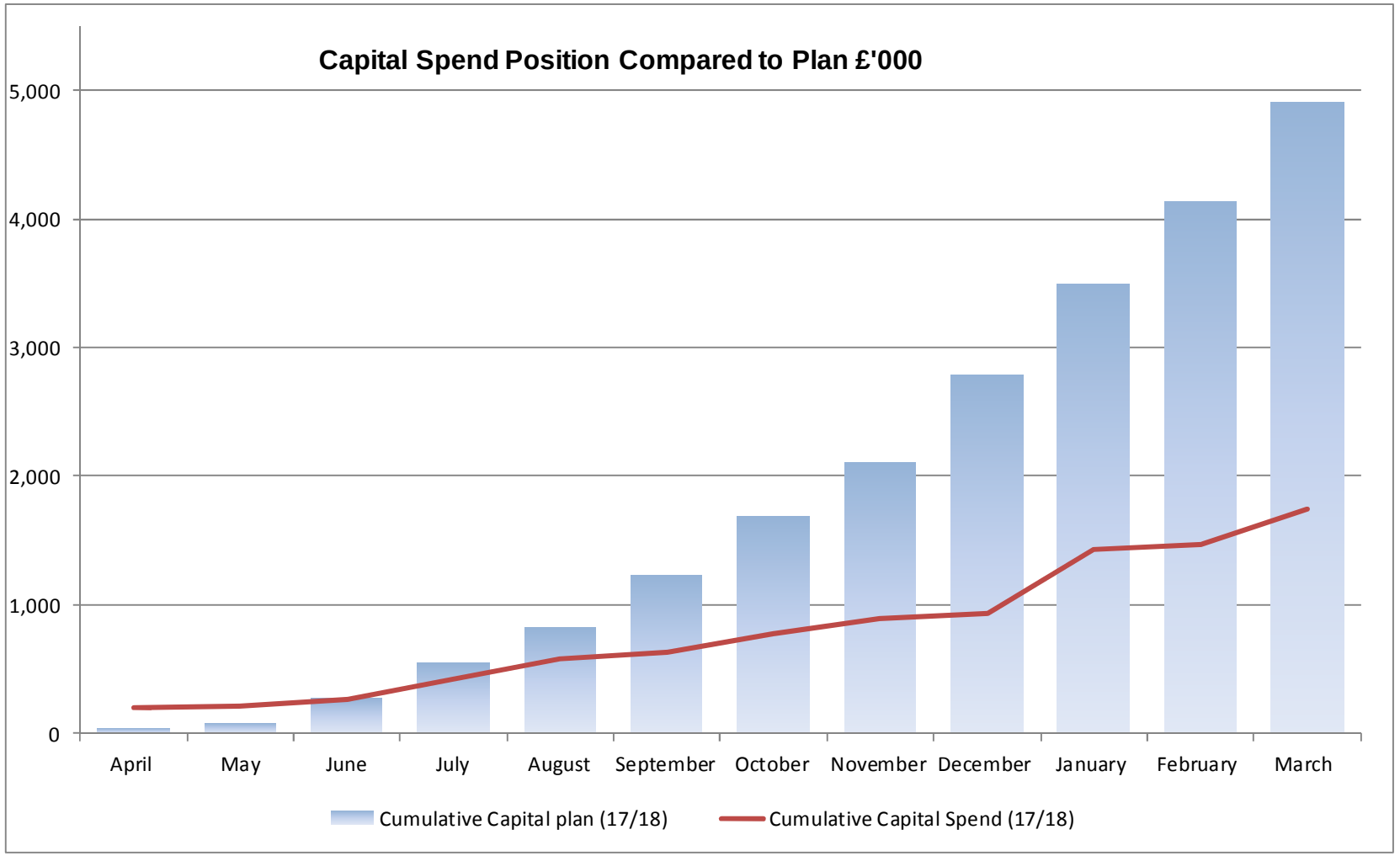
- Pay under-spending resulting from doctors in training vacancies and lower than planned protection costs linked to the new junior doctor contract.
- Pay under-spending due to vacancies, Workforce £67k, Chief Nurse £139k. Chief Financial Officer £277k.
- £35k shortfall on CIP plan.
- Reserves deficit due to unidentified CIPs which are unallocated to individual budgets.
- Leeds CCG non recurrent OAPs contribution.

Appendix 2

CAPITAL PROGRAMME - at 31 MARCH 2018	Annual Plan £'000	Actual Spend £'000	YTD Variance £'000
Estates Operational			
Health & Safety /Fire	75	31	(44)
Planned Annual Commitments	75	24	(51)
Estate refurbishment	1,100	210	(890)
Room Upgrades	0	67	67
Anti-ligature Taps & Bidets	0	123	123
Sub-Total	**1,250**	**455**	**(795)**
IT/Telecomms Operational			
PC Replacement Programme	200	245	45
IT Network Infrastructure	200	212	12
Additional Server/Storage	40	43	3
Back up software	60	72	12
Cypher security software	50		(50)
Sub-Total	**550**	**572**	**22**
Other Equipment			
	0	0	0
Sub-Total	**0**	**0**	**0**
Estates Strategic Developments			
Parkside consolidation	80		(80)
Becklin Centre consolidation	1,000		(1,000)
Mount consolidation	115		(115)
St Marys House - non-clinical hub	50		(50)
Pharmacy - upgrade works	75	77	2
The Mount Annexe	21	30	10
Cafés At The Mount / Becklin Centre	20		(20)
Sub-Total	**1,361**	**108**	**(1,253)**
IT Strategic Developments			
Big Hand Voice Recognition	100	150	50
Integration System	50		(50)
Replacement PAS	724	88	(636)
Remote Access	300	138	(162)
Public Wi-Fi Deployment	20		(20)
Standard Smartphones for all staff	15	10	(5)
EPR System Developments	40	103	63
Sub-Total	**1,249**	**490**	**(759)**
Contingency Schemes			
Contingency	500		(500)
Newsam Management Suite	0	16	16
Vehicles	0	52	52
Becklin Security	0	12	12
Franking Machine	0	17	17
Fixed Asset Software	0	6	6
Newsam PICU Security	0	18	18
North Yorks Catering Equipment	0	8	8
WNW CMHT ECG Machine	0	5	5
2016/17 Completed Schemes	0	(17)	(17)
Sub-Total	**500**	**117**	**(383)**
TOTAL CAPITAL PROGRAMME	**4,910**	**1,742**	**(3,168)**

Capital Programme Summary	Annual Plan £'000	Actual Spend £'000	YTD Variance £'000
Estates Operational	1,250	455	(795)
IT/Telecomms Operational	550	572	22
Estates Strategic Developments	1,361	108	(1,253)
IT Strategic Developments	1,249	490	(759)
Contingency Schemes	500	117	(383)
Total	**4,910**	**1,742**	**(3,168)**

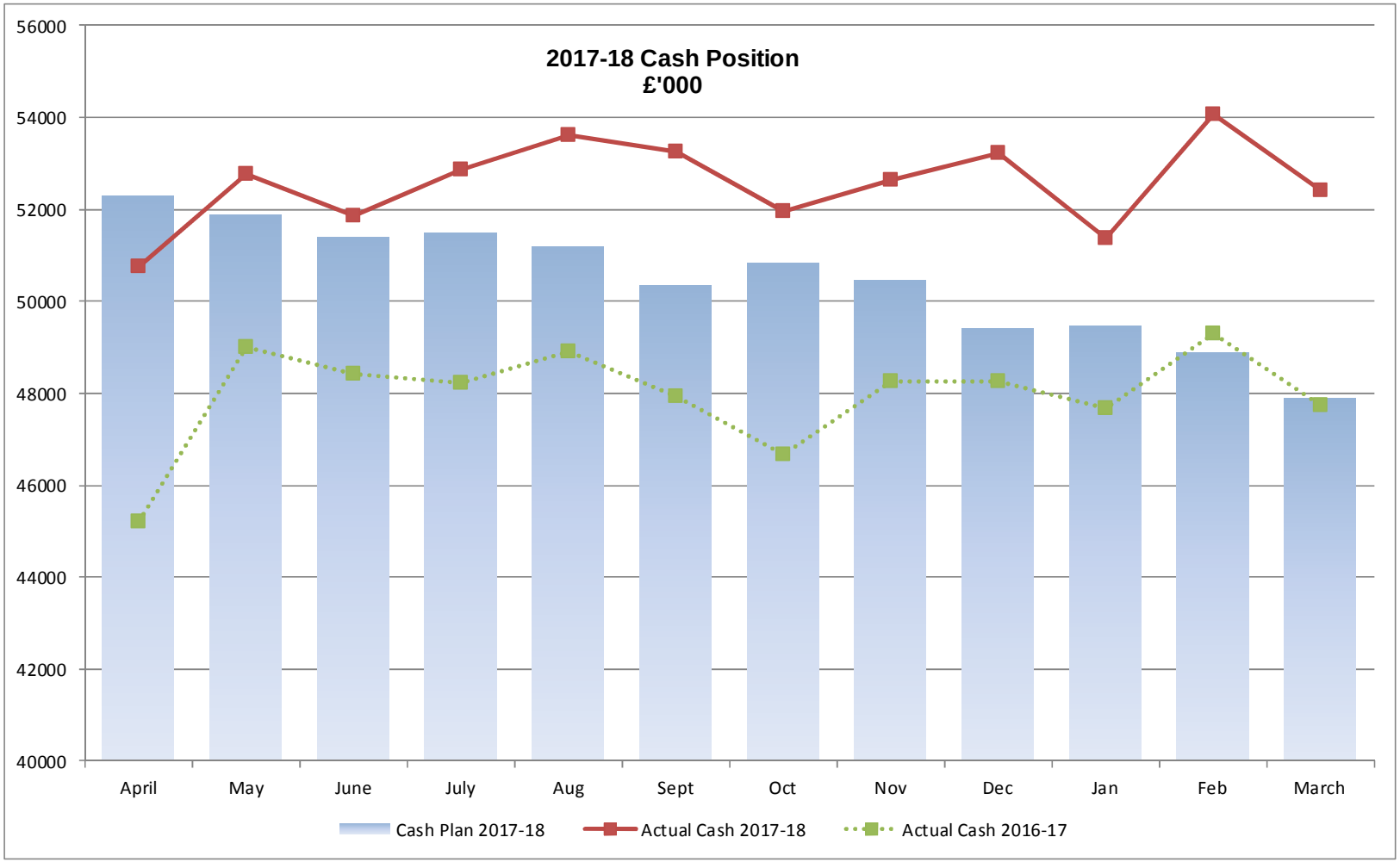
Appendix 2a


Capital Spend Position Compared to Plan £'000
5,000
4,000
3,000
2,000
1,000
0
April
May
June
July
August
September
October
November
December
January
February
March
Cumulative Capital plan (17/18)
Cumulative Capital Spend (17/18)

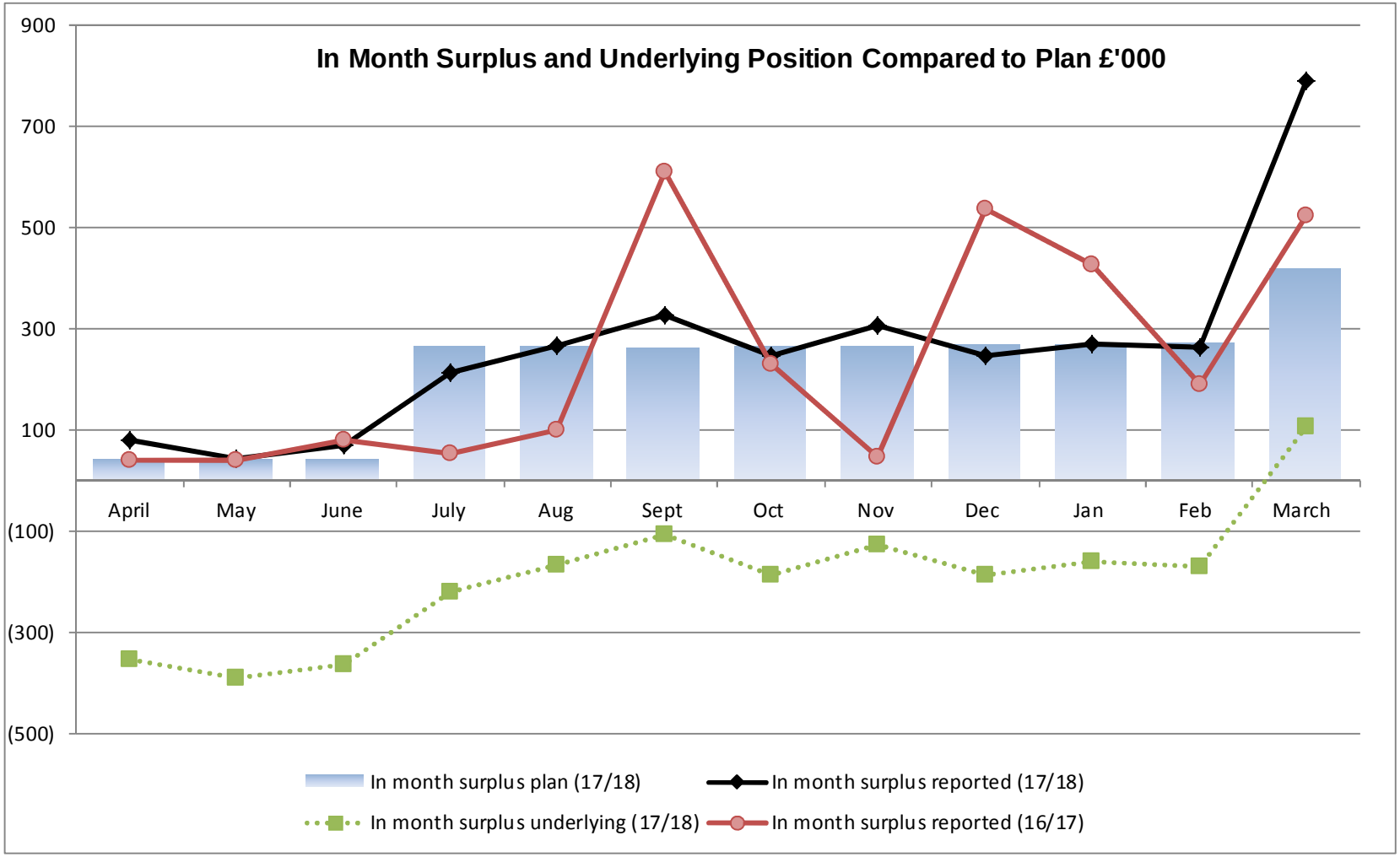
Vacancy analysis

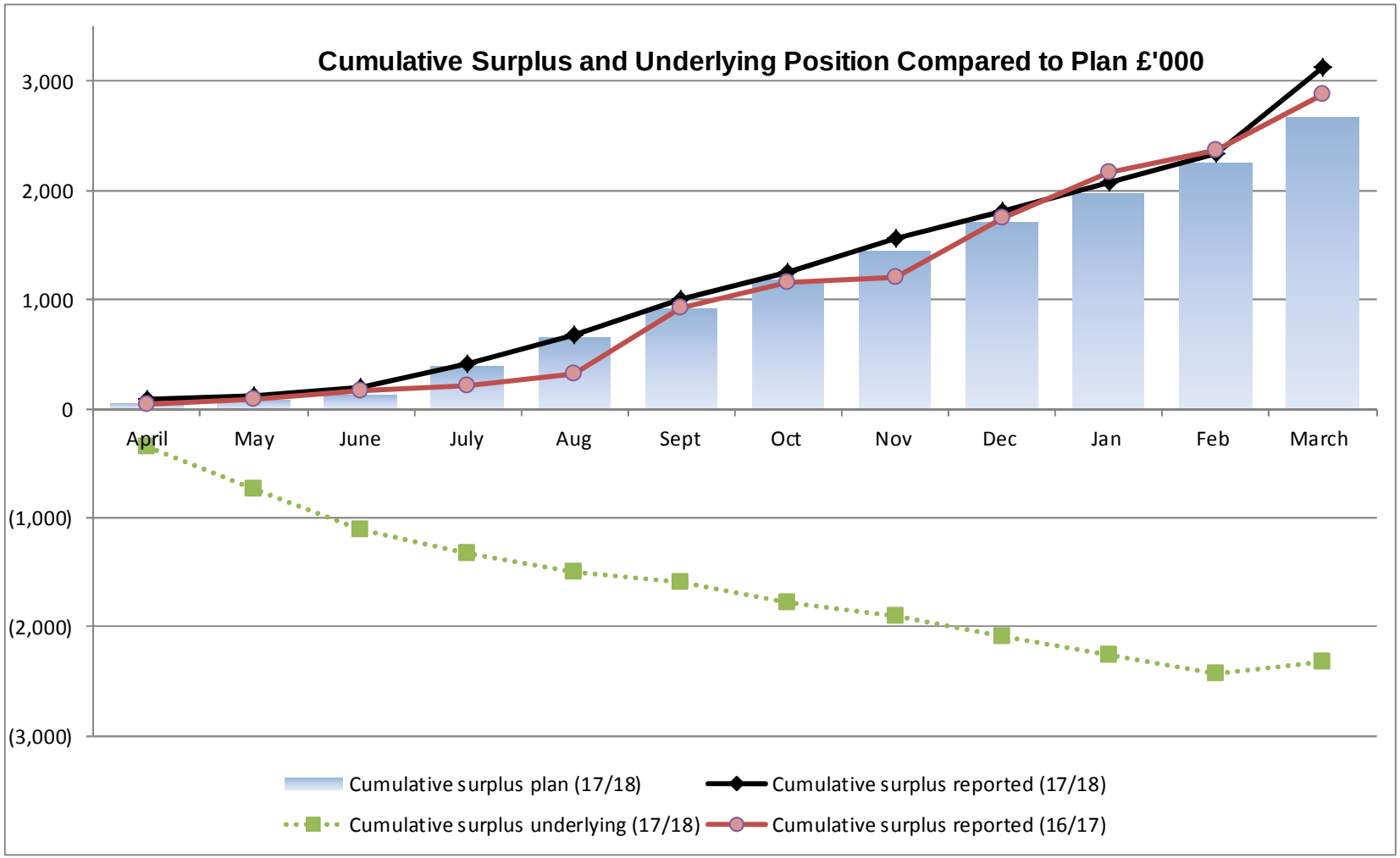
Directorate / Care Group		Budget wte	Contracted wte	Vacancy wte
Leeds Mental Health	LMH Central	194	190	(4)
	LMH Community	409	394	(15)
	LMH Inpatients	385	340	(45)
Leeds Mental Health Total		**988**	**924**	**(64)**
Specialist Services	Addictions	27	28	1
	CAMHS NYY	62	57	(5)
	Eating Disorders	48	43	(4)
	Forensic Services	221	174	(47)
	Gender ID	17	17	(0)
	LD Services	408	326	(82)
	Liaison Psychiatry	95	91	(4)
	NDD	12	12	(1)
	Perinatal Services	41	35	(6)
	Personality Disorders	46	46	(1)
	Prison Inreach	2	2	(0)
	Specialist Serv Central	28	34	6
	Ward 5 Newsam	35	27	(8)
Specialist Services Total		**1,042**	**891**	**(151)**
Corporate	Chief Executives Office	26	25	(1)
	Chief Financial Officer	195	161	(34)
	Chief Nurse	48	43	(4)
	Chief Operating Officer	12	11	(2)
	CPC	46	41	(5)
	Medical	219	190	(30)
	Reserves/Developments	22	0	(22)
	Workforce Development	73	68	(5)
Corporate Total		**641**	**538**	**(102)**
Grand Total		**2,670**	**2,353**	**(317)**

Staff Type		wte	wte	wte
Admin & Estates		547	473	(74)
AHPs		180	177	(3)
Management		106	101	(5)
Medical		209	185	(24)
Nursing		830	696	(133)
Pharmacy		65	56	(8)
Psychology		127	133	6
Reserves/CIPS		(31)	0	31
Support Workers		638	531	(107)
Month 12 (in month)		**2,670**	**2,353**	**(317)**


2017-18 Cash Position
£'000
56000
54000
52000
50000
48000
46000
44000
42000
40000
April
May
June
July
Aug
Sept
Oct
Nov
Dec
Jan
Feb
March
Cash Plan 2017-18
Actual Cash 2017-18
Actual Cash 2016-17

Appendix 5


In Month Surplus and Underlying Position Compared to Plan £'000
900
700
500
300
100
(100)
(300)
(500)
April
May
June
July
Aug
Sept
Oct
Nov
Dec
Jan
Feb
March
In month surplus plan (17/18)
In month surplus reported (17/18)
In month surplus underlying (17/18)
In month surplus reported (16/17)


Cumulative Surplus and Underlying Position Compared to Plan £'000
3,000
2,000
1,000
0
(1,000)
(2,000)
(3,000)
April
May
June
July
Aug
Sept
Oct
Nov
Dec
Jan
Feb
March
Cumulative surplus plan (17/18)
Cumulative surplus reported (17/18)
Cumulative surplus underlying (17/18)
Cumulative surplus reported (16/17)

Leeds and York Partnership NHS Foundation Trust

AGENDA ITEM
12.

LEEDS AND YORK PARTNERSHIP NHS FOUNDATION TRUST

MEETING OF THE BOARD OF DIRECTORS

PAPER TITLE:	Strategic Health Informatics Plan
DATE OF MEETING:	26 April 2018
PRESENTED BY: (name and title)	Dawn Hanwell, Chief Financial Officer and Deputy Chief Executive
PREPARED BY: (name and title)	Bill Fawcett, Chief Information Officer

THIS PAPER SUPPORTS THE TRUST'S STRATEGIC OBJECTIVE/S (please tick relevant box/s)		✓
SO1	We deliver great care that is high quality and improves lives.	✓
SO2	We provide a rewarding and supportive place to work.	✓
SO3	We use our resources to deliver effective and sustainable services.	✓

EXECUTIVE SUMMARY

The Strategic Health Informatics Plan (SHIP) is one of the functional plans which underpin and support the delivery of the Trust's overall strategy and vision "To provide outstanding mental health and learning disability services as an employer of choice".

The SHIP specifically aligns to strategic objective 3, with an underlying theme of using resources effectively and efficiently. Through the SHIP we will ensure that Health Informatics supports efficient and effective models of care aligned to service need, providing a high level of experience for both patients and staff.

The SHIP presents a clear vision to become a digital leader in Mental Health in the NHS. To provide the best systems and services at the best cost, to meet local and national objectives guided by a set of core principles.

The plan proposed in this paper aims to build on the approach agreed in 2017. Over the last year some key milestones have been achieved including the deployment of smart phones across the Trust that have assisted our staff to become more agile in their work patterns and this is being further enhanced by the deployment of the virtual desktop and the deployment of the digital dictation app on the smart phones. These initiatives must be underpinned by a robust approach to managing the opportunity for cultural change to working environments that they present. The plan therefore needs to link strongly to the Clinical, Estates and Workforce plans.

The objectives of the SHIP can be summarized in the following terms:

- Replace the aging Paris system with Care Director, reconfiguring key operating processes, embracing the mobility challenge and leveraging interoperability to

exchange data with other systems and those of our partners both at an STP and City-wide level.

- Procure a Document Management system that safely stores our patient records and interoperates with Care Director and e-Prescribing system (EPMA).
- Join the City-wide/STP convergence on IT infrastructure/service once the programme has reached the appropriate level of maturity.
- Restructure and refocus the performance, information and data quality teams to deliver a proactive, flexible, business intelligence and analytics service to meet the needs of all stakeholders across the Trust in a user-friendly way that reengages clinical teams with the value of the data they produce.
- Upgrade the IT network in line with the Estates strategy and in accordance with the network procurement framework across the Yorkshire and Humber region.
- Implement a system integration product to link up our HR applications and streamline key back-office processes.
- Deliver the plan to successfully align with the new GDPR legislation.
- Enable the workforce to become confident and digitally mature users of core systems.
- Realise the Trust's ambition to be an exemplar in digital innovation through a work programme supported by a clinical lead hosted by the mHabitat team
- Offer city-wide digital leadership as an anchor organisation within Leeds by hosting Co>Space North – an innovation, collaboration and co-working space in the centre of Leeds.

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
	No	

RECOMMENDATION

The Board of Directors is asked to:-

- Consider the Strategic Health Informatics Plan and its links to other functional plans.
- Ratify the Plan.

STRATEGIC HEALTH INFORMATICS PLAN

April 2018

A forward view of the technology plan for Leeds and York Partnership Foundation Trust. This paper outlines the informatics plan for the next three years and beyond for information and communications technology (ICT). The paper reviews the current status of systems used by the Trust in the context of the broader Leeds, West Yorkshire and national agendas and proposes a three-year plan.

Table of Contents

EXECUTIVE SUMMARY

This document reviews the Leeds & York Partnership Foundation Trust's (LYPFT) 2018-21 Strategic Health Informatics Plan (SHIP), reflecting upon the changed strategic and business environment in which the Trust now operates. Specifically, it aligns the SHIP with the changing national and local Transformation Policies, the Five Year Forward View and the Carter Report on operational productivity.

The Trust needs technology that will allow it to work smarter as the service it provides becomes more mobile. The underlying systems infrastructure is not in a bad condition and stood up well against the Cyber threats of 2017. It is understood that the current deployment of the primary clinical system (Paris) will not meet the needs of the Trust in the future and other systems available on the market today are forging ahead of this aging solution. A full financial business case was presented to the Board in March 2018 to replace Paris with Care Director supplied by CareWorks. This paper recommends the following approach:

- Replace the ageing Paris system with Care Director from CareWorks. This solution is capable of embracing the mobility challenge and has a pedigree of interoperability to exchange data with other systems and those of our partners in the city and the region.
- Deploy the mobile technology platform that is proven at the clinical front-line. This includes the virtual desktop that can be accessed from multiple locations, providing the staff have internet access and a series of applications that can be presented on smart phones and tablets that simplify the process for accessing and updating records.
- Restructure and refocus the performance, information and data quality teams to deliver a proactive, flexible, business intelligence and analytics service to meet the needs of all stakeholders across the Trust in a user-friendly way. This will seek to provide a single version of the truth for the organisation but is dependent upon on good clinical record keeping & data quality.
- Procure a Document Management system that can safely store our patient records and interoperate with Care Director and E-Prescribing system (EPMA).
- Join the City-wide convergence on IT infrastructure once the programme has reached the appropriate level of maturity.
- Deploy and develop the Trust's operational systems portfolio so that it will enable the organisation to embrace the West Yorkshire Mental Health Agenda as it develops.
- Link key back office systems that will enable lean administrative processes to be developed and deployed.
- Develop the digital maturity of the workforce to enable them to access the full benefit of the implemented technology

- Realise the Trust's ambition to be an exemplar in digital innovation through a work programme supported by a clinical lead hosted by the mHabitat team.
- Offer city-wide digital leadership as an anchor organisation within Leeds by hosting Co>Space North – an innovation, collaboration and co-working space in the centre of Leeds.

1. CONTEXT AND FRAMING

The Strategic Health Informatics Plan (SHIP) is one of the functional plans which underpin and support the delivery of the Trust's overall strategy and vision "To provide outstanding mental health and learning disability services as an employer of choice".

The SHIP aligns to the three strategic objectives that will enable the Trust to deliver on its ambitions:

1. We deliver great care that is high quality and improves lives
2. We provide a rewarding and supportive place to work
3. We use our resources to deliver effective and sustainable services

The SHIP wholly supports all 3 objectives by harnessing the efficient use of technology, and supporting improvements in the effective use of data and information. Both of these will have a direct impact on delivering models of care aligned to service need, helping provide a high quality experience for both patients and staff.

1.1 NATIONAL CONTEXT

It is understood that informatics will play a significant part in ensuring that the NHS can continue to deliver high quality services, which meet the changing needs of the population. The Five Year Forward View highlights the importance of systems as a vehicle to improving patient care and outcomes. The SHIP is framed in the context of the national direction of travel set out in key relevant policy/guidance documents.

1.2 NATIONAL INFORMATION BOARD

The national agenda for informatics has changed in terms of governance. The Department of Health has established the National Information Board (NIB) to develop the strategic priorities for data and technology to deliver the maximum benefit for patients and make recommendations for investment and action. The NIB takes forward the ambitions of the Care Act 2014, the Government Digital Strategy 2013, the Department for Health's Digital Strategy 2012 and the Department for Health's Power of Information 2012. The Health and Social Care Information Centre has built a strategy for 2015-2020 which echo's the direction of travel proposed by the NIB. These strategic approaches also find their roots in the Mental Health Five Year Forward View that set out the future direction of travel for the NHS.

The NIB has produced a framework for action that will support frontline staff and patients to take better advantage of the digital opportunity (refer to Appendix 1). One of the central arguments of the NIB Framework is that local organisations are charged with implementing local systems over time, consistent with a national set of

standards. The proposals emphasise the need to provide care professionals with all the data, information and knowledge they need providing real-time information at the point of need by 2020. The strategy also focusses on the need to make care records available to service users seeing data flow across health and care sector whilst sustaining the requirement to be safe and secure. The Framework also emphasises the need for new ways of working, collaboration and encourages local innovation with technology that delivers new forms of health and care services, taking steps towards broader adoption.

Professor Robert Watcher published "Making IT Work: Harnessing the power of health information technology to improve care in England" in September 2016. His recommendations were designed to inform the English health and care systems approach. He emphasises the need for electronic health records and other digital tools to achieve a paper free system by 2023. He stresses the importance of the Chief Clinical Information Officer (CCIO), the need for technology deployments to be clinically led and the importance of the interoperability systems.

Watcher advocates the development of a workforce of trained clinical informaticians and, also sees the importance of funding being made available for Trusts to achieve the maximum benefit from digitalisation. He challenges all Trusts to be largely digitalised by 2023.

1.3 FIVE YEAR FORWARD VIEW

The direction provided in the Five Year Forward View (FYFV) first published in 2014, and the FYFV for Mental Health (2016) are central to the commissioning strategy and planning for NHS England and CCGs across the country. They highlight the importance of systems as a vehicle to improving patient care and outcomes. There is a clear direction to give service users more say in their care and to interact across care settings 'patients will gain far greater control of their own care - including the option of shared budgets combining health and social care'. The Trust needs to be able to integrate closely across all care settings from the Primary sector, through to acute care, social care and involving third sector organisations in a cost-effective manner. This is also a key driver in the Sustainability Transformation Plans (STPs). Another topic covered is the need to have an interaction with the Spine and NHS Choices. The NHS Spine incorporates a messaging platform and secure databases for the storage of demographic and clinical information essential to patients' treatment and care. Trust systems will need to be Spine compliant and additionally give the Trust the ability to receive electronic referrals via this route.

The NHS is encouraged to continue to expand community-based services for people of all ages with severe mental health, who need support to live safely, as close to home as possible. All of this will require our staff to work in different environments and locations in a different way with technology as a key enabler. This underlines

the need for our workforce, estates and health informatics plans to complement each other as never before in support of the clinical plan for the Trust.

There is a compelling case for improving the connection between mental health services and other parts of the health and care system. Developing more integrated approaches towards mental health will need to be a key focus for vanguard sites if they are to achieve their goals of improving the quality and efficiency of care.

Future planning and the configuration of service provision will require greater co-operation and closer working across health, local authorities and the third sector. An emphasis on partnerships and integration across organisations and boundaries is being highlighted. It is widely accepted that there are huge benefits for the health and social care systems to work in a more integrated and collaborative way. It naturally follows therefore, that there would be great benefits in LYPFT working in partnership with Primary Care, Leeds Teaching Hospital, Leeds Community Health and Leeds City Council to deliver an integrated model of care built around neighbourhood MCP's that support people's mental and physical health and wellbeing. As an anchor organisation in Leeds, the Trust hosts the mHabitat team and Co>Space North, both of which provide digital innovation facilitation along with co-working, collaboration and project space for partners across the city.

There is also an opportunity to work more closely with our partners in Mental Health across West Yorkshire to provide a more integrated regional Mental Health Service. Both South West Yorkshire Foundation Trust (SWYFT) and Bradford District Care Foundation Trust (BDCFT) have made the decision to move their mental health services on to the System One platform.

1.4 DIGITAL EXEMPLAR

NHS England is currently supporting seven digitally advanced mental health trusts, through funding and international partnership opportunities, to become Global Digital Exemplars (GDE's) over the next three and half years.

The seven Trusts met the following criteria and were invited to submit expressions of interest:

- A Care Quality Commission score of Excellent or Good
- NHS Improvement confirmation that the organisations are well placed to deliver the ambitions of the programme
- High Digital Maturity Assessment scores
- Evidence of leading innovative health and care initiatives enabled by digital technology

The seven mental health GDE's are receiving £5m, to be matched locally, and are expected to deliver their ambitions of providing world class mental health services enabled by digital technology to the three and a half year timetable.

Each GDE will select one (or occasionally two) Trusts to partner with to accelerate their digital maturity. In some cases, this will be sharing software or a common IT team. Others will adopt standard methodologies and processes. Fast followers will enable Global Digital Exemplars to establish proven models that can be rolled out across the NHS more broadly. A fast follower opportunity will be created for Mental Health Trusts towards the end of this year.

Towards the end of 2017 the Trust invested in clinical post to help us towards Digital Maturity and hopefully Global Digital Exemplar/fast follower status. The digital exemplar post will operate for a two year period, jointly hosted by mHabitat alongside the CIO, CCIO and wider organisation. The post will provide leadership and facilitation to a small number of defined strategic priorities for the organisation where it is identified that these will aid progress towards GDE status.

1.5 VANGUARD SITES

1.6 DIGITAL MATURITY

NHS England conducted a Digital Maturity Self-Assessment programme in 2015 publishing the results in 2016 and then repeated the process in 2017. Scores were published under three main 'Themes' (Readiness, Capabilities & Infrastructure).

Assessment Themes	LYPFT Score 2017	LYPFT Score 2016	National Av 2017
Readiness	92	77	81
Capability	49	31	53
Enabling Infrastructure	85	77	76

The Trust Capability score improved in the 2017 assessment mainly linked to the deployment of the E-Prescribing system. Key investments in network security and mobile technology have improved the enabling infrastructure score. Over-all the Trust has improved to be above the national average against the Digital Maturity Assessment. Further self-assessments will follow but dates are yet to be confirmed. The Trust is in a good position to access investment as national technology programmes and linked funding are likely to reference such assessments. Investment may also be governed by how individual Trust initiatives may improve/standardise services for neighbouring Trusts in a locality.

1.7 LOCAL CONTEXT

The national context and drivers is replicated within the local setting. As part of the Sustainability and Transformation Partnership (STP) in West Yorkshire and Harrogate the Trust participates in the STP CIO Group taking a lead in Mental Health systems. The Trust is also a member of City-wide Chief Information Officer Group (CIO Group). This is an enabling group of the Health and Social Care Transformation Board and has drawn up its Memorandum of Understanding (MoU).

It is a critical requirement for the successful implementation of the Digital Strategy for the City and enables the outcomes and objectives set-out in the Health and Well Being Strategy. The core partnership members are

- Leeds City Council
- Leeds and York Partnership Foundation Trust
- Leeds Teaching Hospitals
- Leeds Clinical Commissioning Groups (x3) including their member GP Practices
- Leeds Community Health

The member organisations (a subset of organisations within the Yorkshire & Humber Partnership Management Board) are developing a city roadmap for the adoption of shared architecture solution(s) for generic IT services used across the whole system by all users. This covers end user computing (e.g. collaboration tools such as word processing, e-mail, unified communications and telephony) and infrastructure solutions and services (e.g. cabling, networking, servers etc.).

The objective is to deliver a "Whole System Approach" to delivering Health and Wellbeing Outcomes and this needs to be supported and underpinned by Information and Technology that will best support new pathways of care and provide effective tools for staff and effective interoperability between partner organisations.

The CIO group have developed a joint Digital Strategy for the City including clear 'open' design principles and standards to achieve the necessary interoperability between systems. There is an agreement that all organisations will take a 'City first' approach to their strategic direction. Investment decisions relating to these generic information and technology services are the accountability of the Chief Information Officers (CIOs).

1.8 THE CLINICAL PLAN

The Trusts clinical plan is the key local context and driver for the SHIP. This plan (approved by the Board of Directors in January 2018) sets out five work streams each focused on service delivery and improvements aligned to the Trust's strategic objectives and the wider STP and national ambitions. The SHIP has been developed in line with the clinical plan work streams. (refer to Appendix 2). The five work streams are:

1. Community
2. Children and young people
3. In-patient
4. Access and Crisis
5. Specialist and Learning Disabilities

1.9 THE ESTATES, QUALITY AND WORKFORCE PLANS

Estates

The Estates plan focuses on consolidation and rationalisation of the estate.

Working closely with partners principally through the Leeds Strategic Estate Group (SEG) to plan and deliver estate synergies across the city, where possible.

Exploit mobile technologies and remote access, public Wi-Fi and procurement of a new Electronic Patient Record system.

The Estates plan also looks to harness technology as a conduit to increased utilisation, and a reduced footprint by the enablement and monitoring of agile working principles. The plan also identifies the need for a room booking system and a Computer Aided Facilities Management System (CAFM) and a Building Management System (BMS) as part of its management plan. A room and facilities booking system is required in 2018 to meet the shorter-term objectives of the Estates plan to move certain services within the Trust.

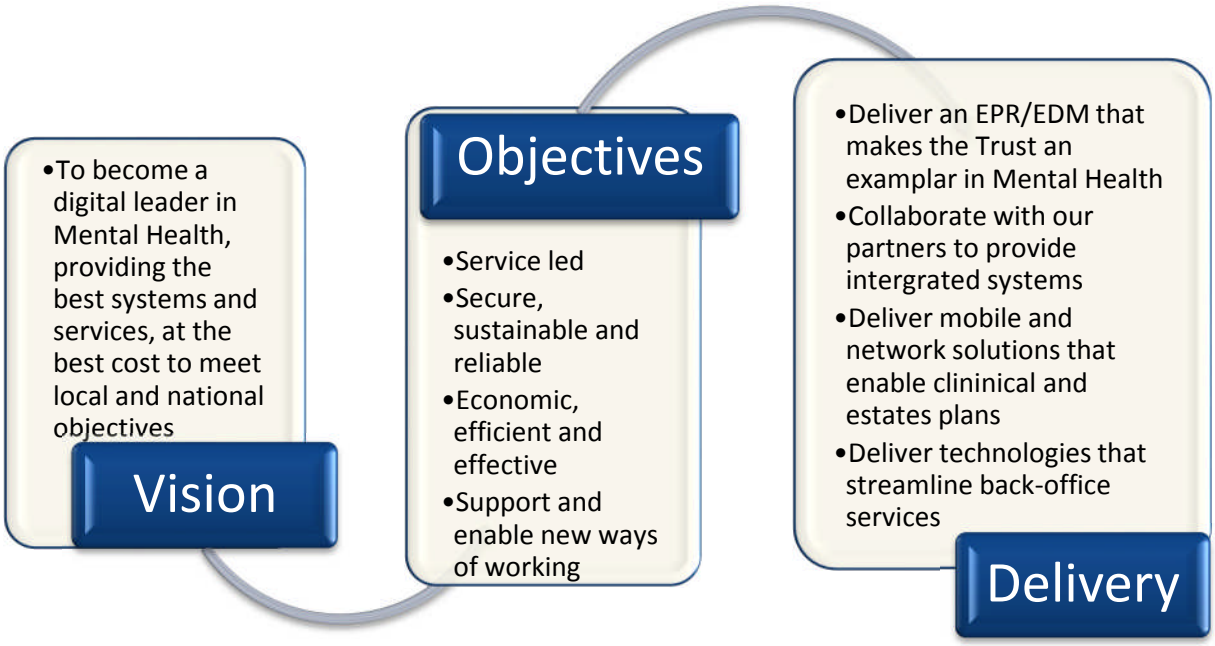
Quality

The Quality plan proposes a framework for “safe, reliable and effective care” and stresses the need for robust reliable technologies that support the front line in their task.

Workforce

The Workforce plan looks to embed principles of agile working in a planned, co-ordinated way, through the organisation, to support delivery of new care models and more effective working whilst making more efficient use of both Trust and the ‘one estate’ principles across the City of Leeds supported by technology and work systems.

2. HEALTH INFORMATICS VISION



The SHIP is presenting a clear vision to become a digital leader in Mental Health in the NHS. To provide the best systems and services at the best cost, to meet local and national objectives.

To achieve this, we have developed a set of core delivery principles which will underpin the work plan and represent a consistent set of approaches by which decisions will be reached. These will remain flexible and under review in the context of national and local priorities as these continue to evolve and emerge.

Guiding Principles:

- The Strategic Health Informatics Plan will always take its lead from the Clinical Plan.
- We will always look for clinically led solutions that improve the service user experience.
- We will always try to make our systems simple and easy to use.
- We will always look for the most cost effective solutions to meet the Trust's needs.
- We will buy rather than build or develop technologies to meet our requirements.
- We will look to host our systems externally where we can.

- We will acquire open systems that have strong interoperability capabilities with our existing systems and those of our partners.
- We will publicise digital innovation to enhance the reputation of LYPFT as a leader in digital mental health.

3. A REVIEW OF OUR CURRENT SYSTEMS

The following headings provide a review of the current systems portfolio and progress to date.

3.1 ACHIEVEMENTS AGAINST LAST YEAR'S PLAN

In January 2017 a Board workshop was conducted to review and understand the informatics plan.

The workshop focused on Paris as the key clinical system and whether the Trust should investigate the option to move to another system. There was a view that a step change in operating procedures was required and a decision made to test the market.

Following the workshop in 2017 the following objectives have been achieved:

- The development of an outline business case and requirement specification for the replacement of the current Paris system.
- Completion of a procurement process to replace Paris with Care Director from CareWorks.
- The development of an outline and full business case and requirements specification for a Document Management system.
- The deployment of an E-Prescribing system for all in-patient services.
- The contractual agreement, procurement and deployment of 1000 smart phones across the Trust.
- The development of an automated framework encompassing performance, quality, workforce and financial metrics for operational teams.
- The development of reporting and data items to support monthly submissions of the latest iteration of the national mental health services dataset (MHSDS).
- The procurement and development of virtual desktop software.
- The deployment of BigHand digital dictation, BigHand mobile application and, where appropriate, BigHand voice recognition across the Trust.
- The deployment of a free public WiFi service for service users and families.
- The upgrade of telephony services at St Mary's Hospital.
- Testing of tablets and new laptops in multiple clinical settings.
- Upgraded the Staff Intranet system.
- Introduction of a new system to manage IT service desk calls.

3.2 ELECTRONIC PATIENT RECORD SYSTEM

The Trust has undertaken an extensive review of the core clinical information requirements, and the detailed processes it has undertaken are fully referenced in the Outline Business case and subsequent Full Business Case which was presented

to the Board of Directors in March 2018. The Board did approve a stepped change and confirmed a decision to procure Care Director (from Care Works). Configuration and implementation will take approximately eighteen months. It is anticipated that the new system will go live across the Trust at the end of the calendar year 2019. A detailed deployment plan will be produced in the coming months.

The Paris system must be sustained through the transition to a new solution. This will involve ensuring that the system remains on the supported version of the software until it can be safely retired. Development will only be carried out on the current Paris system if it is clinically imperative to do so in this interim period.

3.3 Paper Free At The Point Of Care

There is a clear directive from NHS England to deliver services free of paper at the point of care by 2020.

In practical terms this means that there is a desire to provide front line clinicians with the following capabilities:

- An integrated digital electronic care record that can be used and shared by multiple medical teams.
- A means managing the use of medicines electronically to ensure that people get the right prescriptions at the right time.
- Creating solutions that enable care professions to transfer information between each other seamlessly.
- Providing care professionals with automatic alerts and notifications to enable them to make the right decision.
- Providing remote, mobile and assistive technologies to provide the right information where and when it is needed.

This means that many of the paper driven processes that currently reside within the Trust will have to be re-designed and automated.

Our success in delivering against the 2020 deadline will also rely on our partner organisations being capable of automating processes too. It should be noted that some of the smaller organisations may take some time to achieve this goal therefore it is understood that paper will not be totally eradicated from our systems in the short to medium term.

At the point of care clinicians still rely heavily on paper to record interactions with service users though this is now changing. Over the last year smart phones have been introduced across front line services. Staff now access their e-mails and electronic calendars whilst they are on the move and they have been trained to pair-up phones with their laptops to link onto the IT network remotely to access systems.

Whilst much of the data is now stored on the Paris system there is still a considerable amount of information stored on paper records either stored in local offices or archived with a third party. Recalling paper records can take time for clinicians and whilst one person has the record no one else can see it. Storing and retrieving these records is the responsibility of the medical records team. Analysis from the Estates department has highlighted the amount of space devoted to storing paper across the Trust.

An outline business case to acquire a Document Management system for the Trust was presented to the Board. . The decision was taken to focus on replacing the Electronic Patient Record system first. Once a solution was selected it was proposed to return to the task of acquiring a Document Management system. It was anticipated that by taking this approach the Trust would ensure that the right system to link to the new Electronic Patient Record system was procured. Now that a decision has been taken with the new Electronic Patient Record system attention will turn to the procurement of an Electronic Document Management system.

3.4 Analytics Service

Reporting within the Trust has been primarily concentrated on meeting the requirements of governing bodies, the Executive team and the Board. Whilst this is generally of a good standard, many staff still feel disenfranchised from the rich data that can be produced which ultimately impacts on its accuracy. The current reporting tool (Cognos) is globally recognised for its capabilities but is currently underutilised due to the current set up and design; this can be difficult to navigate and too time-consuming for busy front line staff.

During 2017/18, further iterations of the overarching performance framework, particularly at Board and its sub-committee levels have been tested out leading to improved integration of quality, workforce and financial metrics alongside key performance indicators.

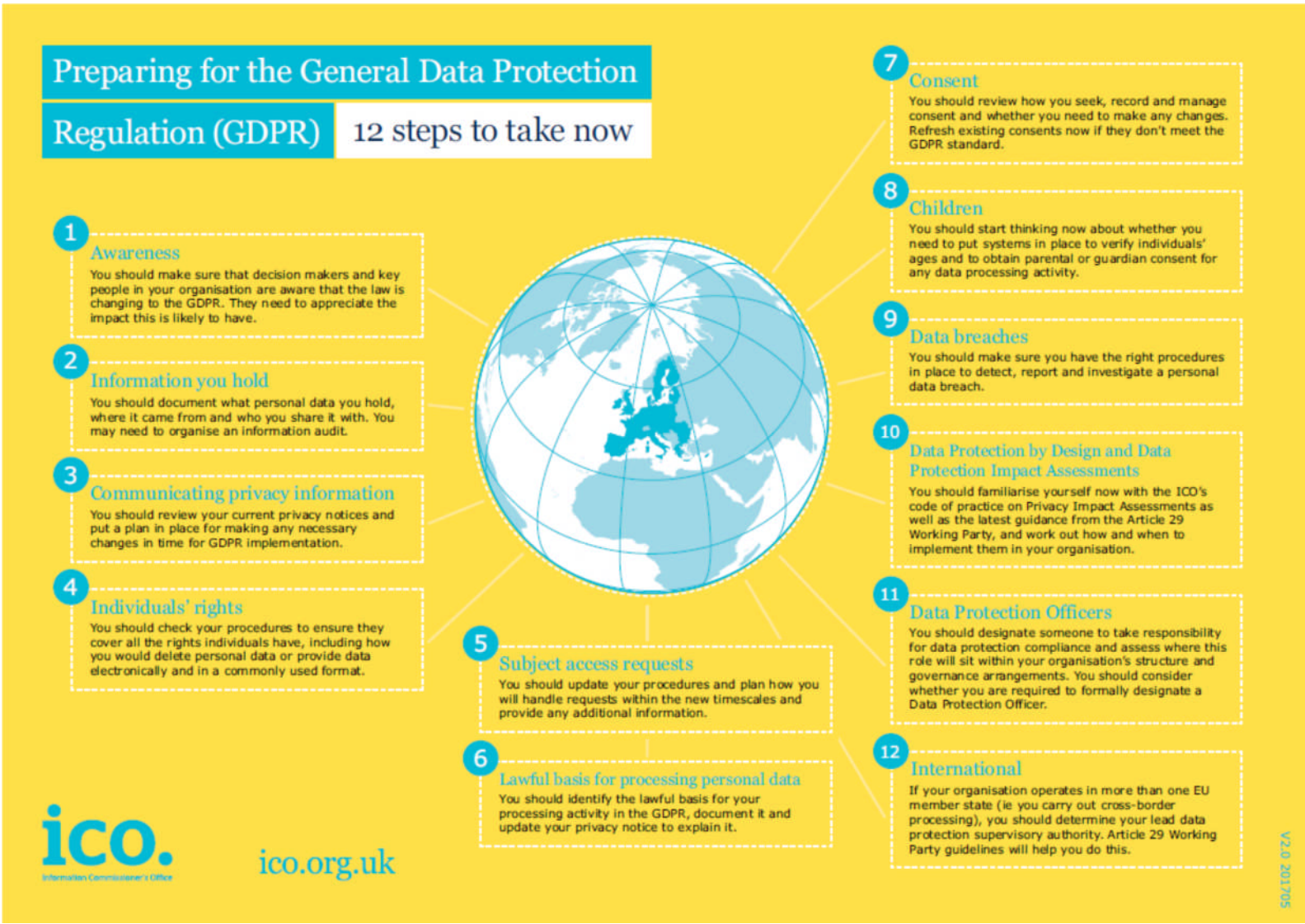
Underneath this framework, automated care group and team level dashboards have been developed to present Paris, Datix, and HR systems data on a monthly basis via the Trust's data warehouse and outputted through the Cognos reporting tool.

Alongside this reporting, clinical record keeping and data quality has seen a drive towards improvement in the latter half of 2017/18 with routine reporting provided to teams to ensure key missing items are input in support of more accurate reporting.

3.5 General Data Protection Regulation Action Plan

The EU General Data Protection Regulation (GDPR) will apply in the UK from 25 May 2018. The Government has confirmed that the UK's decision to leave the EU will not affect the commencement of the GDPR. The Regulation forms the basis of the Data Protection Bill, which is currently going through Parliament (Lords:

September 2017) and will ensure continuity after Brexit. The Trust plan sets out the deliverables and milestones to be achieved ahead of the enactment of the GDPR on 25th May 2018. The plan aligns itself with the twelve-point steps listed in the diagram below. The plan is already under-going an external audit and is on track for completion.



3.6 AGILE WORKFORCE

As demand continues to grow to support more mental health service users within the community, the need to work "smarter" is brought into sharp focus. Agile working features in both the Workforce and Estates plans.

Whilst there have been attempts to resolve this challenge in the past, notably the deployment of laptops on a wide scale, these have not been wholly successful in addressing deeply entrenched working practices that continue to prevail.

LYPFT is a "people driven" organisation in every sense and contact with colleagues is a very important aspect of the culture. However, there are many procedures which are common place that limit our ability to provide the best possible support for the service user, including:

- Multiple visits to office bases to up-date systems throughout the working day.
- Limited recording of service user interactions at the point of contact, relying on hand-written notes and personal memory.
- Poor co-ordination of diaries with resulting resource challenges.

A crowd sourcing exercise was under-taken across the Trust at the end of 2016 to canvas option on agile working linked to consideration of an Electronic Patient Record system. Whilst the exercise highlighted clear concerns about the concept of agile working, the over-whelming view of staff was that it would have a positive impact on many of the services provided by the Trust for both staff and service users.

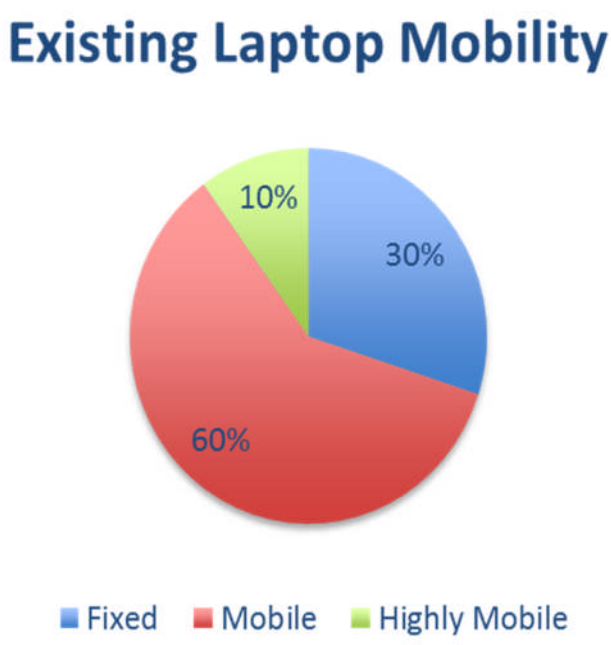
The clinical strategy has ambition beyond Leeds and highlights that staff will be working across a wide geographical area, very often meeting on other organisation's premises, but needing to have reliable access to Trust systems.

A number of services have specifically highlighted the need for these agile technologies as part of their individual strategies such as Community Services, Gender Identity, Crisis, DeafCAMHS and Learning Disability.

Agile working has a strong link to the Estates Plan. Reducing the need for desk space will have an impact on this significant over-head for the Trust in the coming years.

In August 2016 an assessment of the use of desktops and laptops was under-taken for two months using analytical software on the systems network. 1300 desktops and 560 laptops were assessed in the exercise.

The analysis that followed revealed the following facts about staff with laptops:



Highly mobile users are frequently off-line or moving between networks
Mobile users change networks less frequently
Fixed users have no mobility

The average time to log in to systems across the entire assessment group was 2.5 minutes.

We can conclude that whilst we have more laptops in use today compared with 2012, only 70% of the people that have them take them away from their desks and only 10% are truly agile and accessing the network from multiple locations on a regular basis.

The limitations of the current Paris system, the historical reliability of remote access into the IT network and the cultural pull to meet at the office and have a personal desk space are thought to be contributor to this behaviour.

The Trust uses Microsoft software for desktop and office applications and NHS mail for exchange. The process to log on remotely to the network has been quite complex and the view of the desktop for the remote user is very different from that of someone who is logged in from the office. This encourages staff to return to offices to complete their daily tasks rather that accessing systems throughout the day which can reduce their time in the field with service users.

As a result, a central component of the Informatics Plan in 2017 was to build a robust mobile technology platform that is proven at the clinical front-line. Having a reliable mobile systems solution is an essential prerequisite to the deployment of an upgraded Electronic Patient Record system. Deploying mobile technology by itself will not create an agile workforce. It is vital that these initiatives are linked to the

Estates plan, the Clinical plan, the Workforce plan and culture change management if the desired outcomes are to be realised.

A mobile device contract was agreed that enables us to present key applications and systems to an agile workforce. The deployment of smart phones across the estate commenced in early March 2017 and was completed in June.

A Virtualised Desktop system was also procured at the end of December 2016. This enables remote users to access their desktop from multiple devices providing they have an internet connection.

This solution is now being deployed to Liaison Psychiatry, Junior Doctors and the Veterans service amongst others.

The solution is also going to be deployed in a ward setting to enable clinical staff to access records as they move around without the need for a dedicated PC.

Once the smart phones were in place the Applications could start to be deployed that would provide efficiencies to front line operating teams. E-mail, calendar and WhatsApp were introduced with the phones and had an immediate impact. This has been followed by digital dictation. The Trust worked with BigHand (our digital dictation supplier) to develop an App for the Android phones which enables front line teams to dictate correspondence from their phone rather than having to return to the office. This solution also incorporates voice recognition where required. The App is being rolled out to all front-line teams in the first half of 2018 calendar year.

Having built this robust staff remote working capability, the foundation is in place for the replacement for Paris and the Document Management system.

3.7 System Infrastructure and Security

PC's and Laptops

Many of the staff at the Trust have been issued with laptops but there were a significant number who do not use them. This is now changing as more staff realise the benefits of accessing systems remotely to undertake day-to-day tasks. It is understood that the trigger for this has been the introduction of the smart phones.

The desktop and laptop estate are fully owned. The strategy to date has been to sweat these assets for as long as possible, replacing about 20% on an annual basis which is in line with industry norms.

The table below provides a comparison of the number of PC's and laptops in use across the Trust today as opposed to 2012.

	PC's	Laptops
2012	2200	280
2017	1600	1100

As the Estates, Quality and Workforce plans deliver changes to the environment and culture, it is anticipated that the ratio of laptops to PC's will change further with more staff using mobile technology.

Existing Infrastructure

Generally, the systems architecture was found to be in good order following independent reviews. The server hardware is quite new, being procured in the last three years and there is enough storage space to accommodate some expansion of services should that be required.

The network is secure and protected from viruses with software updates applied regularly. There are two data centres in the Trust. One data centre is located at St Mary's House and one at the Becklin Centre and the security for both is adequate although they are converted rooms with standard air conditioning as opposed to purpose-built facilities. A link has been commissioned between the two centres so that if one site is rendered inoperable then the other site can take over. The server configuration to deliver a mirrored resilient configuration was completed last year.

The organisations critical applications (Paris and NHS Mail) are hosted externally with their own back-up data centres. The E-Prescribing system is hosted in the Trust's local data centres.

The Trust systems network is in line for an upgrade in 2018 but continues to provide a reasonable service. Of particular note is the lack of systems integration from this exercise. It was clear that most of the systems that have been procured by the Trust over the years have been bought based on acquiring the most appropriate product to do the task. As there is no integration product within the systems architecture, there is little data flow between systems which causes a large amount of manual processes to be adopted. This is further compounded by the fact that each system has its own unique hierarchical structure with no common data structure which makes system linkage even more challenging.

Cyber security

Evaluations conducted with the support of BT in 2016 highlighted a number of areas to improve our protection against Cyber threats. Following the evaluation, numerous new processes were introduced to the service to provide greater assurance around Cyber security in 2016.

Sec 1 (a third party specialist in systems security), were brought in to assess and test the level of security provided, on an annual basis in 2017. They delivered a comprehensive report highlighting areas that needed to be addressed to further improve the Trust's security. Key areas of focus that remain relate to, password

length across the Trust and the physical security of our data centres. (not located in purpose-built facilities).

Software protection products were deployed on the desktop and server systems to enhance the current defences.

In the summer of 2017 the NHS was attacked by ransom ware. The Trust's security and procedures responded well to the incident and whilst access to e-mail was withdrawn as a precaution whilst the nature of the threat was understood, all systems remained operational and no systems were infected.

A further test of the Trust's systems security is now being planned in collaboration with NHS Digital in 2018. Assigning a member of the Health Informatics team some dedicated responsibility for cyber and systems security matters will further strengthen the Trust's defences.

Business Continuity

Whilst our disaster recovery processes were documented and understood by individual teams a year ago, further work was completed in 2017 to improve and test these procedures. Configuration of the servers between the two data centres has been completed which reduces our reliance on St Mary's House and improves our ability to resurrect services in the event of a major incident.

Red analogue phones have been deployed, where required, across the Trust that will allow staff to communicate in the event of a power outage. Mobile phones have also been deployed to front line teams to provide further capability in the event of a major incident.

In 2017 an investment was made in a mass communication system (Everbridge) This will be a critical service in the event of a major incident enabling staff to be contacted using standard mobile tools (e-Mail, Text, Voice, Alert to mobile and Desktop pop-ups) in order to direct staff to the services that need them or simply in order to keep staff informed. An enhancement to this product is Lone Working functionality which will be assessed in 2018.

NHS Mail and Microsoft Office Products

NHS Mail was upgraded to NHS Mail 2 in the summer of 2016. The service essentially offers larger mail boxes and provides a more robust service, but it should be noted that that this service might be retired in 2021. This could mean additional revenue costs for the Trust as we currently do not have to pay for this service. As a

Trust we will have to consider what replaces NHS Mail 2 during the financial year 2019-20.

At around the same time Microsoft will be withdrawing support for its Microsoft Office 2010 product set which will mean the Trust will no longer be able to deploy Microsoft Office products onto the desktop/laptop in the way organisations have done since the early 1990's. These products will, from that point on, only be available through the internet or Cloud Services. As a Trust, we will have to migrate away from Microsoft Office to a cloud-based service such as Microsoft Office 365 or Google Apps by 2019-20.

4. KEY OBJECTIVES

The objectives of the SHIP can be summarized in the following terms:

- Replace the aging Paris system with Care Director, reconfiguring key operating processes, embracing the mobility challenge and leveraging interoperability to exchange data with other systems and those of our partners both at an STP and City-wide level.
- Procure a Document Management system that safely stores our patient records and interoperates with Care Director and e-Prescribing system (EPMA).
- Join the City-wide/STP convergence on IT infrastructure/service once the programme has reached the appropriate level of maturity.
- Restructure and refocus the performance, information and data quality teams to deliver a proactive, flexible, business intelligence and analytics service to meet the needs of all stakeholders across the Trust in a user-friendly way that reengages clinical teams with the value of the data they produce.
- Upgrade the IT network in line with the Estates strategy and in accordance with the network procurement framework across the Yorkshire and Humber region.
- Implement a system integration product to link up our HR applications and streamline key back-office processes.
- Deliver the plan to successfully align with the new GDPR legislation.
- Enable the workforce to become confident and digitally mature users of Core systems.

5. KEY DELIVERABLES

Critical to the formation of the SHIP is the need to articulate the future state, i.e. what will the technology be capable of once the strategy has been delivered. These deliverables will also provide a clear view of how successful the strategy has been. In other words, helping us understand if, and when the strategy has been delivered.

The following bullet points provide the primary elements of the proposed target operating systems:

- An Electronic Patient Administration system that meets the operational and clinical needs of the organisation. This system will have up-to-date work flow capabilities and powerful navigation tools that will minimise and simplify user interaction. It must also be capable of linking to other mental health systems within the West Yorkshire region. The system must have a mature mobile capability that supports the agile nature of much of the work under-taken by staff in the field. The system must have strong interoperability capability working to standard protocols used throughout the NHS. Specifically, it must be capable of linking to primary and acute care systems used by organisations in Leeds, a Document Management system and the Pharmacy system chosen by the Trust. The system must link through to mobile technologies such as voice recognition systems as and where the Trust may invest. The system must also present information for personalised care through a patient portal, allowing our service users to update demographic details, complete surveys and assessments and view appointments on-line.
- To meet our challenge to be “paper free at the point of care” by 2020 there will be a Document Management system that will provide an electronic library of all paper records held by the Trust. This Document Management system will link through to the Electronic Patient Record system and present scanned paper records in both a desktop and mobile format. The Electronic Document system will be capable of Optical Character Recognition to allow clinicians to word search within patient records.
- Systems used within the Trust will be linked using a Systems Integration system that will have workflow capabilities. This will minimise the duplicated process and manual interventions currently experienced within the Trust.
- The field based agile staff will continue to be provided with mobile technologies that are proven and tested working on a secure device agnostic technology platform. This will enable the Trust to move with the times as new mobile technologies appear.
- Alongside the mobile platform, the Trust will continue to invest in the virtual desktop system which will simplify remote working for desktop applications and enable staff to access their desktop from any hardware both from within or outside the organisation with the same look and feel working from home or in the office.

- The reporting service will be transformed to provide a business intelligence driven analytics service beyond just statutory and corporate reporting. Working in collaboration with clinical teams, the existing performance framework will be enhanced with tailored team level dashboards making the most of automation where possible and weaving in local intelligence to support improvements in data accuracy, performance and quality of services. Existing reporting tools such as Cognos will be better used to enhance reporting in a more user-friendly, easily accessible way.
- All the technologies listed above must be under-pinned by standard operating procedures and processes.
- Deliver the GDPR plan in time for the enactment of the new legislation.
- The Trust's choice of technologies will adhere to the joint Digital Strategy for the City including clear 'open' design principles and standards to achieve the necessary interoperability between systems as specified by the NIB.
- The core Financial and Data Warehouse systems will remain the same as there is no burning need to change them but development time will be given to assure the data ware house remains in step with the new clinical system.
- The Trust's IT network and desktop infrastructure will move to a Leeds standard as part of the broader City-wide approach. This includes cabling, networking, servers and collaboration tools such as word processing, e-mail, unified communications and telephony.
- The hosted Trust hardware/systems will be supported and hosted by shared data centres as part of the broader City-wide agenda. Over a two year period, the digital exemplar post will work alongside the CIO, CCIO and wider organisation to provide leadership and facilitation in support of a small number of defined key priorities for the Trust that align to GDE. This role will enable the Trust to embed digital innovation as an enabler of high quality services at an accelerated pace.

6. PROGRAMME OF WORK PLAN FOR THE MEDIUM TERM

The programme below details the work required to be under-taken over the next three years. (refer to Appendix 3).

6.1 ELECTRONIC PATIENT RECORD SYSTEM

After nine years of use, the current Paris system will be replaced.

Care Director will be configured and tested to meet the Trust's requirements throughout 2018-19. It is anticipated that the new system would go live toward the end of 2019. Codesign principles will be used to develop the care pathways and workflows enabling clinical staff to gain the maximum benefit from the system. Clinicians and service users will be included in the design and testing of the information provided. mHabitat will provide additional support throughout the development and implementation process.

The Paris system must be sustained through the transition to a new solution. This will involve ensuring that the system remains on the supported version of the software until it can be safely retired. Development will only be carried out on the current Paris system if it is clinically imperative to do so in this interim period.

The Trust currently uses Medchart (EPMA) to provide e-prescribing and administration services throughout its in-patient wards. It is intended to extend the use of this system to community and out-patient teams across the Leeds and York area. It is important that EPMA is fully integrated into Care Director to provide a seamless user experience.

6.2 DOCUMENT MANAGEMENT

Procure an Electronic Document Management system

Without a Document Management solution, the Trust will struggle to meet the commitment to be paper light by 2020. An independent evaluation of where the current paper is being generated from, with recommendations on how to minimise it should be under-taken in advance of any purchase of a new system. This will clarify the system requirements and inform the new processes to be adopted once the new system is introduced. The system must be capable of Optical Character Recognition. Interfaces will be required to Care Director and the E-Prescribing system (EPMA). The case for going out to tender has already been presented to the Board. A solution will be identified and a business case for the investment will be presented to the Board.

In order to minimise the disruption to service it is proposed to go live with an Electronic Document Management system, 6 months after Care Director has been deployed. The benefits of the new EPR will have started to be realised by this point and the amount of paper documentation produced by the Trust will have been reduced.

6.3 REPORTING AND BUSINESS INTELLIGENCE

Restructure and refocus the performance, information and data quality teams to deliver a proactive, flexible, business intelligence and analytics service to meet the needs of all stakeholders across the Trust in a user-friendly way. This will seek to provide a single version of the truth for the organisation but is dependent upon good clinical record keeping & data quality. Achievement will be through:

Working in collaboration with clinical teams to provide tailored team and service line dashboards that combine operational, clinical outcome, performance, quality and use of resource metrics to reengage clinical teams with the value of the data they produce.

Developing an information hub that provides easy to navigate access to all reporting; this will contain a metrics bank that defines each key performance indicator, assesses its data quality, explains its importance and identifies accountability & governance.

Moving from the provision of data and basic performance information to more analytical reporting using improved statistical techniques, local intelligence and national benchmarking to provide a rounded, more thorough picture of the business that can be used to drive improvements at all levels of the organisation.

Continual improvement of the existing performance management framework across the organisational hierarchy to provide standardised reporting from individual level through to team, service line, care group and Trust levels.

Working alongside the Care Director implementation team to ensure that the impact on national and contractual reporting is minimised, data is cleansed & data quality maintained through the transition from one system to another, the data warehouse remains in step with the new system and the provision of real time reporting within the clinical system is used to its full potential.

6.4 INTEGRATION

We will implement a system integration product to link up our HR applications, Finance systems and Risk system and streamline key back-office processes. Initially focusing on key workforce processes the solution will look also the more qualitative measures within the Trust that the new EPR cannot address. It is

anticipated that work will continue over the coming two years to refine the Operational Reporting systems.

We will also investigate the opportunity to increase cyber and physical security through the use of a dedicated digital solution. This will use a unique identification device (such as a smartcard) to allow both physical access to buildings and to Trust information systems. This system would need to be integrated with HR and roster systems to ensure that no additional administrative burden was created. Linking with the estates strategy, this solution will optimise the use of the Trusts estate assets.

6.5 Infrastructure Projects

The IT network will be replaced through the Yorkshire wide framework when it becomes available. The framework for networks across Yorkshire is targeted to be available from May 2018. The Trust should procure a network solution that will meet its requirements for the coming years and can embrace the City/West Yorkshire agenda as it becomes clear.

The current servers that are hosted by the Trust are fit-for-purpose. To maintain the service in the medium term, the software that assists in the management of these servers will need to be upgraded.

6.6 Desktop Licensing

Microsoft will withdraw support for the Windows 7 desktop in 2020. New hardware devices will only work with Windows 10 or above operating systems. Since the end of 2017, all new devices deployed in the Trust are using the Windows 10 operating system. NHS Digital are in discussions with Microsoft to agree an NHS wide deal to upgrade all devices. The Trust will have to upgrade all devices during 2019.

Microsoft will withdraw support for Office 2010 by November 2020. The replacement of Office 2010 will probably be a revenue funded subscription license for Office 365. The Trust will have to upgrade all Microsoft Office products in use by October 2020.

6.7 Collaboration and Document Sharing

Skype for Business has been trialled across public services Leeds and it has been agreed that this is the preferred collaboration tool. NHS Digital have negotiated a subscription-based contract for Trust's as part of the NHS Mail 2 service. A number of individual teams have trialled the system within the Trust and further roll-out will be considered on a case-by-case basis.

SharePoint is now live with the new Intranet. SharePoint can now be deployed more widely across the Trust for file sharing which better compliments the agile ways of

working. Evaluation of the opportunity SharePoint will present to the Trust will be under-taken as part of the broader agile working initiative. Once the technology is established, clinical colleagues will be supported to develop their own innovative uses to improve their efficiency and effectiveness.

6.8 THE BROADER STP/LEEDS AGENDA

As the broader STP/Leeds system integration agenda reaches a level of maturity, it makes sense for the Trust to embrace the opportunities this presents.

Integration of back office services presents an opportunity that will be considered in the coming years. Deploying open systems that can readily integrate with our partners systems will support this.

Leeds Teaching Hospitals will have to take the lead in moving to a shared data centre as their systems infrastructure is in urgent need of an upgrade. In the short term it is recommended that the Trust sustains and maintains its current IT infrastructure model with short term contracts with external providers, where appropriate to do so.

7. TECHNOLOGY FOR THE LONGER TERM

Applications that reside on smart phones and other devices are being developed in the private sector on a grand scale and many of these are already targeting the mental health sector for both the service user and the health professional. Because these applications are relatively easy to produce their use is only limited by the imaginations of the developers.

The challenge will be linking them back to the primary applications that have been developed by large proprietary organisations that are so well entrenched across the health sector. The development of applications will mature over the next few years and the success stories will come from organisations who have managed to link the information generated from them into robust business processes that can be sustained. The Trust will need to be cautious not to swamp the mobile devices that front-line clinician's use with so many applications that they are unable to complete their tasks effectively. This also applies to service users who could easily become bewildered with the demand for more information.

To minimise the risk associate with app development and increase the benefits, we will leverage the expertise of mHabitat to develop an assessment framework that will enable clinicians to evaluate the different aspects of the digital innovation from usability to security. This will include the creation of a central database listing which innovations have been through the process to avoid unnecessary duplication and staff time. The assessment framework will be updated as requirements change in the future.

In Social Care, the focus has always been towards the community, people living in their own homes, citizens enabled to live independently in the community.

The Trust already has representation on the Strategic Board of Leeds Health Portals (Helm). This programme aims to provide citizens across the city with information about their health through portals leveraging the integration of the Leeds Care Record. As these portals mature it is clear that many of our services users of the future will rely on the information they provide for their everyday care. It is important therefore that the foundations of the core clinical systems we use today are able to deliver this information to portals for the future.

Telecare and telehealth will also play a key role in the Trust's community based services of the future. The Internet of Things (IoT) promises a new category of services and technology support that are accessible by consumers as well as the Health Sector.

IoT brings new opportunities for data analytics and machine learning (artificial intelligence) to drive insights that will play a significant role in the safety and well-being of the service user.

New devices emerging in the consumer and medical sector mean that we can now combine telehealth with environmental monitoring to bring about even better outcomes.

Whilst the tasks for the medium term are by no means insignificant the Trust cannot afford to ignore the longer term opportunities mentioned here as many of them will soon be with us whether we like it or not.

8. RISKS TO THE PROPOSED STRATEGY

The table below highlights the main risks and mitigations to the proposed strategy:

RISK	MITIGATION
The programme requires a lot of change which the organisation may not be able to cope with.	Strong Exec sponsorship and project management with particular attention to process and culture change
If no external investment can be obtained the Trust will have to fund all the initiatives itself which may be impractical.	Once suppliers have been identified each initiative will be presented for Board approval and will need to pass the necessary financial scrutiny.
The current version of Paris will need to be sustained and may need to be further developed to meet clinical requirements in the short term.	Each development will need to be approved through the normal governance structures.
The key procurements over the coming months may be delayed which would slow down the deployment of systems	The procurements must be carefully handled by subject matter experts in order to avoid delay.
The key procurements and design of front line systems must have strong clinical engagement to ensure that they are successfully embedded into the organisation	Ensure key clinical staff are given the time to engage with the processes.
There may be resistance to standardising common operational processes.	Strong leadership and Exec sponsorship.
Partnership in procurement with neighbouring organisations may lead to delay in the procurement processes and compromise on functionality.	Ensure that any collaborative approach looks to save money and enhance the solutions. This should be built on a foundation of a strong understanding of what is required at a senior level.
Leeds City agendas or STP agenda clash for resources with the proposed strategy.	Ensure there is strong representation at various regional committees with enough understanding of the proposed strategy to ensure the resources are directed in accordance with the Trusts best interests.
The ICT strategy is not sufficiently aligned with the operational strategy.	Ensure that both strategies are sufficiently visible to the key stakeholders and that issues and challenges are addressed before they become a crisis.
Inadequate resources assigned to Cyber security	Increase internal resources assigned to focus specifically on Cyber threats to the Trust.

9. CAPITAL PLAN

The capital plan for the proposed programme is detailed in Appendix 4. The primary investments are listed below:

- The replacement of the current Paris Electronic Patient Record system
- The deployment of a Document Management system
- The upgrade and renewal of the IT network followed by renewal of the telephony system.

Payments for each critical initiative will be phased and paid upon satisfactory delivery.

Each proposal will be accompanied by a full business case.

10. CONCLUSIONS

The plan proposed in this paper aims to build on the approach agreed in 2017. Over the last year some key milestones have been achieved including the deployment of smart phones across the Trust that have assisted our staff to become more agile in their work patterns and this is being further enhanced by the deployment of the virtual desktop and the deployment of the digital dictation app on the smart phones. These initiatives must be underpinned by a robust approach to managing the opportunity for cultural change to working environments that they present. The plan therefore needs to link strongly to the Clinical, Estates and Workforce plans.

The IT infrastructure and processes stood up well to the ransom ware threats and the independent Cyber security assessments conducted in 2017 but there is never any room for complacency. Further assessments will be conducted in 2018.

With a solid mobile system platform being deployed the IT programme has reached a level of maturity where the deployment of Care Director to replace the Paris system can be undertaken on a firm foundation. The mobile platform and Care Director present opportunity for the Trust to become a digital exemplar but this will require the programme to be well governed with strong engagement from front line teams. The system alone will only achieve its goals if it is deployed well. This will require the support of the combined leadership team and presents the opportunity to act as key enabler for our services to thrive in complex environments in the years ahead.

It is right that Electronic Document Management system is phased in once Care Director is deployed as this will limit the amount of change to front line services and limit the amount of paper that will need to be scanned on an on-going basis, so reducing cost. However should it be needed sooner to free up space as part of the Estates plan or used as part of the archive process to close down Paris then it may need to be deployed earlier.

Procuring the replacement for the IT network will fully occupy the network team for the coming year. Additionally, the unavoidable changes to the Microsoft products will challenge the systems engineering team over the next three years.

The Leeds City agenda is yet to reach a point where we can consider fully integrating our technology services. This can also be said of the wider STP for West Yorkshire though the opportunity to consolidate back office processes remains a real opportunity. The proposed ICT plan will have to adapt as these opportunities become clearer.

In summary, there has been good progress made against last year's plan which links well to the challenges that lie ahead. The effort to deliver the programme of work for the next three years is significant but achievable. Once completed, the Trust will

have a set of technology solutions that will rival any mental health trust in the country.

11. APPENDIX 1

National Information Board (NIB) Key Proposals:

- 'enable me to make the right health and care choices' – citizens to have full access to their care records and access to an expanding set of NHS-accredited health and care apps and digital information services;
- 'give care professionals and carers access to all the data, information and knowledge they need' – real-time digital information on a person's health and care by 2020 for all NHS-funded services, and comprehensive data on the outcomes and value of services to support improvement and sustainability;
- 'make the quality of care transparent' – publish comparative information on all publicly funded health and care services, including the results of treatment and what patients and carers say;
- 'build and sustain public trust' – ensure citizens are confident about sharing their data to improve care and health outcomes;
- 'bring forward life-saving treatments and support innovation and growth' – make England a leading digital health economy in the world and develop new resources to support research and maximise the benefits of new medicines and treatments, particularly in the light of breakthroughs in genomic science to combat long-term conditions including cancer, mental health services and tackling infectious diseases
- 'support care professionals to make the best use of data and technology' – in future all members of the health, care and social care workforce must have the knowledge and skills to embrace the opportunities of information;
- 'assure best value for taxpayers' – ensure that current and future investments in technology reduce the cost and improve the value of health services and support delivery of better health and care regardless of setting.

12. APPENDIX 2

Clinical Workstream	No	Clinical Objective	Finance year proposed changes			Health Informatics Impact
			18/19	19/20	20/21	
Workstream 1 Community	1	We will implement a dedicated working age service that will combine crisis resolution, intensive support, advice and liaison (CRISTAL). In addition, we will have community mental health teams that are locality based, multi-disciplinary and specialising in the assessment and management of people with very severe and serious mental health needs.	✓			The clinical objective will see services provided within the community from the public-sector estate, predominantly GP surgeries. The deployment of the virtual desktop will enable teams to work in multiple environments, providing they have internet access. Mobile apps through the smart phone will become more important and the new EPR will enhance this capability in the second year.

Workstream 1 Community	2	We will implement a new model for older people's community services that will see the development of dedicated, locality based, multi-disciplinary teams specialising in the assessment and management of older people with mental health problems, dementia and complex frailty presentations.	✓			The clinical objective will see services provided within the community from the public-sector estate, predominantly GP surgeries. The deployment of the virtual desktop will enable teams to work in multiple environments, providing they have internet access. Mobile apps through the smart phone will become more important and the new EPR will enhance this capability in the second year.
Workstream 1 Community	3	We will implement a new forensic community outreach model (including outreach) that meets local need and work with our STP partners to identify areas for growth.				The introduction of the new EPR will improve and change management practices introducing workflow, alerts and diary integration. EDM will enable front line teams to access notes from the community.
Workstream 1 Community	4	We will integrate the specialist liaison outpatient model with LTHT specialisms and identify growth opportunities in non-acute outpatient care.				The new EPR/EDM will enable teams to collaborate without the limitations of the current system and access and update information without returning to an office base.

Workstream 1 Community	5	We will expand our offender pathway services and in partnership with commissioners look to increase the Pathway Development Service. We will also redefine and realign the Leeds PD Network.				No Health Informatics impact
Workstream 1 Community	6	We will mobilise our plans for a veterans' mental health intensive service	✓			The veterans service across the North of England will utilise the virtual desktop and with mobile aspects of the new EPR and EDM.
Workstream 2 children and young people	1	We will consolidate the Deaf CAMHS clinic model across the geographical area served and explore a proposal to extend the service upper age limit to 25.		✓		The new EPR/EDM will enable the Deaf CAHMS service to capture more information through specifically designed forms as well as offering a more flexible mobile access to systems.
Workstream 2 children and young people	2	We will with our partners at Leeds Community Healthcare develop a specialised regional CAMHS service		✓	✓	The new EPR will enable us to share data more effectively with our partners in the region.

Workstream 2 children and young people	3	We will ensure robust partnerships with local CAMHS providers that support service users transitions and pathways				The new EPR will enable us to share data more effectively with our partners in the region.
Workstream 2 children and young people	4	We will review options for the future delivery of S136 provision		✓	✓	No impact for Health Informatics.
Workstream 2 children and young people	5	Through the NSCAP model we will identify and action opportunities to develop and deliver new clinical services				The deployment of the virtual desktop will enable teams to work in multiple environments providing they have internet access. Mobile apps through the smart phone will become more important and the new EPR will enhance this capability in the second year.

Workstream 3 inpatient	1	We will explore the potential to develop and deliver regional locked rehab services	✓			The introduction of the new EPR will improve and change management practices introducing workflow, alerts and diary integration. EDM will enable front line teams to access notes in real time.

Workstream 3 inpatient	2	We will explore the potential to develop a range of locked rehab provision and pathways (including some specialised provision)	✓			The introduction of the new EPR will improve and change management practices introducing workflow, specialised form design, alerts and diary integration. EDM will enable front line teams to access notes from the community.
Workstream 3 inpatient	3	We will explore the feasibility and viability of a female only PICU	✓			No impact on Health Informatics
Workstream 3 inpatient	4	We will aspire to co-locate inpatient services	✓	✓		The introduction of the new EPR will improve and change management practices introducing workflow, specialised form design, alerts and diary integration. EPR/EDM will enable front line teams to access and update notes in real time.
Workstream 3 inpatient	5	We will explore new models of in-patient rehabilitation provision involving third sector partner organisations.	✓	✓		The introduction of the new EPR will improve and change management practices introducing workflow, specialised form design, alerts and diary integration. EPR/EDM will enable front line teams to access and update notes in real time and share information with our partners.

Workstream 3 inpatient	6	We will review the OPS community model impact and potential to reduce the number of beds.	✓			The deployment of the virtual desktop will enable teams to work in multiple environments, providing they have internet access. Mobile apps through the smart phone. The EPR will improve visibility and management of beds within the Trust.
Workstream 4 access and crisis	1	We will review our single point of access provision to determine whether it is meeting the needs of service users, referrers and our partners and whether a separate mental health single point of access continues to offer the best value for money.				No impact for Health Informatics
Workstream 4 access and crisis	2	We will implement a new urgent care pathway for working age adult service users in line with the CORE fidelity standards which will:	✓			The deployment of the virtual desktop will enable teams to work in multiple environments, providing they have internet access. Mobile apps through the smart phone. The EPR will improve visibility and management of beds within the Trust.
		o Respond quickly and appropriately to people in mental health crisis				

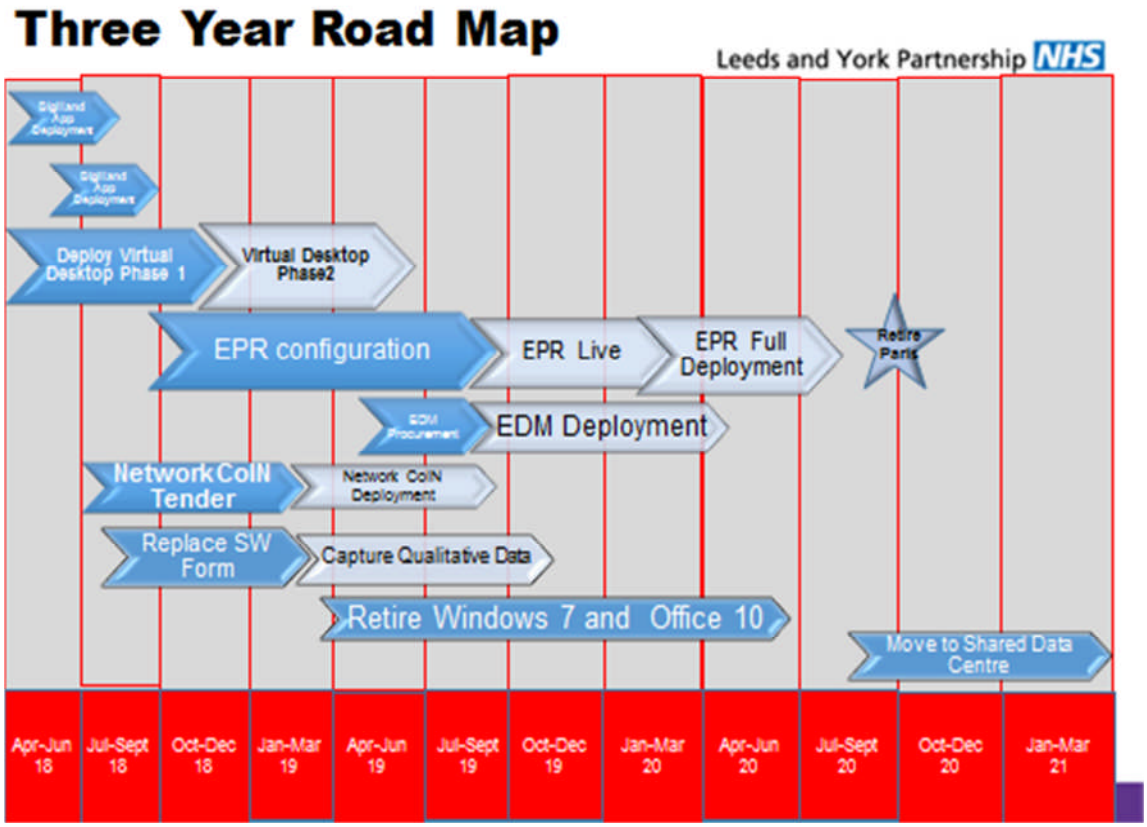
		o Minimise the need for in-patient admission				
		o Offer a choice of evidence-based interventions delivered in an appropriate environment that is consistent across the City				
Workstream 4 access and crisis	3	We will respond to people who visit the emergency department in crisis within 1 hour.				The introduction of the new EPR will improve and change management practices introducing workflow, specialised form design, alerts and diary integration. EPR/EDM will enable front line teams to access and update notes in real time and share information with our partners.
Workstream 5 Specialist and Learning Disabilities	1	We will clarify the future delivery of NICPM.	✓	✓		No impact for Health Informatics

Workstream 5 Specialist and Learning Disabilities	2	We will develop and grow the gender ID service to meet national demand (including developing an outreach model across the north west).	✓			The deployment of the virtual desktop will enable teams to work in multiple environments, providing they have internet access. Mobile apps through the smart phone.
Workstream 5 Specialist and Learning Disabilities	3	We will explore the potential to develop and deliver a gambling addiction service.	✓			The introduction of the new EPR will enable teams to create new management practices introducing workflow, specialised form design, alerts and diary integration. EPR/EDM will enable front line teams to access and update notes in real time and share information with our partners.
Workstream 5 Specialist and Learning Disabilities	4	We will implement new models of care for adult eating disorders across STP footprint.	✓			The introduction of the new EPR will enable teams to create new management practices introducing workflow, specialised form design, alerts and diary integration. EPR/EDM will enable front line teams to access and update notes in real time and share information with our partners.
Workstream 5 Specialist and Learning Disabilities	5	We will develop specialist low secure community provision, including a regional specialised low secure PD service and women's secure services.				The introduction of the new EPR will enable teams to create new management practices introducing workflow, bed management, specialised form design, alerts and diary integration.

Workstream 5 Specialist and Learning Disabilities	6	We will explore the opportunity to further increase our perinatal bed base.				The introduction of the new EPR will enable teams to create new management practices introducing workflow, specialised form design, alerts and diary integration. EPR/EDM will enable front line teams to access and update notes in real time and share information with our partners.
Workstream 5 Specialist and Learning Disabilities	7	We will continue to develop the regional community perinatal service.			The introduction of the new EPR will enable teams to create new management practices introducing workflow, specialised form design, alerts and diary integration. EPR/EDM will enable front line teams to access and update notes in real time and share information with our partners.	
Workstream 5 Specialist and Learning Disabilities	8	We will reduce LD assessment and treatment beds in line with Transforming Care Plan and explore options for co-location.	✓		The introduction of the new EPR will enable teams to create new management practices introducing workflow, bed management, specialised form design, alerts and diary integration.	
Workstream 5 Specialist and Learning Disabilities	9	We will implement a new community LD model.	✓		No implications for Health Informatics	

Workstream 5 Specialist and Learning Disabilities	10	We will review our current Specialised Supporting Living model and explore social enterprise opportunities.	✓		No implications for Health Informatics

13. APPENDIX 3



14. APPENDIX 4

Capital Programme

	2018-19	2019-20	2020-21	2021-22	2022-23
Schemes					
REPLACEMENT PROGRAMME					
IT					
PC Replacement Programme	**£200,000**	**£150,000**	**£150,000**	**£150,000**	**£150,000**
IT Network Infrastructure	**£800,000**	**£700,000**	**£200,000**	**£200,000**	**£200,000**
Additional Server/Storage	**£40,000**	**£30,000**	**£30,000**	**£30,000**	**£30,000**
Software asset management		**£60,000**			**£60,000**
Anti-virus/encryption software		**£50,000**			**£50,000**
Back up software		**£60,000**			
Cyper security software	**£30,000**	**£30,000**	**£30,000**	**£30,000**	**£30,000**
Total Replacement Programme	**£1,070,000**	**£1,080,000**	**£410,000**	**£410,000**	**£520,000**
STRATEGIC DEVELOPMENTS					
IT					
Big Hand Voice Recognition			**£125,000**		
Integration System	**£50,000**	**£50,000**	**£50,000**	**£50,000**	**£50,000**
Replacement PAS	**£1,900,000**	**£435,000**			
Remote Access	**£200,000**		**£100,000**		
Public WiFi Deployment					
Smartphones	**£15,000**	**£120,000**	**£15,000**	**£120,000**	**£15,000**
Webfiltering		**£50,000**			**£50,000**
Document Management			**£1,408,000**	**£478,000**	
EPR System Developments	**£40,000**		**£50,000**	**£50,000**	**£50,000**
Total Strategic Developments	**£2,205,000**	**£655,000**	**£1,748,000**	**£698,000**	**£165,000**
Grand Total	**£3,275,000**	**£1,735,000**	**£2,158,000**	**£1,108,000**	**£685,000**

Leeds and York Partnership NHS Foundation Trust

AGENDA ITEM
13

MEETING OF THE BOARD OF DIRECTORS

PAPER TITLE:	Workforce Performance Report
DATE OF MEETING:	26 April 2018
PRESENTED BY: (name and title)	Susan Tyler, Director of Workforce Development
PREPARED BY: (name and title)	Angela Earnshaw, Head of Learning and Organisational Development

THIS PAPER SUPPORTS THE TRUST'S STRATEGIC OBJECTIVE/S (please tick relevant box/s)		✓
SO1	We deliver great care that is high quality and improves lives.	
SO2	We provide a rewarding and supportive place to work.	✓
SO3	We use our resources to deliver effective and sustainable services.	

EXECUTIVE SUMMARY

This is the April 2018 Workforce Performance Report setting out information on key workforce issues and updates. Included in the report are a number of areas of focus that directly affect the quality of care. The benefits and risks for the Trust are implicit in the report.

JNCC and Staffside are aware of most issues outlined in the report.

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
	No	

RECOMMENDATION

- Board are asked to receive and note this report

BOARD OF DIRECTORS – SEPTEMBER 2017

Workforce Performance Report April 2018

The Workforce Performance Report will consider the following key areas:

1. Apprenticeships
2. Recruitment update
3. Leadership Development Update
4. Communications Update, Quarter 4, 2017/18
5. Recommendation

1. Apprenticeships

The Board are aware that the Trust has been working over the past 12 months to develop and implement a new approach to utilise apprenticeships to develop the workforce and maximise use of the apprenticeship levy. As a result of this work, 14 health care support worker apprentices have now commenced in post across a variety of Trust services including acute inpatient wards and specialist services such as Eating Disorders. They will undertake training in the workplace alongside qualifications in health and social care, numeracy and literacy provided by Learn Direct.

We are currently advertising for our second cohort of 16 apprentices, who will be working in the Learning Disabilities Supported Living Service.

On successful completion of their apprenticeship, apprentices will move into permanent band 3 health care support worker posts in the Trust.

Apprenticeships are also being used to provide career development opportunities for our existing workforce, with the associate practitioner and nurse associate programme being delivered through apprenticeships. Successful completion of the qualifications delivered by the University of Leeds and Leeds Beckett University will enable staff to apply for band 4 clinical posts in the Trust.

Work is now underway, involving services and other professional groups and partners to deliver our year 2 implementation plans. This work will enable the Trust to further develop how we use apprenticeships to support our Workforce and OD Strategic Plans

The Leeds Health & Social Academy apprenticeship work stream is about to commence and Jo Third from the LYPFT Learning and OD Team will be participating in this work stream. This work will provide the potential opportunity for collaborative/joint working, pooling resources and approaches.

2. Recruitment Update

TRAC Recruitment Management System

The TRAC recruitment management software system has now been fully operational from 1st November 2017.

The Recruitment Team have conducted regular training and familiarisation sessions Trust wide throughout the rollout of the new system and there is a Steering Group which meets monthly to identify and address any implementation issues. The TRAC system is now fully embedded as a key Trust system, and feedback has been extremely positive.

TRAC has considerably improved reporting on the recruitment process and this is already enabling targeted work to reduce our average time to hire. Work is also underway to use TRAC to streamline management reporting and to develop Service Level Agreements to support the recruitment process.

NHS Improvement Retention Support Programme

The Trust has joined the 3rd cohort of the NHS Improvement Retention Support Programme which aims to improve the retention of clinical staff within the NHS and to reduce turnover between providers. Retention is a key response for our Trust to help to address the challenges we face, and exist nationally, with the supply of clinical staff. This will jointly be led through the Workforce Development and Nursing and Professions Directorates The programme will provide our Trust with targeted support to help to improve our retention rates including buddying with NHSi Clinical & Workforce Leads who will visit and support our Trust to develop and submit a Retention Improvement Plan by 4 July 2018. The aim is to see an improvement in turnover rates in the next 12 months.

3. Leadership Development Update

Mary Seacole Local Programme

Board will be aware that throughout 2017/18, the Trust has been a partner with the NHS Leadership Academy to deliver the Mary Seacole Local Programme. During this time we have delivered 5 Mary Seacole Leadership programme cohorts, and to date, 63 delegates with a full range of job roles and pay bands have applied and enrolled on the programme. This has resulted in full accreditation for 21 delegates who have now completed the programme. The remaining 42 delegates remain in programme and are yet to submit their final assignments. Level 1 evaluation has been positive and several delegates from the first programme have gained new roles and progressed in their careers, either internally in the Trust or in other healthcare organisations. The Leadership Academy is currently working alongside Manchester University to capture more detailed evaluation and the organisational impact, once received the results of this evaluation will inform the future development of the programme. A celebration of learning event is in the planning

stage to celebrate the success of the delegates and this will take place once the final cohort of the pilot closes in July 2018.

The next phase of the Mary Seacole programme involves the Trust taking the lead in developing a collaborative programme involving our mental health and learning disability Trust partners, South West Yorkshire Partnership NHS Foundation Trust and Bradford District Care Foundation Trust. This approach, for Mary Seacole Local is unique within the region and will allow for more shared learning across the three partner organisations. A total of 5 cohorts are planned to be delivered in 2018 with 8 delegates from each partner Trust. The first collaborative cohort has commenced in April 2018.

Trust Leadership Forum

The Trust leadership forum has been reviewed and re-launched to support the development of the Trust's senior leadership community. The forum now offers a significant programme of development modules and aims to:-

- Bring together senior leaders to create a valued learning and networking space
- Provide fresh ideas and challenges to prompt innovation
- Develop leaders who actively model our values and behaviours, creating a culture that supports compassion, learning and improvement
- Achieve active commitment from our leaders to make changes to our own leadership behaviours.

There are 5 planned forum workshops being held during 2018 and these are designed to continue our work in creating a culture based on collective values based leadership. On the 21st March 2018, Paul McGee the SUMOguy delivered an inspirational session focusing on building better relationships, dealing positively with challenges and leading more effectively. Regular evaluation of each forum session is also now being undertaken and the feedback received will support the on-going development of the forum and the senior leadership community.

4. Communications Update – Quarter 4, 2017/18

The Communications Team works across the Trust to develop and protect the organisation's reputation through: high quality corporate communications; proactive public, media and stakeholder relations; digital communications; branding and design; engagement; marketing and emergency planning.

As well as day to day communication support and production of the twice weekly internal e-bulletin, Trustwide, the team of six works on a wide variety of projects, weaving in individual specialties as needed. Here's a snapshot of the teams' work between January and March 2018:

Flu campaign*	Veterans' mental health service launch
Community Mental Health Services Redesign	Staff Survey Campaign and Results *
Eating disorders new model of care	Eating disorders awareness week *
Star Awards	E-expenses implementation support *
Visual identity refresh	Values and behaviours toolkit *
Imagine magazine spring edition*	NHS 70 celebrations
Annual members' day	Communications to support autism service
Board communications and profile	Media relations
Adverse weather business continuity support*	Accessible Information Standard*
Consultants' e directory	*completed work

E communication

E communication tools are business critical so we have a team member dedicated to managing our website and intranet.

The Trust website is our primary communications channel for service users, carers, stakeholders, partners and the public. It was launched a year ago and is under constant development to make sure the content is accurate, up to date and accessible.

We have an ambition for our intranet (Staffnet) to be a simple to use, one stop shop for corporate information and workplace tools. Significant work is going into a content refresh and restructure and we are procuring a new partner to support technical support and further site development.

5. Recommendation

The Board is asked to note the content of this report.

Agenda item
14

Chair's Report

Name of the meeting being reported on:	Strategic Development and Investment Committee
Date your meeting took place:	29 March 2018
Name of meeting reporting to:	Board of Directors – 26 April 2018

Key discussion points and matters to be escalated:

The committee met on 29 March to discuss the Full Business Case (FBC) for the procurement of a new Electronic Patient Record System (EPR).

The committee considered: the case for procuring the EPR; the risks, noting that these would be managed and mitigated throughout the implementation and post implementation of the project; and the financial impact.

It noted the consultation and engagement that had been undertaken across the Trust with over 60 internal and external key stakeholders. It also considered the tender process which had been undertaken and the outcome.

Having considered the FBC the committee approved the procurement of the preferred solution (Care Director from CareWorks). The Board is asked to note this decision.

Report completed by:	Name of Chair and date: Sue Proctor – 19 April 2018

AGENDA ITEM

15

Chair's Report

Name of the meeting being reported on:	Quality Committee
Date your meeting took place:	10 April 2018
Name of meeting reporting to:	Board of Directors – 26 April 2018

Key discussion points and matters to be escalated:

At the Committee meeting on the 10 April it identified two matters to bring to the attention of the Board:

- The Committee discussed the forward plan and duties that they would like to set for the year ahead. Collectively the members agreed on how the Committee would operate and on the items that would be scheduled into the annual cycle of business.
- Work had been done to understand the business that the Committee had previously undertaken, with the lead executive director(s) presenting a proposal for what the governance arrangements would look like to support these work-streams.
- They went on to discuss the existing Terms of Reference and agreed that they would be revised to incorporate the discussion that had taken place during the meeting.
- The Committee discussed the NHSLA and the finance associated with this and whether there could be any variance in the premium the Trust pays. The Committee requested that assurance is provided to the Finance and Performance Committee on this item.
- Also**,** The Committee agreed that the Trust's current performance against the PREVENT target (22%) would be escalated to the Board of Directors. The nationally set target for compliance is 85% which the Trust must achieve by August 2018.

Report completed by:	Name of Chair and date: John Baker – 20 April 2018

Agenda item

16

Chair's Report

Name of the meeting being reported on:	Audit Committee
Date your meeting took place:	17 April 2018
Name of meeting reporting to:	Board of Directors – 26 April 2018

Key discussion points and matters to be escalated:

At the committee meeting on the 17 April it identified two matters to bring to the attention of the Board:

- The external auditors updated the committee on the year-end audit. KPMG informed the committee that there were no matters of any significance to report in relation to the systems audits carried out and that the audit plan was on track for completion
- The draft Head of Internal Audit Opinion was presented and the auditors expected to provide a rating of 'significant assurance' in relation to the Trust's systems of internal control, subject to the completion of the remaining work on the plan. It was also noted that the final report would be presented to the May committee meeting.
- There had been significant progress with the completion of the old outstanding internal audit agreed actions
- The *Delayed Transfers of Care and Out of Area Patient* internal audit report, which had been rated as 'limited assurance' was presented to the committee with a report from the Chief Operating Officer providing assurance that the actions were in hand.

Report completed by:	Name of Chair and date: Martin Wright – 19 April 2018

Leeds and York Partnership NHS Foundation Trust

AGENDA ITEM
18

LEEDS AND YORK PARTNERSHIP NHS FOUNDATION TRUST

MEETING OF THE BOARD OF DIRECTORS

PAPER TITLE:	Board Assurance Framework
DATE OF MEETING:	26 April 2018
PRESENTED BY: (name and title)	Sara Munro, Chief Executive
PREPARED BY: (name and title)	Cath Hill, Head of Corporate Governance

THIS PAPER SUPPORTS THE TRUST'S STRATEGIC OBJECTIVE/S (please tick relevant box/s)		✓
SO1	We deliver great care that is high quality and improves lives.	✓
SO2	We provide a rewarding and supportive place to work.	
SO3	We use our resources to deliver effective and sustainable services.	

EXECUTIVE SUMMARY

Overall responsibility for the BAF sits with the Chief Executive and this is administered by the Head of Corporate Governance who has a co-ordinating role in respect of the information and for ensuring the document moves through its governance pathway effectively and provide check and challenge to the content.

The BAF is populated with the ten strategic risks from the Strategic Risk Register. Each risk is assigned to a lead executive director. Each individual risk has been:

- Refreshed on behalf of the lead director by the relevant senior manager to ensure that: the content is up to date; it adequately describes the controls and assurances in place; the gaps are adequately described; and any high level actions are articulated
- Provided to the lead executive director who has ensured the details overall are up to date as at the end March.

The BAF as a whole has been:

- Presented to those Board sub-committee named as an assurance receiver in order for them to be assured of the completeness of the detail and that it has received sufficient and appropriate assurance in relation to the risks and that any gaps are being sufficiently managed. Where the committee feels that it hasn't receive sufficient assurance it may require a further detailed report.
- Presented to the Audit Committee twice this financial year: once at the end of the year to be assured of the completeness of the content, that gaps are being addressed, and to be assured of the process for managing the BAF; and once to identify any area where it wishes to take a deep-dive into specific information

- Presented to the Chief Internal Auditor to support the information in the Head of Internal Audit Opinion.

The Board is reminded that it last received the BAF in November following its significant review and refresh and is presented here for assurance on its completeness. The arrangements for the governance of the BAF are described in the Annual Governance Statement.

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
	No	

RECOMMENDATION

The Board is asked to receive the BAF and to be assured of its completeness and that it has been scrutinised by its sub-committees and by the Head of Internal Audit.

BOARD ASSURANCE FRAMEWORK OVERVIEW											QUARTER 3
Strategic Objective	Risk appetite	Strategic Risk	Quarterly Assurance Rating				Reason for Current Assurance Rating	Executive Lead	Assuring Committee	Current Risk Score	Change
			Q1	Q2	Q3	Q4					
1. We deliver great care that is high quality and improves lives	**…otential options and solutions. It is classed as 'high' in relation to that openness but the board would not take risks that either compromise our compliance with …pliance with the core regulatory and legislative frameworks within which it has a licence to operate. Within this context the risk appetite is**	**SR1. (Risk 637) Due to an inability to align our workforce capacity to planned models of care, there is a risk that we are unable to deliver high quality, evidence based, person centred care.**			Partial	Partial	There are national shortages of qualified staff across the system which impacts on our ability to recruit to some areas. Alongside an increasing private and third sector healthcare provision which provides further competition and market forces in the recruitment market. Continued pay restraints and work pressures across the NHS also adding to the whole picture. There are also ongoing high numbers of vacancies in some areas.	Susan Tyler (Director of Workforce Development)	Board	**12**	→
		SR2. (Risk 636) We are unable to maintain compliance with regulatory requirements relating to the quality and safety of our services due to a failure to provide care in line with national standards and best practice.			Significant	Significant	We have put in place a number of controls to ensure that we comply with our regulatory standards and we are not in breach of any of our regulatory requirements.	Cathy Woffendin (Director of Nursing and Professions)	Quality Committee	**1**	↓
		SR3. (Risk 638) Due to inadequate systems to support continuous learning, improvement and innovation, there is a risk that our services deliver poor outcomes for service users.			Partial	Partial	There is some evidence that there is continuous learning, improvement and innovation in the Trust but this is insufficiently mature and embedded to give significant assurance.	Dr Clare Kenwood (Medical Director)	Quality Committee	**12**	→
		SR4. (Risk 632) We are unable to maintain effective, productive relationships with key external stakeholders, with the result that we are unable to work successfully with partners to support innovative care and exceptional outcomes for service users.			Significant	Significant	The Trust has a good relationship with both local and national partners and plays an influential role in working with partners to look at and bring about innovative ways of working together; ensuring there is high quality care provided to our service users. This is evidenced by the number of forums on which the Trust is represented and the work-streams currently underway including the establishment of a committee in common with other mental health partners (West Yorkshire and Harrogate STP, the Mental Health Collaborative, Leeds Plan, Health and Wellbeing Board, Humber Coast and Vale STP).	Dr Sara Munro (CEO)	Board	**6**	→
		SR5. (Risk 640) If we cannot produce and effectively use information about our services to support the operation of our governance structures, there is a risk that there will be a lack of confidence in our management information and that we will be unable to ensure the safety of our services.			Partial	Partial	We currently provide a range of information across our Organisation in the form of Workforce, Finance, Performance, Activity and Quality measures and metrics. We also have existing mechanisms in place to share this information internally and with external agencies and to enable scrutiny and provide assurance to our Board and our regulators. The risk identified is reduced by these arrangements being in place but could have considerable consequences and impact from a regulatory, confidence, governance and reputational perspective if they failed. In addition we are seeking to make further improvements in light of the work we have undertaken to strengthen our governance arrangements which will further mitigate and minimise the risk in the new year.	Joanna Forster Adams (COO)	Finance and Performance Committee	**9**	→
2. We provide a rewarding and supporting place to work		**SR6. (Risk 620) We are unable to deliver an effective and attractive programme of training and development opportunities for our staff due to inadequate capability and capacity, corporately and within care services.**			Partial	Partial	The Trust provides high level of compulsory training as evidenced by the compliance rates. There is high intake for our internal leadership programmes and a managers essential programme for existing and aspiring managers. CPD is offered and identified through learning and development as part of the appraisal process. Significant funding is available to support external training and educational courses. Clinical skills training needs are identified through clinical leads and practice development posts. Andrew Sims Centre provides high quality training and courses to medical staff.	Susan Tyler (Director of Workforce Development)	Board	**6**	→

	3 - Open - ('high') We have a risk appetite which is 'open' to considering all p its duty of care to staff and patients or compromise com	**SR7. (risk 633) As a result of a culture of blame which does not foster a psychologically safe environment for our staff we are unable to reduce patient harms or provide a positive experience for our service users.**			Partial	Partial	The Trust has in place a number of policies, procedures and processes in place which allow staff to speak out and raised their concerns. There is still work to be done to embed some of these, to live the values and create a psychologically safe environment for staff eliminate a culture of blame and evidence systematically the work in learning and improvement. We also need to agree and embed the Workforce and OD Strategic Plan and the Quality Plan which are scheduled for sign off in the next three months.	Dr Sara Munro (CEO)	Quality Committee	**9**	→
3. We use our resources to deliver effective and sustainable services		**SR8. (Risk 619) A lack of financial sustainability results in us having insufficient funds to sustain and develop our services and invest in high quality outcomes for our service users.**			Significant	Significant	We have maintained good working relationships with commissioners and have a track record of meeting our financial regulatory requirements. Our previous financial performance has generated a strong risk rating and high liquidity levels which acts as a buffer and mitigates against deterioration in our financial position.	Dawn Hanwell (Chief Finance Officer)	Finance and Performance Committee	**8**	→
		SR9. (Risk 615) Due to inadequate, inflexible or poorly maintained estates and facilities we are unable to provide a safe and positive environment for service users and staff.			Partial	Partial	Overall the estate is managed to an adequate standard but development and improvement is constrained by the ownership and control model in operation. Long term this can only be addressed by significant change to the PFI contractual arrangements and will require investment. This is an ongoing process.	Dawn Hanwell (Chief Finance Officer)	Finance and Performance Committee	**8**	→
		SR10. (Risk 635) As a result of insecure, inadequate or unstable information technology systems and infrastructure, the quality and continuity of our services is compromised.			Partial	Partial	There are a number of significant controls in place and assurances that these controls are robust however, the Trust is constantly in a position of threat from external sources and must maintain a position of vigilance at all times.	Dawn Hanwell (Chief Finance Officer)	Finance and Performance Committee	**8**	→

Strategic Objective	1. We deliver great care that is high quality and improves lives		Risk appetite	3 - Open ('High')	
Strategic Risk		Initial Risk Score	12	Committee	Board
SR1. (Risk 637) Due to an inability to align our workforce capacity to planned models of care, there is a risk that we are unable to deliver high quality, evidence based, person centred care.		Current Risk Score	12	Executive lead	Susan Tyler (Director of Workforce Development)

Assurance rating (quarterly) (limited, partial, significant)	Q1	Q2	Q3	Q4
			Partial	Partial

Contributory risks from the corporate risk register				Risk Score			
Datix Ref	Description	Risk Lead / responsible director	Overseeing group	Q1 (end of June)	Q2 (end of September)	Q3 (end of December)	Q4 (end of December)
56	Inability to recruit to vacant posts impacting on the quality of care to patients, safer staffing levels and increased case loads and is leading to the Care Group being reliant on bank and agency staff, there is also an increase in sickness absence rates	Andy Weir / Joanna Forster Adams	Care Group Management Meeting		16	16	9
488	There have been problems with recruiting and retaining staff at the unit resulting in staff working within Clifton House suffering from further stress/ pressure due to lack of staff available to assist. Activities/ therapies within the unit maybe limited due to reduced staffing.	Steven Dilks / Joanna Forster Adams	Care Group Management Meeting		15	8	2
543	Inability to achieve full recruitment to the Psychiatry Leeds & Wakefield Core Training Scheme.	Chakrabarti, Abhijit / Joanna Forster Adams	Care Group Management Meeting		16	16	0 (Archived)

Key controls in place		Assurance that controls are effective	Date
Ref	*The main controls/systems in place to manage principle risks*	*Sources of assurance that demonstrate the controls are effective*	*Date of assurance*
637	Regular planned recruitment events for nursing posts	Regular reporting of recruitment activity in monthly Workforce Development Board Report. Two recruitment events held each month. 306 appointments made since assessment centre approach implemented.	Jan-18
637	Implemented TRAC recruitment system to support candidate management	This system has only just been introduced and it is not possible to measure how effective this is in simplifying the recruitment process and therefore support the filling of vacant posts	See the gap below
637	Well established internal nursing and HSW bank to provide a flexible workforce	Bank and Agency Fill Rate Report produced on a monthly basis demonstrating a positive picture in bank fill rates over agency for nursing posts. 82% of shifts filled by bank and 18% by agency for qualified nurses; 85% bank fill rate and 15% agency for Health Support Workers.	Feb-18

Significant gaps in control / assurance		Actions	Deadline
Ref	*The main areas of weakness which result in ineffective or absent controls / assurance*	*Actions required to mitigate the weakness*	*Target date for completion*
637	Establishing a programme for apprentices	The Trust needs to develop and embed its programme of apprentices including establishing a nursing apprentice programme.	Jun-18
637	Assessment of the effectiveness of the TRAC system	Awaiting the metrics to show how effective the new TRAC system is in speeding up the recruitment process and filling the staff vacancies more quickly.	Dec-18
637	Implementation of the Workforce and OD Strategic Plan	The WF&OD Strategic Plan was signed off by the Board in November and will be implemented through the Trust	Dec-18
637	The nursing strategy and AHP strategies need to be agreed and implemented	The nursing strategy and the AHP strategy need to be refreshed, agreed and implemented which will set out the standards and key metrics for providing safe care	Jul-18

Strategic Objective	1. We deliver great care that is high quality and improves lives			Risk appetite	3 - Open ('High')
Strategic Risk		**Initial Risk Score**	**4**	**Committee**	Quality Committee
SR2. (Risk 636) We are unable to maintain compliance with regulatory requirements relating to the quality and safety of our services due to a failure to provide care in line with national standards and best practice.		**Current Risk Score**	**1**	**Executive lead**	Cathy Woffendin (Director of Nursing and Professions)

Assurance rating (quarterly) (limited, partial, significant)	Q1	Q2	Q3	Q4
			Significant	Significant

Contributory risks from the corporate risk register				Risk Score			
Datix Ref	**Description**	**Lead / responsible director**	**Overseeing group**	**Q1 (end of June)**	**Q2 (end of September)**	**Q3 (end of December)**	**Q4 (end of December)**
444	With the inception of the new Policies and Procedures Group, a large number of policies and procedures have recently been updated, bringing a risk that staff will not be fully aware of any required changes in practice.	Nichola Sanderson / Cathy Woffendin	Policies and Procedures Group		3	3	0 (Archived)
549	Risk that we do not have a timely and effective process for reporting, investigating and learning from serious incidents	Nichola Sanderson / Cathy Woffendin	Trustwide Clinical Governance Group		6	6	6
644	We do not understand our compliance or applicability position for NICE guidance and as a result do not know where gaps in compliance are in order to take action.	Richard Wylde / Claire Kenwood	Clinical Audit and NICE Guidance Forum			6	6
646	Risk that we are not detaining people in line with mental health legislation, so that the detentions are defective.	Oliver Wyatt / Cathy Woffendin	Operational Mental Health Legislation Group			1	1

Key controls in place		Assurance that controls are effective	Date
Ref	*The main controls/systems in place to manage principle risks*	*Sources of assurance that demonstrate the controls are effective*	*Date of assurance*
636	Governance Structure in place which sets out where performance is discussed and assurance is received and provided	The governance structure was signed off by the Executive Management Team and there is executive director oversight of the reporting arrangements through the executive-led operational groups with assurance reports to the Board sub-committees which will identify any risks to compliance with regulatory requirements	Nov-17
636	Annual process for reporting on the controls in place in relation to risk including risks to compliance (Annual Governance Statement - Compliance with the provider licence)	The Annual Governance Statement was signed off by the Audit Committee, the Auditors and the Chief Executive for 2016/17. Self certifications were signed off by the Board for 2016/17 which also highlighted if there were any risks to compliance for 2017/18 and how these would be addressed.	May-17
636	Serious incident reporting and investigation process in place	The action plan from the audit carried out in April 2017 have all been completed and evidence provided back to the internal auditors. A new process for reporting on serious incidents was signed off and presented to the Board for assurance in September 2017. Regular reports are sent to commissioners on each SI and they are assured of the processes.	Mar-17
636	Peer reviews have been established in the Trust	Peer review process established and embedded in the Trust and we have evidence which is held corporately and shared with teams following the peer review process being completed. A rolling programme has been established through the year. All services have a KLOE document	Oct-17

Significant gaps in control / assurance		Actions	Deadline
Ref	*The main areas of weakness which result in ineffective or absent controls / assurance*	*Actions required to mitigate the weakness*	*Target date for completion*
636	There is currently no agreed AHP Strategy	The AHP strategy need to be refreshed, agreed and implemented which will set out the standards and key metrics for providing safe care.	Jul-18
636	There is currently no agreed Nursing Strategy	The nursing strategy need to be refreshed, agreed and implemented which will set out the standards and key metrics for providing safe care.	Sep-18
636	Peer reviews need to be embedded	The KLOEs for the service area needs to be reviewed and updated. Also need to evaluate the effectiveness of the peer review process	Jun-18

Strategic Objective	1. We deliver great care that is high quality and improves lives		Risk appetite	3 - Open ('High')	
Strategic Risk		Initial Risk Score	12	Committee	Quality Committee
SR3. (Risk 638) Due to inadequate systems to support continuous learning, improvement and innovation, there is a risk that our services deliver poor outcomes for service users.		Current Risk Score	12	Executive lead	Dr Clare Kenwood (Medical Director)

Assurance rating (quarterly) (limited, partial, significant)	Q1	Q2	Q3	Q4
			Partial	Partial

Contributory risks from the corporate risk register				Risk Score			
Datix Ref	Description	Lead / responsible director	Overseeing group	Q1 (end of June)	Q2 (end of September)	Q3 (end of December)	Q4 (end of December)
549	Risk that we do not have a timely and effective process for reporting, investigating and learning from serious incidents	Nichola Sanderson / Cathy Woffendin	Trustwide Clinical Governance Group		6	6	6
645	Risk that there is no systematic approach to identifying and helping those teams who need support from the Service Improvement Team	Richard Wylde / Claire Kenwood	Trustwide Clinical Governance Group			6	6
641	We do not have effective and productive partnerships with universities in order to sustain and grow our research base	Alison Thompson / Claire Kenwood	Research Committee			4	4

Key controls in place		Assurance that controls are effective	Date
Ref	*The main controls/systems in place to manage principle risks*	*Sources of assurance that demonstrate the controls are effective*	*Date of assurance*
638	Serious incident reporting and investigation process in place	The action plan from the audit carried out in April 2017 have all be completed and evidence provided back to the internal auditors. A new process for reporting on serious incidents was signed off and presented to the Board for assurance in September 2017. Regular reports are sent to commissioners on each SI and they are assured of the processes.	Mar-17
638	Peer reviews have been established in the Trust	Peer review process established and embedded in the Trust and we have evidence which is held corporately and shared with teams following the peer review process being completed. A rolling programme has been established through the year. All services have a KLOE document	Oct-17
638	Freedom to Speak up Guardian	There is a report provided to the Board detailing the themes of the issues staff have raised. The themes identified by the guardian are used to inform learning.	Nov-17
638	Quality Plan	The quality plan need to be developed and agreed which will define the metrics and methods of evidencing continuous learning, improvement and innovation	Feb-18

Significant gaps in control / assurance		Actions	Deadline
Ref	*The main areas of weakness which result in ineffective or absent controls / assurance*	*Actions required to mitigate the weakness*	*Target date for completion*
638	Ward to Board governance	Strengthening the ward to board assurance process by reviewing and embedding this over the next year. Consistent use of highlight reports to ensure transparent escalation and linkage. Monitoring the learning culture at Trust wide Clinical Governance	Nov-18
638	Serious incident reporting and investigation	We are developing metrics to assess the strength of the recommendations	May-18
638	Serious incident reporting and investigation	The Trust is recruiting to a clinical audit post to audit the action plan implementation	May-18
638	There is a gap in the processes in place to quantify and audit learning	The processes that need to be put in place are: an audit of the effectiveness of learning; methods of quantifying learning; and methods of quantifying there is a learning culture	May-18
638	Peer reviews need to be embedded	The KLOEs for the service area needs to be reviewed and updated. Also need to evaluate the effectiveness of the peer review process	Jun-18

Strategic Objective	1. We deliver great care that is high quality and improves lives			Risk appetite	
				3 - Open ('High')	
Strategic Risk		Initial Risk Score	6	Committee	Board
SR4. (Risk 632) We are unable to maintain effective, productive relationships with key external stakeholders, with the result that we are unable to work successfully with partners to support innovative care and exceptional outcomes for service users.		Current Risk Score	6	Executive lead	Dr Sara Munro (CEO)
Assurance rating (quarterly) (limited, partial, significant)	Q1	Q2	Q3		Q4
			Significant		Significant

Contributory risks from the corporate risk register				Risk Score			
Datix Ref	Description	Lead / responsible director	Overseeing group	Q1 (end of June)	Q2 (end of September)	Q3 (end of December)	Q4 (end of December)
650	Not being able to make the case for Mental Health services at STP & City footprint could lead to insufficient income growth to meet need, leading to fragmentation of care and loss of influence.	David Brewin / Dawn Hanwell	Finance and Performance Committee		12	12	12
657	There is a risk that if we do not maintain close and productive relationships with SWYPFT and Bradford we will not be in a position to influence patient flow in order to ensure that the new models of care are effective.	Sara Munro	Executive Management Team			6	6
658	There is a risk that we will be unable to achieve planned growth and deliver our strategy if we are unable to further strengthen our relationships with the 3rd sector	Sara Munro	Executive Management Team			6	6

Key controls in place		Assurance that controls are effective	Date
Ref	*The main controls/systems in place to manage principle risks*	*Sources of assurance that demonstrate the controls are effective*	*Date of assurance*
632	Continue to be influential players in local and national forums working with NHS, public, third sector partners and universities.	The Chief Executive is an integral and influential part of the work to develop our services both locally and nationally this is evidences through the minutes of meetings, CEO report to the Board.	Feb-18
632	CEO and executive directors leading on a number of projects across the STP / mental health providers to look at innovative ways of working together to enhance the care provided to service users	The CEO and executive directors lead on a number of projects across the STP and report these for assurance into the Trust's governance structure. This is evidenced through minutes of meetings and the work to establish a committee in common.	Mar-18
632	Establish a committee in common	Agreement by the Board to establish a committee in common for the West Yorkshire and Harrogate Health and Social Care Partnership	Mar-18
632	CEO is an influential member of a number of groups across the West Yorkshire patch	SRO for the Workforce Partnership Executive Group, Representative for the development of the Mental Health STP MoU, CEO for the West Yorkshire Mental Health Group, Programme Chair for the New Care Model's for Mental Health in West Yorkshire	Jan-18

Significant gaps in control / assurance		Actions	Deadline
Ref	*The main areas of weakness which result in ineffective or absent controls / assurance*	*Actions required to mitigate the weakness*	*Target date for completion*
632	Maintaining the Trust's profile locally and nationally	Continue to seek out partnership opportunities both locally and nationally and ensure that executive directors are involved in and sighted on the impact of these opportunities	Nov-18

Strategic Objective	1. We deliver great care that is high quality and improves lives			Risk appetite	3 - Open ('High')
Strategic Risk		**Initial Risk Score**	**12**	**Committee**	Finance and Performance Committee
SR5. (Risk 640) If we cannot produce and effectively use information about our services to support the operation of our governance structures, there is a risk that there will be a lack of confidence in our management information and that we will be unable to ensure the safety of our services.		**Current Risk Score**	**9**	**Executive lead**	Joanna Forster Adams (COO)

Assurance rating (quarterly) (limited, partial, significant)	Q1	Q2	Q3	Q4
			Partial	Partial

Contributory risks from the corporate risk register				Risk Score			
Datix Ref	**Description**	**Lead / responsible director**	**Overseeing group**	**Q1 (end of June)**	**Q2 (end of September)**	**Q3 (end of December)**	**Q4 (end of December)**
104	Business Continuity arrangements not sufficiently robust in every area of Trust operations.	Andrew Jackson / Joanna Forster Adams	Emergency Preparedness Resilience and Response Group		9	9	9
487	Operational managerial staff have not had training in incident response to ensure they can meet the required expectation in responding to a critical or major incident.	Andrew Jackson / Joanna Forster Adams	Emergency Preparedness Resilience and Response Group		12	12	9
652	We do not a have a Care Group performance review cycle in place to drive delivery against plan	Joanna Forster Adams	EMT			6	4
NEW	Information shared with external agencies and with the public is inaccurate and misleading	Bill Fawcett / Dawn Hanwell	Senior Leadership Team				To be rated
NEW	Lack of clearly aligned and relevant suite of performance information available at every level of the Organisation.	Bill Fawcett / Dawn Hanwell	Senior Leadership Team				To be rated

Key controls in place		Assurance that controls are effective	Date
Ref	*The main controls/systems in place to manage principle risks*	*Sources of assurance that demonstrate the controls are effective*	*Date of assurance*
640	Sets of Quality performance information available published and used across the organisation (HR, Finance, Quality and Operational)	Cognos information available and accessed routinely across services. HR data set circulated across Organisation on a weekly basis. Information Team validation process established across key metrics. Finance system accessible and used routinely by managers (supported by Management accountants). Contracts manager collates and validates activity information. Performance report shared on a cascade basis through Board to SLT and their teams.	Nov-17
640	EPRR arrangements strengthened and reviewed at Board in September 2017	Full review of EPRR arrangement and supporting training and development undertaken. Assurance report provided at Board in September 2017.	Sep-17
640	Business continuity planning programme of work established	Business continuity plans established in key operational areas across the Organisation with oversight provided by the Exec led Resilience group.	Nov-17
640	Sets of information which are produced and shared with external partners, regulators and commissioners	Information routes established and operational through Information reporting team, Finance dept. and Contracts Manager.	Nov-17
640	Performance review process established across care Groups led by members of the SLT.	Minutes and logs capturing key performance indicators in each Service within Care Groups (Specialist).	Nov-17
640	Performance data is consolidated and relevance checked and shared at every level of the organisation.	Work has been undertaken to ensure that quality and performance consolidated suites of information are produced and used at every level of the organisation. This is now established and will be further refined and developed on an on-going basis.	Mar-18
640	Governance, accountability, assurance and performance framework not in place including performance framework and review cycle.	This was approved in November 2017 and implementation through January and February 2018.	Feb-18
640	Data validation process established and in place within the information department of the Trust (working together with operational services).	Monthly validation process in scheduled routine activities overseen by Trust Head of Informatics. Enhanced by outputs including internal and external audit reviews of key quality and performance metrics.	Nov-17

Significant gaps in control / assurance		Actions	Deadline
Ref	*The main areas of weakness which result in ineffective or absent controls / assurance*	*Actions required to mitigate the weakness*	*Target date for completion*
640	Data quality assurance mark not yet established	Work underway led by the Trust Head of Informatics to ensure that data quality is assured through a kite mark scheme. On going for phased implementation between March 2018 to September 2018.	Sep-18

Strategic Objective	2. We provide a rewarding and supporting place to work			Risk appetite	
				3 - Open ('High')	
Strategic Risk		Initial Risk Score	6	Committee	Board
SR6. (Risk 620) We are unable to deliver an effective and attractive programme of training and development opportunities for our staff due to inadequate capability and capacity, corporately and within care services.		Current Risk Score	6	Executive lead	Susan Tyler (Director of Workforce Development)
Assurance rating (quarterly) (limited, partial, significant)	Q1	Q2	Q3		Q4
			Partial		Partial

Contributory risks from the corporate risk register				Risk Score			
Datix Ref	Description	Lead / responsible director	Overseeing group	Q1 (end of June)	Q2 (end of September)	Q3 (end of December)	Q4 (end of December)
5	Requirement for new skills in the workforce to support new models and also lack of staff engagement and involvement in the new models.	Lindsay Jenson / Susan Tyler	Workforce and OD Group		9	9	9
642	Risk that we have inadequate leadership capacity to grow and deliver our research portfolio as the AMD for research is retiring in 2018.	Alison Thompson / Claire Kenwood	Research Committee			9	9

Key controls in place		Assurance that controls are effective	Date
Ref	*The main controls/systems in place to manage principle risks*	*Sources of assurance that demonstrate the controls are effective*	*Date of assurance*
620	Regular monitoring of compulsory training compliance	Monthly reports showing a consistent achievement of Trust target of 85% compliance - 89.75% as at February 2018	Feb-18
620	Medical Revalidation	There are systems and processes in place to ensure that medical revalidation requirements are met. Assurance is provided through the Annual Responsible Officer Report	Jul-17
620	Identification of learning and development needs as part of appraisal process	Monthly reports showing number of appraisals completed 80.1% as at February 2018, which is below the target of 85% but is an improving position	February 2018 and see gap below

Significant gaps in control / assurance		Actions	Deadline
Ref	*The main areas of weakness which result in ineffective or absent controls / assurance*	*Actions required to mitigate the weakness*	*Target date for completion*
620	Lack of training support and provision	Systematic review of trust wide learning and development needs, linked to strategic plans and personal development plans	Mar-19
620	Quality of appraisals	As still in Year 1 transition phase of appraisal objectives and learning and development needs being recorded on Ilearn- audit of the quality of appraisals will be carried out in Year 2	Sep-18

Strategic Objective	2. We provide a rewarding and supporting place to work		Risk appetite	
			3 - Open ('High')	
Strategic Risk		**Initial Risk Score**	**9**	**Committee**	Quality Committee
SR7. (risk 633) As a result of a culture of blame which does not foster a psychologically safe environment for our staff we are unable to reduce patient harms or provide a positive experience for our service users.		**Current Risk Score**	**9**	**Executive lead**	Dr Sara Munro (CEO)

Assurance rating (quarterly) (limited, partial, significant)	Q1	Q2	Q3	Q4
			Partial	Partial

Contributory risks from the corporate risk register				Risk Score			
Datix Ref	**Description**	**Lead / responsible director**	**Overseeing group**	**Q1 (end of June)**	**Q2 (end of September)**	**Q3 (end of December)**	**Q4 (end of December)**
654	A risk that we do not embed the Trust's values and do not model them at all levels of leadership resulting in disengagement of our staff and a lack of collective ownership of our mission	Sara Munro	Workforce and Organisational Development Group			6	6
655	There is a risk that if we do not establish and apply a consistent behaviour and accountability framework that our staff will recognise inconsistency and this will undermine our desired culture of increased accountability at all levels of the organisation.	Sara Munro	Executive Management Team			6	6
656	If we are unable to set a clear strategy and supporting plans which staff are able to understand and see the delivery of, then we will be unable to secure their engagement in the success of the Trust.	Sara Munro	Senior Leadership Team			9	6

Key controls in place		Assurance that controls are effective	Date
Ref	*The main controls/systems in place to manage principle risks*	*Sources of assurance that demonstrate the controls are effective*	*Date of assurance*
633	Agreed our Trust strategy including values which includes having integrity and be caring of our staff and service users	The Trust values have been developed in conjunction with our stakeholders, agreed by the Board and widely publicised. The Trust's strategy will be signed off by the Board in November 2017	Nov-17
633	Developing governance, accountability and performance framework which will ensure that staff not only know how to escalate issues they will be encouraged to do so	The framework was agreed in November 2017 and was launched in the organisation through January and February 2018	Feb-18
633	Developed a model of inclusive leadership within our senior managers which will be rolled out within the organisation	There have been a number of session which have taken place with our senior managers and senior leaders to develop their capacity to promote and model an inclusive leadership style. This is evidenced by the agendas from the Leadership Forum and the work programme for the Senior Leadership Team at their development events.	Feb-18
633	Staff engagement events carried out by the Chief Executive who is talking to all staff about their experiences	Feedback from the CEO listening events as provided to the Senior Leadership Team 6 September 2017	Sep-17

Significant gaps in control / assurance		Actions	Deadline
Ref	*The main areas of weakness which result in ineffective or absent controls / assurance*	*Actions required to mitigate the weakness*	*Target date for completion*
633	Supporting strategies to be developed and signed off by the Board	Five supporting strategies have been developed with the final one (IM&T strategy) due to be signed off by the Board in April 2018	Apr-18
633	The supporting strategies need to be embedding the organisation	The supporting strategies are to be launched into the organisation and embedded fostering a supportive culture for staff	Sep-18

Strategic Objective	3. We use our resources to deliver effective and sustainable services		Risk appetite	
			3 - Open ('High')	
Strategic Risk		**Initial Risk Score**	**8**	**Committee**	Finance and Performance Committee
SR8. (Risk 619) A lack of financial sustainability results in us having insufficient funds to sustain and develop our services and invest in high quality outcomes for our service users.		**Current Risk Score**	**8**	**Executive lead**	Dawn Hanwell (Chief Finance Officer)

Assurance rating (quarterly) (limited, partial, significant)	Q1	Q2	Q3	Q4
			Significant	Significant

Contributory risks from the corporate risk register				Risk Score			
Datix Ref	**Description**	**Lead / responsible director**	**Overseeing group**	**Q1 (end of June)**	**Q2 (end of September)**	**Q3 (end of December)**	**Q4 (end of December)**
3	Potential inability to maintain a strong financial position in context of: increasing demand (and a largely fixed block contract, with out of area responsibility being solely with the Trust), and challenged commissioner and local authority funding positions.	David Brewin / Dawn Hanwell	Finance & Performance Committee		8	8	8
649	Evolution of New Care Models (NCM) impact on clinical income and sustainability. TEWV led CAMHS NCM involves the development of local CAMHS community services aimed at reducing out of area placements, this could reduce Tier 4 CAMHS (Mill Lodge) income and activity. Eating Disorders NCM results in LYPFT taking the full financial risk for out of area placements.	David Brewin / Dawn Hanwell	Finance & Performance Committee			9	9
650	Not being able to make the case for Mental Health services at STP & City footprint could lead to insufficient income growth to meet need, leading to fragmentation of care and loss of influence.	David Brewin / Dawn Hanwell	Finance & Performance Committee			12	12
651	Failure to achieve ongoing CIP requirements and demonstrate efficient and effective care will lead to a deterioration in the financial position.	David Brewin / Dawn Hanwell	Finance & Performance Committee			9	9
653	In an increasingly competitive environment there is a risk that the Trust could be unsuccessful in maintaining or attracting new business in a competitive/ tendering process, including national procurement approaches (Gender Identity) and approaches to service redesign at local and STP footprint (Forensics). This would result in a deterioration in the financial position and also be detrimental to the Trust's reputation.	David Brewin / Dawn Hanwell	Finance & Performance Committee			12	12

Key controls in place		Assurance that controls are effective	Date
Ref	*The main controls/systems in place to manage principle risks*	*Sources of assurance that demonstrate the controls are effective*	*Date of assurance*
619	Good working relationships established with commissioners. Actively engaging commissioners and putting forward proposals that promote efficient and effective models of care.	Short term sustainability controls are in place following the signing of a contract variation with Leeds CCG for 2018/19 in March following a number of positive contractual discussions. Contract negotiations are nearing conclusion with NHS E following joint working to develop a new forensic model in HC&V. Further refinements to ensure an efficient and effective model (reflecting feedback from NHS E on 4/4/18) have taken place and the final proposal is being considered by NHS E on 16th April 2018.	Apr-18
619	Commissioning activity around new and existing business is monitored through the Financial Planning Group: attended by Chief Financial Officer, Chief Operating Officer and Director of Nursing, Professions and Quality.	Agendas and minutes from Activity & Finance meeting / service reviews with commissioners demonstrate there is a process of providing assurance to the executive directors in relation to commissioning activity.	Mar-18
619	Oversight by Finance and Performance Committee: in relation to financial and clinical impact of tenders, in the context of the overall sustainability of the organisation.	An assurance paper is provided to the Finance and Performance Committee which is scrutinised by the non-executive directors on behalf of the Board.	Jan-18
619	Tender opportunities are reviewed by Financial Planning Group on a case by case basis along with considerations of whether to bid or not bid on any given tender. (led and including executive directors)	Operational metrics are presented to the Financial Planning Group for assurance in respect of tender opportunities	Oct-17

619	Partnership working arrangements in Leeds and STP level, to ensure strategic influence is maintained on how resources are distributed and management of system wide risks (including city wide Director of Finance forum, Partnership Executive Group).	Minute of the PEF and citywide Director of Finance Group show a level of assurance on the what in which organisations are working in partnership across the city	Mar-18
619	Cost Improvement plans developed to be robust and subject to clinical impact assessment. Develop approach to identifying longer term cost improvement plans, engaging Care Groups to target areas for consideration. The approach is to carry out a full diagnostic and full sharing of information relating to cost pressures, agency spend, discretionary spending, viability of services, performance against activity targets.	The Director of Nursing and the Medical Director sign off the CIP programme and assess the quality impact. The Board and its sub-committees receive assurance on the CIPs though reports. Minutes of the committees / Financial Planning Group / Star Chambers show a level of assurance and check and challenge on the programme	Apr-18
619	Robust budgetary control framework and budget holder training in place	There is online training on Staffnet for all budget holders. Financial training for managers is also an integral part of the management essential training programme that is being developed.	Ongoing
619	Financial modelling and forward forecasting in place to identify risks early.	NHS Improvement Financial Plan and monthly and quarterly forecast. Leeds Plan forecast	Mar-18

Significant gaps in control / assurance		**Actions**	**Deadline**
Ref	*The main areas of weakness which result in ineffective or absent controls / assurance*	*Actions required to mitigate the weakness*	*Target date for completion*
619	We don't currently have a balanced financial plan for 18/19 onwards due to not having identified CIPs for that period. We also have in-year underachievement of CIP plans and a significant level of unidentified non-recurrent CIPs	There is an executive-led CIP Management Group whose role is to look to reduce the CIP gap and identify pipeline opportunities	May-18

Strategic Objective	3. We use our resources to deliver effective and sustainable services		Risk appetite	
			3 - Open ('High')	
Strategic Risk		Initial Risk Score	8	Committee	Finance and Performance Committee
SR9. (Risk 615) Due to inadequate, inflexible or poorly maintained estates and facilities we are unable to provide a safe and positive environment for service users and staff.		Current Risk Score	8	Executive lead	Dawn Hanwell (Chief Finance Officer)

Assurance rating (quarterly) (limited, partial, significant)	Q1	Q2	Q3	Q4
			Partial	Partial

Contributory risks from the corporate risk register				Risk Score			
Datix Ref	Description	Lead / responsible director	Overseeing group	Q1 (end of June)	Q2 (end of September)	Q3 (end of December)	Q4 (end of December)
106	Lack of suitable available estates options leads to an inability to progress strategic capital projects linked to clinical services strategy and service requirements	David Furness / Dawn Hanwell	Estates Steering Group		3	3	0 Archived
111	The Trust currently sub-let Little Woodhouse Hall, a PFI owned premise. LCH are currently looking at other estates solutions and there is therefore a risk that the premise will be vacated and empty within the next 12 months.	David Furness / Dawn Hanwell	Estates Steering Group		15	15	15
9	The majority of in-patients services operate from estate which not owned by and is out with the direct control of the Trust. The Leeds estate is tied up in an inflexible PFI contract and the York estate is owned BY NHS Property Services	David Furness / Dawn Hanwell	Estates Steering Group		15	15	15

Key controls in place		Assurance that controls are effective	Date
Ref	*The main controls/systems in place to manage principle risks*	*Sources of assurance that demonstrate the controls are effective*	*Date of assurance*
615	Health and Safety inspections	Annual inspections are carried out. Actions are identified and dealt with by managers and as assurance report is provided to the Health and Safety Committee	Feb-18
615	Ligature anchor points audit	Significant reduction in Ligature Anchor Points through prioritised programme of works. Further works prioritised following updates / audit to Ligature Risk Assessments. Action plan has been developed (submitted to CQC) reporting to the Clinical Environments Group and CQC weekly meetings.	Sep-17
615	Clinical Environments Group overseeing risk assessment to determine work required	Clinical Environments Group meet on a monthly basis, risks are brought to the group via the Clinical leads for the service and discussed actions agreed and entered onto the action log. Where there is a specific Estates / Facilities requirement the work is specified and costed with inclusion of Clinical services and brought back to the group for a discussion. if the work is agreed a business case is produced with Estates and Clinical for consideration / approval at ESG	Feb-18
615	Contractual performance requirements on PFI estate ensure that the estate is maintained to a good standard. Change control processes are in place to enable variations to the estate (limited by configuration).	Meetings on performance of PFI and NHS PS contracts . Monitored by Quarterly assurance group.	Jan-18

Significant gaps in control / assurance		Actions	Deadline
Ref	*The main areas of weakness which result in ineffective or absent controls / assurance*	*Actions required to mitigate the weakness*	*Target date for completion*
615	The Trust still has sub-optimal estate	PFI options appraisal underway and the disposal of this estate is currently being considered	Dec-19
615	Health and Safety inspections	The Health and Safety Inspections and Audits have been transferred over to Estates and Facilities who are currently reviewing and improving the inspection process.	Jun-18
615	No SLA in place for the NHS PS Estate in York.	The SLA is operationally in place. Work is ongoing to put a timeframe around agreeing the KPIs and towards signing the SLA	May-18

Strategic Objective	3. We use our resources to deliver effective and sustainable services		Risk appetite	3 - Open ('High')	
Strategic Risk		Initial Risk Score	8	Committee	Finance and Performance Committee
SR10. (Risk 635) As a result of insecure, inadequate or unstable information technology systems and infrastructure, the quality and continuity of our services is compromised.		Current Risk Score	8	Executive lead	Dawn Hanwell (Chief Finance Officer)

Assurance rating (quarterly) (limited, partial, significant)	Q1	Q2	Q3	Q4
			Partial	Partial

Contributory risks from the corporate risk register				Risk Score			
Datix Ref	Description	Lead / responsible director	Overseeing group	Q1 (end of June)	Q2 (end of September)	Q3 (end of December)	Q4 (end of December)
105	The danger of a cyber-attack to the Trust's ICT infrastructure through malicious hacking or system virus infection.	Bill Fawcett / Dawn Hanwell	Information Steering Group		12	12	12
580	Should a failure occur of the Medchart system due to LYPFT server failure, back up charts can be printed off on each ward so that administration of medication can continue. The back up chart process relies on the dedicated PCs on the wards not being turned off at any time as this prevents the electronic	Caroline Dada / Claire Kenwood	Medicines Optimisation Group		12	12	12

Key controls in place		Assurance that controls are effective	Date
Ref	*The main controls/systems in place to manage principle risks*	*Sources of assurance that demonstrate the controls are effective*	*Date of assurance*
635	CareCert alerts are received from NHS Digital on a weekly basis to key stakeholders within Informatics. These alerts are reviewed and actioned regularly within the teams.	The monitoring of these alerts are overseen by the Information Governance Group (IGG) on a monthly basis and the CIO oversees the process	Mar-18
635	The ICT infrastructure has firewalls, intrusion prevention, virus protection software and e-mail protection systems that are continually updated to prevent attack. A working programme to improve our awareness and response to threats is in place. Alerts received from NHS Digital are closely monitored, actioned	Penetration testing has been conducted by an independent accredited organisation (SEC-1 LTD) earlier this year. This included internal and external testing of the infrastructure to highlight any serious issues or vulnerabilities . SEC-1 found no serious threats or findings.	Aug-17
635	IG Toolkit in particular Information security which includes patching, updating of systems, malware, cyber security etc.	IG Toolkit outcome has one of two results, satisfactory or non-satisfactory. This year we submitted satisfactory and it is anticipated for next year the outcome will also be satisfactory	Mar-18

Significant gaps in control / assurance		Actions	Deadline
Ref	*The main areas of weakness which result in ineffective or absent controls / assurance*	*Actions required to mitigate the weakness*	*Target date for completion*
635	Gaps may exist in the process of monitoring Carecert alerts from NHS Digital and if relevant actions are being dealt with accurately and effectively within given timescales. There is possible room for improvement.	To continuously monitor the alerts received from NHS Digital and to review the process that these are being actioned effectively within the IT and Network teams within reasonable timescales. Also to review the reporting process into Information Governance Group (IGG) and an escalation process is in place.	May-18

Leeds and York Partnership NHS Foundation Trust

AGENDA ITEM
19

LEEDS AND YORK PARTNERSHIP NHS FOUNDATION TRUST

MEETING OF THE BOARD OF DIRECTORS

PAPER TITLE:	Mental Health Act Manager Contract Extension and Recruitment
DATE OF MEETING:	26 April 2018
PRESENTED BY: (name and title)	Sue White – Non Executive Director
PREPARED BY: (name and title)	Sarah Layton – MHL Team Leader

THIS PAPER SUPPORTS THE TRUST'S STRATEGIC OBJECTIVE/S (please tick relevant box/s)		✓
SO1	We deliver great care that is high quality and improves lives.	✓
SO2	We provide a rewarding and supportive place to work.	
SO3	We use our resources to deliver effective and sustainable services.	✓

EXECUTIVE SUMMARY

The purpose of this paper is to:

1. Ask the Board to approve the appointment of a new cadre of Mental Health Act Managers (MHAMs) to join the panel of existing members, and to agree an extended appointment period for MHAMs whose first term of appointment has come to an end,

2. Ask the Board to delegate authority for appointment of Mental Health Act Managers to the Mental Health Legislation Committee (MHLC), with final ratification provided by the Board.

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
	No	

RECOMMENDATION

1. Approve the appointment of a new cadre of Mental Health Act Managers (MHAMs) to join the panel of existing members, and to agree an extended appointment period for MHAMs whose first term of appointment has come to an end,

2. Delegate authority for appointment of Mental Health Act Managers to the Mental Health Legislation Committee (MHLC), with final ratification provided by the Board.

MEETING OF THE Board of Directors

26 April 2018

Mental Health Act Managers

1 Executive Summary

The purpose of this paper is to:

1. Ask the Board to approve the appointment of a new cadre of Mental Health Act Managers (MHAMs) to join the panel of existing members, and to agree an extended appointment period for MHAMs whose first term of appointment has come to an end,

2. Ask the Board to delegate authority for appointment of Mental Health Act Managers to the Mental Health Legislation Committee (MHLC), with final ratification provided by the Board.

Background

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

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

The Act states at S23(6) in reference to the appointment of Mental Health Act Managers that

'the powers conferred by this section on any NHS foundation trust may be exercised by any three or more persons authorised by the board of the trust in the behalf each of whom is neither an executive director of the Board nor an employee of the trust.'

The Code of Practice to the Act states at Chapter 38.8-38.9

'In all cases, the board of the organisation concerned should ensure that people appointed properly understand their role and the working of the Act.'

'Appointments to managers' panel should be made for a fixed period. Reappointment (if permitted) should not be automatic and should be preceded by a review of the persons continuing suitability.'

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

The Board is asked to consider delegating its power to appoint MHAMs to the Mental Health Legislation (MHL) Committee with final ratification provided by the Board. The Terms of Reference for the MHL Committee would be amended to reflect the changed arrangements.

2 Mental Health Act Managers Panel

A successful recruitment took place in March 2017 resulting in the appointment of seven MHAMs – these panel members have successfully completed an initial training programme including;

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

The current number of Mental Health Act Managers on the Trusts panel is 32.

MHAMs can serve two consecutive periods of 3 years, subject to a positive review after the first appointment period.

A more recent recruitment has taken place in February 2018 with twelve MHAMs deemed appointable.

3 Costs

There will be no additional costs involved.
MHAMs receive an honorarium of £60 per hearing plus travel at 45p per mile (up to a maximum of 50 miles).

4 Risks for Trust

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

5 Consultation

Recruitment to the MHAMs Panel is discussed as part of usual business at both the Mental Health Act Managers Forum and MHL Committee. Both are supportive of a regular refresh to the MHAMs panel to ensure the panel remains diverse and representative of the Trust population, whilst ensuring experience is retained within the Panel.

6 Conclusion

The Board is asked to continue to support the recruitment and retention to the Mental Health Act Managers panel (45 members) to ensure the Trust is able to maintain an effective review process. The Trust is asked to support regular refresh of the MHAMs panel in order to adequately represent the diverse nature of the patient group whilst retaining the expertise of experienced panel members.

7 Recommendation

i. The Board is asked to approve the appointment of the new people below to the Mental Health Act Managers panel.

Andrea Robinson
John O'Hara
Oluwasuen Kolawole
Sarah Smith
Susan Smith
Elizabeth Sunley
Lynsey Nicholson
Gillian Nelson
Mohammed Hussain
Janice Wilson

ii. The Board is asked to approve the extension of first fixed term contracts for the existing Mental Health Act Managers named below:

Rebecca Casson
Nicolle Levine
Graham Martin
David Mayes
Ismail Patel
Shamaila Qureshi

iii. The Board is asked to consider delegating its power to appoint MHAMs to the Mental Health Legislation (MHL) Committee. The MHAMs Forum is a sub-committee of the MHL Committee. The MHL Committee provide oversight to ensure compliance with the Code of Practice i.e. that MHAMs are suitably trained to carry out their role and that there is an effective review process in place. If accepted, the appointment process would be completed by the MHL Committee with oversight and final ratification provided by the Trust Board.

Sarah Layton / Sue White
MHL Team Leader / Non-Executive Director
April 2018

Leeds and York Partnership NHS Foundation Trust

AGENDA ITEM
20

LEEDS AND YORK PARTNERSHIP NHS FOUNDATION TRUST

MEETING OF THE BOARD OF DIRECTORS

PAPER TITLE:	Annual Declarations of Interest, Non-executive Directors' Independence, and Fit and Proper Person
DATE OF MEETING:	26 April 2018
PRESENTED BY: (name and title)	Cath Hill, Head of Corporate Governance
PREPARED BY: (name and title)	Cath Hill, Head of Corporate Governance

THIS PAPER SUPPORTS THE TRUST'S STRATEGIC OBJECTIVE/S (please tick relevant box/s)		✓
SO1	We deliver great care that is high quality and improves lives.	✓
SO2	We provide a rewarding and supportive place to work.	
SO3	We use our resources to deliver effective and sustainable services.	

EXECUTIVE SUMMARY

At least annually all members of the Board of Directors are required to complete Declaration of Interest forms, fit and proper person annual declarations, and for NEDs only, a declarations for their independence.

A paper setting out the current position in relation to Board members' declarations of interest and fit and proper person status is presented at each meeting. The matrix presented to the April meeting is set out at agenda item 3 and shows the declared interests for directors and that all have been judged to be fit and proper, not only as a result of their annual declaration, but through a comprehensive and ongoing process of checks.

For the declarations made by the NEDs in relation to their independence (as required by NHS Improvement's Code of Governance for Foundation Trusts) a matrix of these is attached at Appendix A. All have declared their independence; however, Margaret Sentamu has declared that she received remuneration for carrying out Mental Health Act Mangers' duties for the Trust. In relation to this it has been judged that this does not compromise Margaret's independence becausethis role is conferred on NEDs under the Mental Health Act and it also complements her knowledge of the Trust and contributes to her role as a NED.

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
	No	

RECOMMENDATION
The Board is asked to: • Note the declarations of interest as set out at agenda item 3 • Note that all directors have been judged and declared themselves to be fit and proper • All NED have declared they are independent.

Annual Declaration of Non-executive Director Independence

(Declared as at March 2018)

Name	Has been an employee of the Trust within the last 5 years.	Has, or has had within the last three years, a material business relationship with the Trust directly, or as a partner, shareholder, director or senior employee of a body that has such a relationship with the Trust.	Has received or receives additional remuneration from the Trust apart from a director's fee, participates in the Trust performance-related pay scheme, or is a member of the Trust's pension scheme.	Has close family ties with any of the Trust's advisers, directors or senior employees.	Holds cross-directorships or has significant links with other directors through involvement in other companies or bodies.	Has served on the Board for more than nine years from the date of their first appointment.	Any other reason you wish to declare. This should include any political or ministerial appointments (where this is information is already in the public domain – this does not include personal or private information such as membership of political parties or voting preferences)
Sue Proctor Non-executive Chair	None	None	None	None	None	None	None
John Baker Non-executive Director	None	None		None	None	None	None
Helen Grantham Non-executive Director	None	None	None	None	None	None	None
Margaret Sentamu Non-executive Director	None	None	Received remuneration for carrying out Mental Health Act Mangers' duties for the Trust. It has been judged that this does not compromise Margaret's independence as it is conferred on NEDs as a role they should carry out. It also adds to her knowledge of the Trust and contributes to her role as a NED	None	None	None	None
Sue White Non-executive Director	None	None	None	None	None	None	None
Martin Wright Non-executive Director	None	None	None	None	None	None	None
Steven Wrigley-Howe Non-executive Director	None	None	None	None	None	None	None

Glossary of Terms

In the table below are some of the acronyms used in the course of a Board meeting

Acronym / Term	Full title	Meaning
AHP	Allied Health Professionals	Allied Health is a term used to describe the broad range of health professionals who are not doctors, dentists or nurses.
ASC	Adult Social Care	Providing Social Care and support for adults.
BAF	Board Assurance Framework	A document which is to assure the Board that the risks to achieving our strategic objectives are being effectively controlled and that any gaps in either controls or assurances are being addressed.
CAMHS	Child and Adolescent Mental Health Services	The services we provide to our service users who are under the age of 18.
CGAS	Child Global Assessment Scale	A numeric scale used by mental health clinicians to rate the general functioning of youths under the age of 18
CCG	Clinical Commissioning Group	An NHS statutory body which purchases services for a specific geographical area. (CCGs purchase services from providers and this Trust is a provider of mental health and learning disability services)
CIP	Cost Improvement Programme	Cost reduction schemes designed to increase efficiency/ or reduce expenditure thereby achieving value for money and the best quality for patients

Acronym / Term	Full title	Meaning
CMHT	Community Mental Health Team	Teams of our staff who care for our service users in the community and in their own homes.
Control Total		Set by NHS Improvement with individual trusts. These represent the minimum level of financial performance required for the year, against which the boards, governing bodies and chief executives of organisations will be held directly accountable.
CPA	Care Programme Approach	The Care Programme Approach (CPA) is a way that services are assessed, planned, co-ordinated and reviewed for someone with mental health problems or a range of related complex needs. You might be offered CPA support if you: are diagnosed as having a severe mental disorder.
CQC	Care Quality Commission	The Trust's regulator in relation to the quality of services.
CAS	Crisis Assessment Unit	The Leeds Crisis Assessment Service (CAS) is a city-wide acute mental health service. It offers assessment to people 18 years and over who are experiencing acute mental health problems that may pose a risk to themselves and/or others, who require an assessment that day or within the next 72 hours.
CTM	Clinical Team Manager	The Clinical Team Manager is responsible for the daily administrative and overall operations of the assigned clinical teams.
DBS	Disclosure and Baring Service	A service which will check if anyone has any convictions and provide a report on this
DToCs	Delayed Transfers of Care	Service users who are delayed in being discharged from our service because there isn't an appropriate place for them to go to.

Acronym / Term	Full title	Meaning
EMI	Elderly Mentally Ill	Those patients over working age who are mentally unwell
First Care		An electronic system for reporting and monitoring sickness. The system is used by both staff and managers
I&E	Income and Expenditure	A record showing the amounts of money coming into and going out of an organization, during a particular period of time
iLearn		An electronic system where staff and managers monitor and record training and supervision.
KLoEs	Key Lines of Enquiry	The individual standards that the Care Quality Commission will measure the Trust against during an inspection.
LADS	Leeds Autism Diagnosis Service	The Leeds Autism Diagnostic Service (LADS) provides assessment and diagnosis of people of all intellectual ability who may have autism who live in Leeds.
LCG	Leeds Care Group	The care services directorate within the Trust which manages the mental health services in Leeds
LTHT	Leeds Teaching Hospitals NHS Trust	An NHS organisation providing acute care for people in Leeds
LCH	Leeds Community Healthcare NHS Trust	An NHS organisation providing community-based healthcare services to people in Leeds (this does not include community mental health care which Leeds and York Partnership NHS Foundation Trust provides)

Acronym / Term	Full title	Meaning
MDT	Multi-disciplinary Team	A multidisciplinary team is a group of health care workers who are members of different disciplines (professions e.g. Psychiatrists, Social Workers, etc.), each providing specific services to the patient
MSK	Musculoskeletal	Conditions relating to muscles, ligaments and tendons, and bones
Never event	Never Events	Never events are serious, largely preventable patient safety incidents that should not occur if the available preventative measures have been implemented.
NHSI	NHS Improvement	The Trust's regulator in relation to finances and governance.
OD	Organisational Development	A systematic approach to improving organisational effectiveness
OPEL	Operational Pressures Escalation Level	National framework set by NHS England that includes a single national system to improve management of system-wide escalation, encourage wider cooperation, and make regional and national oversight more effective.
OAPs	Out of Area Placements	Our service users who have to be placed in care beds which are in another geographical area and not in one of our units.
PFI	Private Finance Initiatives	A method of providing funds for major capital investments where private firms are contracted to complete and manage public projects
PICU	Psychiatric Intensive Care Unit	

Acronym / Term	Full title	Meaning
Q1, Q2, Q3, Q4	Quarter 1, Quarter 2, Quarter 3 Quarter 4	Divisions of a financial year normally Quarter 1 – 1 April to 30 June Quarter 2 – 1 July to 30 September Quarter 3 – 1 October to 31 December Quarter 4 – 1 January to 31 March
S136	Section 136	Section 136 is an emergency power which allows you to be taken to a place of safety from a public place, if a police officer considers that you are suffering from mental illness and in need of immediate care.
SI	Serious Incident	Serious Incident Requiring Investigation.
SOF	Single Oversight Framework	The targets that NHS Improvement says we have to report against to show how well we are meeting them.
SS&LD	Specialist Services and Learning Disability	The care services directorate within the Trust which manages the specialist mental health and learning disability services
STF	Sustainability and Transformation Fund	Money which is given to the Trust is it achieves its control total.
Tier 4 CAMHS	Tier 4 Child Adolescent Mental Health Service	Child and Adolescent Mental Health Tier 4 Children's Services deliver specialist in-patient and day-patient care to children who are suffering from severe and/or complex mental health conditions who cannot be adequately treated by community CAMH Services.
TRAC		The electronic system for managing the process for recruiting staff. A tool to be used by applicants, managers and HR

Acronym / Term	Full title	Meaning
Triangle of care	-	The 'Triangle of Care' is a working collaboration, or ‘therapeutic alliance’ between the service user, professional and carer that promotes safety, supports recovery and sustains well-being.

Below is a link to the NHS Confederation Acronym Buster which might also provide help

http://www.nhsconfed.org/acronym-buster?l=A