LEEDS AND YORK PARTNERSHIP NHS FOUNDATION TRUST

PUBLIC MEETING OF THE BOARD OF DIRECTORS
will be held at 9.30 am on Thursday 28 November 2019
in Denim Room, Cloth Hall Court, Quebec Street, Leeds, LS1 2HA

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 governors, service users, members of staff or the public please could they advise the Chair or the Associate Director for Corporate Governance in advance of the meeting (contact details are at the end of the agenda). *

Please help the Trust in our initiative to be more paper light. At our Board meetings we will provide copies of the public agenda but we will not have full printed packs of the Board papers available. If you intend to come to the meeting but are unable to access the papers electronically then please contact us at corporategovernance.lypft@nhs.net to request a printed copy of the pack and we will bring this for you to the meeting.

		LEAD
1	**Sharing Stories – Paul Frazer (Service User)**	
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 26 September 2019** (enclosure)	SP
5	**Matters arising**	
6	**Actions outstanding from the public meetings of the Board of Directors** (enclosure)	SP
7	**Chief Executive's report** (enclosure)	SM
PATIENT CENTRED CARE		
8	**Report from the Chair of the Audit Committee for the meeting held on 24 October 2019** (enclosure)	MW
	8.1 **Ratification of the Terms of Reference for the Audit Committee** (enclosure)	MW
9	**Report from the Chair of the Workforce Committee for the meetings held on 1 October and 21 November 2019** (enclosure)	HG
10	**Report from the Chair of the Quality Committee for the meetings held on 8 October and 12 November 2019 (including assurances on the Mortality Review – Learning from deaths quarterly 2 report)** (enclosure)	JB
	10.1 **Ratification of the Terms of Reference for the Quality Committee** (enclosure)	JB
11	**Report from the joint meeting of the Quality Committee and the Finance and Performance Committee for the meeting held on 26 November 2019** (verbal)	JB
12	**Report from the Chair of the Finance and Performance Committee for the meeting held on 26 November 2019** (to follow)	SW
13	**Report from the Chair of the Mental Health Legislation Committee for the meeting held on 5 November 2019** (enclosure)	MS
14	**Chief Operating Officer Report on winter preparedness** (enclosure)	JFA

15	**Combined Quality and Performance Report** (enclosure)	**JFA**
16	**Operational Plan and strategic priorities update report** (enclosure)	**DH**
17	**Director of Nursing Report** (enclosure)	**CW**
18	**Safe Staffing Report** (enclosure)	**CW**
19	**Medical Director's Report** (enclosure)	**CK**
20	**Guardian of Safe-working Quarter 2 report** (enclosure)	**CK**
21	**Freedom to Speak up Guardian report** (enclosure)	**JV**
USE OF RESOURCE		
22	**Report from the Chief Financial Officer** (enclosure)	**DH**
GOVERNANCE		
23	**Board Assurance Framework** (enclosure)	**SM**
24	**West Yorkshire Mental Health, Learning Disability and Autism Collaborative Committees in Common meeting report** (enclosure)	**SM**
25	**Use of seal** (verbal)	**SP**
26	**Glossary** (enclosure)	**SP**
27	***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 30 January 2020 at 9.30 am
Inspire@ Room, Horizon Leeds (3rd Floor), 2 Brewery Wharf, Kendell Street, Leeds, LS10 1JR

Questions for the Board can be submitted to:

Name: Cath Hill (Associate Director for 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.
Claire Holmes Director of Organisational Development and Workforce	None.	None.	None.	None.	None.	None.	None.	Partner: Business Partnership OVT Manager, British Red Cross (Central Region)
Clare Kenwood Medical Director	None.	None.	None.	None.	None.	None.	None.	Partner: CEO of Malcolm A Cooper Consulting
Cathy Woffendin Director of Nursing, Quality and Professions	None.	None.	None.	None.	None.	None.	None.	None.

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Joanna Forster Adams Chief Operating Office	None.	None.	None.	None.	None.	None.	None.	Partner: Treasurer of The Junction Charity

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NON-EXECUTIVE DIRECTORS								
Susan Proctor Non-executive Director	**Owner / director** 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. **Independent Chair** Safeguarding Adults Board North Yorkshire Count Council	None.	**Member** Lord Chancellor's Advisory Committee for North and West Yorkshire **Chair** Safeguarding Group, Diocese of York **Member** Royal College Veterinary Surgeons' Veterinary Nurse Council **Chair** Adult Safeguarding Board, North Yorkshire	Partner: Employee of Link

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John Baker Non-executive Director	None.	None.	None.	None.	None.	**Professor** University of Leeds	None.	None
Helen Grantham Non-executive Director	**Director and Co-owner,** Entwyne Ltd	**Director and Co-owner,** Entwyne Ltd	**Director and Co-owner,** Entwyne Ltd	None	None	None	Interim Director - HR and OD at Manchester City Council	None
Andrew Marran Non-executive Director	**Chairman** **Leeds Students Residences Ltd** Delivering housing and accommodation services across Leeds **Non-executive Director** **MoreLife (UK) Ltd** Delivers tailor-made, health improvement programmes to individuals, families, local communities; within workplaces and schools **Non-executive Director** **My Peak Potential Ltd** An organisational development company that specialises in leadership and management development using the outdoors as a vehicle for learning **Non-executive Director** **Rhodes Beckett Ltd**	None.	None.	None.	None. .	None. .	None.	None.

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	A University associated company which developed a Wellbeing app and website to provide access to staff.							
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.
Susan White Non-executive Director	None.	None.	None.	None.	None.	None.	None.	None.
Martin Wright Non-executive Director	None.	None.	None.	**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**	**CH**	**SP**	**MS**	**HG**	**SW**	**JB**	**AM**	**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

Minutes of the Public Meeting of the Board of Directors held on held on Thursday 26 September 2019 at 9:30 am in Think@ Room, Horizon Leeds (3rd Floor), 2 Brewery Wharf, Kendell Street, Leeds LS10 1JR

Board Members		**Apologies**
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	
Mrs C Holmes	Director of Organisational Development and Workforce	
Dr C Kenwood	Medical Director	✓
Mr A Marran	Non-executive Director	
Dr S Munro	Chief Executive	
Mrs M Sentamu	Non-executive Director	✓
Mrs S White	Non-executive Director (Deputy Chair or the Trust)	
Mrs C Woffendin	Director of Nursing, Quality and Professions	✓
Mr M Wright	Non-executive Director (Senior Independent Director)	

All members of the Board have full voting rights

In attendance

Mrs C Hill	Associate Director for Corporate Governance / Trust Board Secretary
Ms N Sanderson	Deputy Director of Nursing (attending on behalf of Mrs Woffendin, Director of Nursing, Professions and Quality)

Seven members of the public (two of whom were members of the Council of Governors)

Action

Prof Proctor opened the public meeting at 9.30 am and welcomed everyone.

19/133 **Sharing Stories** (agenda item 1)

Mark Clayton attended the Board Sharing Stories Session to talk about his experiences of using mental health services and the experience of the services he had received over the years. In addition he asked the Board to consider three areas: the 'Teflon shoulders' of middle management and the way in which it was felt that they do not always take responsibility; whether people have the confidence to speak out when they have concerns about our services; and the rotating door and the continuity of care for service users.

The Board considered and discussed the three issues highlighted by Mr Clayton. Miss Grantham asked about middle managers not taking responsibility and whether there were any common themes. Mr Clayton indicated that he was not personally aware of anything specific and suggested that speaking directly to people would provide the information

relating to this would and yield a more in-depth understanding.

The Board then discussed the issue of people having the confidence to speak out. Dr Munro outlined the need to ensure that there was a strong voice for mental health and learning disability services within the system and noted the work being carried out through the Patient Expereince and Involvement Steering Group and the way this was inclusive of partners in Leeds. Prof Proctor noted the potential for the group to help non-executive directors have a better understanding of the experiences of living with mental illness. Mr Wright also asked Mr Clayton for ideas as to how that group could involve more service users. Mr Clayton made a number of suggestions as to how participation could be increased.

With regard to the issue of the 'revolving door', Mrs White asked if there was more that third sector organisations could do to support service users. Mr Clayton provided some examples of organisations that support people needing immediate practical help and suggested that the Trust might learn from some of these.

On behalf of the Board, Prof Proctor **thanked** Mr Clayton for attending the Board to share his story and also **thanked** him for agreeing to co-chair the Patient Experience and Involvement Steering Group.

19/134 **Apologies for absence** (agenda item 2)

Apologies were received from Mrs Sentamu, Non-executive Director; Mrs Woffendin, Director of Nursing, Professions and Quality; and Dr Kenwood, Medical Director.

19/135 **Declaration of interests for directors and any declared conflicts of interest in respect of agenda items** (agenda item 3)

The Board noted there were no changes to directors' declarations of interests. It was also noted that no director at the meeting had advised of any conflict of interest in relation to any agenda item.

19/136 **Minutes of the previous meeting held on 25 July 2019** (agenda item 4)

With regard to minute 19/117, Mr Wright noted that the minute recorded that the Chair of the Quality Committee would be invited to attend a meeting of the Audit Committee annually. He noted that it should have shown that the Chair of the Quality Committee would be asked to confirm to the Audit Committee the sufficiency of the annual work plan of Internal Audit in relation to the audit of clinical matters.

The minutes of the meeting held on 25 July 2019 were **received** and **agreed** as an accurate record subject to the amendment outlined above.

19/137	**Matters arising** (agenda item 5)	
	The Board **noted** that there were no matters arising that were not either on the agenda or on the action log.	
19/138	**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. The Board discussed the actions.	
	With regard to the letter to Ruth May (Chief Nursing Officer for England), Prof Proctor indicted that rather than make a specific request for the Chief Nursing Officer to come to the Trust on an informal visit she would be speaking with Mrs Woffendin to look at whether there was a planned event in 2020 being run by the Trust to which Ruth May could be invited.	**SP**
	With regard to the medical staff vacancy rates, Mrs Holmes indicated that vacancy rates, including those for medics had now been included in a report to the Workforce Committee and that there was a further piece of work to do to look at the metrics that go into other Board sub-committees. Prof Proctor asked for there to be an update to the November Board as to where these considerations were up to if information relating to medical staff vacancies was not captured in the Combined Quality and Performance Report.	**CH**
	With regard to case-load management within community services it was recognised that there was not likely to be any national guidance issued in relation to this. However, it was noted that community case-load management would be evaluated through the community redesign work. Prof Proctor also suggested that consideration be given to the possibility of the evaluation tool used for inpatient services being adapted for use in community services.	
	The Board **received** a log of the actions. It **noted** the details, the timescales and progress.	
19/139	**Chief Executive's report** (agenda item 7)	
	Dr Munro presented her Chief Executive's report and drew attention to matters that had occurred since the paper was written. In particular, the early success of the crowdsourcing platform to support the work of the Culture Collaborative and ensure a high level of staff engagement in relation to cultural improvement.	
	With regard to the Gender Identity Service she advised that the Trust was in the process of finalising the bid for outpatient services, noting that these are	

the services currently provided by the Trust. She noted that the bid would be submitted in early October.

Dr Munro also noted that there was a further draft of the ICS Five-year Strategy, advising that she would circulate a copy of this to Board members for information, although she noted that this was still being formulated and that it would change as the consultation progressed. **SM**

With regard to the West Yorkshire Mental Health. Learning Disability and Autism Collaborative, Dr Munro advised that NHS England was seeking expressions of interest for Steady State Commissioning for Veterans Mental Health services and that the Trust was looking to put forward a bid.

Dr Munro then reported on the New Model of Care bid for Cumbria and the North East. She noted that the Trust had been supportive of this bid but that due to complexities with the way this was configured there had been an agreement that the Trust's involvement would be paused. She added that a workshop had been arranged in November to look at the service going forward and what partnerships need to be in place to support the service.

Dr Munro also reported on the Public Health England national campaign *Every Mind Matters* which was being launched in October to help support awareness and education in relation to mental health.

With regard to the ICS Five-year Strategy and the Trust's operational plan, Miss Grantham sought assurance that these would be aligned. Dr Munro advised that there was a team within the Trust tasked with ensuring these were joined up, that the content was aligned and that the timescale for submission met the needs of the Board and the wider partnership. Miss Grantham also asked about the capacity to oversee the system work and Dr Munro outlined the arrangements at a corporate and operational level which were in place to support this work.

Mrs White asked about the refresh of the Leeds Plan and whether there would be an emphasis on matters such as housing which had an impact on mental wellbeing and the 'revolving door' for people with mental health conditions. Dr Munro confirmed that the West Yorkshire Mental Health, Learning Disability and Autism Collaborative was involved in progressing work in the area of housing.

The Board **received** and **noted** the report from the Chief Executive.

19/140 Report from the Chair of the Mental Health Legislation Committee for the meeting held on 31 July 2019 (agenda item 8)

Mrs White presented a report on the work of the committee for the meeting held on 31 July 2019 on behalf of the Chair of the Mental Health Legislation Committee. She drew attention to:

- Mental Health Act training noting that there had been a significant increase in compliance which had risen from 35% to 65%.

- Concerns in relation to the practice of a Section 12 doctor, noting that staff were looking at ways of progressing these concerns. Prof Proctor noted that she had also spoken to Dr Kenwood about this matter and how it was being progressed.

The Board **received** the report from Mrs White on behalf the Chair of the Mental Health Legislation Committee and **noted** the matters raised.

19/141 **Report from the Chair of the Quality Committee for the meeting held on 10 September 2019** (agenda item 9)

Prof Baker presented the Chair's report from the meeting of the Quality Committee held on 10 September 2019. He drew attention to the following item:

- The Annual Quality and Safety report from the Liaison Psychiatry services, noting that this was made up of seven separate services including those that come under Psychological Medicine. He added that in light of the presentation made he had planned to visit the Chronic Fatigue Syndrome Service to understand more about the work they do.

The Board briefly discussed the Psychological Medicine services. Mrs Forster Adams noted that the presentation made to the committee had given an opportunity to understand the links with the acute Trust for these services. Mrs Sanderson explained the work that was being undertaken to look at the pathways of care that link to our service users and the acute Trust and agreed to look at a further pathway in relation to Psychological Medicine. Mrs Forster Adams advised the Board of the work being undertaken to look at how the governance arrangements were being strengthened. Prof Proctor asked for there to be a verbal report to the November Board providing an update on those governance arrangements.

NS

JFA / CK

The Board **received** the report from the Chair of the Quality Committee and **noted** the matters reported on.

19/142 **Report from the Chair of the Finance and Performance Committee for the meeting held on 24 September 2019** (agenda item 10)

Mrs White presented a report on the matters discussed at of the Finance and Performance Committee meeting held on 24 September 2019. She drew attention to:

- The Combined Quality and Performance Report and the discussion about the continued challenges with capacity and flow and out of area placements (OAPs), noting that achieving zero OAPs by March 2020 would be a challenge and that the target had been rescheduled to be achieved by 2021, which was the national target date.
- The financial position noting that the continued pressures were in

respect of OAPs, medical agency costs and unidentified cost improvements. She added that there would be a further report on the CIPs to the October committee meeting
- The Business Growth procedure adding that the committee was supportive of a more systematic approach
- The apprenticeship levy reporting that the Trust had not been able to maximise the opportunities offered by the scheme and that the committee had discussed ways in which it might do this including remitting part of the unused levy to other NHS or third sector organisations
- The Long-term Plan and the financial planning assumptions noting that the committee had looked at these in detail
- Scrutiny of the declaration for Emergency Preparedness Resilience and Response assessment noting that the Trust was substantially compliant.

Mrs Holmes confirmed that whilst the Finance and Performance Committee would look at the financial aspects of the apprenticeship levy the Workforce Committee would be looking at the effectiveness of the scheme.

Miss Grantham welcomed there being a more systematic approach to business growth and asked that workforce issues are programmed into any considerations of growth to services.

The Board **received** the report from the Chair of the Finance and Performance Committee and **noted** the matters reported.

19/143 **Combined Quality and Performance Report (CQPR)** (agenda item 11)

The Board reviewed the CQPR noting that this had been discussed in detail at the Quality Committee and the Finance and Performance Committee. Mrs Forster Adams drew attention to the work being carried out in respect of the Intensive Home Treatment Service and the evaluation of the impact this was having, noting that this would be reported to the Quality Committee as it progresses. She also noted the discussions that had taken place with the Local Authority and the Leeds CCG in respect of delayed transfers of care and how this might be tackled.

Prof Baker noted that the detail of the data in the report had improved outlining the importance of this in driving the Trust's strategic plans and the quality improvement work. He also commended the work of the informatics team noting the significant changes that had been made to the report.

Prof Proctor asked about the target for communication with GPs within 24 hours and when performance against this would improve. Mrs Forster Adams explained that whilst the issues around inpatient discharge summaries had been identified this would take some time to translate into a change in practice. She noted that the next report would outline how this was being addressed. **JFA**

The Board **received** the CQPR and **noted** the progress made and the areas currently under review.

19/144 **Safe Staffing Report** (agenda item 12)

Ms Sanderson presented the Safe Staffing Report and highlighted the main points in the report.

Mrs White asked about the MHOST tool and when it would be possible to look at re-profiling the staffing levels on wards using the data from the tool, particularly as there were budgetary challenges on some wards and units in relation to staff costs. Ms Sanderson advised that work was ongoing to look at the outputs from the tool and that this would be used to look at not only how many nursing staff were needed on wards, but also what the skill mix should be. Mrs Hanwell added that alongside this there would also need to be work done to look at the resources required and the resulting budgets and that this work would be taking place over the next six months. Prof Proctor asked for the Board to kept informed of the outcome of this work. **DH**

Prof Proctor noted that the Chief Nursing Officer for England had asked trusts to submit information on the number of Allied Health Professionals and Nursing Associates and asked how this information would be used as a workforce planning tool internally. Dr Munro noted that it would only be helpful in sitting alongside other information informing the configuration

Prof Baker asked where changes to staffing levels and configurations would be decided. Dr Munro noted that this would be an executive decision through the Executive Management Team meeting, with any issues being escalated to the Board should this be necessary.

19/145 **Mortality Review – Learning from deaths quarterly report** (agenda item 13)

Prof Baker indicated that this report had been looked at in detail at the Quality Committee and that no concerns had been identified.

The Board **received** the learning from deaths quarterly report and **noted** the content.

19/146 **Guardian of Safe-working Quarter 1 report** (agenda item 14)

Dr Munro drew attention to the five areas of exception, noting that each had been looked at and that there had been no patient safety issues arising from these.

	The Board **received** the Guardian of Safe-working report for quarter 1 and noted the content.	
19/147	**Workforce Race and Disability Equality Progress Report** (agenda item 15)	
	Mrs Holmes presented the WRES and WDES data. She noted that there were some areas where the Trust benchmarked well against other NHS Trusts but that there were some areas that needed improvement and cultural change. Mrs Holmes outlined some of the initiatives currently being undertaken and the associated action plans to improve the Trust's performance. She also suggested that the Workforce Board sub-committee would have oversight of progress against the action plans, which the Board supported.	
	Mrs Holmes suggested that there should be a reciprocal mentoring programme developed which would be brought back to the Board for consideration and approval. This was agreed by the Board.	**CH**
	Dr Munro reflected on the workshop held on 11 September which had brought together key members of staff and members of the Board noting that this had been a valuable opportunity to share with and understand the experience of some of the staff. It was agreed that the slides from this event would be shared with the Board.	**CH**
	The Board **received** the workforce race and disability equality progress report and **noted** the content.	
19/148	**Workforce and organisational development report** (agenda item 16)	
	Mrs Holmes presented the workforce and organisational development report and drew attention, in particular, to the process of assessing the applications for Trust Awards. Mrs Holmes also reported on the staff survey, noting that a survey for bank staff had been implemented and distributed for the first time. Mrs Holmes agreed to ensure that bank staff were advised of the survey how they could engage with the process.	**CH**
	The Board **received** the workforce and organisational development report and **noted** the current projects underway and intended way forward.	
19/149	**Report from the Chief Financial Officer** (agenda item 17)	
	Mrs Hanwell presented the Chief Financial Officer's report which set out the current financial position for the Trust, noting that the Finance and Performance Committee had reviewed this in detail at its meeting in July. She then highlighted the main points outlined in the report, which the Board noted.	

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

19/150 **Emergency Preparedness Resilience Response (EPRR) Assurance Standard** (agenda item 18)

Mrs Forster Adams presented the annual assessment, noting that it showed significant improvement since last year and that this had led to the Trust declaring substantial compliance. She then drew attention to the three partially compliant standards and noted that these had been discussed in detail at the Finance and Performance Committee meeting.

Mrs Forster Adams provided an update on the discussions that had taken place in relation to business continuity and the Trust's PFI partners and also NHS Property Services, noting that assurances had been received from Miti who were contracted by NHS Property Services for facilities management, but that discussions were still ongoing with Interserve.

The Board **approved** the EPRR Assurance Standards report.

19/151 **Board Assurance Framework** (agenda item 19)

Dr Munro presented the refreshed Board Assurance Framework noting that the new risk around partnerships had been discussed by the Executive Management Team and that proposed wording was presented to the Board for its consideration. Mrs White and Mr Wright agreed to provide supplementary comments and wording for the new partnership strategic risk. **SW / MW**

The Board **received** the Board Assurance Framework and **noted** the content.

19/152 **Use of seal** (agenda item 20)

Prof Proctor advised that the Trust's seal had been used the details of which were:

- Log 117 – the counterpart lease relating to Unit A and Unit A1 of Springwell Road Leeds LS12 1AW (premises for the Northern School of Child and Adolescent Psychiatry) which was sealed on 22 August 2019.

The Board **received** the Programme Director's report for information and **noted** the content.

19/153	**Glossary** (agenda item 21) The Board received the glossary.
19/154	**Resolution to move to a private meeting of the Board of Directors** (agenda item 22) 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.

The Chair of the Trust closed the meeting at 12:20 and thanked everyone for attending.

Signed (Chair of the Trust) ……………………………………………………

Date ………………………………………………………………………

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
Actions outstanding from the public meetings of the Board of Directors (minute 19/138 – September 2019 - agenda item 6) **NEW -** Prof Proctor is to speak to Mrs Woffendin to look at inviting Ruth May (Chief Nurse for England) to one of the Trust's nursing events at some point in 2020.	**Sue Proctor**	Management action	**THE BOARD IS ASKED TO CLOSE THIS ACTION** This will be being taken forward through The Year of the Nurse event in 2020 which Ruth May will attend.
Actions outstanding from the public meetings of the Board of Directors (minute 19/138 – September 2019 - agenda item 6) **NEW -** With regard to the medical staff vacancy rates, Mrs Holmes indicated that vacancy rates, including those for medics have now been included in a report to the Workforce Committee and that there was further work to do to look at the metrics that go into the other Board sub-committees. It was agreed that there would be an update to the November Board as to where these considerations are up to if the information is not already in the CQPR.	**Claire Holmes**	November Board of Directors' meeting	**ONGOING** Medical vacancy rates have now been included in the CQPR The Workforce Committee is considering the metrics that should be reported to it.

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 Executive's report (minute 19/139 – September 2019 - agenda item 7) **NEW -** Dr Munro also noted that there was a further draft of the Five-year Strategy, advising that she would circulate a copy of this to Board members for information.	**Sara Munro**	Management action	**ONGOING** The updated slides will be circulated to the Board once these have been received
Report from the Chair of the Quality Committee for the meeting held on 10 September 2019 (minute 19/141 – September 2019 - agenda item 9) **NEW -** Mrs Sanderson explained the work that was being undertaken to look at the pathways of care that link to our service users and the acute Trust and agreed to look at a further pathway in relation to Psychological Medicine.	**Nichola Sanderson**	Management action	**THE BOARD IS ASKED TO CLOSE THIS AS AN ACTION** This is currently being scoped using the driver diagram methodology and a meeting will take place in December with LTHT to look at governance arrangements between the two trusts
Report from the Chair of the Quality Committee for the meeting held on 10 September 2019 (minute 19/141 – September 2019 - agenda item 9) **NEW -** Mrs Forster Adams advised the Board of the work being undertaken to look at how the governance arrangements are being strengthened in relation to pathways of care relating to our service users and the acute trust and it was agreed that there would be a verbal report to the November Board providing an update on those governance arrangements.	**Joanna Forster Adams / Claire Kenwood**	November Board of Directors' meeting	**THE BOARD IS ASKED TO CLOSE THIS AS AN ACTION** This is currently being scoped using the driver diagram methodology and a meeting will take place in December with LTHT to look at governance arrangements between the two trusts

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 19/143 – September 2019 - agenda item 11) **NEW -** Mrs Forster Adams explained that whilst the issues around inpatient discharge summaries had been identified this would take some time to translate into a change in practice and advised that the next CQPR would outline how this was being addressed.	**Joanna Forster Adams**	November Board of Directors' meeting (in the CQPR)	**COMPLETED** Information has been included in the CQPR
Workforce Race and Disability Equality Progress Report (minute 19/147 – September 2019 - agenda item 15) **NEW -** It was agreed that the slides from workshop on 11 September would be shared with the Board.	**Claire Holmes**	Management action	**COMPLETED**
Workforce and organisational development report (minute 19/148 – September 2019 - agenda item 16) **NEW -** Mrs Holmes agreed to ensure that bank staff were advised of the staff survey and how they can engage with the process.	**Claire Homes**	Management action	**COMPLETED** Primary bank staff were informed by text messages about the survey. Questionnaires were sent in post to home addresses. We have sent several text messages encouraging bank staff to complete and return the survey. In addition to this the survey has been promoted through day to day engagements with the Bank via the Bank Staffing Department over the course of the survey period.

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
Board Assurance Framework (minute 19/151 – September 2019 - agenda item 19) **NEW -** Mrs White and Mr Wright agreed to provide supplementary comments and wording for the new partnership strategic risk.	**Sue White / Martin Wright**	Management action	**COMPLETED** Comments have been provided and these have informed the refreshed strategic risk relating to partnerships
Workforce Race and Disability Equality Progress Report (minute 19/147 – September 2019 - agenda item 15) **NEW -** A reciprocal mentoring programme would be developed and brought back to the Board for consideration and approval.	**Claire Holmes**	Date to come back to Board be advised	
Report from the chair of the Quality Committee for the meetings held on 11 June and 9 July 2019 (minute 19/115 – July 2019 - agenda item 8) It was agreed that the Board should have a more detailed understanding of the dual diagnosis service and business planning that this should be added to the Board's Strategic Discussion programme. Mrs Hill agreed to add this to the programme.	**Cath Hill**	Management Action	**THE BOARD IS ASKED TO CLOSE THIS ACTION** The Dual Diagnosis service has been added to the Board's Strategic Discussion Session in April 2020.
Safer Staffing Summary Report (minute 19/012 – January 2019 - agenda item 12) Mrs Woffendin agreed to share benchmarking data in regard to nursing vacancies once a year through the Safer Staffing report.	**Cathy Woffendin**	January 2020 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
Nicotine replacement management at LYPFT; summary of options for adoption of e-cigarette use (minute 19/123 – July 2019 - agenda item 14) Mrs Woffendin agreed to bring an update on the pilot to the January Board meeting.	**Cathy Woffendin**	January 2020 Board of Directors' meeting	
Safe Staffing Report (minute 19/144 – September 2019 - agenda item 12) **NEW -** Mrs Hanwell added that alongside this there would also need to be work done to look at the resources required and the resulting budgets and that this work would be taking place over the next six months. Prof Proctor asked for the Board to kept informed of the outcome of this work and for a report to come back to the May 2020 Board meeting.	**Dawn Hanwell**	Board of Directors' May 2020	

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
Questions from members of the public (minute 19/109 – July 2019) SB asked the Board about the waiting list for the Gender Identity Service. The Board acknowledged that this was an unacceptable position and agreed to formally write to the procurement lead at NHS England to outline the Trusts dissatisfaction with the continuing delay in the tender process; the scale of the impact this was having on individuals, including the need for them to fund private treatment at their own person cost. It also agreed that once the letter had been drafted this would be put on the Trust's website to inform people of the action the Trust was taking to address this issue.	**Sara Munro**	Management Action – end August 2019	**COMPLETED** A letter was sent to Matthew Groom, Assistant Director for Specialised Commissioning at NHS England on 7 August and has been uploaded to the website
Questions from members of the public (minute 19/109 – July 2019) Mrs Hill agreed to communicate the answer to the question about e-cigarettes to RG.	**Cath Hill**	Management Action – end July 2019	**COMPLETED**
Chief Executive's report (minute 19/115 – July 2019 - agenda item 7) Mrs Forster Adams noted that in Leeds that a frailty programme board had been set up which included staff within the Trust. She agreed to ensure that the current research into this area was factored into the work of the programme board.	**Joanna Forster Adams**	Management action (date to be confirmed)	**COMPLETED** The Trust's representative on this Board has been advised of this and will ensure that this is considered in the work as it progresses

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 Quality Committee for the meetings held on 11 June and 9 July 2019 (minute 19/115 – July 2019 - agenda item 8) It was agreed that an item would be added to the Council of Governors' forward plan regarding transforming care and learning disabilities, recognising that LD was an area that the Council had identified this as a priority for its work plan. Mrs Hill agreed to add this to the Council's forward plan.	**Cath Hill**	Management action – end July 2019	**COMPLETED** This has been added to the Council of Governors' work schedule
Six month review of safe staffing (minute 19/121 - July 2019 - agenda item 13) The Board discussed good practice around case load management in community services and asked if this would be issued in the near future. Mrs Woffendin agreed to share this with operational services when issued.	**Cathy Woffendin**	Management action – end August 2019	**CLOSED AS A BOARD ACTION** Once the national guidance is published this will be shared with operational services which will be used to inform the Community Mental Health Team's Annual Quality and Safety Report to the Quality Committee
Six month review of safe staffing (minute 19/121 - July 2019 - agenda item 13) It was suggested that the six-monthly safe staffing report should be shared more widely with staff to demonstrate how staffing levels were being monitored and negotiated with the CCG.	**Cathy Woffendin**	Management action	**COMPLETED** This has been shared with members of the safer staffing steering group and senior managers

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 (minute 19/127 – July 2019 - agenda item 18) The Board supported the proposal to submit a break-even plan and requested that should this position change significantly prior to submission that Mrs Hanwell advises members of the Board.	**Dawn Hanwell**	Management Action – end August 2019	**COMPLETED**
Approval of the draft Terms of Reference for the Workforce Board sub-committee (minute 19/128 – July 2019 - agenda item 19) Prof Proctor asked for a formal report from the chair of the Workforce Committee to be programmed into the work schedule of the Council of Governors. Mrs Hill agreed to add this to the Council's cycle of business.	**Cath Hill**	Management Action – end July 2019	**COMPLETED** This has been added to the cycle of business for the Council of Governors
Approval of the Terms of Reference for the Board of Directors (minute 19/129 – July 2019 - agenda item 20) With regard to the timing of the Board meetings it was agreed that reference would be made to the Strategic Discussion sessions and the way in which these interlink to the work programme of the Board. Mrs Hill agreed to make this addition to the Terms of Reference.	**Cath Hill**	Management action – end July 2019	**COMPLETED**
Workforce and organisational development report (minute 19/050 – January 2019 - agenda item 15) Mrs Holmes agreed to bring a report back to the Board in September in relation to the Workforce Disability Equality metrics.	**Claire Holmes**	September Board of Directors' meeting	**COMPLETED**

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 19/119 – July 2019 - agenda item 11) It was agreed that the medical staffing vacancy rates would be included in the CQPR to provide a more rounded picture of the vacancy. Mrs Holmes agreed to look at this.	**Claire Holmes**	Management action	Superseded by a more recent action

AGENDA ITEM

7

MEETING OF THE BOARD OF DIRECTORS

PAPER TITLE:	Chief Executive's Report
DATE OF MEETING:	28 November 2019
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 of Directors on some of the activities of the Chief Executive which are undertaken to support the delivery of the Trusts strategic objectives and other important matters for the Board to be apprised of.

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.

MEETING OF THE BOARD OF DIRECTORS

Thursday 28 November 2019

Chief Executive Report

1. STAFF ENGAGEMENT

Northern Gambling Clinic

I had the pleasure of spending an afternoon with the new team in the Northern Gambling Service, observing a multi-disciplinary team meeting and discussing treatment plans for recent referrals. There was a strong sense of team working and the staff fed back on the benefit they had felt from a thorough and robust development programme that had been put in place before the service went live. Partnership working across lots of different types of organisations was also very prominent in the service model.

Older Adults Services

I met with the senior leads for the older adults' service who shared the work they have done since the community redesign in establishing a specialist older adult service which includes team development using the Affina Programme and the establishment of new teams. Recruitment and workforce pressures are a significant challenge for the service and the development of the teams is happening at the same time as the service is continuing to run which undoubtedly impacts on capacity. However what is clear is the sense of pride and ambition in developing as specialist service for older adults and there is strong integrated leadership in place to take this forward.

Medical Workforce

Next year the board will be appointing a new medical director following Dr Kenwood's planned retirement. To inform the development of the job description and priorities I attended the senior medical council to seek the views from our consultants on the role and also to encourage interested individuals to come forward so we can provide them with development opportunities in the next few months. The nominations committee will meet in

January to agree the job description and recruitment process. I also attended the medical strategy development workshop led by Claire Kenwood and Sophie Roberts which had fantastic engagement from across our medical workforce. Work is well underway to develop a medical workforce strategy that will set out how we will support our current and future medical workforce.

The *Culture Collaborative*

This has now embarked on the second round of conversations with staff through our crowd sourcing platform. We have amended our conversations based on feedback for the first conversations (which sought views on the existing culture and what makes a difference) which had a response rate of 21% which is high for this form of engagement and representation from all staff groups. Coupled with learning from a workshop organised by Wendy Tangen on cultural intelligence and inclusive leadership we have revised our approach. We have now formulated a series of statements/hypotheses which we reflecting back to staff to test out whether we have fully heard and understood their feedback and the relative importance of different issues such as roles of managers and leaders, feeling valued, decision making etc. In the New Year we have scheduled a number of face to face conversations with staff and will then move onto identifying the key actions we can take that staff believe will make the biggest difference.

NHS Staff Survey 2019

This is underway until the 29th November and every effort is being made to encourage responses. For the first time this year we have also rolled to the survey to our bank staff building on the work we are doing to better support out bank staff as a key element of our workforce. The Learning and OD team are showcasing this work at a conference to the Mental Health NHS providers in the North East Yorkshire and Humber on the 22nd November.

***Trust Awards* for 2019**

These were held on the 9th November and brought together staff from across all departments including volunteers and bank staff to announce and congratulate our winners from nearly 160 nominations. Photos from the night are now available for staff to download on the staff intranet. A small team of staff from learning and OD, communications and the Andrew Simms centre did a fantastic job planning the event from start to finish.

2. LEEDS SYSTEM UPDATE

Joint Executive Meeting with Bradford

Members of the Partnership Executive Group and Leeds Academic Health Partnership Group attended a joint session with counterparts from the Bradford health and care system on the 15th November. This was the second such event and the focus was on innovation and research and what we can learn and what we can do together. The Bradford presentations focused heavily on the ground breaking work of Born in Bradford which is tracking children and families and bringing together data from …genetics, health and care and the education system. Leeds is exploring a similar approach entitled 'Living in Leeds' it is very much in its infancy in comparison to Born in Bradford. The Leeds presentation captured the Health and care Academy, personalised medicine and population health and how this is all brought together through the Leeds academic health partnership.

Synergi Collaborative Creative Spaces Workshop

Synergi Collaborative Workshop took place on the 23rd October 2019. Sharon Prince our Strategic Lead for Psychology and Psychotherapy is the lead and helped to organise an event on the 23rd October in collaboration with public health and an organisation called the Synergi Collaborative. The event was a creative spaces style event which brought together a diverse group of professionals, community activists and leaders and services users and citizens to explore what we know and in a creative way what we can do to make long term sustainable change. The outcomes from the day will be shared with all partners and the Leeds mental health strategy will also have this work as part of its priorities as we recognise this is long-term and multifaceted.

Leeds Health and Wellbeing Board Workshop

There were three separate but interrelated presentations at the HWBB workshop in October. The first was on supporting carers in our own workforce with a powerful story shared of how challenging it is to juggle paid work alongside caring responsibilities. This is something we have been discussing in our own organisation and through the West Yorkshire System a working carers passport has been developed which our Directors of Workforce in the collaborative have agreed to take forward.

The second presentation was on the 'Women Friendly Leeds' initiative which is one of 9 international projects that will run over the next 4 years. This is in the early stages so was a good opportunity to share ideas and views on where we would want to see an impact in the city which included discussions around mental health, domestic violence, caring roles and the impact of poverty on women and children. The HWBB will receive regular updates on the initiative as it develops.

The third focus of the workshop was on the draft mental health strategy for the city which is being led by health and social care. The synergi workshop mentioned above took place prior to the HWBB workshop which enabled a strong connection to be made on addressing inequalities in access and outcomes for different cultural groups and the HWBB maintaining oversight of this. The work to date on the strategy was welcomed but there were a number of recommendations for where it needed to be strengthened, especially around interfaces with children's strategy and parental mental health, meeting the needs of people with severe and enduring mental health problems and access to specialist provision within Leeds, role of the integrated commissioning strategy for the city, connectivity to and involvement of the workforce, having clear and measurable outcomes. The strategy remains in draft with further work and engagement to take place over the next few months.

3. WEST YORKSHIRE & HARROGATE MENTAL HEALTH, LEARNING DISABILITY AND AUTISM COLLABORATIVE

Committee in Common Meeting

This took place in October and was attended by myself and Professor Proctor. The minutes form the meeting are included in full in the board agenda under Governance.

NED Governor event 22nd October

Thank you to those NEDs and Governors who were able to join the 4th collaborative workshop we held on the 22nd October which was well attended by ourselves, Bradford District Care Trust and South West Yorkshire NHS Trust. It was a great opportunity to report on the progress we have made in recent months, the work we have planned for the year ahead and to focus on some key aspects of the collaborative strategy and ambitions. Areas we covered were workforce, communications, carers, digital strategy plus updates on

Tier 4 CAMHS, forensic services and improving inpatient provision for learning disability services. Governor feedback has been positive and we will be planning further events in 2020 to maintain this important area of engagement and oversight.

New Care Model and Specialised Commissioning Update

We have put in place a small virtual team from across the NHS providers to complete the work on governance that will need to be put in place for each of the new care models in the collaborative (Adult Eating Disorders, CAMHs and Forensics). This includes accountability and responsibility of boards, quality assurance and contract management and risk sharing agreements. The aim is to have a consistent framework for all three and the directors of finance are leading the work on principles underpinning risk sharing agreements.

As the submission for adult eating disorders is the first one this has formed the basis for developing all three. We are on schedule to submit the final business case for adult eating disorders with final approval being sought at Finance and Performance prior to the board meeting.

4. REASONS TO BE PROUD

Health Education England (HEE) Quality Review

At the end of September HEE carried out a positive practice review of the education and training provision within the Trust to undergraduates in all professional disciplines. The visit was coordinated by the Trust leads for professional training Dr Sharon Nightingale, Adam Maher and Linda Rose. Verbal feedback was provided on the day which myself and Dr Kenwood also attended. We have now received the formal report from the visit and this confirms the overwhelming positive feedback for the team in the learning environment and opportunities they put in place for all our trainees. We have a fantastic team in the Trust and the impact they are having on the current and future professional workforce deserves our recognition and thanks. Dr Abs Chakrabarti was mentioned specifically in the feedback for commendation in the support and leadership he provides to medical trainees. The report highlights a number of areas for best practice.

Culture

There is a positive attitude towards learning throughout all areas of the Trust which extends to board level. The Trust has ensured that service delivery complements learning rather than impacting on it. As a result of this culture the trainees report that they have a positive leaning experience at the Trust, they feel well supported, supervised and valued.

Induction

The protected time for induction which also includes all mandatory learning and IT system training along with key areas such as breakaway skills and talk down techniques means that trainees are not juggling their rota commitments with mandatory learning and are commencing their rotas feeling well prepared. This ultimately relieves the pressure on trainees.

The separate induction for international Medical Graduates which gives them practical information in relation to settling in the UK and helps alleviate some of the anxieties experienced when relocating to another country.

Rotas

Rotas' are planned by a member of the education team, issued well in advance and are thoughtfully planned for the duration of the placement.

Yorkshire Evening Post Awards

Stephanie Smith and Paul Butler are care coordinators in our Specialist Personality Disorder Services who have been nominated by service users they have worked with for the compassionate and high quality care provided and rightly should be feeling very proud of their wonderful achievement. The awards night is coming up on 6th December.

Publication Success in Forensic Services

Dr Kerry Hinsbury (Consultant Clinical Psychologist), Clare Layton (Matron) and colleagues have had an article published in the latest edition of the International Institute of Organisational Psychological Medicine. The article '*Developing and Embedding a Trauma Informed Clinical Model within a Forensic Service*' shares the work the service has done in developing and implementing a new clinical model which has underpinned their improvement journey over the past 2 years.

Supporting International Medical Graduates

Consultant Psychiatrist Dr Kouser Shailik, Dr Munniyapl (ST6), Dr Mussabir (ST6), Dr Aganren (CT2) and Dr Hashmi (ST6) won the winning the poster prize at the annual HEE Yorkshire School of Psychiatry Conference this month. The poster summaries an important piece of work that Dr Shailik is the lead for which was developed from recognising non UK medical graduates were disproportionately represented in issues of complaints and sanctions regarding medical practice when compared to UK graduates. These issues are not dissimilar to the experiences of BAME staff across all disciplines in the NHS and Dr Shailik and colleagues are attempting to address through the provision of a bespoke induction and support to international medical graduates to better equip them in working in the UK health system. Feedback and evaluation has been extremely positive and the programme is open now across to all international medical graduates in West Yorkshire. This work was also identified as an area of best practice in the visit by HEE.

Dr Sara Munro
CEO Leeds and York Partnership NHS Trust
21 November 2019

AGENDA ITEM 8

Chair's Report

Name of the meeting being reported on:	Audit Committee
Date your meeting took place:	24 October 2019
Name of meeting reporting to:	Board of Directors - 28 November 2019

Key discussion points and matters to be escalated:

The Audit Committee met on 24 October 2019 and agreed the items below were to be reported to the Board for information and assurance.

- The Internal Audit Progress Report had detailed the Key Performance Indicators relating to management responses and the timescale within which the responses had been received. The committee had noted that there had been a significant improvement in the timeliness of the responses.

- The Internal Audit Progress Report had presented three completed reports; those in respect of the Implementation of NICE Guidance (significant assurance), Medical Revalidation (significant assurance), and Liaison Psychiatry (limited assurance). In regard to the Liaison Psychiatry audit report, the committee had received assurance from the Chief Operating Officer about the findings of the report and how the actions were being taken forward.

- The committee had received the Counter Fraud Update Report and had noted the work undertaken since the last meeting. The committee also asked for an update to come back to the January Committee meeting in regard to issues that had been identified by the team once further investigations had taken place.

- With regard to the Health and Safety Annual Report, the committee had been assured on the progress that had been made. It had noted that there was still more work to be done including the governance and reporting arrangements for Health and Safety to ensure this was being considered at the right committees and groups and it asked for a progress report to come back to the January Committee meeting.

- The committee received a report on key findings from the CQC's evaluation of how well the Mental Health Act Code of Practice 2015 was being used across mental health services nationally. The committee noted the global recommendations made by the CQC, and noted the potential legislative changes that were likely to be brought about

following this evaluation. The committee had received assurance on the arrangements the Trust has in place in relation to the guiding principles and recommendations in the report, noting that the Mental Health Legislation Committee was also assured of the arrangements in place.

The committee noted the importance of understanding the potential impact for the Trust of any legislative changes and that the Board was to schedule a Board Strategic Discussion session in 2020 in relation to this. It also noted the importance of ensuring there was a consistent understanding across local mental health providers and that this was something that should be discussed at the West Yorkshire Mental Health, Learning Disability and Autism Collaborative Committees in Common.

- Regarding the Trust's digital agenda the committee identified three areas of focus which were: the implementation of Care Director, the connectivity and interoperability of the Trust's systems in place, and the mobility of staff and their ability to work in the community rather than having to return to their base and to assist staff to work in an agile way. It also noted the importance of the arrangements for cyber security and that this was something that the committee would be looking at in the future.

Report completed by:	Name of Chair and date: Martin Wright – 20 November 2019

LEEDS AND YORK PARTNERSHIP NHS FOUNDATION TRUST

MEETING OF THE BOARD OF DIRECTORS

AGENDA ITEM
8.1

PAPER TITLE:	Review of the Terms of Reference for the Audit Committee
DATE OF MEETING:	28 November 2019
PRESENTED BY: (name and title)	Martin Wright, Non-executive Director
PREPARED BY: (name and title)	Cath Hill, Associate Director of Corporate Governance / Kerry McMann, Corporate Governance 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 Board is asked to note that the Audit Committee is required to review its Terms of Reference annually to ensure they are up to date and continue reflect the work of the Committee.

At its meeting on 24 October it reviewed the attached and agreed two minor amendments which were the addition of references to the Workforce Committee and the removal of the following paragraph which referred to an outdated process in which the Committee provided the minutes of each meeting to the Board of Directors:

''The chair will give a verbal update to the Board of Directors which may be in advance of the Audit Committee formally approving the minutes of the prior meeting. This is to ensure any urgent information is reported promptly to the Board of Directors.''

Following the agreement of these Terms of Reference at the October committee meeting the Board is now asked to ratify these.

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 agree the refreshed Terms of Reference for the Audit Committee.

AUDIT COMMITTEE

Terms of Reference

(To be ratified by the Board of Directors - 28 November 2019)

1 NAME OF COMMITTEE

The name of this committee is the Audit Committee.

2 COMPOSITION OF THE GROUP / COMMITTEE

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

Members

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

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

In attendance

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

Title	Role in the committee	Attendance guide
Local Counter Fraud representation	Independent assurance providers	Dependant on the agenda
Associate Director for Corporate Governance	Committee support and advice	Every meeting

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

Executive directors and other members of staff may attend by invitation in order to present or support the presentation of agenda items / papers to the committee. In particular, executive directors will be invited to attend a meeting where a limited assurance report has been issued by Internal Audit and is on the agenda to be discussed.

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

3 QUORACY

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

Deputies: Non-executive directors do not have deputies. Non-core non-executive directors may be asked to attend if there is a risk to the meeting not being quorate.

Attendees should nominate a deputy to attend in their absence. A schedule of deputies, attached at appendix 1, this should be reviewed at least annually to ensure adequate cover exists.

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

Alternate chair: If the Chair of the Audit Committee is not available the meeting shall be chaired by one of the other non-executive directors.

4 MEETINGS OF THE COMMITTEE

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

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

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

Minutes: The Associate Director for Corporate Governance will ensure there are minutes of the meeting and that appropriate support for the meeting is provided. The minutes will be provided to the Chair of the committee for checking.

Private Sessions of the Committee

At least once a year the committee will meet privately with representatives from internal audit and external audit.

At the discretion of the chair of the committee, it may also choose to meet privately with the Director of Finance and any other key senior officer in the Trust as may be required.

Members of the committee will also meet together in private at a frequency determined by the Chair.

5 AUTHORITY

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

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

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

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

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

6 ROLE OF THE COMMITTEE

6.1 Purpose of the Committee

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

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

Objective	How the group / committee will meet this objective
We deliver great care that is high quality and improves lives	The Audit Committee has a core responsibility to scrutinise the Trust's governance arrangements to determine that these are operating effectively and that the Trust is able to provide high quality care through these arrangements.
We use our resources to deliver effective sustainable care	The Audit Committee exercises scrutiny of the annual financial reporting of the organisation; on-going financial health; and controls designed to deliver efficiency, effectiveness and economy for all Trust functions

6.2 Guiding principles for members (and attendees) when carrying out the duties of the group / committee

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

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

6.3 Duties of the group / committee

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

Board Assurance Framework

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

Quality Report

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

Risk Management

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

Health and Safety

- Receive an annual report on health and safety management within the Trust.

Compliance and Disclosure Statements

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

Annual Accounts and Annual Report

- Be presented with and review the main items / contentious items in the Annual Accounts, taking advice from the Chief Accounting Officer and the External Auditors as to accuracy, prior to advising the Board if the Accounts can be adopted

- Be presented with the ISA260 Report on the Annual Accounts and be assured as to the findings and the management actions agreed, also be assured that either there were no (or otherwise) significant findings
- Be presented with a periodic report setting out the progress against the recommendations made in the ISA 260 reports (pertaining to the last set of annual accounts), and be assured as to progress against recommendations / action plans.

Annual Governance Statement and Head of Internal Audit Opinion

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

Registers

- Be presented with the Losses and Special Payments Report to be assured as to the appropriateness of payments made and that control weaknesses have been addressed
- Be presented with the Sponsorship Register to be assured that it is complete and that sponsorship received by the organisation / individuals is appropriate and has been applied for according to the procedure
- Be presented with the Hospitality Register to be assured that it is complete and that hospitality received by individuals is appropriate, proportionate, and unable to be considered an inducement and has been recorded according to the procedure
- Be presented with the register of Management Consultants to be assured that it is complete and that consultants have been appointed appropriately, and according to the procedure.

Internal Audit

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

    - Consideration of the provision of the Internal Audit service, the cost of the audit function and (where the service is provided in-house) any questions of resignation and dismissal

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

External Audit

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

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

Counter Fraud

- The committee's responsibilities regarding counter fraud are governed by Section 47 of the Base Model Contract between Foundation Trusts and PCTs and Schedule 13 of this contract and the duties of the Audit Committee are set out in this contract specifically that:

    - The committee shall allow the Local Counter Fraud Specialist service (LCFSs) to attend Audit Committee meetings
    - The committee shall receive a summary report of all fraud cases from the LCFSs
    - The committee shall receive reports from the LCFSs regarding weaknesses in fraud related systems
    - The committee shall receive and review the LCFSs' Annual Report of Counter Fraud Work

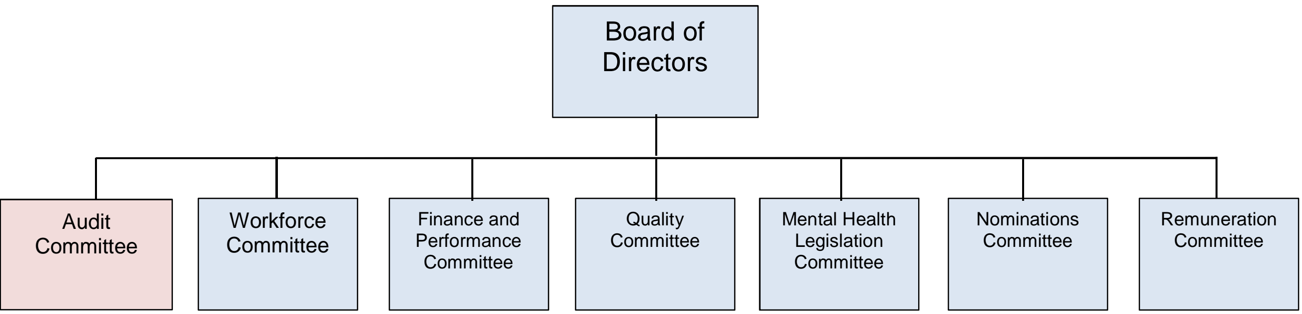
- The committee shall receive the LCFSs' annual work plan for comment.

7 RELATIONSHIP WITH OTHER GROUPS AND COMMITTEES

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

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

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



8 DUTIES OF THE CHAIRPERSON

The chair of the group / committee shall be responsible for:

- Agreeing the agenda
- Directing the meeting ensuring it operates in accordance with the Trust's values
- Giving direction to the minute taker
- Ensuring everyone at the meeting has a reasonable chance to contribute to the discussion
- Ensuring discussions are productive, and when they are not productive they are efficiently brought to a conclusion
- Deciding when it is beneficial to vote on a motion or decision
- Checking the minutes
- Ensuring sufficient information is presented to the Board in respect of the work of the group / committee
- Ensuring the Chair's report is submitted to the Board as soon as possible.

It will be the responsibility of the chair of the Audit Committee to ensure that the committee carries out an assessment of the committee's effectiveness annually, and ensure the outcome is reported to the Board of Directors along with any remedial action

to address weaknesses. The chair will also be responsible for ensuring that the actions to address any areas of weakness are completed.

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

9 REVIEW OF THE TERMS OF REFERENCE AND EFFECTIVENESS

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

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

Schedule of deputies

It may not be necessary or appropriate for all members (or attendees) to have a deputy attend in their absence. If this is the case please state below "no deputy required".

Full member (by job title)	Deputy (by job title)
Not applicable as non-executive directors do not have deputies	

Attendee (by job title)	Deputy (by job title)
Chief Financial Officer	Deputy Director of Finance
Chief Operating Officer	Deputy Chief Operating Officer
Associate Director for Corporate Governance	Corporate Governance Team Leader

AGENDA ITEM
9

Chair's Report

Name of the meeting being reported on:	Workforce Committee
Date your meeting took place:	1 October 2019 21 November 2019
Name of meeting reporting to:	Board of Directors – 28 November 2019

Key discussion points and matters to be escalated:

At its inaugural meeting on the 1 October 2019, the Workforce Committee:

- received a range of papers for context including the NHS Interim People Plan, Leeds Health and Social Care Plan and the Trust's Workforce and Organisational Development Strategic Plan
- agreed an action log reflecting items forwarded from the Board and other Sub committees
- developed and agreed a forward plan of items to consider
- received the Workforce Performance Report and agreed further developments to better understand workforce issues
- discussed the action around the digital agenda and agreed that key focuses should be: assurance that the Trusts workforce had the basic IT skills required to enable the easier implementation of new technologies and systems; the consideration of all staff members with regard to the accessibility of technology, specifically bank staff; and assurance that the technology invested in by the Trust in would enable the workforce to perform to its highest abilities and that the workforce was considered before investing in any new technologies
- resolved that each Committee meeting would include a strategic discussion to focus on key aspects of the workforce strategy, with relevant individuals invited, and that the first topic would be apprenticeships
- resolved to have Equality, Diversity and Inclusion as a standing item

At its meeting on the 21 November 2019, the Workforce Committee:

- Welcomed Daniel Hartley, Director of Workforce and Organisational Development (North East and Yorkshire) at NHS England and NHS Improvement. Daniel provided background to his role and how workforce matters were being considered in the wider system, nationally and regionally. Matters discussed included influencing the HEE for example on Learning Disability Workforce Development when workforce initiatives are best done at scale or at place and locally, professional leadership and development of the HR and OD workforce, and key priorities of the People Plan.

- Considered the Workforce Performance Report and noted that the vacancy showing for band 5 nurses in September did not reflect the recent starts of 56 Preceptors. It also noted that absence due to stress was showing an increase over the last three months but this reflected work to ensure all sickness absence is now categorised fully.

- Recognised the work being done to improve the Workforce Performance Report and agreed new areas for monitoring whilst recognising that some of this would need to wait for informatics work linked to Care Director.

- Welcomed the Trusts new Strategic Resourcing Manager, Cassie Good, and noted that she was working to fully understand and articulate who would support the Trust's approach to workforce planning. The Committee heard about proposals for a Future Workforce Group that would build on the good work of the Recruitment and Retention Group.

- Considered the current Equality, Diversity and Inclusion Plan and noted that a refresh was required, taking account of the Culture Collaborative work, frameworks and metrics. The Committee meeting in February 2020 will include a focussed discussion on this area.

- Received a report on the current Health and Wellbeing Plan and considered the next steps for refreshing this with the imminent start of the Health and Wellbeing Manager. Discussed the specific challenges and opportunities the Trust has with regard to the health and wellbeing of employees.

- Received an update on work to date on the Culture Collaborative and emerging themes.

- The focussed discussion was on the Trust's approach to apprenticeships. The Committee received a presentation from Jo Third, Learning & Organisational Development Lead, and heard first-hand the inspiring story of one of the Trusts apprentices from the Supported Living Service. It was recognised that there was more that can be done to ensure the apprenticeship offer is better understood across the Trust and is part of the Trust's ongoing approach to inclusive development.

Report completed by:	Helen Grantham 21 November 2019

AGENDA ITEM
10

Chair's Report

Name of the meeting being reported on:	Quality Committee
Date your meeting took place:	8 October 2019 and 12 November 2019
Name of meeting reporting to:	Board of Directors – 28 November 2019

Key discussion points and matters to be escalated:

At the Quality Committee meeting that took place on the 8 October 2019 the following items were discussed:

- The Committee discussed the challenge of delayed transfer of care at the Mount, and agreed that it should be discussed in more detail at the private Board of Directors meeting on the 28 November 2019.
- The Committee received the Mental Health Act Managers Training Compliance Report and was significantly assured that the compliance with compulsory training had improved (from 34.5% to 75%).
- The Committee discussed the digital agenda and agreed that the areas of focus for the board should include the inclusion of digital innovation in research and development bids and the Trust's ability to analyse data and present it in the most appropriate way.

At the Quality Committee meeting that took place on the 12 November 2019 the following items were discussed:

- The mortality review: learning from deaths quarter two report was received and discussed by the committee and it was assured of the work ongoing within the Trust to improve the process for mortality review and the learning across the organisation
- The committee received the Gender Identity Service Annual Quality and Safety Report. It noted that nearly 75% of people who use the service were from the Leeds CCG area and suggested the possibility of suggesting to local commissioners the option of there being a provision of service in within primary care which could alleviate some of the pressure in the secondary care system.
- The committee noted that nationally there was a need to ensure there was a sufficient number of

suitably qualified staff to support the Lead Professional model of care for gender identity services. It acknowledged that national training would be available to support the development of clinicians for the delivery of the model of care. It also noted that there was potentially a disparity between the level at which staff were appointed within the Trust and elsewhere and that for reasons of parity, recruitment, retention and in order for staff to access the necessary training at the right level, the Trust should look at the pathway for appointing and developing staff in Advanced Clinical Practitioner roles.	
Report completed by:	Prof John Baker, 19 November 2019

LEEDS AND YORK PARTNERSHIP NHS FOUNDATION TRUST

AGENDA ITEM 10.1

MEETING OF THE BOARD OF DIRECTORS

PAPER TITLE:	Review of the Terms of Reference for the Quality Committee
DATE OF MEETING:	28 November 2019
PRESENTED BY: (name and title)	Prof John Baker, Non-executive Director
PREPARED BY: (name and title)	Cath Hill, Associate Director of Corporate Governance / Kerry McMann, Corporate Governance 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 Board is asked to note that the Quality Committee is required to review its Terms of Reference annually to ensure they are up to date and continue reflect the work of the Committee.

At its meeting on 12 November it reviewed the attached and agreed one amendment which was the addition of the following paragraph to its duties:

> *"It will also review the draft Internal Audit Annual work plan so it can be assured on the sufficiency of the work the Auditors will carry out in respect of clinical matters. Assurance on this sufficiency (or comments on any matters that should be included) will be provided to the Audit Committee to allow it to approve the overall plan."*

Following the agreement of the Terms of Reference the Board is now asked to ratify these.

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 agree the refreshed Terms of Reference for the Quality Committee.

Quality Committee

Terms of Reference

(Approved by the Committee on the 12 November 2019
To be ratified by the Board of Directors on the 28 November 2019)

1 NAME OF GROUP

The name of this committee is the Quality Committee.

2 COMPOSITION OF THE COMMITTEE

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

Members

Title	Role in the committee
Non-executive Director (NED)	Committee Chair
Non-executive Director	Deputy Chair
Non-executive Director	
Director of Nursing, Professions and Quality	Joint executive Lead for quality and Chair of the Patient Experience Group. Assurance and escalation provider to the Quality Committee.
Chief Operating Officer	Executive Director with day to day responsibility for operational delivery of services. Assurance and escalation provider to the Quality Committee.
Medical Director	Joint executive Lead for quality. Medical input and Chair of the Trustwide Clinical Governance Group. Executive Lead for quality improvement. Assurance and escalation provider to the Quality Committee.
Director of Workforce Development	Staff training and development issues related to quality. Assurance and escalation provider to the Quality Committee.

Title	Role in the committee
Chief Financial Officer	Executive lead for financial resources including Cost Improvement Programmes. Assurance and escalation provider to the Quality Committee. Attendance at meetings will be dependent on the agenda items being discussed.

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

Attendees

The Quality Committee may also invite other members of Trust staff to attend to provide advice and support for specific items when these are discussed in the Committee's meetings.

These could include, but are not exhaustive to, the following individuals:
Clinical Directors
Deputy Director of Nursing
Head of Nursing and Patient Experience
Associate Director for Corporate Governance

2.1 Governor Observers

The role of the governor at Board sub-committee meetings is to observe the work of the Committee, rather than to be part of its work as they are not part of the formal membership of the Committee. The governor observes Board sub-committee meetings in order to get a better understanding of the work of the Trust and to observe non-executive directors appropriately challenging the executive directors for the operational performance of the Trust.

At the meeting the governor observer will be required to declare any interest they may have in respect of any of the items to be discussed (even-though they are not formally part for the discussion). Papers for governors will be available at the meeting Governor observers will be invited to the meeting by the Corporate Governance Team.

3 QUORACY

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

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

4 MEETINGS OF THE GROUP

Frequency: The Quality Committee will meet monthly to transact its normal business.

Administrative support: The Corporate Governance Team will provide secretariat support to the Committee.

Minutes: Draft minutes will be sent to the chair for review and approval within seven working days of the meeting.

Papers: Papers for the meeting will be distributed electronically by the Corporate Governance Team seven working days prior to the meeting. Papers received after this date will only be included if decided upon by the chair.

5 AUTHORITY

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

Powers: The Quality Committee is constituted as a standing committee of the Trust Board of Directors. The Committee is authorised by the Board to investigate and seek assurance on any activity within its terms of reference.

Cessation: The Quality Committee is a standing committee in that its responsibilities and purpose are not time-limited. It will continue to meet in accordance with these terms of reference until the Trust Board determines otherwise.

6 ROLE OF THE GROUP

6.1 Purpose of the Group

The Quality Committee has responsibility for providing assurance to the Board of Directors on the effectiveness of the:

- Trust's quality and safety systems and processes
- quality and safety of the services provided by the Trust
- control and management of quality and safety related risk within the Trust.

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

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

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

6.3 Duties of the Quality Committee

The Quality Committee is seeking assurance that:

- systems and processes are effective
- quality of services that the Trust provides is good and continuously improving
- quality of the experience of people using our service is good and continuously improving.

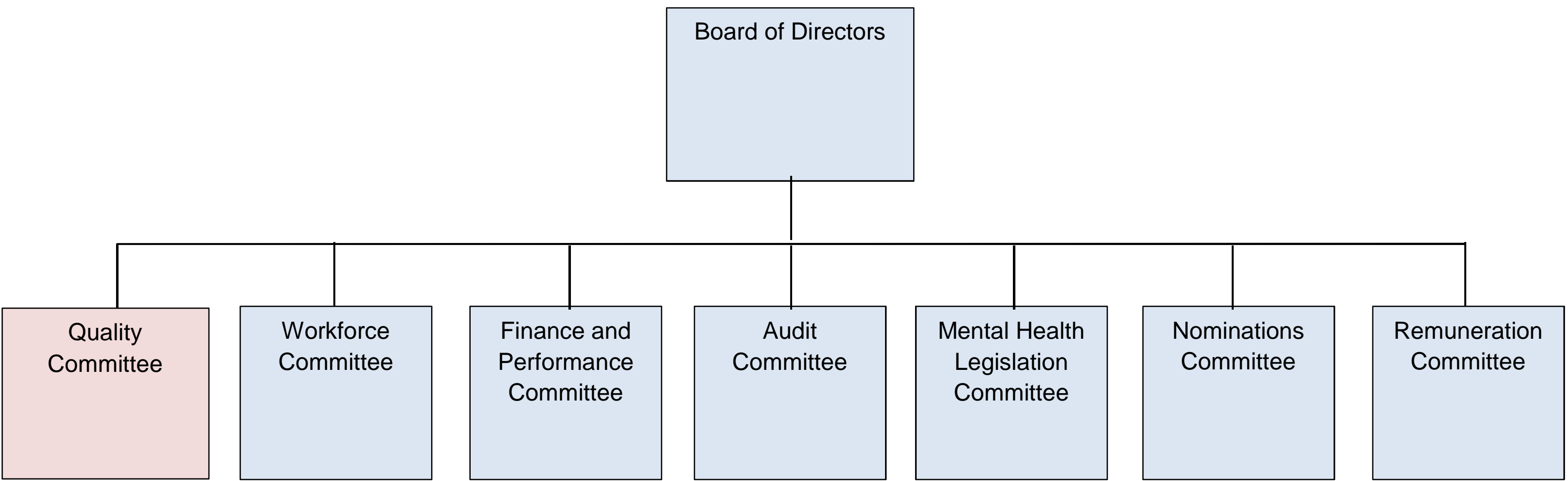
It carries out its duties to provide assurance to the Board of Directors. In addition to this, it is authorised to seek information that will allow it carry out its purpose. It will receive assurance on:

- systems and processes to ensure monitoring and assessment of the quality and improvements in services
- mechanisms to involve service users, carers, the public and partner organisations in improving services
- systems for identifying, reporting, mitigating and managing quality and safety related risks including the monitoring of incidents, investigations and deaths; and complaints, claims, and compliments;
- to review the Board Assurance Framework to ensure that the Board of Directors receives assurances that effective controls are in place to manage strategic risks related to any area of the Quality Committees' responsibilities relating to key quality and safety indicators
- quality impact assessments for key strategic programs of work
- work carried out, and reported to the Trustwide Clinical Governance Group, including: Quality Plan; Quality Report; Infection Prevention and Control; Safeguarding; Research and Development; Clinical Audit and NICE; Continuous Improvements; and Measuring outcomes across Trust services
- reports on activity within operational services that contributes to the understanding and improvement of quality and safety within the Trust.

It will also review the draft Internal Audit Annual work plan so it can be assured on the sufficiency of the work the Auditors will carry out in respect of clinical matters. Assurance on this sufficiency (or comments on any matters that should be included) will be provided to the Audit Committee to allow it to approve the overall plan.

An assurance and escalation report will be made to the Board of Directors by the Chair of the Committee.

7 Links with Other Committees



The Quality Committee does not have any sub-committees. It is linked to the Trustwide Clinical Governance Group as an assurance receiver. The Quality Committee provides a route of escalation for this group to the Board of Directors. Although this does not preclude any other group being asked to provide assurance.

8 DUTIES OF THE CHAIR

The Chair of the Committee shall be responsible for:

- agreeing the agenda with the Director of Nursing and Professions
- directing the conduct of the meeting ensuring it operates in accordance with the Trust's values
- giving direction to the Committee secretariat
- ensuring all members have an opportunity to contribute to the discussion
- ensuring the agenda is balanced and discussions are productive, and when they are not productive they are efficiently brought to a conclusion
- deciding when a matter requires escalation to the Board of Directors
- checking the minutes
- ensuring key information is presented to the Board of Directors in respect of the work of the Committee.

9 REVIEW OF THE TERMS OF REFERENCE AND EFFECTIVENESS

The terms of reference shall be reviewed by the Committee at least annually, and then presented to the Board of Directors for ratification. This was also occur throughout the year if a change has been made to them.

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

Schedule of Deputies

Committee Member	Deputy
NED Chair	Second NED
NED member	Third NED
NED member	None
Director of Nursing and Professions	Deputy Director of Nursing
Chief Operating Officer	Deputy Chief Operating Officer
Director of Workforce Development	Deputy Director of Workforce Development
Medical Director	No deputy available to attend
Chief Financial Officer	Assistant Director of Finance

AGENDA ITEM 11

Chair's Report

Name of the meeting being reported on:	Joint Quality Committee and Finance and Performance Committee
Date your meeting took place:	26 November 2019
Name of meeting reporting to:	Board of Directors – 28 November 2019

Key discussion points and matters to be escalated:

At the joint meeting of the Quality Committee and the Finance and Performance Committee that took place on the 26 November 2019 the following items were discussed:

- The committees received a report which outlined the progress made against the Trust's 2019/20 cost improvement plan schemes and any impacts the schemes may be having on the quality of the Trusts services.

- The committees also received a presentation from Mrs Hanwell and Mrs Forster Adams which outlined the Long Term Plan Efficiency Approach and an Efficiency Framework for 2020/21. The committees agreed that this was something that the Board as a whole should consider and agreed to propose the Board of Directors look at this in more detail in a future Board Strategic Discussion session.

Report completed by:	Prof John Baker - 26 November 2019

Leeds and York Partnership
NHS Foundation Trust

AGENDA ITEM 12

Chair's Report

Name of the meeting being reported on:	Finance and Performance Committee
Date your meeting took place:	26 November 2019
Name of meeting reporting to:	Board of Directors - 28 November 2019

Key discussion points and matters to be escalated:

The Finance and Performance Committee met on 26 November 2019 and agreed the items below were to be reported to the Board for information and assurance.

- The Committee received the Combined Quality Performance Report, which included an update on the Acute Care Excellence programme work. The Committee noted that there was steady progress being made with the Crisis Service. The Committee also noted that there was an Acute Care Excellence workshop being scheduled for this week and outlined some of the challenging circumstances around progressing this work which was around six weeks behind schedule. The Committee noted that number of Delayed Transfers of Care had reduced although length of stay remained a challenge. The Committee noted that they were on a national trajectory for OAPs which was working to eliminate OAPs by 2021 and were hoping that CCG funds that had been set aside for a 'crisis house' would become available in the New Year to help with this. The Committee also noted that PICU capacity presented a huge risk. The Committee was informed of the plan to repurpose some community hospital beds as complex dementia beds.

- The Committee was assured as to the proposed governance arrangements for the WY&H Adult Eating Disorders Provider Collaborative and that the concerns that had been raised at the October 2019 Finance and Performance Committee had been addressed. The Committee confirmed its support for the Trust being Lead Provider for the WY&H Adult Eating Disorders Provider Collaborative in principle.

- With regard to the Trust's financial position at Month 7, the Committee was concerned about the high level of agency spend for Health Support Workers and suggested that the Workforce Committee look at how this might be addressed.

- The Committee requested that risk around plans for housing the NICPM service was added to the risk register and for this to be linked to the Board Assurance Framework as a contributory risk relating to estates.

Report completed by:	Name of Chair and date: Sue White – 26 November 2019

AGENDA ITEM 13

Chair's Report

Name of the meeting being reported on:	Mental Health Legislation Committee
Date your meeting took place:	5 November 2019
Name of meeting reporting to:	Trust Board
Key discussion points and matters to be escalated:	

- The Committee received an update of the work of **the Synergi Collaborative**. The collaborative is a five-year national initiative, to reframe, rethink and transform the realities of ethnic inequalities in severe mental illness. The Committee noted that this project is in its embryonic state but was disappointed to note limited service user representation at a recent 'creative space' event and requested that a monetary incentive be considered. The Committee was pleased to note the positive organisation outcomes of the event.

- The Committee reviewed **the Q2 activity report** and considered whether **MHL data** could be considered as a pilot to support the Trust's move towards statistical process charts (SPCs). The Committee noted a slight reduction in **MHL training across the Trust.** It was explained that his was due to some changes in training provision with a move towards service specific refresher training commencing in January 2020. The Committee was assured that robust audit processes were in place to identify legislative non-compliance. The Committee was concerned to note that Advocacy data was still not available despite previous assurances from the Advocacy provider (Advonate) that data would be provided. The MHL team is working with the provider to address this.

- The Committee reviewed the **MHL risk register** and was assured that risks were being managed appropriately.

- The Committee was advised of some specific work being completed regarding S136 detentions **Section 136 detentions** – two specific issues have been identified relating to the use of Section 136. The first relates to the care and management of children and adolescents who are brought to the S136 suite. A piece of joint work is currently being completed in partnership with Leeds Community Healthcare NHS Trust, which includes the development of revised shared protocols. The second issue relates to an increase in people who remain within the S136 suite beyond the legal expiry of the S136 whilst awaiting a bed to be found to effect an agreed detention under the Act. During this period the person is not detained under the MHA, but is essentially being

held under common law or through the use of the Mental Capacity Act. There are times during this period where the person may be held / treated as detained, and may receive treatment. A small working group has been established to explore this issue in detail (which is known to be an emerging issue nationally) and to explore potential actions or solutions.

- The Committee reviewed the outcomes of a Care Quality Committee **Provider Action Statement (PAS)** completed following a Mental Health Act inspection at Mill Lodge. There were a number of concerns identified during this visit which focused on the use of and documentation of seclusion episodes. The Committee was assured that appropriate action had been taken in response to the concerns raised and requested an update when the Committee meets again in February 2020.

- The Board was notified previously of concerns the Committee had regarding the practice of **an independent S12 doctor.** The Committee discussed these ongoing concerns and agreed that a meeting with senior Trust members, the Local Authority and the doctor concerned should be arranged as a matter of urgency.

- The Committee reviewed the **Strategic Health Informatics Plan** and whilst the paper prompted some discussion, the Committee did not identify any priorities for addition to the plan but will wait to see how the project lands when it is rolled out.

- The Committee thanked the MHL team for the way it has coped with an increased workload and was concerned about the capacity issues on team. This matter will be raised with the Director of Nursing.

Report completed by:	**Margaret Sentamu -** 20 November 2019

AGENDA ITEM 14

LEEDS AND YORK PARTNERSHIP NHS FOUNDATION TRUST

MEETING OF THE BOARD OF DIRECTORS

PAPER TITLE:	Chief Operating Officer Winter Planning Report
DATE OF MEETING:	29 November 2019
PRESENTED BY: (name and title)	Joanna Forster Adams Chief Operating Officer
PREPARED BY: (name and title)	Joanna Forster Adams Chief Operating 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.	x
SO2	We provide a rewarding and supportive place to work.	
SO3	We use our resources to deliver effective and sustainable services.	x

EXECUTIVE SUMMARY

The paper summarises our process to review internal risks and readiness for Winter 2019/2020. It outlines the areas of focus of our winter planning arrangements.
It further describes the system level resilience planning and governance arrangements to manage the effects of winter and surges in demand.

Planning internally and as part of the system has been subject to a systematic review of learning over the past 2 years. The plans for 2019/20 are built on learning and experience from 2017/18 and 2018/19.

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 receive the paper as assurance of the robustness of our internal arrangements. It further provides information on the system level planning and governance arrangements.
The Board are asked to discuss and highlight any areas of concern requiring further work in advance or throughout the winter period.

MEETING OF THE BOARD OF DIRECTORS

Chief Operating Officer Winter Planning 2019/2020 Report

1. Introduction

This report presents the requirements and our arrangements to ensure that we are prepared for winter 2019/2020. It outlines the internal planning we have undertaken to produce our Winter Plan together with our system level arrangements across the Leeds health and care economy.

2. Internal Winter Arrangements

Building on our experience and learning of winter, internally we have again strengthened our resilience plans and operational arrangements to ensure that:

- We optimise our staffing levels and deployment across all services
- We coordinate and respond to predictable surges in demand and changes in access to service pressures
- We maximise resilience in our urgent and emergency services
- We have robust out of hours support in place and response plans in case of incident or adverse event
- We are prepared for adverse winter conditions and predictable events – with practical arrangements in place which are widely communicated.

We have assessed our readiness, put in place mitigation and strengthened our business continuity arrangements across Care and Support services. We have recently completed our annual EPRR statement achieving substantial compliance against requirements

Our Winter plan is designed to mitigate risks and respond to events that may adversely affect the Trust's ability to provide its full range of services in Leeds and York.

To develop the plan the following structured process was used:

- Debrief winter 2018-19
- Understanding of the legislative and contractual framework under which the Trust provides services
- Identification of key or critical services
- Identification of, and assessment of, risks to service provision
- Identification of current and planned mitigations
- Review of EPRR escalation and response arrangements.

At its very core the plan enables us to focus on ensuring we are organised so that we can manage anticipated pressures throughout winter and that we are equipped to respond to unforeseen events. We have led the production of the plan through our Operational Delivery Group and it has now been activated.

3. System Level Winter Resilience

A series of guidance letters seeking assurance of readiness have been circulated and coordinated through NHSEI. Specifically these letters have asked Chairs of A and E delivery Boards to assess readiness in the health and care system. For us, specific assurances in relation to our response to A and E have been requested. Our assessment was agreed by the System Resilience Assurance Board in November 2019.

We continue to be an active partner in the Leeds System resilience arrangements where we again have reviewed our response to winter 2018/19 to improve the way we operate in 2019/20. The Winter Resilience Plan 2019/20 was approved by the System Resilience Assurance Board in September 2019.
The operation of this plan is coordinated through the joint governance arrangements we have in place led and chaired by the Accountable Officer of Leeds CCG.

We are actively engaged in this work and have arrangements in place to support partners where our interface is most prevalent. In particular, our Liaison services both in Acute and Older Adult Wards and Accident and Emergency, our Crisis and Acute and Older Adult services. Our Head of Operations for Liaison Services is an active member of the Operational Winter Group who collectively manages flow and surge throughout the winter.

The plan is appended for reference and for information.

4. Conclusion and Recommendation

This briefing is provided for information to Board members to provide assurance that our planning internally and as a key system partner is robust. Whilst there continue to be specific risks which have been identified at a service level, we have acted to mitigate these as far as possible and are continuing to refine our internal arrangements to maximise our proactive management of winter issues.

Joanna Forster Adams
Chief Operating Officer
November 2019.

LEEDS SYSTEM RESILIENCE PLAN 2019-20

Leeds System Resilience Plan 2018/19

Document Name:	Leeds System Resilience Plan 2019-20
Author:	Debra Taylor-Tate, Kate Parker, Adam Cole
Plan Co-ordinator	Nicola Smith
Plan Owner:	Leeds System Resilience Assurance Board
Agreed / Ratified :	
Issue Date:	
Review Date:	May 2020
Storage – Paper Copy:	CCG
Storage – Electronic Copy:	CCG

Control

This a controlled document maintained by the Unplanned Care Team within Leeds Clinical Commissioning Group (CCG) on behalf of the Leeds System Resilience Assurance Board.

Distribution

An electronic version of this plan is distributed to all members of the Leeds System Resilience Assurance Board and partners across associated organisations.

Organisations involved in developing the plan

The contribution by members of the Leeds health and Care system:

Leeds Clinical Commissioning Group [CCG]

Leeds Teaching Hospital Trust [LTHT]

Leeds City Council - Adult Social Care [ASC]

Leeds Community Healthcare Trust [LCH]

Leeds and York Partnership Foundation Trust [LYPFT]

Yorkshire Ambulance Service [YAS] – 111 and 999

Local Care Direct [LCD]

One Primary Care (OPC)

Leeds Confederation

Leeds City Council – Emergency Planning

Leeds City Council – Public Health

NHS England – Area Team

Third Sector Providers

Health watch

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1 Executive Summary

To ensure we continue to deliver quality, safe and responsive services the Leeds system needs to be equipped, prepared and coordinated to respond quickly and appropriately to any change in demand or circumstances. It also requires us to develop a strategy to transform our system for the future and deliver The NHS Long Term Plan.

As stated in the long term plan 2019/20 is seen as a transitional year giving us time to work in partnership to begin to shape our local implementation of the long term plan for our population. Our approach to develop an overarching system resilience plan will support us navigate the complexities of the unplanned health and care landscape and demonstrate how the system will continue to meet the needs of the population from operational and strategic perspectives.

The plan describes the collective system vision, aims, objectives and priorities to achieve improved services and outcomes for our population and highlights the importance of their alignment in delivering real change.

The Leeds System Resilience Plan (LSRP) has three components listed below which describe the elements of a well-functioning system which balances strategic ambition with effective operational delivery.

- Planning and priorities 2019/20
- Escalation and incident management
- Transformational plans

Within the plan our narrative to describe these components in detail is through a set of collective actions, initiatives and or projects based on the outcomes of our winter evaluation, system diagnostic exercises and our response the NHS long Term plan. We

acknowledge that this can only be achieved by working as a system with strong leadership, commitment to support changes in culture and behaviour and an adopting an integrated approach to service delivery with clear jointly owned governance processes. The Governance refresh supports a more focused approach and clarifies the roles and responsibilities of system leaders across our system with clear lines of accountability and an overall system commitment to work in an integrated way to deliver care and maximise resources.

In conclusion our plan seeks to provide a high level of assurance that there is agreed system wide initiatives in place that address both the short and long term priorities within the unplanned health and care services across Leeds. In addition the plan demonstrates that we have with clear escalation processes in place for the management of surges and incidents that place additional pressure on our system and the resilience of services.

1 Introduction

1.1 Introduction - Leeds System Resilience Plan 2019/20

Urgent and emergency health and care services continue to be at the forefront of the NHS priorities due to the fall in national performance of the 4 hour Emergency Care Standard (ECS) and the demands of an ageing population.

To ensure we continue to deliver quality, safe and responsive services the Leeds system needs to be equipped, prepared and coordinated to respond quickly and appropriately to any change in demand or circumstances. It also requires us to develop a strategy to transform our system for the future and deliver The NHS Long Term Plan.

As stated in the long term plan 2019/20 is seen as a transitional year giving us time to work in partnership to begin to shape our local implementation of the long term plan for our population. Our approach to develop an overarching system resilience plan will support us navigate the complexities of the unplanned health and care landscape and demonstrate how the system will continue to meet the needs of the population from operational and strategic perspectives.

Over the next five years, the need for non-elective acute hospital beds will determined by continuing pressures from an ageing population balanced against achieving a left shift in the provision of care. We will achieve the left shift through implementing a proactive care approach, embedding the 'Home First' philosophy; developing community capacity and ensuring process are in place to achieve effective discharge from hospital.

It is vital that we continue to learn from our operational behaviour and activities to develop our longer term vision and inform our strategic decision making. Leeds has been fortunate to undertake a number of reviews and diagnostics (MADE, CQC and Newton Europe) across our system to support our strategic thinking and identify opportunities for improvement over the next 12-18 months.

We have used the outcomes from these exercises and the winter 2018/19 evaluation to refresh the Leeds System Resilience Plan (LSRP) for 2019/20.

Through this plan we will demonstrate:

- Alignment with the Long Term Plan
- Collective accountability for the challenges faced by our system in relation to urgent and emergency care services
- Delivery of quality care and effective care across our system
- Robust management of predicted and unpredicted surges in demand through normal variation or as a result of an incident.
- Continuing to deliver improvement throughout 2019/20 building on our learning of operational and behavioural changes
- Commitment of clear and agreed vision for the further transformation of the Unplanned Health and Care landscape in Leeds

The Leeds System Resilience Plan (LSRP) has three components listed below which describe the elements of a well-functioning system which balances strategic ambition with effective operational delivery.

- Planning and priorities 2019/20
- Escalation and incident management
- Transformational plans

The plan acknowledges that Britain's planned exit from the EU poses additional challenges for the NHS and comes at a time of historical pressure 13 October as the system enters winter. Section 4.6 provides an overview of how the system lead by NHS England is preparing for Britain's exit.

1.2 System Resilience Vision

The Leeds System Assurance Board (SRAB) understands the importance of a vision to inspire individuals and organisations to commit action. SRAB will use their vision a practical guide for agreeing priorities, setting objectives making decisions, creating plans, and coordinating and evaluating the work streams and projects.

The Leeds System Resilience Vision

By working together our services will be high quality, easy to access and understand to ensure all people receive the right advice, care and support in the right place, first time as close to

The vision will support integration across organisations keeping groups focused, especially with complex projects and in challenging times.

To ensure that we deliver our visions it was important to agree set of aims to achieve our vision along with a set of aligned relevant and measurable objectives.

1.3 Leeds System Resilience Aims

- We will provide an equitable and fully integrated urgent and emergency care service for people with physical, mental health or social care needs, across Leeds.
- At every point in the person's journey we will consider 'home first'.
- We will harness technology so that the people of Leeds only tell their story once and get the best outcome for them.
- We will remove steps that do not add value to the patient or people of Leeds.

1.4 Leeds System Resilience Objectives - a measurable result that a group aims to achieve

The following objectives are based on national performance measures for the Leeds health and care economy. It is the aim of the Leeds System Resilience Assurance Board to ensure that all of the winter, operational and strategic initiatives governed through the governance; detailed in section 2 will contribute to these measures to improve the overall system position supporting improve outcomes for the population.

- Model the opportunity and impact of a left shift in the provision of care and support by **March 2020**
- Implement Leeds Clinical Advice/Assessment Service (CAS)
  - Increase the percentage of people triaged by NHS 111 that are booked into a face-to-face appointment, where this is needed, to greater than **40% by 31st March 2020.**
  - Maintain a **50%+** proportion of NHS 111 calls receiving clinical assessment
- Deliver the Leeds System Emergency Care Standard – **93.3% by March 2020**
- Reduce Non-Elective Admissions by ?

    - From Care Homes
    - Increasing same day emergency care
- Reduce the length of stay for those admitted to an acute hospital bed
    - Reduce people in an acute bed more than 21 days to **319 by March 2020**
    - Reduce people in an acute bed more than 7 days to ?
- Reduce Mental Health out of area placements **to zero by 2021**
- Reduce Delayed Transfer of Care
    - LTHT
    - LYPFT
- Increase number of people receiving reablement?
- Reduce the number of people entering into long term care?

The specific trajectories and timescales for each of the system metrics will be worked through by the System Resilience Partnership Group (SRPG). The SRPG will be accountable for ensuring that all initiatives/projects that support the delivery the identified priorities, below, contribute to the overall performance.

In addition as the details of work plan are developed the SPRG will focus on collectively creating outcomes measures for the priorities that demonstrate measurable improved population outcomes to show what will different for people using our services and to ensure alignment with the future direction of commissioning.

1.5 System Resilience Priorities 2019-2021

- Role of Primary Care in the Urgent Care System
- Connecting people quickly with local services

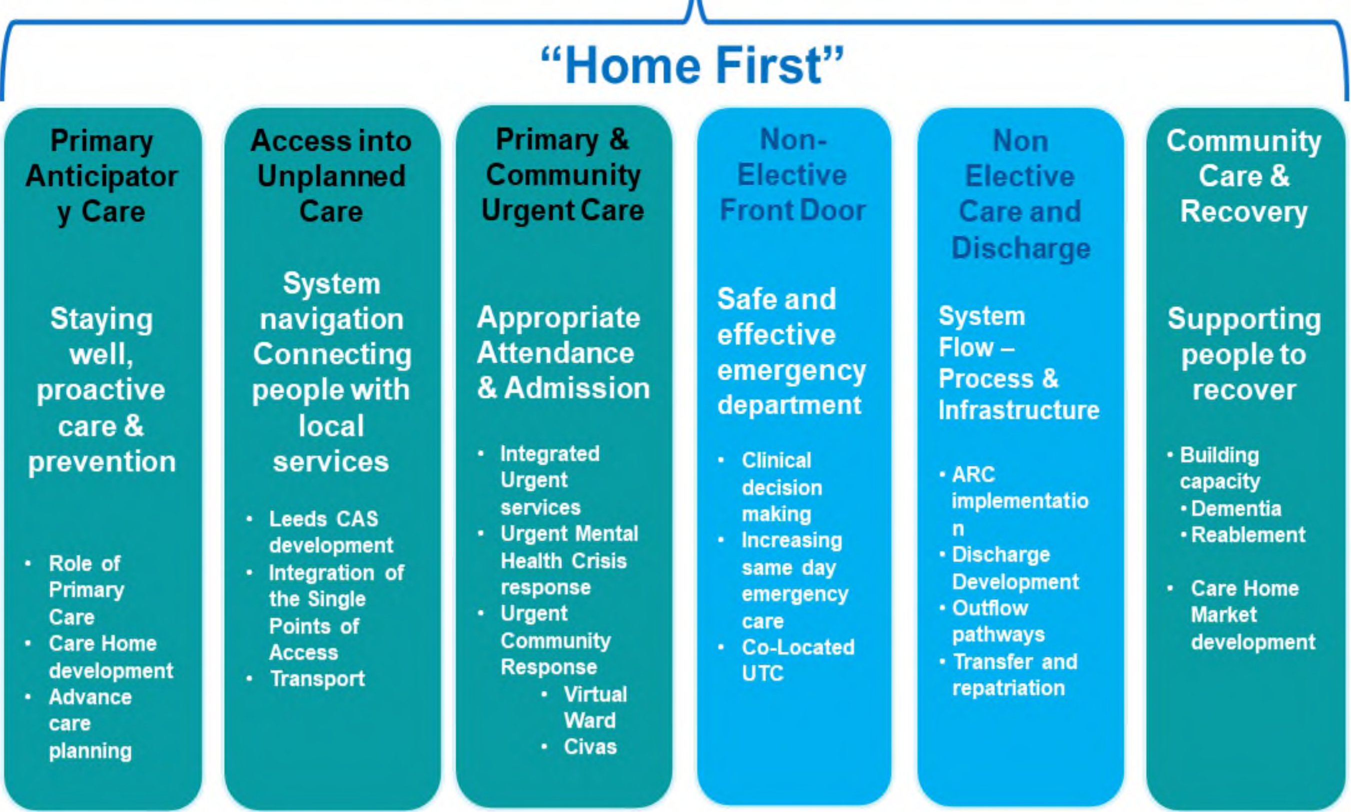
- Appropriate Attendance /Admission across the system
- Mental Health Crisis response and Dementia care
- Safe and effective Emergency Department
- System Flow – Process, Infrastructure and capacity

Enablers

- System modelling – predictive
- Surge & Escalation
- Technology
- Workforce

With a new focused approach the SRAB will be responsible for setting the strategic direction and seeking assurance from the SRPG on the effectiveness and pace of their work to address the agreed priorities. The SRPG will be accountable for the delivery of the actions, initiatives and or projects within the priorities as shown in Diagram 1, ensuring that they balance both the strategic ambitions and daily operational delivery across the health and care system retaining a focus on pressured times such as winter.

Diagram 1



Section 3.3.2 provides further details of the some of the work streams

We acknowledge that this can only be achieved by working as a system with strong leadership, commitment to support changes in culture and behaviour and an adopting an integrated approach to service delivery with clear jointly owned governance processes.

Governance and Leadership

2. Governance and leadership

A resilient health and care system is equally reliant on all partner organisations being able to deliver their care elements safely. Each organisation has individual strategic, winter and service development plans, along with business continuity and major incident plans monitored through their own boards and contracts.

2.1 Governance

The governance of the essential cross organisational, development, communication and collaboration is harder to define. The governance relating to the unplanned health and care system has developed over the last 5years and has seen a number of reiterations due to continued pressures, system reviews and national guidance. Due to the publication of the NHS Long Term Plan and the Leeds Plan refresh it was felt that it was an excellent opportunity for Leeds to review governance and priorities related to ensure our system is resilient and we are committed to transform the unplanned health and care landscape.

A survey gathered the views of representatives across the various groups currently aligned to the SRAB. Key finding and recommendations below

Key findings:

- There was duplication across the various groups
- A stronger focus on the priorities would result by reducing the number of meetings

- Strong recognition that both a strategic and operational focus is required but that this could me more clearly defined within the Terms of Reference (TOR)
- Representation within the groups needs to be clearer with organisational commitment and accountability.
- The new structure, TOR and priorities need to reflect the whole system pathway

Recommendations were presented to the SRAB for consideration, these included:

- Review the TOR across all groups including purpose, aims, objectives and outputs
- Define clear structure of accountability
- Gain representation commitment from all organisations
- Create a smaller more focussed group for SRAB
- Ensure priorities reflect system inclusivity and focus on the whole pathway
- Agree new processes for managing the work plan priorities for updating on work streams instead of highlight reports
- Propose new governance structure –July 2019
- Agree system priorities August/September 2019

A revised governance structure was agreed by SRAB August 2019.

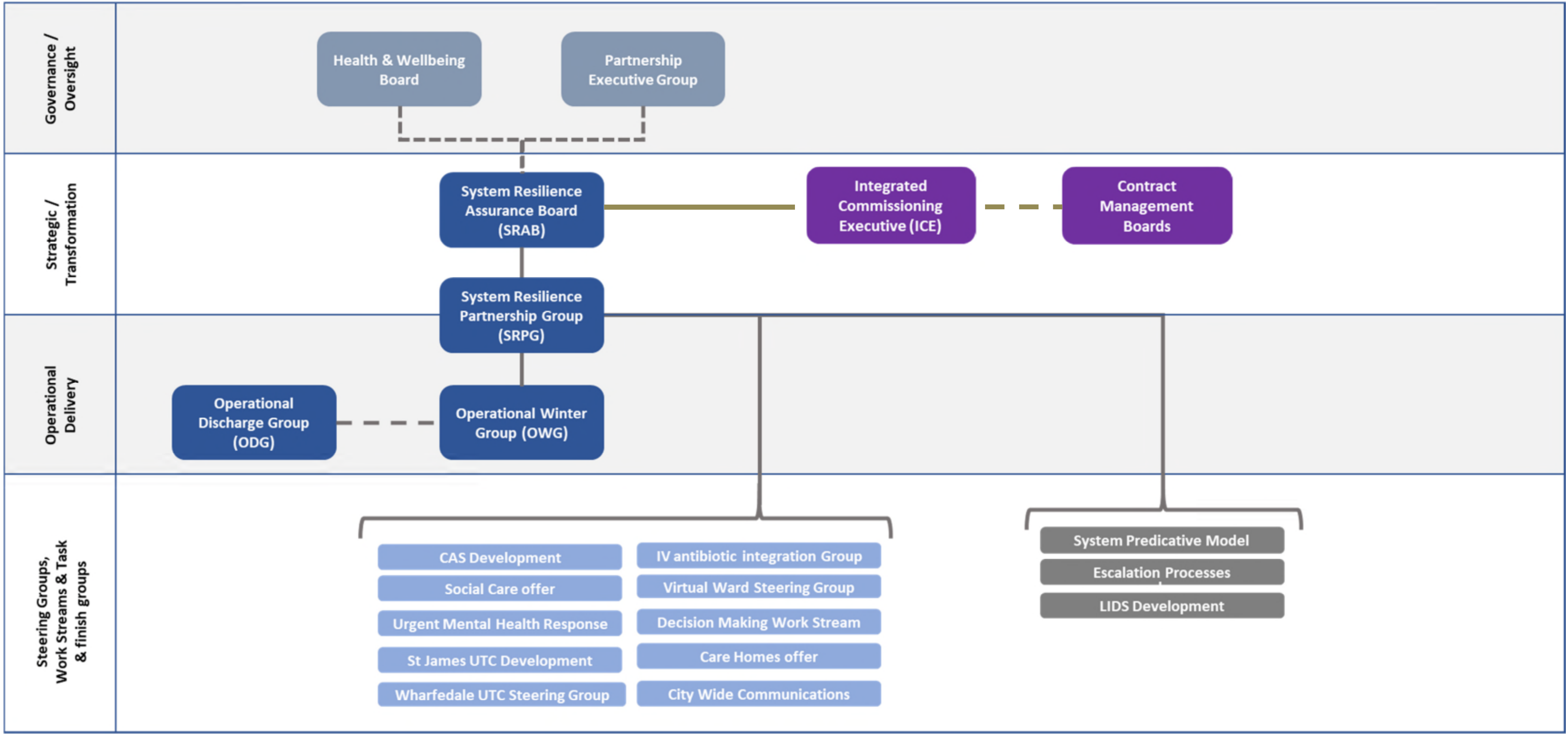
Full revised Terms of Reference for the three main groups; SRAB, System Resilience Partnership Board (SRPB) and Operational Winter Group (OWG) are within Appendix 1.

2.2 Project Management and reporting

The SRPG will be accountable in maintaining the overview of the operational and strategic system delivery via a robust reporting structure.

To ensure a consistent approach all of the identified projects leads will be required to complete the terms of reference template (Appendix 1) which will act as a Project Initiation Document defines the purpose, actives, outputs, scope and membership of the group. All projects will be required to report to the SRPG on a bi-monthly though the highlight report template.

Diagram 2. Leeds System Resilience Governance Structure



2.3 Leeds System Winter Plan Time line

Table 1 set out the key activities the Leeds system has conducted and the various groups, boards and forums who have been engaged with in developing and approving the LSRP

Table 1

Date	Activities	Comments
09/05/2019	Organisational winter Evaluation	Priorities identified for development summer 2019
16/05/2019	Newton Europe diagnostic – Discharge Re Audit/Front door diagnostic	Work commenced
20/06/2019	Review of SRAB Governance & winter findings	Survey and report completed recommendations to SRAB
11/07/2019	Newton Europe summit	Well attended by system
11/07/2019	Board to Board winter presentation	Joint presentation LTHT/CCG
18/07/2019	SRAB reflection on Newton Europe findings	Emerging priorities
15/08/2019	SRAB sign off Governance	Governance agreed
05/09/2019	North of England EU Exit Workshop	
12/09/2019	SRAB sign off priorities and comments for draft System Resilience Plan	Amendments made
03/10/2019	Operational Winter Group commences weekly meetings	
21/10/2019	National EU Exit reporting commences	
17/10/2018	SRAB Meeting-sign off Leeds System Winter Plan – including EPRR compliance statements	
30/10/2019	Winter plan scenario testing	
22/11/2019	Scrutiny Board – winter plans	

13/11/2019	Leeds System Resilience Plan to Quality and Performance committee – including EPRR	
27/11/2019	Leeds System Resilience Plan to CCG Governing Body - including EPRR	

2.4 Leeds Cross-System Winter Operations Team

Table 2 below identifies the members the Leeds system winter leads. All those nominated hold senior positions, have the authority to commit resources and make immediate decisions that impact on the resilience and effectiveness of our system.

Table 2 Winter Operational Leads

Organisation	Lead	Title	Deputy	Title
Leeds Teaching Hospital Trust	Clare Smith	Chief Operating Officer	Sajid Azeb	Interim Director of Operations
NHS Leeds CCG	Sue Robins	Director of Operational Delivery	Debra Taylor-Tate	Head of Unplanned Care
Leeds City Council	Shona McFarlane	Deputy Director Social Work and Social Care services	Nigel Parr	Head of Safeguarding and Quality
Leeds Community Healthcare Trust	Sam Prince	Executive Director of Operations	Megan Rowlands	General Manager – Adult Business Unit
Leeds and York Partnership Foundation Trust	Joanna Forster-Adams	Chief Operating Officer	Andy Weir	Deputy Chief Operating Officer
Leeds GP Con-Federation	Gaynor Connor	Director of Transformation	Wendy Pearson	Director of delivery
Yorkshire Ambulance Service	Catherine Bange	Regional General Manager	John McSorley	Divisional Commander

Local Care Direct	Andrew Nutter	Chief Operating Officer	Wendy Pearson	Director of Delivery
One Primary Care	Shaun Major-Preece	Assoc. Director of Operations and Performance	Rebecca Chege	Clinical Lead
Age UK	Iain Anderson	Chief Executive	Jess Inglis	Operations Director

Winter Leads will also be required to participate in co-ordinated system wide Sitrep calls over the winter period when the system is experiencing significant pressure. In addition all lead on major work streams within our recovery plan.

3 Planning and priorities

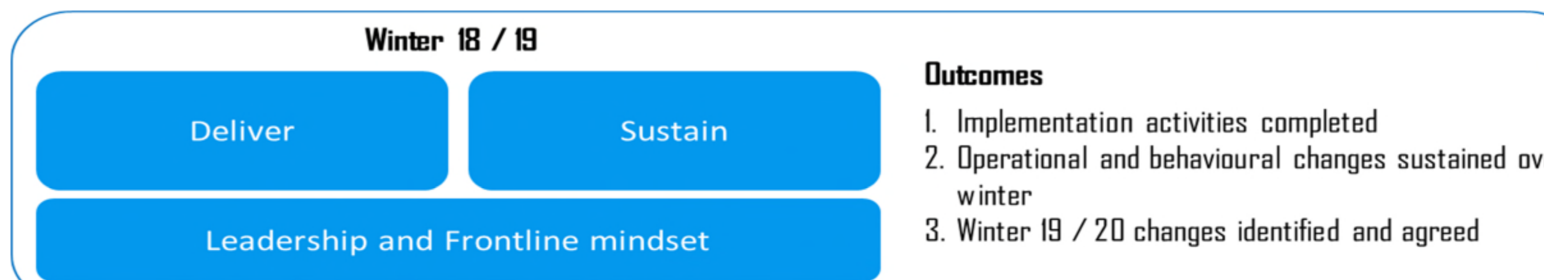
In preparation for winter 2018/19 Leeds had a comprehensive action plan based the opportunity identified through the Perfect Week (Oct 17) and Multi Agency Discharge Event (MADE Feb 18) and the Newton Europe diagnostic June 2018.

The action plan demonstrated the systems commitment to continuous improvement through agreed work streams to improve people's outcomes and experience and achieve national performance standards. The central tenant of the plan remained 'home first' as a consideration for every patient to keep people in their own homes, promote self-care and independence. Work streams included:

- Discharge decision making
- Stroke pathway- integration acute and community services
- Social work assessments
- Mental health continuing care funding
- Care Home trusted assessors
- Mental health support for care homes

It was agree by SRAB that we needed to keep focused on the outcomes as identified in diagram 1 to improve our position over winter 2018/19 and realise the opportunities presented by Newton Europe.

Diagram 1



3.1 Winter 2018/19 evaluation

To support the action plan the system also committed to make changes in the operational management of winter, introducing a weekly winter operational group to manage he day to day pressures in the system

A full report of winter 2018/19 can be found in Appendix 2. This report covers:

- System winter planning 2018/19
- Performance
- Evaluation process and outcomes

Key findings include:

- Overall the system agreed that we had a much improved winter in 2018/19 compared to 2017/18 with milder weather and low levels of flu presentations.
- ECS in April 2019 was 4.7% higher when compared to April 2018 despite a 6.4% average increase in attendances.
- Planned cancellation of all electives resulted in more elective activity overall.
- At times of pressure high patient acuity especially respiratory illness was a considerable factor

- Community investment and pathway improvements will support both attendances avoidance and reduce non-elective admissions improving outcomes and experience.
- Discharge processes and outcomes have seen an improvement but these can be further developed starting with a review of the LIDS team.
- Our approach to planning, managing pressure and working together supported positive behaviours building on existing relationships across the system. The OWG was a key vehicle in enabling this and in promoting the benefits of system co-operation.

The outputs from the evaluation have been used to inform the system priorities for 2019/20 forming part of the LSRP 2019/20

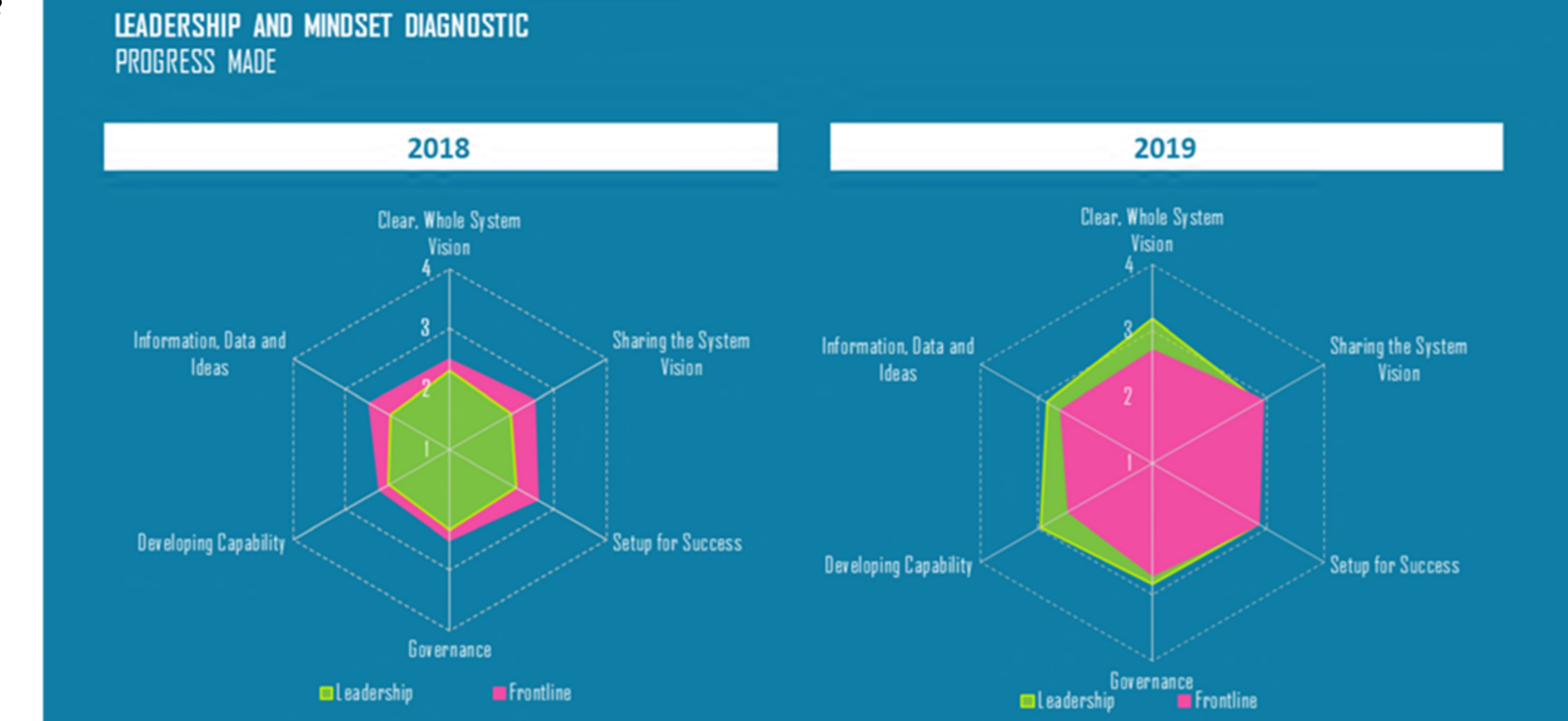
3.2 Newton Europe diagnostics 2019

It was evident from our collective winter position that we were making progress in a number areas of opportunity identified in the 2018 Newton Europe diagnostic.

- Average length of stay for those on the Stroke Pathway reduced by 45% from 34 days to 18 days
- No longer any patients waiting for a decision on Mental Health Funding
- 25% increase in the number of patients discharged before 4pm on pilot acute wards
- Increased pace of social work assessments, with 1.5 fewer days spent on referral and allocation processes

In addition we have seen progress within the system leadership and mind-set, diagram 2. From a lower starting position our leadership has seen more growth across all of the domains and demonstrates the system commitment to the vision. For 2019/20 we aim to translate this through to our frontline staff where we need to develop capability and improve our set up if we are to progress further.

Diagram 2

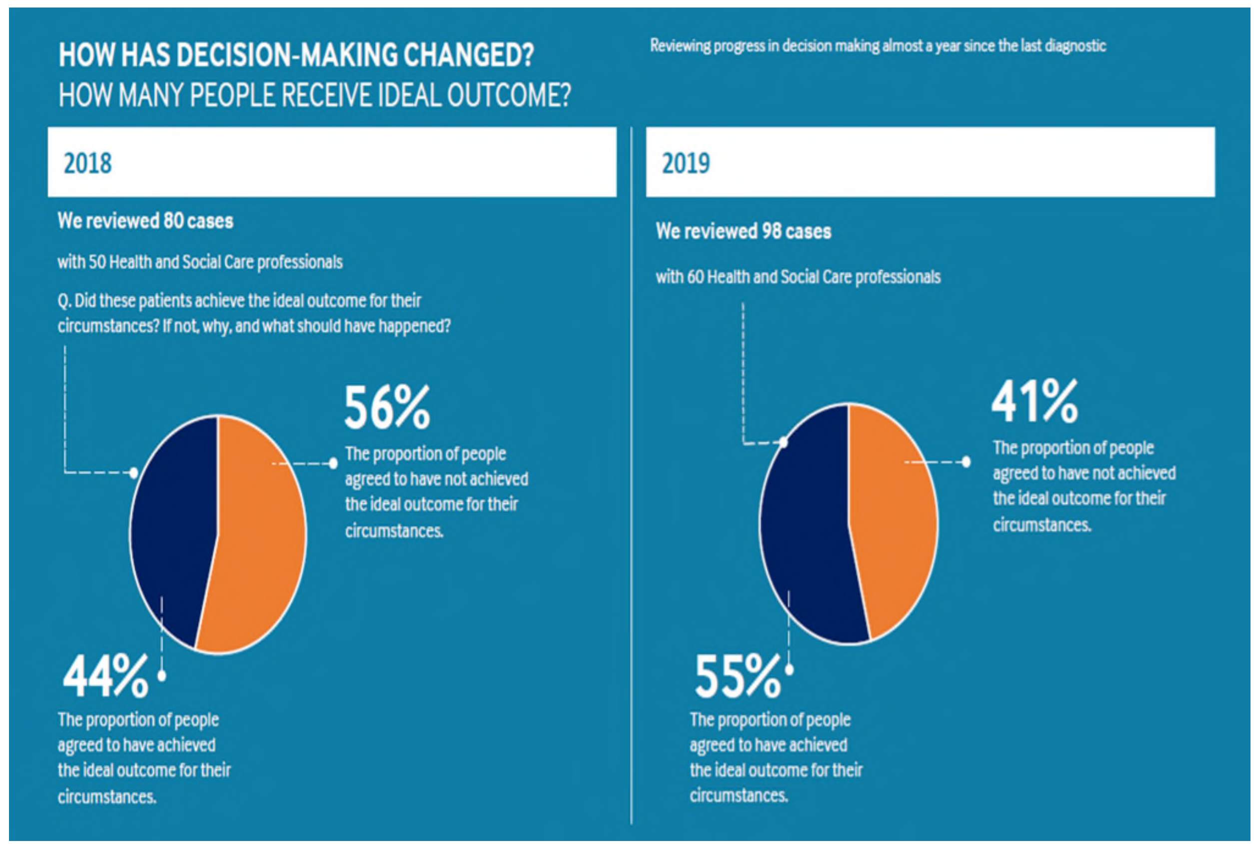


3.2.1 Newton Europe back door re-audit

To ensure we understand our progress and identify further opportunities Newton Europe agreed to re-audit the discharge decision making across our system. As the key areas for improving discharge, ensuring the optimal outcome for people and supporting effective outflow from the hospital this was a priority for the system.

The audit showed that we had made a slight progress in achieving the ideal outcome for people on discharge by 15%, diagram 2. Though there is further scope to reduce the variation in decision making. This will ensure that at discharge the best decisions to maximise peoples independence are consistently made and the opportunities for the system are realised during 2019-20.

Diagram 3



3.2.2 Newton Europe front door diagnostic

Newton Europe provided the SRAB with a version of the truth regarding the issues associated with discharge across the system. It was decided that conduct a similar diagnostic at the front door of LTHT would once again provide valuable insight into our system.

Newton Europe seeks to answer the following questions:

> ***How can we better utilise primary, urgent & community services to avoid unnecessary A&E attendance & acute ward admission?***

Outcomes of the exercise indicated:

Admissions

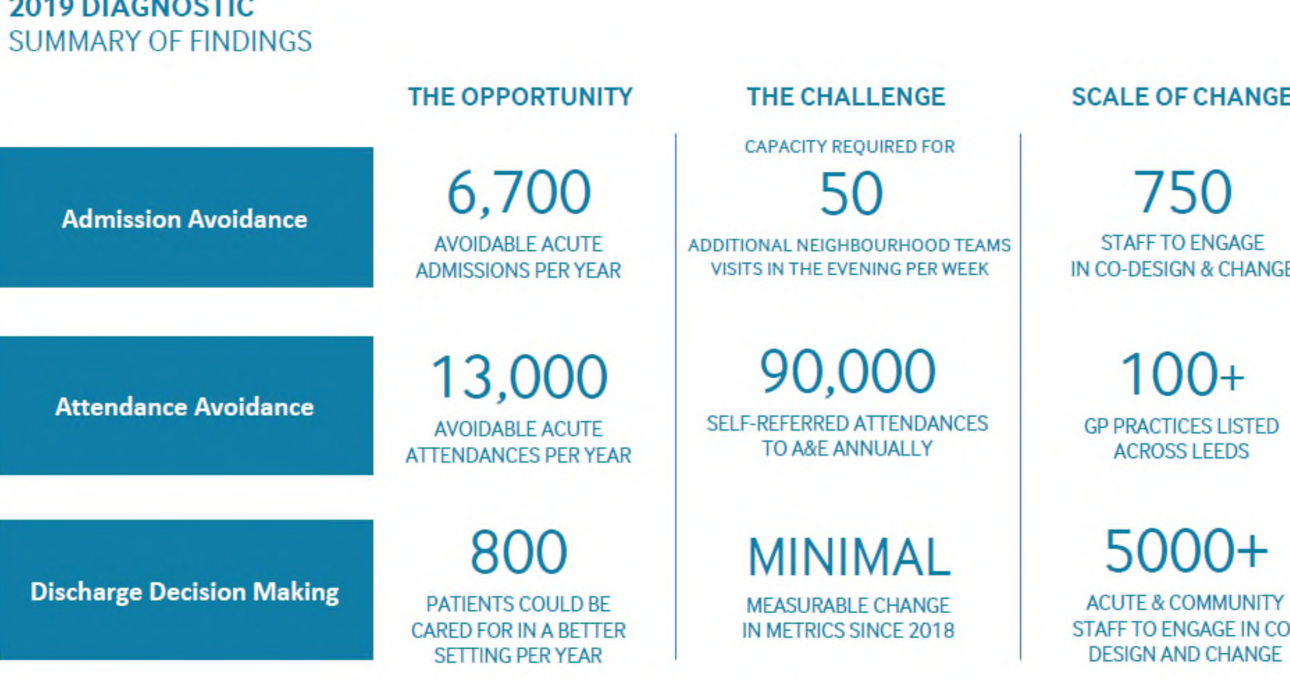
- 28% of admissions were avoidable with services **currently** in the Leeds System
- Average length of stay for the avoidable admissions was 4.5 days
- Key reasons for the admissions
    - Clinical decision making
    - None or perceived no access into alternative services e.g. variation in referrals to neighbourhood teams
    - Knowledge of alternative services perceived criteria/capacity of services e.g. Community IV antibiotic service

A&E Attendances

- 42% of people could have used an alternate pathway instead of attending the A&E
    - 14% of the 42% attended on the advice of a professional
        - 65% referred by a GP – 60% of these could have gone via PCAL negating the need to attend A&E
        - 20% referred by 111
        - 10% referred by a UTC
    - 28% of the 42% was patient choice
        - 55% of those who chose A&E could have been treated in an UTC or Walk-in-centre
        - 40% of those who chose A&E were treated in the GP stream and there could have attended a GP surgery

Diagram 4 shows a summary of the opportunity identified by the Newton Europe re-audit and the front diagnostic.

Diagram 4



It is evident from the findings above that there are significant opportunities for improvement across all aspects of our unplanned care system. Realising these opportunities would support the left shift in the provision of care and improve outcomes for the population.

3.3 Leeds System priorities

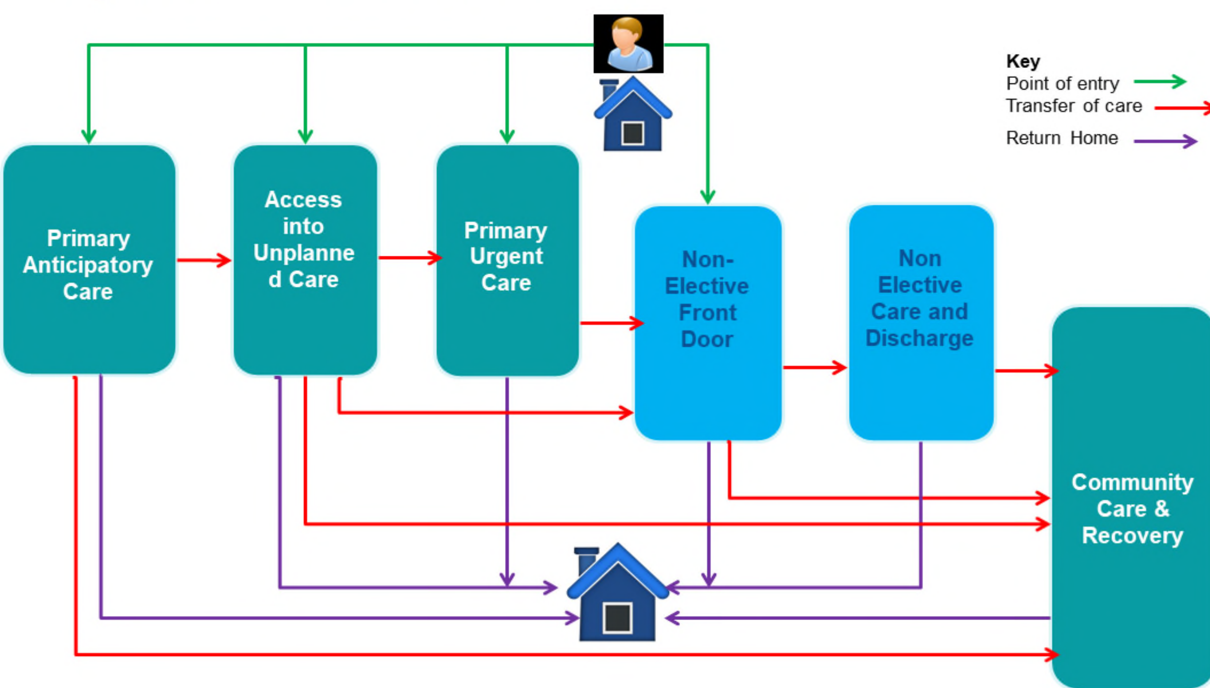
Following the outputs from both Newton Europe diagnostics, the winter review and the NHS Long Term Plan, SRAB has reviewed the priority work streams for 2019/20.

Feedback form the governance review highlighted the need for to focus across the whole pathway of unplanned care. The system points of care diagram 5 form the 6 key areas of the pathway across the system. The priority work streams span all points of care to ensure our plans reflect the full scope of the opportunities available to achieve the left shift and deliver the aims of the long term plan.

3.3.1 System pathway

Diagram 5, illustrates the points of care and the complexities across the unplanned care system.

Diagram 5



3.3.2 System priority work streams

The work streams identified in diagram 6 support the delivery of the priorities for 2019/21. Many of the work streams are established and are clear regarding their aims and governance. Pulling these work streams into the SRAB governance will ensure pace, a renewed focus holding system partners accountable for delivery.

Key to our success will be monitoring progress to understand the impact of the work streams and the collective impact on the system and performance. Each work stream will be required to demonstrate how their project maps to the vision and aims supports overall system performance and the left shift.

Diagram 6

System Resilience Priority Work Streams 2019-20

"Home First"

Primary Anticipatory Care

Staying well, proactive care & prevention

- Role of Primary Care
- Care Home development
- Advance care planning

Access into Unplanned Care

System navigation Connecting people with local services

- Leeds CAS development
- Integration of the Single Points of Access
- Transport

Primary & Community Urgent Care

Appropriate Attendance & Admission

- Integrated Urgent services
- Urgent Mental Health Crisis response
- Urgent Community Response
  - Virtual Ward
  - Civas

Non-Elective Front Door

Safe and effective emergency department

- Clinical decision making
- Increasing same day emergency care
- Co-Located UTC

Non Elective Care and Discharge

System Flow – Process & Infrastructure

- ARC implementation
- Discharge Development
- Outflow pathways
- Transfer and repatriation

Community Care & Recovery

Supporting people to recover

- Building capacity
  - Dementia
  - Reablement
- Care Home Market development

The next section describes a number of the work stream in more detail.

Primary Anticipatory Care – staying well, proactive care and prevention

- **Care Home developments**

The quality and the sustainability of older people's care home provision remain key issues both nationally and locally, and the Council and the CCG have a key role to play in supporting care homes to continuously improve the quality of care delivered and to remain viable to ensure there is sufficient capacity to meet needs. The governance of the various projects and work streams have been brought together though the establishment of the Integrated Care Homes Oversight Board.

The main aim of the plan through various initiatives and programmes is to support the reduction of avoidable hospital attendances and admissions and ensure processes are in place to support effective timely discharges. There is a continued focus on people with complex needs and/or challenging behaviours relating to their dementia delayed in wards at LTHT and at The Mount at LYPFT and who are experiencing excessive lengths of stay because they are awaiting a suitable care home placement.

To address we have extended LYPFT Care Homes Liaison support to provide additional clinical input, including access to out of hour's psychiatric services to care homes where they were willing and able to offer a placement to a person exhibiting challenging behaviours relating to their dementia. Also there has been additional funding available for transitional payments to care homes for up to 6 weeks for additional staffing when a person with complex needs/challenging behaviours are admitted to their care home.

Our highest group of DTOCS in Leeds is for dementia patients, many of whom present with challenging behaviour. In discussion with Leeds city council we are in the planning stages for the re conversion of a number of community care beds along with other facilities to provide an intermediate tier offer for these patients. These would not be a step down facility but a medium term units

where patients can be fully assessed and supported towards long term care options. This could be up to 30 beds which would start to free up capacity in both LTPFT and LTHT and improve outcomes for this population.

Other initiatives include:

- The ‘Red Bag’ initiative
- Telemedicine scheme - trialled in 14 care homes, now extended to 30 homes
- React to Red Skin campaign
- Enhanced care home scheme – Aging Well Model (Long Term Plan)
- Care home capacity tracker
- Enhanced Surveillance tool and joint protocol for addressing safeguarding and risk escalation
- ‘Delivering Effective Social Care with LGBT People’ RIPFA (Research In Practice for Adults
- Dementia mapping
- The Living Lab Project – initiative led by the Leeds Care Association – a collaboration between care homes and the Universities of Leeds and Maastricht, to improve quality and to nurture and support learning cultures in care homes
- Digital connectivity - enhancing the use of technology in care homes to improve service provision including:
  - the Social Care Digital Innovation Programme
  - support to care homes to complete the Data Security and Protection toolkit
  - support to care homes to access the Leeds Care Record and an NHS.net email address
- Workforce
  - registered managers network, activities co-ordinators network
  - a joint health and care annual awards ceremony for care home staff
  - supporting the nursing workforce in nursing homes/Leeds Teaching Care Homes

During 2019/20 we will continue to work in partnership with care home providers/registered managers to raise the standards of care and to achieve a 'Good' CQC rating throughout our care homes in Leeds. In addition we know we need to secure further capacity for nursing care and particularly for high quality specialist dementia care home provision through market facilitation and development.

System navigation- connecting people to local services

To support people to navigate the system and access the optimal service by embedding multidisciplinary Clinical Assessment Services (CAS) that will integrate with NHS 111, mental health, ambulance dispatch, acute, community and primary care services and social care. Section 5.2.2 provide more detail regarding our long term plans to develop a Leeds CAS

There are 4 main areas for development within this work stream during In 2019/21:

- Continue testing the integration with 111 and a local Leeds CAS
- Expansion of pathway development within the Primary Care Advice line (PCAL), within LTHT)
- Integrating the Single points of access across the city
- National Pilot site - Clinical Assessment Services Supported Discharge
- Accelerator site for Urgent Community Response

➢ **Leeds Local CAS**

Due to the size of the city, it was felt that Leeds would benefit from developing its own local CAS. The local CAS will supplement the Core CAS function. It will offer clinical advice from a varied health and care clinical skill mix to the population. This will support the move towards increasing the volume of clinical advice given to people by health and care professionals over the telephone, reducing the volume of activity going into face to face appointments. For those individuals who do require a face to face

appointment, the CAS will direct book an appointment the individual into the right service, within the right timescales depending upon the clinical need of the individual support the national targets within the Long term plan and our system objectives.

The proof of concept of implementing a local CAS has been tested; with the pilot successfully evidencing clinical advice was the outcome for 50% of the calls coming in to the CAS. 30% of calls requiring a face to face appointment were seen in the GP Out of Hours service, and the remaining 20% of calls requiring a face to face appointment had appointments booked back at their own registered general practice. The data from the testing the proof of concept supports:

- The ability to give clinical advice, supporting the national ambition;
- A reduction of face to face appointments within the system;
- Direct booking in service for onward care/assessment
- The left shift model of service delivery;
- Positive collaboration and system working between providers and commissioners;

The ambition is to utilise a phased approach to gradually build up and test new elements within the local CAS function. The development will be based on the findings from continuous learning and formal evaluation. This development will continue over the upcoming 5 year period. This supports the NHS 10 Year Plan as by 2023 the local CAS will have been developed to include the function of discharge.

- **Primary Care Advice line**

Set up over 10 years ago PCAL has support General Practice in the management of people requiring acute assessment/care negating the need for them to go to A&E. The service has developed over the years and is now a fundamental part of managing acute flow into LTH. The Newton Europe diagnostic highlighted the need for the service to be expanded in terms of capacity and pathways to maximise its potential in reducing A&E attendances, avoidable admissions and improving peoples experience and outcomes. Funding to support the required capacity has been identified within the Leeds winter ICS allocation.

Priorities for the PCAL service during 2-019/20 include:

- Balance demand and capacity
- Embed the Ambulance pathway to ensure people are taken directly to an appropriate assessment unit where appropriate
- Consultation with geriatrician to direct people to the frailty unit and the virtual wards as they develop
- Re launch PCAL across the system
- Integration with Single Point of Urgent Referral (SPUR)PCAL to direct people to Neighbourhood Teams and Community Care beds

- **Integrating Single Points of Access**

Leeds, there exist multiple single points of access. Some of which are available to the public, some to health and care professionals, and some which are available to both. Evidence suggests people and professionals use the single points of access that they are most familiar with, and perhaps are not aware off other offers, which may better suit the presenting needs.

There is an opportunity to converge all the single points of access to generate a truly single, multi-disciplinary clinical skill mix offer, to both the public and professionals, to give clinical advice and when necessary to book people into the right service within the unplanned care system. Scoping of the opportunity is completed and full work plan is in development.

- **Clinical Assessment Services Supported Discharge**

By 2023, CAS will typically act as the single point of access for patients, carers and health professionals for integrated urgent care and discharge from hospital care. Leeds has expressed an interest in becoming a pilot site for supported discharge with a focus on acute care alongside establishing good practice within the acute setting for when discharge support is started. This will support the development of the CAS function as well as the Non elective care and discharge -decision-making works stream. We are waiting to hear form NHS England as to whether or not we have been successful.

Primary and community urgent care – appropriate attendance and admissions

- **Urgent Mental Health response**

The Independent Mental Health Taskforce Five Year Forward View (February 2016) made it clear that improving access to high-quality mental health care must become a national priority. Locally it is also recognised that there is a growing need for urgent mental healthcare services in Leeds to support people to access care.

A mental health crisis is defined as a situation that the person or anyone else believes requires immediate support, assistance and care from an urgent and emergency mental health service.

Improving access, pathways and care for people in crisis will involve all partners including the third sector and service users to work in collaboration. We will work to improve blue light and community based crisis response, ensure Children's and Adolescent Mental

Health services (CAMHS) services are developed. This will include development of pathways e.g. street triage that provide an alternative to the Emergency Department (ED) and provide a more appropriate care for patients seven days a week.

Key commitments during 2019/20 aligned to the long term plan:

1. Ensure that anyone experiencing mental health crisis can call NHS 111 and access 24/,7 age-appropriate mental health community support.
2. Continue ambition to ensure that all adult and older adult community crisis resolution and home treatment services are resourced and operating with high fidelity by 20/21
3. Ensure that by 2023/24, 70% of Mental Health Liaison services in acute hospitals meet the ‘core 24’ standard for adults and older adults, working towards 100% coverage thereafter.
4. All children and young people will have access to 24/7 crisis, liaison and home treatment services by 2023/24
5. Increase provision of non-medical alternatives to A&E such as crisis cafes and sanctuaries that can better meet needs for many people experiencing crisis.
6. Increase alternatives to inpatient admission in acute mental health pathways, such as crisis houses and acute day services.
7. Improve ambulance response to mental health crisis by introducing mental health transport vehicles (subject to future capital funding settlement), introducing mental health professionals in 111/999 control rooms; and building the mental health competency of ambulance staff.
8. Specific waiting time’s targets for emergency mental health services will for the first time take effect from 2020 (Part of wider clinical review of Standards)
9. Improve the therapeutic offer on inpatient wards, e.g. more psychologists and occupational therapy

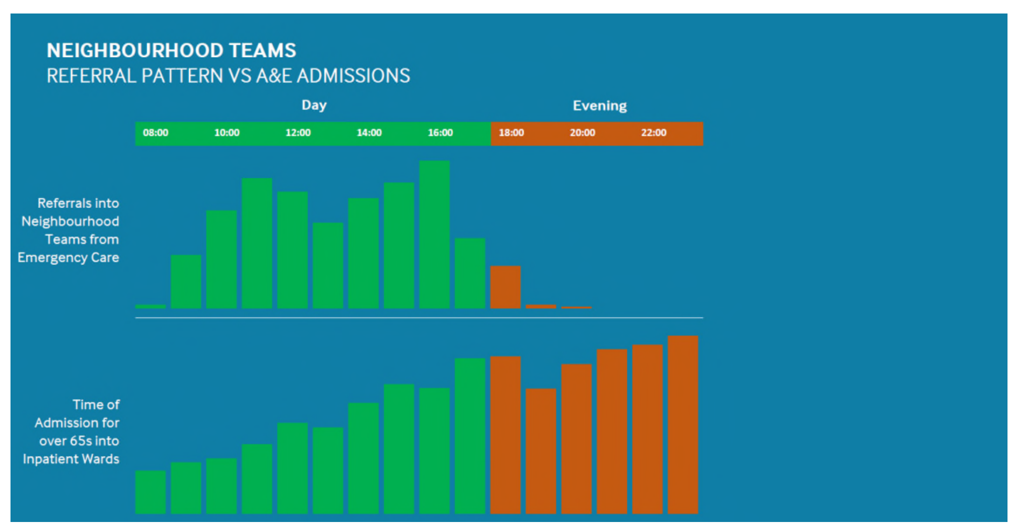
A new group is being established to oversee this work to ensure links with both the Mental Health and Children and Adolescence strategies.

Urgent Community Response

➢ Neighbourhood teams

Across Leeds there are 13 Neighbourhood teams delivering health and care services to their communities. The Newton Europe diagnostic showed that 17% of admissions could have avoided by referring to the NT as an alternative. All identified patients were over 65 years old and 75% were admitted between 18:00 & 23:00.

Diagram's 7 and 8



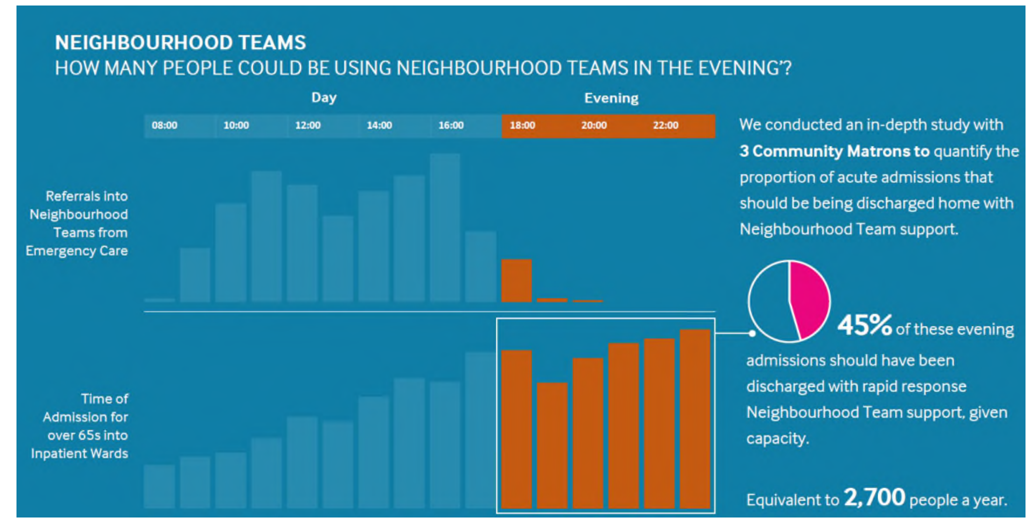


Diagram 7, shows neighbourhood teams referral pattern vs A&E admissions. Following an in depth study with 3 Community Matrons 45% of evening (6pm-12am) acute admissions could have been discharged home with Neighbourhood Team support. This has the potential to effect 2,700 people per year by returning home with support requiring an additional 50 NT visits per week.

To understand the full scope of the opportunity to maximise NT we also looked at how many people could have been supported during the day. It showed that 14% of admissions between 8am-6pm could have been discharged with support. 600 people a year.

The total opportunity equates to 3.300 people avoiding admission to an acute bed receiving care in their own home.

Understanding the variation across the NT along with developing a 27/4 model that would increase the capacity of the teams to start to realise the left shift in care is be a priority for LCH as they develop their response to the national implementation of the Aging Well Model. This will see Community Rapid response service responding within 2 hours and the reablement offer (Leeds City Council) within 4 hours.

- **Virtual Wards**

The development of a city wide Virtual Ward across multiple specialities including respiratory and frailty is key in the development of Neighbourhood Teams in increasing the community rapid response offer and supporting the left shift.

The ambition within Leeds is to develop a multidisciplinary Virtual Ward which will be a collaborative service between LTHT and LCH and the Confederation to provide coordinated rapid care to people in their home who are experiencing an acute medical episode. This rapid care involves providing responsive specialist assessment (including medication review), monitoring, investigations, treatment, support and education for people and their carers by the most appropriate specialised team.

It will ensure people's needs are safely met within the community without requiring a hospital attendance/admission where appropriate. A phased implementation has been agreed which sees avoiding hospital based care as the initial focus with the service supporting earlier discharge in phase 2 expected in Q1 of 2020/21.

The virtual ward projects have been funded through system transformation monies.

- **The Community IV Antibiotics Scheme**

Newton Europe diagnostic showed that 7% of admissions for those 65 and over could be been avoided though using the Community IV Antibiotics Scheme (CIVAS).. CIVAS is a community based service that is delivered jointly by Leeds Community Healthcare (LCH) and LTHT. The aim of the service is to support discharge from hospital; Emergency Department (ED) and inpatient wards at the earliest possible opportunity by providing IV antibiotic therapy in a community/outpatient setting to prevent either and admission or extended length of stay. The service is delivered in both people's homes and community hub clinics by a multi-disciplinary team consisting of staff and senior nurses, LTHT clinical nurse specialists, pharmacists, and Infectious Diseases Specialists.

By developing the service and increasing the capacity to manage up to 75 cases at any one time there is the opportunity is to avoid 1,500 admissions. Priorities for the service in 2019/20 include:

- integration of the service across LCH and LTHT
- provision of IV Diuretics, and Line Care
- Implement Cellulitis Pathway
- Rebranding of the service - CIVAS as this implies only IV Antibiotics can be provided as is therefore misleading to referring clinicians.

Safe and effective emergency departments

- **A&E decision making/triage**

Clinical decision making within and ED can vary due to a number of factors, Newton Europe identified an opportunity for the Leeds system to avoid up to 2,700 admissions though education of ED staff of alternative services in the community. The system is currently working though how this can best be achieved through a number of initiatives including:

- Focus on developing/improving mind-set and behaviours of front line staff
- Shadowing of staff across roles/teams ie. neighbourhood team/community to gain more knowledge about the services
- Education to improve confidence and knowledge of the services to support decision making
- Key educational massages for the system
- Maximise technology to support decision making- CAILTEC, DOS
- Improved data sharing to inform decisions and understand behaviour
- Tools to support care navigation - local DOS

- **CAILTEC**

Leeds is currently working with partners CAILTEC is an innovative technology solution to harness digital power to transform to transforming and integrate high quality patient care. It looks to find a way to accelerate education and skills retention of clinicians by studying opportunities to create technical integrations between systems to increase the quality of data across the emergency care's patient journey.

- **Co-located Urgent Treatment Centres**

In 2019/20 we will confirm the plans for the development of our first co-located UTC within the LTHT footprint. There will be a single entry point for all people who walk-into the hospital with an urgent need. All people will be triaged and then streamed to the most appropriate services for their presenting needs, these include:

- UTC
- Champion for signposting/booking into alternative more appropriate services
- Assessment area/unit
- Emergency Department

This will enable the right skills and capabilities in the right place ensuring those with the most life threatening conditions have the best chance of survival.

Non Elective Care and Discharge - System Flow, Process & Infrastructure

The Decision making work stream has been established for a year now and has been making progress in the decisions for people leaving the acute trust who require further care or support. Though it is acknowledged that there is still scope for improvement to ensure people receive the ideal outcome for their circumstances. The group is in the process of reviewing progress and scoping further opportunities.

Three further areas of development have been proposed for 2019/20:

- Achieving Reliable Care (ARC) to reduce LOS and bring about real behavioural and cultural change on our wards.
- Implement the outputs of the Leeds Integrated Discharge Service
- Implement the Discharge to Assess pathway for community care beds

All of these initiatives will be supported through winter monies to ensure resources are available to progress further and impact the system this winter.

Community Care & Recovery- Supporting people to recover

A fundamental aspect to effective discharge from hospital is to ensure that community services have sufficient capacity and support to ensure people return as quickly as possible to the most appropriate place for their care.

Within section Primary and community care urgent response, we refer to work within the NT, including social care and the wider Local Care Partnerships that will support attendance and admission avoidance which also support people discharges from hospital.

In discussions with Leeds City Council we are scoping the options to expand the reablement service in response to the Aging Well Model supporting attendance and admission avoidance. These discussions will also focus on maximising the service to facilitate discharge and support keeping peoples them in their own home retaining their independent and reducing the system long term placements in response to the Newton Europe findings.

We will continue to ensure the reablement services has sufficient capacity by ensuring it:

- Recruits to establishment
- Maximise time with service users
- Ensure service users spend the right amount of time receiving the service

Addressing all three points will continue to see increased numbers of weekly starts to meet the extra demand and support a shift towards recovery and independence services

System Resilience Communications

Data shows that the 'winter pressures' experienced by urgent and emergency care services is a year round issue with various in demand experienced throughout the year, however the media tends to highlight activity during the winter period.

Evidence suggests that some of the pressure on the system could be reduced by patients making appropriate use of all services available to them should they fall ill or get injured. "While A&E is the right place for many of these patients, estimates quantifying the size of non-urgent A&E demand (patients who could be better treated elsewhere) vary from 20% to 40% of all attendances", (source: Department of Health).

Evidence shows (BMJ, 2016 and RCN, 2016) the A&E 'superbrand' continues to attract patients who could potentially be treated elsewhere. Furthermore evidence shows that when faced with a range of options, patients are confused and default to A&E (NHS England, 2017). More recently the British Social Attitudes Survey (2019) reinforces this and highlights the perception people have that it's difficult to get GP appointments as well as increased trust in hospital-based doctors over other clinicians.

Our communications activities are year round designed to provide a consistent set of messages that highlight alternative support available as well as placing an onus on self-care and prevention, where appropriate.

In Leeds we are now working together to see how all system partners can support communication activity that encourages people to self-care where appropriate, use alternatives to A&E and look out for vulnerable neighbours. We are following the principles of the national 'Help us help you' campaign with communication messages and activities based around preparedness, prevention and performance and the idea of developing a reciprocal relationship with people.

Our focus

Throughout this year and as we head into winter we have concentrated our communications effort on the following.

- Ensuring people are aware of the alternatives to A&E for non-emergency care. We've particularly focused on developing the 'Talk before you walk' concept to encourage people to call NHS 111 when they're feeling unwell but it's not an emergency.
- In line with national campaigns we have also highlighted the support people have available from pharmacies including a concerted effort to demonstrate that they are skilled healthcare professionals.
- We know that not everyone is aware that GP practices are open on evenings and weekends, this is something we've continued to promote so that every available appointment is taken up.
- Providing year round seasonal advice such as a summer health campaign, with a particular push on ensuring people stay hydrated.
- Strong internal communications so that system partners are aware of the work we're doing in Leeds.
- Linked to the above we ran the Big Thank You campaign that encouraged people in Leeds to say a message of thanks to anyone who helps them through winter (and beyond) which supported positive messaging for internal colleagues.
- We've played a key role in developing the first every regional campaign by the West Yorkshire and Harrogate Health and Care Partnership. 'Looking out for our neighbours' was launched in March and has recently been evaluated, with results showing a positive impact among those who had seen the campaign.

- **Priorities for this winter**

We will continue to work in partnership to run health awareness, signposting and direct action campaigns as below:

- We will engage with local citizens and health and care professionals to develop a significant behaviour and culture change programme. The current working title is ‘Home First’. Home First is about educating and supporting people to leave hospital as soon as they are medically fit to do so as well as proactively supporting people so they get well at home rather than getting admitted to hospital. We’ll also, where appropriate, support NHS England and NHS Improvement’s ‘Where Best Next’ campaign targeting acute settings in an effort to reduce long stays
- The ‘Looking out for our neighbours’ campaign will be running again over winter to get people to look out for those around them (www.ourneighbours.org.uk)
- With over 1600 messages received last winter and regular positive media coverage we’ll be running the Big Thank you campaign again (www.bigthankyouleeds.co.uk).
- We have a number of campaigns running that help further and higher education students make the right healthcare choices. This includes No Regrets that promotes safer drinking (www.noregretsleeds.co.uk) and Feel Better that encourages use of pharmacies and NHS 111 (www.feelbetterleeds.org.uk).
- We’re currently considering options for a mass mailout to promote NHS 111, pharmacies and extended GP opening hours as well as actions that support the ‘left shift’ approach.

Activity and resources

Our proactive approach includes the below:

- A year round social media calendar with messages adapted to meet seasonal needs eg flu vaccine, summer health advice etc
- Planning ahead for bank holidays with advice issued on social media, through local media and internal communication channels
- Regular reprint of fridge magnets with advice for parents and carers of children aged 0-5, distributed to health and care settings
- Promotion of national Help Us Help You campaign
- Reprint of information leaflets and social media advertising targeting members of the Eastern European community backed up by a dedicated website www.healthinleeds.org.uk
- Proactive messaging ahead of extreme weather to help people plan ahead, this is often supported by paid for social media advertising
- Providing communication resources and advice for GP practices this includes a web portal with information resources https://www.leedsccg.nhs.uk/help-us-help-you-comms-resources/

Communications plan

The communications plan for this winter will broadly follow the same approach as the one for 2018-2019 (appendix 3).

The current plan is being discussed by the citywide communications group and will be signed off by SRAB

Assess the opportunity of the left shift- capacity and demand

It is vital that as we start to develop work streams and projects to achieve the left shift in the provision of care by increasing primary care and community capacity, that we start to understand the potential shift of activity and associated financial flows that will be required.

In response to the Long Term Plan Implementation Framework we are required to submit a strategic planning tool to NHS England in September 2019. This submission will show our long term acute activity assumptions and strategic financial investments by sector across our system, supported by our workforce assumptions. The plan will be signed off by both the CCG and providers. It is important to mention that this brings potentially £27m into the West Yorkshire system. We are awaiting confirmation of Leeds allocation and guidance on how this will be spent.

This will be the start of developing a detailed model which includes but is not limited to:

- Population Health Management
- Newton Europe outputs and opportunities
- Current contracts
- Development of Primary Care Networks
- Financial investment plans

3.3 Investment

Realising the opportunities identified within the plan will require a shift in investment over the next 2-5 years. The systems response to the long term plan implementation framework will start to provide an overview both commissioners and providers investment

strategies. The development of one version of the truth regarding the future system demand, capacity and the left shift opportunity by March 2020 will be key in further informing the investments and detailing plans, business cases and financial risks.

- **Winter 2019/20 investment**

Though the West Yorkshire Integrated Care System (ICS), Leeds will be has been allocated £775.000 to invest in winter initiatives. Priority Project has been agreed by SRAB August 2019 and in turn by the ICS Urgent and Emergency Care Board. We are now in the process of working with the projects leads to identify the required resources including workforce.

Leeds proposed projects are:

- Social Workers to support the Discharge 2 Assess pathway
- Development of the CIVS service
- Expansion of the PCAL function within LTHT
- Community Dementia capacity

Though the ICS allocation will support a number of 2019/20 priority projects the resilience of our system especially at times of pressure depends on our commitment to work in an integrated way. There will be a continued focus on new ways of working across organisations to maximise existing investment, capacity and ensure resources are used effectively and efficiently to support the delivery of quality services for our population.

Due to the Aligned Incentive Contract (AIC) the CCG and LTHT have agreed a financial envelope through the based on previous years costs with CCG setting aside a budget for winter pressures. In the event of activity and/or demand significantly above expected levels the System will take joint responsibility and develop mitigation plans within agreed cost envelopes. The CCG and

LTHT will monitor demand levels within the unplanned working group and System Resilience Assurance Board. The CCG has plans protecting LTHT against the loss of elective capacity from increased non-elective demand especially with the intent to suspend some elective activity in January 2019.

3.4 Risks

The high level risks and mitigating actions to support the delivery of a resilient health and care system in 2018/19 are identified within 2 areas:

- Variable risks are those which we cannot predict but where we can put mitigating plans in place, 9 high level risks have been identified.
- Impact risks are those we have assessed and highlighted the probabilities and consequences of the risk, 8 high level risks have been identified

The high level risks have been RAG rated pre and post the agreed mitigating actions, the full risk register for the LSRP are included in Appendix 4.

3.5 Public Health - Leeds City Council

The Leeds Local Authority Public Health contribution focuses on preventative and preparedness health measures and is informed by the PHE Cold Weather and Heatwave plans for England (2018). LCC Public Health are leading a number of key programmes to ensure vulnerable people are protected from the adverse effects of cold and hot temperatures. Public health are working to

optimise the role of the Council to address priorities including promoting key messages through Council services, working with commissioned services to prioritise programmes with service users, and ensuring that Elected members are briefed on key messages and issues.

Public Health priorities:

- Infection prevention and control; improving flu vaccine uptake in target groups, increasing community staff skills, knowledge and competencies through the delivery of infection prevention training; outbreak planning and management across the community
- Mitigate the impact of the negative effects of cold and heat on vulnerable people; commissioning of winter warmth services including winter friends programme, providing vulnerable people with high impact interventions to keep people well during cold and hot periods, delivery of small grants schemes for community groups and others.
- Living with Frailty; delivery of programmes, including the commissioning of the Home Plus, to support people living with frailty focusing on falls, malnutrition and support for independent living

4 Escalation and Incident Management

Variation in the demands across a health and care economy is normal and occurs throughout the year though experience informs us that winter months pose significant challenges. To ensure we continue to deliver quality, safe and responsive services Leeds needs to be equipped, prepared and coordinated to respond quickly and appropriately to any change in demand or circumstances as well as develop a strategy to transform our system for the future.

4.1 Escalation and Mutual Aid

Operational Pressures Escalation Levels (OPEL) NHS England Mandated framework for all NHS health organisations aims to provide consistency in the reporting and managing escalating situation across system both locally and nationally.

It was evident during the winter of 2017/18 at times of extreme pressure the system veered away from agreed processes and our mutual aid was not sufficiently defined to support de-escalation and recovery. With clear processes, robust mutual aid agreements; including the Decision Management tool (Appendix X) and the establishment of the weekly OWG we entered winter 2018/19 in an improved position. All partners were clear on their roles and responsibilities and there was the assurance that these were aligned to organisational on call procedures and national reporting requirements. With only the need for 3 Sitrep call over the 2018/19 winter we will be building on the foundations of this success as we plan for 2019/20.

All organisations in 17/18 developed a Decision Management Tool which provided a risk assessed model to identify contingency actions that we would need to take if our system reached OPEL 4. The tool focuses predominately what services could be suspended and resources re-deployed.to manage the incident and support recovery. This was further developed in 2018/19 and will be reviewed as part of the 2019/20 LOPEL refresh.

We are in the process of refreshing the Leeds Operational Pressures Escalation Levels (LOPEL) for 2019/20 to ensure it is reflective of operational activities and behaviours. The refresh will focus on the agreed objectives carried forward from last winter below:

- Confirm governance arrangements for winter – winter room, patient level operational groups
- Mutual understanding of the parameters of the OPEL Levels and how they work within Leeds to ensure they reflect and meet local changing needs
- Review and align organisational triggers to OPEL to ensure consistency in the interpretation
- Internal actions to be taken to ensure/support de-escalation
- Joint planning to support the prediction of flow issues and delays
- Complete an analysis of mutual aid across the system to identify develop and agree tangible and realistic actions based on the Leeds system principles
- Agree daily the reporting format, analysis and sharing information including primary care
- Refine our approach to the timely management of the system; command and control to address operational challenges and promoting a recovering system (SiTRep calls, winter room)
- Agreeing our approach, processes and escalation to executive level command

- Review of organisational decision management tool to inform system management and actions at OPEL 4/critical, major incident
- Review all On call arrangements and ensure alignment and communication is clear and understood, including exception reporting process during winter, further on –call training
- Desk top exercise to test process and mutual aid in an escalating scenario, to include adverse weather and flu
- Align predictive and responsive communications to OPEL levels to develop consistent and targeted messages to staff and the public
- Implement a structured approach which drives and supports assurance of organisational compliance with the 2019/20 Emergency, Preparedness, Resilience and Response

4.2 Leeds Escalation principles

Clinical quality and safety are the top priority in the delivery all health and care services. During the periods of intense pressure in Leeds we have maintained zero twelve hour trolley breaches and people in non-designated bed areas since May 2018.

The principles below where agreed in 2018/19 and will be carried forward for this year's plan. These principles underpin our plans and ensure we have a shared approach to deliver quality and safety for our population with clear outcomes.

- The Leeds health and care system provides consistently high quality and safe care, across all seven days of the week
- Zero tolerance of 12 hour trolley breaches

- Non patient cared for in a non-designated hospital areas
- No cancellation of elective surgery within 48 hours
- Services have a set of standard response times and categories for prioritisation
- Clinical standards are clear and articulated through assessment, intervention and discharge pathways
- Patients will not wait longer than 15 minutes in ambulances before handover at ED
- Clear infection control protocols are in place including the transfer of people on to or returning to alternative services
- Capacity is managed within organisations and as a coordinated system across the health and social care economy.
- No action that would undermine the ability of any other part of the system to manage their core business will be taken by one constituent part of the system without prior discussion.
- Should an organisation take action which results in unintended consequences for another/others they will, as soon as if practical and practicable, rectify that action
- As far as possible, the clinical priority of patients, across all care groups and categories of service (i.e. between emergencies and electives) will be the key determinant of when and where patients are treated and cared for. E.g. this may mean that some patients who have self-referred as an urgent are given lower clinical priority than urgent elective patients.
- No action will undermine or question the clinical judgement of practitioners but will however aim to decrease escalation by sign posting patients to less congested services where acceptable clinical alternatives are available.
- Managing patients at a time of increased escalation will require accepting and managing additional risk across organisations, as individual decisions on patient's care are taken, and competing pressures/targets are prioritised.

- Services should be maintained for as long as is practicable in times of increased escalation and organisations will work to recovering suspended services as soon as possible.
- Decision-making and actions in response to escalation alert will be within appropriate timescales.
- De-escalation will be agreed by all partners.

All of our developments need to be flexible to allow an effective response to a whole spectrum of incidents and events that may create a surge in demand or disrupt the normal delivery/flow of services for health and care services, irrespective of situation, duration, scale and type.

4.3 Provider clinical escalation plans

All providers annually review their internal clinical escalation plans which outline their organisational response to managing clinical safety and quality during times of escalation. These are tailored to reflect organisations key priorities, scale of business and are based on continuous learning to provide insight to target interventions when they face further quality, safety and performance challenges

The plans include; but are not exclusive how organisations will manage:

- daily operational process including
    - management of OPEL triggers and action plans
    - weekly quality meetings
    - weekly executive meeting chaired by the CEO

- escalation process in place for workforce shortfalls
    - cessation of non-essential training and development
    - re-deployment of staff to manage pressure areas
    - transfer of clinical staff in non-clinical roles to support patient areas.
    - daily duty response to care homes
- operational silver command response
- approach to Joint Decision Making (JDM)
- implementation of Full Capacity Protocols
    - trolley wait escalation
    - organisational balancing of clinical risk
    - the use of use of flexible labour
    - agreed process of workforce mutual aid across our internal teams
    - elective care activity and the cancellation of routine elective requiring inpatient stay
    - staff flu vaccination programme
    - comprised capacity and flow due to infection and the management of outbreaks
    - prioritisation of services to manage risk and redeploy resources through Decision Management Tools
    - response to increasing demand
- additional winter / flex beds
- conversion of 5 day wards in to 7 day capacity
- additional evening / weekend cover secured via on-call Psychiatry
- medically supervised bays for ambulance conveyances
- additional workforce at times of key pressure to support operational flow

- implementation of robust audit processes to assure plan effectiveness and identify further opportunities

4.4 NHS England Exception Reporting

To ensure a national view of performance regional winter rooms have been in operation 7 days a week to gather information from systems. The Leeds system has robust processes in place to ensure that we comply with the requirements of exception reporting 7 days a week during the reporting periods. Reporting consists of the following elements:

1. NHS England's weekly call for systems to report their performance, pressures and recovery/supporting actions, CCGs represent their system. To ensure we are able to provide timely information, the Operational Winter Group discusses each week the local pressures and actions taken to provide an overview which is further informed by a call immediately prior to the NHS call between LTHT and the CCG, with other partners included by exception.
2. Relates to assurance reporting to NHSE by way of a daily assurance return, should one of five trigger criteria be met. On days when a specific trigger is met, ongoing actions within the acute hospital are shared by the A/DOP for escalations (that day) or the on call general manager (weekends and bank holidays). The CCG is responsible for collating and submitting the assurance return detailing the steps taken both short and long term by the system to recover the position and support performance improvement and recovery, either via the unplanned Care Team or the CCG on call manager (weekends and bank holidays).

There are triggers in place that necessitate exception reporting each day from October to March and on all bank holidays:

- A&E standard at or below 80% or a deterioration of more than 10% from the previous day,

- Any 12 hour trolley breaches,
- More than 5 Ambulance delays greater than 60 minutes,
- Increase in beds closed due to D&V by 20 beds from one day to the next,
- Other significant event e.g. disruption due to a catastrophic event or loss of infrastructure where the flow of ED is disrupted, major patient safety issues, developing situations where national briefing and preparedness would be of help to the system

4.5 Emergency, Preparedness Resilience and Response

All NHS organisations have a statutory responsibility to ensure they are properly prepared to deal with an incident or emergency. There are well-defined core standards for Emergency Preparedness, Resilience and Response (EPRR) across NHS organisations. All NHS organisations are responsible for the achievement, maintenance and monitoring of the standards, and are accountable to NHS England through the Local Health Resilience Partnership Board (LHRP).

4.5.1 Emergency, Preparedness Resilience and Response standards

The EPRR standards are used to inform and direct our approach to escalation management along with the OPEL framework. The detailed standards seek assurance on all levels of planning, guidance and preparedness on information sharing, command and control arrangements, responsibilities and mutual aid arrangements to enable prompt recovery from disruptions. Business continuity plans are a key part of EPRR planning including the regular testing.

Emergency Preparedness Resilience and Response – Responder Categories

The Civil Contingencies Act (2004) specifies that responders will be either:

- Category 1 (primary responders), or
- Category 2 responders (supporting agencies).

Category 1 responders for health are those organisations at the core of emergency response:

- Department of Health on behalf of Secretary of State for Health
- Public Health England
- NHS England
- Local authorities (inc. Directors of Public Health)
- Acute service providers
- Ambulance service providers

Category 2, responders are critical players in emergency preparedness, resilience and response and will work closely with other category 1 and category 2 responders. The following are considered to be category 2 responders for health:

- Clinical Commissioning Groups (CCGs)
- NHS Property Services.

All NHS providers will complete a self-assessment across a number of domains. The standards are reviewed and updated annually as lessons are identified following incidents or testing, or changes made to legislation or guidance. The 2019/20 standards remain the same as 2018/19; 68 individual standards under 10 domains below which range from command and control to evacuation.

Organisations will be assessed as either Full, substantial, partial or noncompliance based on their response to the standards that their organisation is required to assess against. As Category 2 Responders CCGs are required to self-assess against 43 individual standards, these sit within the 10 domains. By comparison acute providers have to assess against 64 individual standards.

The ten domains are:

- Governance
- Duty to Risk Assess
- Duty to Maintain Plans
- Command and Control
- Training and Exercising
- Response
- Warning and Informing
- Cooperation
- Business Continuity
- CBRN

The submission date is 31st October; SRAB will receive provider's assessment outcomes and develop an approach to address any areas for development especially where themes are evident.

4.5.2 2019/20 EPRR Assurance Deep Dive

Each year NHS England uses the core standards assurance process to undertake a 'deep dive' look at a specific topic relating to EPRR. Previous deep dive topics include Command and Control, Pandemic Influenza, Business Continuity and Governance. Deep dive results are not included in the overall organisational compliance rating and are therefore reported separately. In 2019/20 the deep dive topic is Severe Weather and Climate Adaptation. Severe Weather would clearly have a system impact, and quickly invoke escalation management processes. Climate Adaptation and Sustainability are city priorities and for these reasons there was support to review this deep dive area in partnership with health providers and the local authority.

4.6 EU Exit Preparations

The Department of Health and Social Care (DHSC) is leading the response to EU Exit across the health and care sector. The application of national guidance is mandatory including all communication, planning and the assessment of risk. Professor Keith Willetts is leading NHS England response to the exit from the EU which focuses on the following key areas as identified by DHSC:

- Interruption to the supply of medicines and vaccines;
- Interruption to the supply of medical devices and clinical consumables;
- Interruption to the supply of non-clinical consumables, goods and services;
- Availability of workforce;
- Changes to reciprocal healthcare arrangements;
- Continuation of research and clinical trials; and
- Interruption to data sharing, processing and access.

Nationally we are being told to expect to begin assuring local preparations in September. This assurance process will cover similar ground as previous exercises, including your plans, systems and contingency arrangements for key areas such as operational readiness, communication, continuity of supply, workforce, clinical trials, data, finance and health demand. Further clarification will be provided at the national workshop for the north of England September 5.

The NHS in Leeds and Leeds City Council are working together on citywide plans to prepare, plan and respond to any impact related to EU Exit. A city wide steering group chaired by Dr Ian Cameron; Director of Public Health was established to ensure a collective and consistent response across the city. It was agreed that the remit of the group was to:

- gain assurance of individual organisations plans.
- focus on themes that effective all organisations, identified as
    - Medicine and equipment
    - Staff
    - Fuel disruption
    - Communication
- collective test our continuity plans at a system level

Table 3 shows the Senior Responsible Officers across the Leeds NHS organisations.

Table 3

Organisation	Lead	Title
Leeds Teaching Hospital Trust	Clare Smith	Chief Operating Officer
NHS Leeds CCG	Sue Robins	Director of Operational Delivery
Leeds City Council	Ian Cameron	Director of Public Health
Leeds Community Healthcare Trust	Sam Prince	Executive Director of Operations
Leeds and York Partnership Foundation Trust	Sara Munro	CEO
Leeds GP Con-Federation	Jim Barwick	Chief Executive
Yorkshire Ambulance Service	Steve Page	Deputy Chief Executive & Executive Director of Quality,
Local Care Direct	Andrew Nutter	Chief Operating Officer

In addition Leeds City Council has an EU Exit 'no deal' Strategic City Recovery Plan that demonstrates strong links with partner organisations across the city. The plan focuses on the following key areas:

- Infrastructure and Supplies impact
- Business and Economic impact
- Community impact

- Council impact
- Media, Communications and Public Affairs

As the new exit date of October 31 approaches all groups have been re-established to assess the current status and progress planning. National guidance asks all organisations progress the following mandated actions in preparation for national messages expected early in September.

Nationally mandated actions August 2019

- Complete the mitigation of any issues identified in the previous assurance processes
- Make sure your EU Exit team is in place. This should include, Advising your Board that the EU exit response is being stood up for leaving the EU on 31 October
- Having an EU Exit SRO in place, with supporting EU Exit team, and full management and oversight of the organisation’s Single Point Of Contact (SPOC) email for EU exit communications
- Having relevant subject matter experts available for critical areas including supply/ procurement, pharmacy, logistics, estates and facilities, workforce, data
- Reinstating on-call arrangements, and ensuring on-call directors understand what is required of them and the escalation routes for problems
- Ensure your business continuity plans are up-to-date and tested, including winter and flu plans
- Make sure you are engaged with local system preparations around EU exit through Local Health Resilience Partnerships and Local Resilience Forums, and have agreed to link with partner agencies including local authority, CCG and provider colleagues to collaboratively manage and address issues.

- Re-familiarise your teams with details of the EU exit operational guidance from 21 December 2018 bearing in mind some aspects of this may have been supplemented or may be updated in the coming weeks
- Register to attend the regional EU Exit workshops in September, where you will be updated on the operational guidance and planning context, including the key changes since April.
- Revisit your organisation’s contract and supplier assurance process including ‘walk the floor’ checks, to include smaller and/or niche local suppliers not covered by national assurance exercises (this applies to both CCGs and providers)
- Ensure you communicate with healthcare professionals and patients using the available information on the GOV.UK, NHS England and Improvement websites and NHS Choices.

We are informed that we should expect regular situation reporting to start from 21 October. All organisations in Leeds have plans in place for completing the reporting as required.

5 Transformation Plans

5.1 Transforming Leeds Unplanned Health and Care System

The NHS Long Term Plan details the strategic direction for the NHS over the next ten years. The plan highlights the challenges facing the NHS including staff shortages, growing demand and an aging population. With a focus on changing the way we do things to tackle these challenges the plan aims to give people more control over their own health and care whilst preventing illness and tackling health inequalities.

With emphasis on integrated care the long term plan is a framework not a blueprint giving local systems the flexibility to develop their response to meet the local needs and priorities of their populations. Through Integrated Care Systems (ICS) Leeds commissioners will make shared decisions with providers on population health, service redesign and implementation of the Long Term Plan.

The Long Term Plan sets out actions to ensure patients get the care they need, fast, and to relieve pressure on emergency departments. This will be achieved by developing and investing in primary and community services such as urgent treatment centres. For people requiring hospital care there is a drive for these to be treated through 'same day emergency care' without need for an overnight stay where appropriate. It is hoped that by implementing this model that the proportion of acute admissions typically discharged on day of attendance from a fifth to a third. Building on previous successes in improving outcomes for major trauma, stroke and other critical illnesses conditions, new clinical standards will ensure patients with the most serious emergencies

get the best possible care. And though our continued partnership with local council's further action to support people to return home and retain their independence where possible will support reducing delayed hospital discharges.

5.2 The system pathway of care

The six areas referred to in section 3 also support the development of our strategic transformational plans.

5.2.1 Anticipatory Primary care

The development of Primary Care Networks and Local Care Partnerships are key in delivering efficient and effective urgent and emergency care services. Primary care networks build on the core of current primary care services and enable greater provision of proactive, personalised, coordinated and more integrated health and social care. As they develop we will work with them to ensure links to all urgent and emergency services and maximise any opportunities to integrate services.

The UTC's are a great example of how can deliver the national mandate and support local people through the integration of services. We will build on this as we develop further services across the system.

5.2.2 Access into Unplanned Health and Care Services

Nationally and locally, it is recognised that there are too many entry points into the unplanned care system. This makes it confusing for people to know where to go when they feel they have an unplanned care need. The vast majority of unplanned care services offer walk in options. People therefore tend to present to the service they are most familiar with, as opposed to presenting at the service that may best meet the person's health and care needs. Health and care professionals equally report understanding the unplanned care landscape is difficult and complex to navigate.

In Leeds, multiple single points of access exist. Some of which are available to the public, some to health and care professionals, and some which are available to both. There is an opportunity to converge all the single points of access to generate a truly single, multi-disciplinary clinical skill mix offer, to both the public and professionals, to give clinical advice and when necessary to book people into the right service within the unplanned care system. This will allow unplanned care to move back into planned care at the earliest opportunity.

The newly commissioned NHS 111 Integrated Urgent Care (IUC) service allows for greater synergies between the urgent (NHS 111) and emergency (999) services which supports the aim of the access work stream as regards to making access to urgent and emergency care more seamless.

Planned and unplanned (emergency 999) Patient Transport Services (PTS) is recognised as a key enabler for the delivery of the access work stream ensuring the needs of patients can be met within various healthcare settings. Robust planned and unplanned transport services will ensure that people are able to access emergency care, present at urgent unplanned appointments and attend planned appointments anywhere within the health and care system.

The development of transport services programme will seek to improve the National Ambulance Response Programme (ARP) targets, create a hybrid service model between emergency and planned transport and improve access and integration between health and care transportation.

5.2.3 Primary and Community Urgent Care

A clear driver in the establishment of UTC's is to standardise the offer the public can expect from unplanned care services including for primary urgent care. People tell us, locally and nationally that there is a confusing mix of services for urgent care. These include walk-in centres, minor injuries units, urgent care centres and A&E's. In addition, numerous General Practices offer differing appointment systems and varied offers of core and extended services.

The recent publication of the *NHS Long Term Plan* (2019)[1] and the NHS Operational Planning and Contracting Guidance 2019/20 (2019)[2] specifies that commissioners should continue to redesign urgent care services outside of A&E, aiming to designate the majority of UTCs by December 2019. The guidance states UTCs should meet the previously published standards and ensure that they operate effectively as part of a network of services including primary care, integrated urgent care, ambulance services and A&E.

The aim of delivering standardised UTC's are to:

- simplify the system and access to services that meet people's needs, making the right choice the easiest choice
- improve people's experience of health and care services
- integrate services across the health and care system
- reduce attendance within Emergency Departments
- reduce conveyance to Emergency Departments
- support effective system flow,
- ensure Emergency Departments have the dedicated resources for higher acuity and specialised services
- support the improvement of the Emergency Care Standard
- achieve a left shift in the delivery of care closer to home
- increase access to diagnostics in the community

[1] https://www.longtermplan.nhs.uk/wp-content/uploads/2019/01/nhs-long-term-plan.pdf
[2] https://www.england.nhs.uk/wp-content/uploads/2018/12/nhs-operational-planning-and-contracting-guidance.pdf

A fundamental requirement to achieve a network approach for the UTC's is for the providers to work in strong collaboration with one another at each UTC location, with services to be integrated where required. This strong, positive collaboration approach was implemented at the St Georges Centre UTC development and was a critical factor in the success of the UTC achieving designation status.

Opportunities are presented within the UTC mandate to support the development of 24/7 urgent primary care and ensuring that people receive care as close to their place of residence as possible. This will include the review of how we commission GP Out of Hours service in the future, either at place or ICS level. The review will explore the different elements of the current contract to maximise the future opportunities and economies of scale. These elements are:

- Infrastructure to manage the calls across the 111 regional, sub-regional and local levels
- Delivery of GP Out of Hours service

The review of GP Out of Hours will explore what rapid response may be required to support keeping people at their own home, and by what skill mix of health and care professionals. Both the UTC and GP Out of Hours offer will be further supported and complemented by the evolution of Primary Care Networks and Local Care Partnerships.

As Primary Care Networks and Local Care Partnerships develop and integrate, we will need to be clear regards how they link with the UTC's to develop clear pathways and where appropriate, additional services for their respective populations. This will provide an ideal opportunity to put more formal arrangements in place around integrated urgent primary care.

One of the national ambitions for UTC's is to reduce activity at the Emergency Departments to support the achievement of the 4 hour ECS performance target across the system. It is recognised in Leeds that due to pre-existing urgent care services (MIU's

Walk-in-centre) this is not Leeds prime driver for implementation. The main driver for UTC's will be to standardise the service offer to reduce confusion for the public and support the delivery of 24/7 primary care at both a place based and primary care level.

5.2.4 Non-Elective Front Door

Efficient acute hospital flow encompasses quickly, proficiently, and effectively meeting the demand for care at both the front and back ends of the hospital. It involves effective coordination of patient care, moving the patient through pathways safely, to achieve the best possible outcomes. Poorly managed patient flow at hospitals front door can lead to adverse health outcomes, including increased re-admissions, longer length of stays and adverse mortality rates.

The non-elective front door work stream is broken down into the following:

Hospital handovers

The amount of ambulance to hospital handover delays across Leeds will be reduced and the handover process will be improved. The handover of clinical information about the patient from ambulance staff to the hospital is potentially a critical point in a persons unplanned care journey. Any information that isn't passed over effectively could result in sub-optimal patient experience through effecting the actions taken once the person hits hospital.

Attendance Avoidance

- We will reduce the number of attendances at hospital through identifying and supporting schemes across the system which facilitate the shift left and lead to more patients accessing community alternatives for unplanned care episodes.

Admission Avoidance

- Avoidable admissions will be reduced through a number of schemes including:
    - improving access to PCAL for front line staff

- Improving acute frailty services to ensure patients are assessed treated and supported by Multi-Disciplinary teams in A&E and acute receiving units with people receiving rapid assessment.
- Concentrating on admission avoidance pathways from care homes – "Analysis suggests that over a third of hospital admissions from care homes are avoidable". 3

- We will also implement the recommendations of the NHS clinical standards review for those patients with the most serious illness and injury to ensure they receive the best possible care in the shortest timeframe. This includes patients who come to A&E following a:
  - Stroke,
  - Heart attack
  - Severe asthma attack
  - Major trauma
  - Sepsis.

Same Day Emergency Care (SDEC) and Ambulatory Care

Same Day Emergency Care ensures that people presenting in hospital in an unplanned car with certain conditions can be rapidly assessed, diagnosed and where appropriate and safe to do so, treated without being admitted to a ward. People are then able to go home to their place of residence on the same day. Assessment areas and ambulatory care hubs will be utilised to reduce the number of people with short stay admissions to ensure more are discharged on the same day.

More effective management of patients who attend the hospital who would have previously attended ED and been admitted will support better outcomes for people. For the system, over time, it is assumed that we will be able to reassess the capacity required for non-elective admissions and ultimately reduce non elective demand on the LTHT bed base. This will also support the

[3] https://www.gov.uk/government/news/record-nhs-funding-to-give-patients-a-better-alternative-to-hospital

achievement of ECS target through more appropriate management of patients at the front door and ultimately support the achievement of planned care targets e.g. 18 weeks.

Co-Located UTCs

These will contribute to the improved flow of the hospital ensuring that people who present with an urgent primary care need will be streamed effectively into the UTC to ensure they get the most effective care for their needs. This will mean that the Emergency Department will be freed up to care for those patients with a true emergency need.

The UTC will treat most injuries or illnesses that are urgent but not life threatening e.g. sprains and strains, broken bones, minor burns and bites and stings. The co-located UTC will provide an initial assessment and treatment of patients and reduce the need for an admission.

5.2.5 Non-elective care and discharge

Hospital Discharge

The Leeds Health and Care system will work in partnership to ensure discharge is effectively planned from the day of arrival into hospital to ensure people receive the most optimal outcomes for their care. There is currently a disparity in where people are currently discharged to and where would provide the best outcome for their discharge. We aim to ensure that this is addressed with the right choice for the patient also being the easiest choice. In order to improve hospital discharge we will:

- Continue to implement initiatives which help to optimise discharge and make it timelier.
- work to ensure that people get the most efficient pathway through and out of the hospital
- increase the number of patients who are discharged to the most optimal discharge pathway for their care as described in the Newton Europe findings contributing to the left shift in patient care.

- look to improve Length of Stay (LOS), Delayed Transfer of Care (DTOC) and reduce the number of ward moves. We will also look to increase the number of people who are given an estimated date of discharge (EDD) on the day of arrival.
- look to reduce the year round reliance on the medically fit for discharge wards run by villa care ensuring alternatives in the community are identified and available
- Improving discharge processes contributes to all previously outlined system benefits.

5.2.6 Community care and recovery

A fundamental aspect to effective discharge from hospital is to ensure that services in the community are able to efficiently support the shift left and get patients back out of hospital as quickly as possible to the most appropriate place for their care.

Discharge not only has to be planned effectively in hospital but also post discharge, to ensure that patients receive the best care and support possible. Effective care in the community can stem the flow of readmissions, decrease future care use and improve long term health outcomes for patients. In order to improve post hospital discharge we will:

- Expand and improve the range of flexible and responsive health and care services to support the left shift
- Ensure more people are being discharged to the most appropriate place for their care as measured by the Newton Europe audit.
- Engage the voluntary and third sector more in effective post hospital care and recovery
- Develop a range of care options and pathways for different levels of required support
- Increase the number of patients going home with reablement
- Use population health management to be proactive in a person's care following discharge from hospital and ensure they get appropriate reviews and follow ups.

Diagram 9 show the strategic milestones for the development and commissioning of the Urgent and Emergency care system in Leeds for the next 5 years.

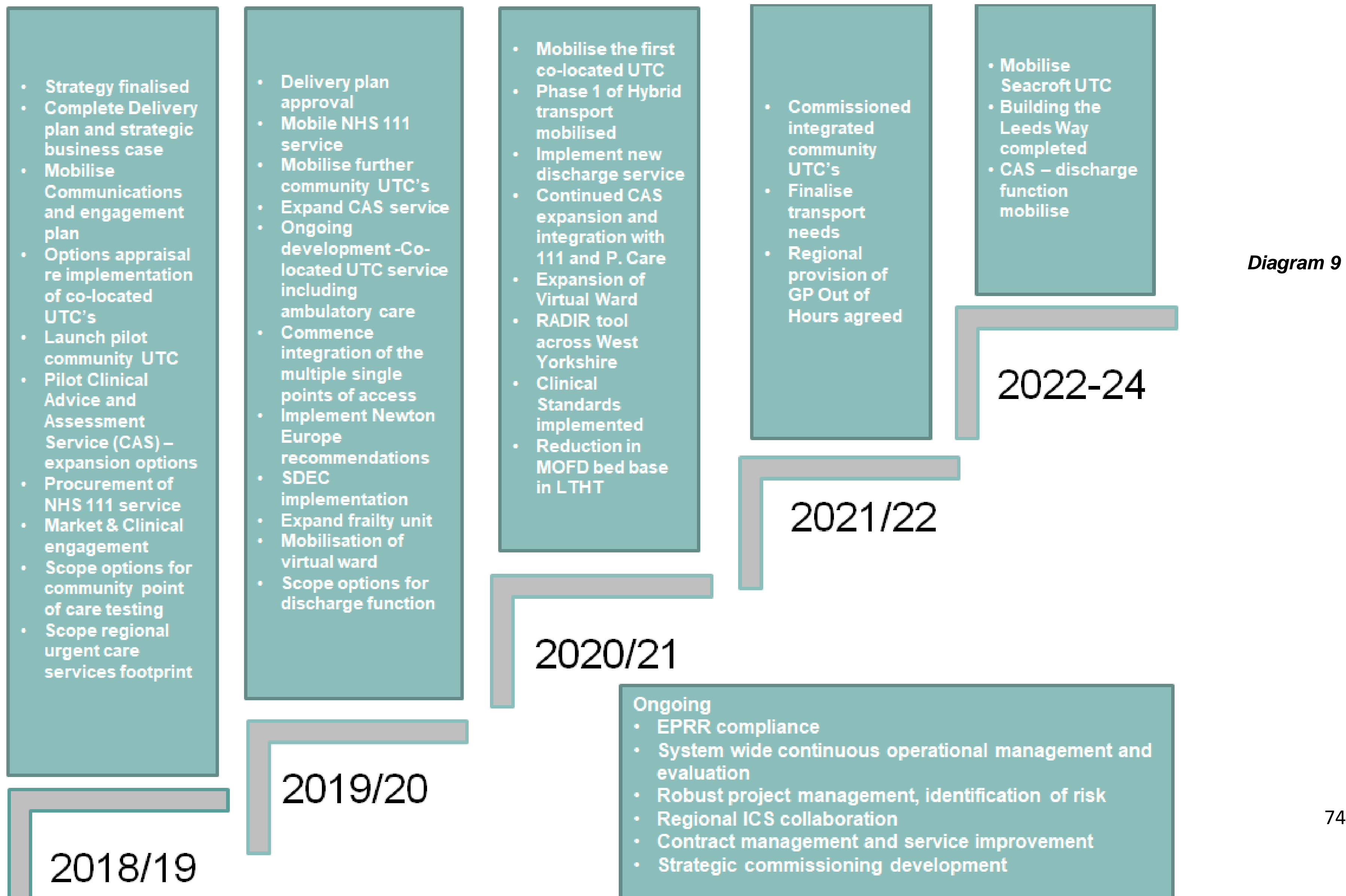


Diagram 9

7 Conclusion

Through the LSRP the overarching system aim is to demonstrate that we improve the outcomes for our population especially at a time of significant pressure.

As we strive to retain people's health and wellbeing and maintain their independence we know that this will require new ways of working and an aim to shift the provision of care form the acute trust into the community close to peoples home.

Leeds continues to take collaborative and proactive approach to planning for those predictable, unpredictable and longer term challenges that face our health and care system as well as out longer term strategic plans to transform our system.

Our plan seeks to provide a high level of assurance that there is agreed system wide initiatives in place that address both the short and long term priorities within the unplanned health and care services across Leeds.

There are clear lines of accountability and governance and an overall system commitment to work in an integrated way to deliver care and maximise resources.

We will ensure that we have identified measurable objectives in place to demonstrate the impact our changes are having for the people that access our services their families and carers as well as to our system and the people that work within it.

Glossary

CCG	Clinical commissioning Group
DTOC	Delayed Transfer of Care
ED	Emergency Department
ECS	Emergency Care Standard
EDAT	Emergency Duty Assessment Team
EMI	Elderly Mentally Infirm
EPRR	Emergency Preparedness Resilience & Response
HWBB	Health and Wellbeing Board
LCC	Leeds City Council
LHRP	Local Health Resilience Partnership Board
LCH	Leeds Community Healthcare
LSRP	Leeds System Recovery Plan
LSWP	Leeds System Winter Plan
LTHT	Leeds Teaching Hospitals Trust
LYPFT	Leeds & York partnership Foundation Trust
LIDS	Leeds Integrated Discharge Service
SRPG (ORG)	System Resilience Partnership Group
OPEL	Operational Resilience Escalation Level
PEG	Partnership Executive Group
STP	Sustainability and Transformation Plan
SiTREP	Situation Report
SRAB	System Resilience Assurance Board
UHCS	Unplanned Health and Care Strategy
UTC	Urgent Treatment Centre

Appendices

Appendix 1 Leeds System Resilience Governance
Appendix 2 2018/19 Review
Appendix 3 System Resilience Communications Plan
Appendix 4 System Resilience Risk Register

AGENDA ITEM
15

LEEDS AND YORK PARTNERSHIP NHS FOUNDATION TRUST

MEETING OF THE BOARD OF DIRECTORS

PAPER TITLE:	Combined Quality Performance Report
DATE OF MEETING:	28 November 2019
PRESENTED BY: (name and title)	Joanna Forster Adams - Chief Operating Officer
PREPARED BY: (name and title)	Joanna Forster Adams - Chief Operating Officer Cathy Woffendin – Director of Nursing and Professions Claire Holmes –Director of Workforce Dawn Hanwell – Chief Finance 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

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

- The regulatory NHSI Oversight Framework
- The Standard Contract metrics we are required to achieve
- The NHS England Contract
- The Leeds CCG Contract

In addition to the reported performance against the requirements above, we have included further performance information for our services, our financial position, workforce and our quality indicators. It is underpinned by a more detailed and expansive set of performance metrics used across our management and governance processes at all levels of the organisation.

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

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:

- Note the content of this report and discuss any areas of concern.
- Identify any issues for further analysis as part of our governance arrangements.

COMBINED QUALITY & PERFORMANCE REPORT

Lead Director: Joanna Forster Adams, Chief Operating Officer

Date: November 2019 (reporting October 2019 data, unless otherwise specified)

Introduction

Unless otherwise specified, all data is for October 2019

Key themes to consider this month:

Consistency:

During October, a number of services achieved their access standard / target including the Community Learning Disabilities Team achieving over 90% of referrals seen within 4 weeks and the percentage of referrals to Community Mental Health Teams (CMHTs) seen within 15 days being above 80%.
However, analysis of the data highlights that expected levels of normal variation demonstrate the Trust's performance is likely to be fluctuating above and below national or contractual standards rather than being consistently above them. This applies to metrics such as the percentage of referrals to Community Mental Health Teams (CMHTs) seen within 15 days, and the percentage of service users followed up within 7 days of discharge.

Expected levels of variation are an issue for inappropriate out of area bed days with the expected monthly range being 95 and 715 days; such wide variation confirms our understanding of how difficult it is to manage the process. This is further underlined by the increasing length of stay on our adult acute wards in spite of some reduction in delayed transfers of care when compared with last year and bed occupancy consistently above recommended levels . Until the actions being taken across the adult acute inpatient pathway citywide take effect, there is unlikely to be improvement in out of area placements. The Acute Care Excellence (ACE) is holding a workshop next week to look at how to improve each stage of the inpatient journey and the start of quality improvement work on each ward.

Some consistency (above 80%) has been achieved within our Acute Liaison Psychiatry (1 hour target) and our Liaison In-Reach (24 hour target) services but neither service has yet been able to maintain their contractual standard of 90%.

Improvements in recording are beginning to show within our Crisis Resolution and Intensive Support Services (CRISS) that will now need to be maintained.

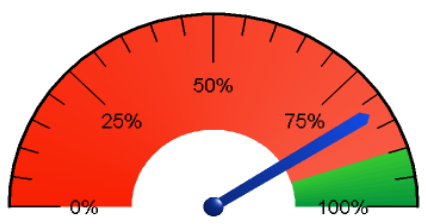
Improvement

Improvement is needed within our Memory Assessment Service to meet and maintain the contractual standard from referral to assessment within 8 weeks; a task and finish group has been in place for the past couple of months to focus on this measure and the processes required to support it.
Similarly, improving monitoring of physical health is a priority across our inpatient and community settings. Plans are being finalised to provide additional capacity for physical health monitoring clinics between January and March 2020.
Further work is required to improve communications with General Practitioners but there is also a new initiative in our in-house pharmacy to link up with the pharmacies of our service users.

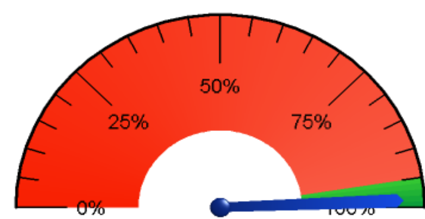
Workforce:
A new Health and Wellbeing Manager is due to start with the Trust in December to provide dedicated resource to reduce sickness absence, particularly providing support to minimise sickness due to stress and mental health. Data is being pulled together ahead of the person starting, focussing on sickness within our inpatient services. Mandatory training and appraisal remains strong with renewed emphasis on completing and recording clinical supervision .

Our Service Performance

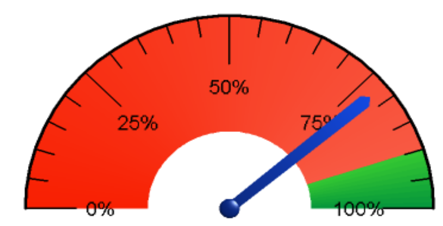
Access & Responsiveness: Our response in a Crisis



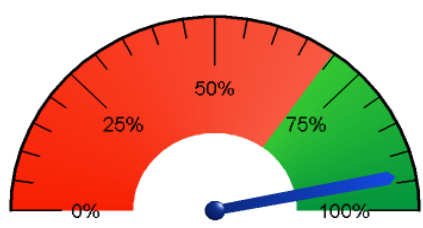
Percentage with timely access to a MH assessment by the ALPs team in the LTHT Emergency Department (1 hour)



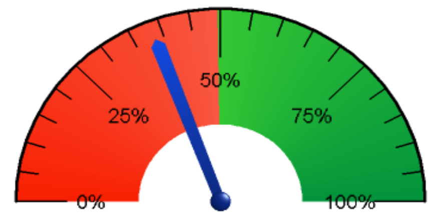
Percentage of admissions to inpatient services that had access to crisis resolution / home treatment teams



Percentage of appropriate crisis referrals offered a face to face assessment within 4 hours of referral



Percentage of service users who have stayed on CRISS caseload for less than 6 weeks



Percentage of service users seen or visited at least 5 times within first week of receiving CRISS support

Our Specialist Services

0% 25% 50% 75% 100%

CAMHS inpatients: Honosca & CGAS: % completed at admission (quarterly) Q2

0% 25% 50% 75% 100%

CAMHS inpatients: Honosca & CGAS: % completed at discharge (quarterly) Q2

0% 25% 50% 75% 100%

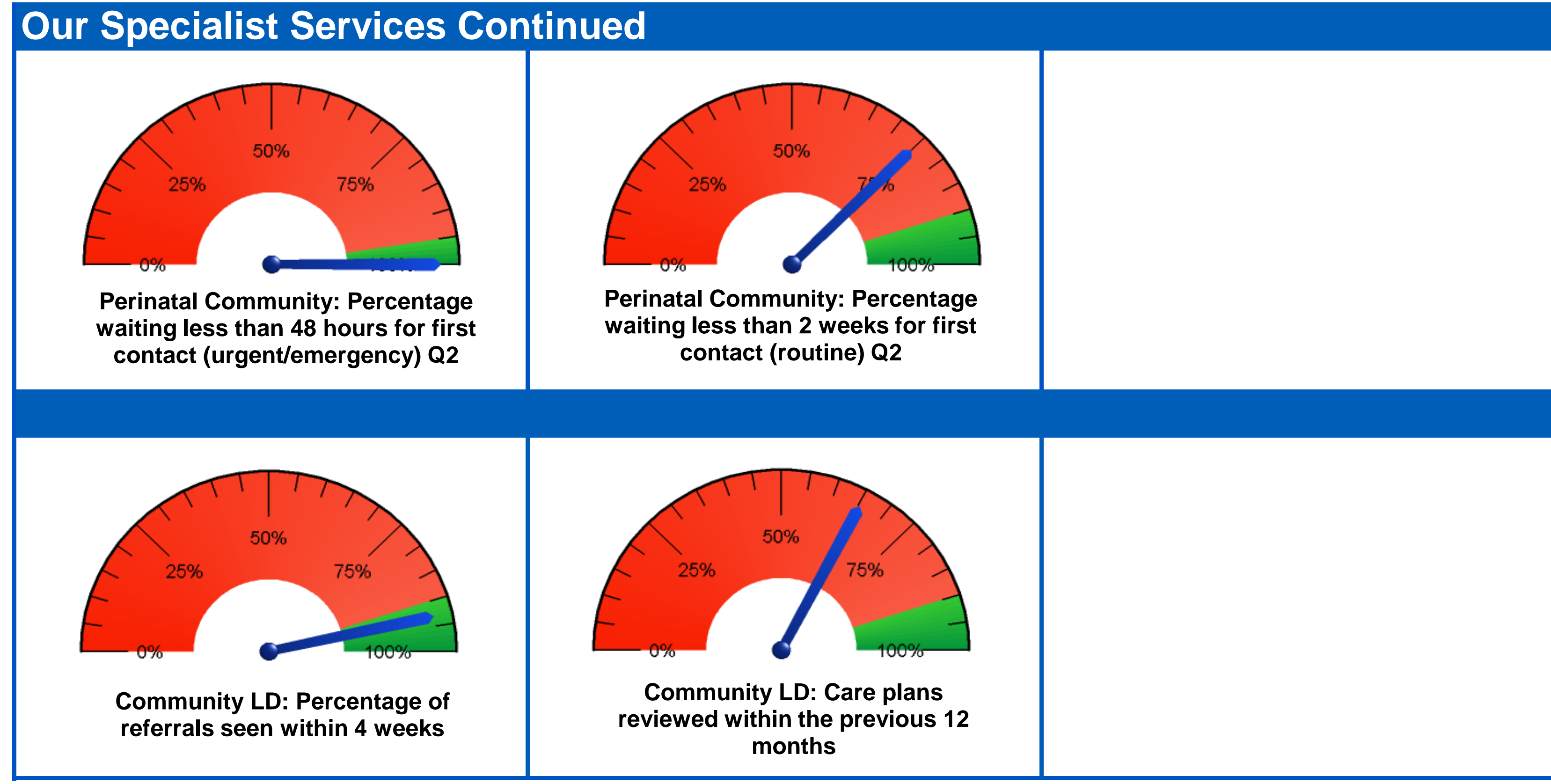
Forensics: HCR20: Percentage completed within 3 months of admission (quarterly) Q2

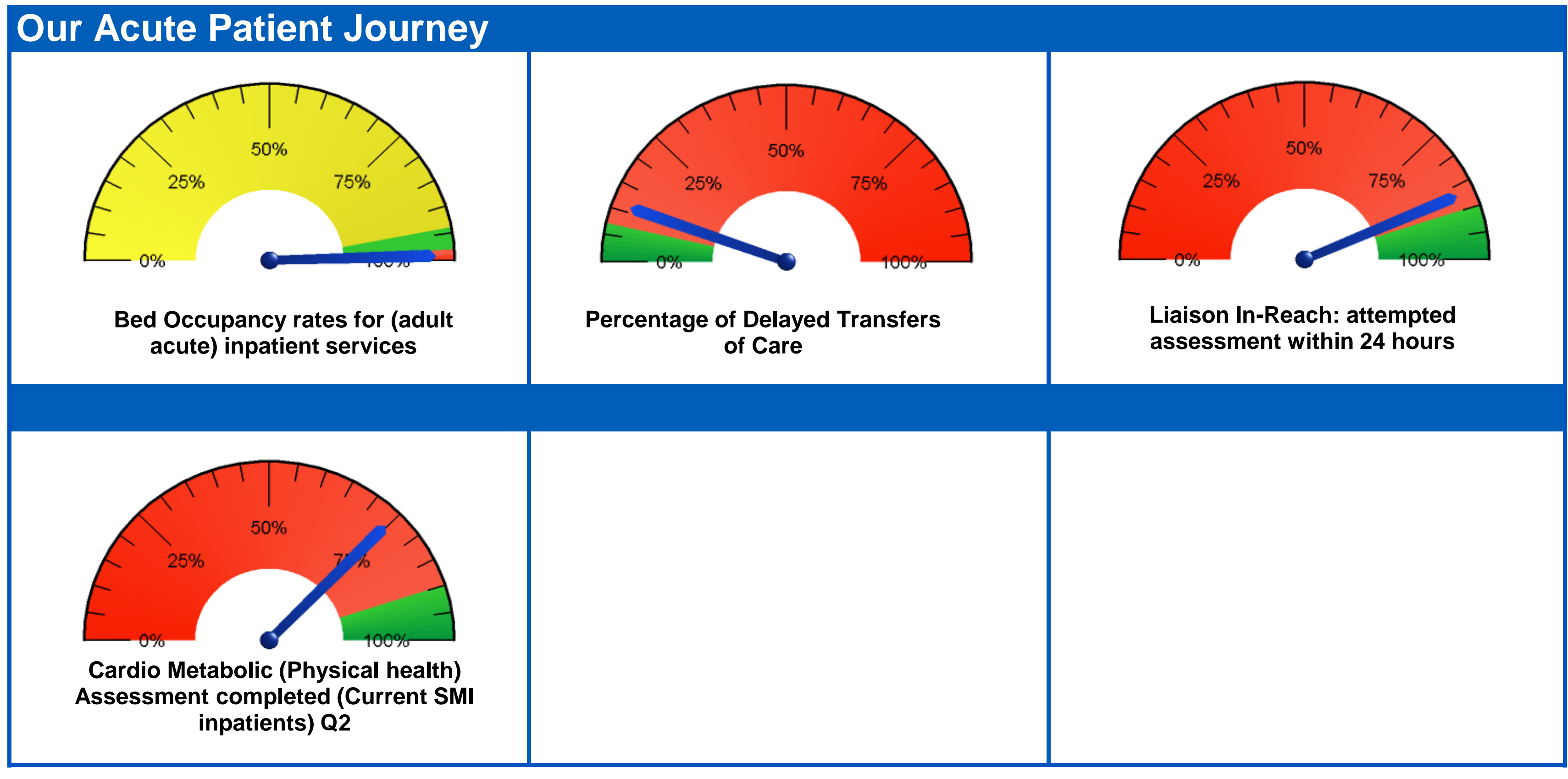
0% 25% 50% 75% 100%

Forensics: HCR20 & HoNOS Secure: Percentage completed (LOS greater than 9 months) (quarterly) Q2

0% 25% 50% 75% 100%

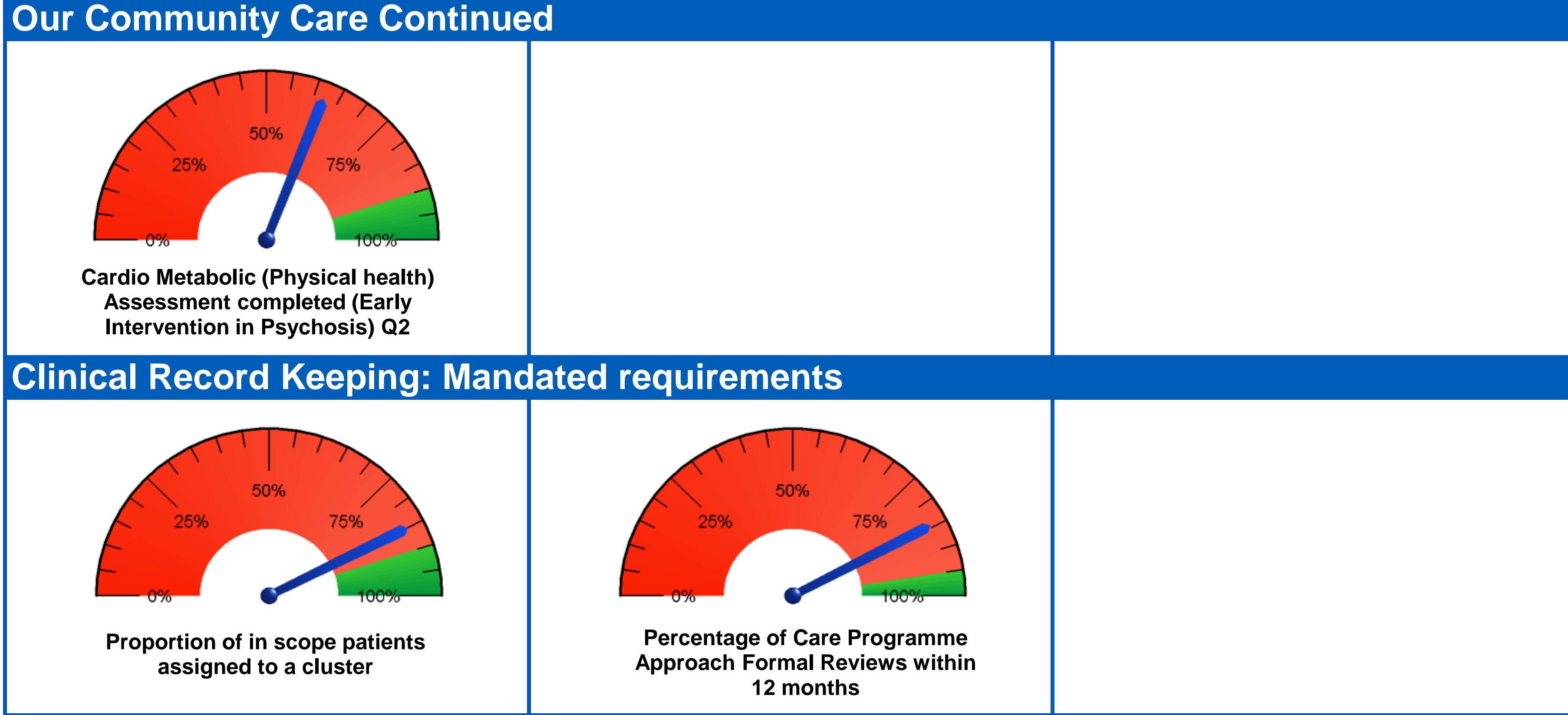
Leeds Autism Diagnostic Service (LADS): Percentage starting their assessment within 13 weeks of referral

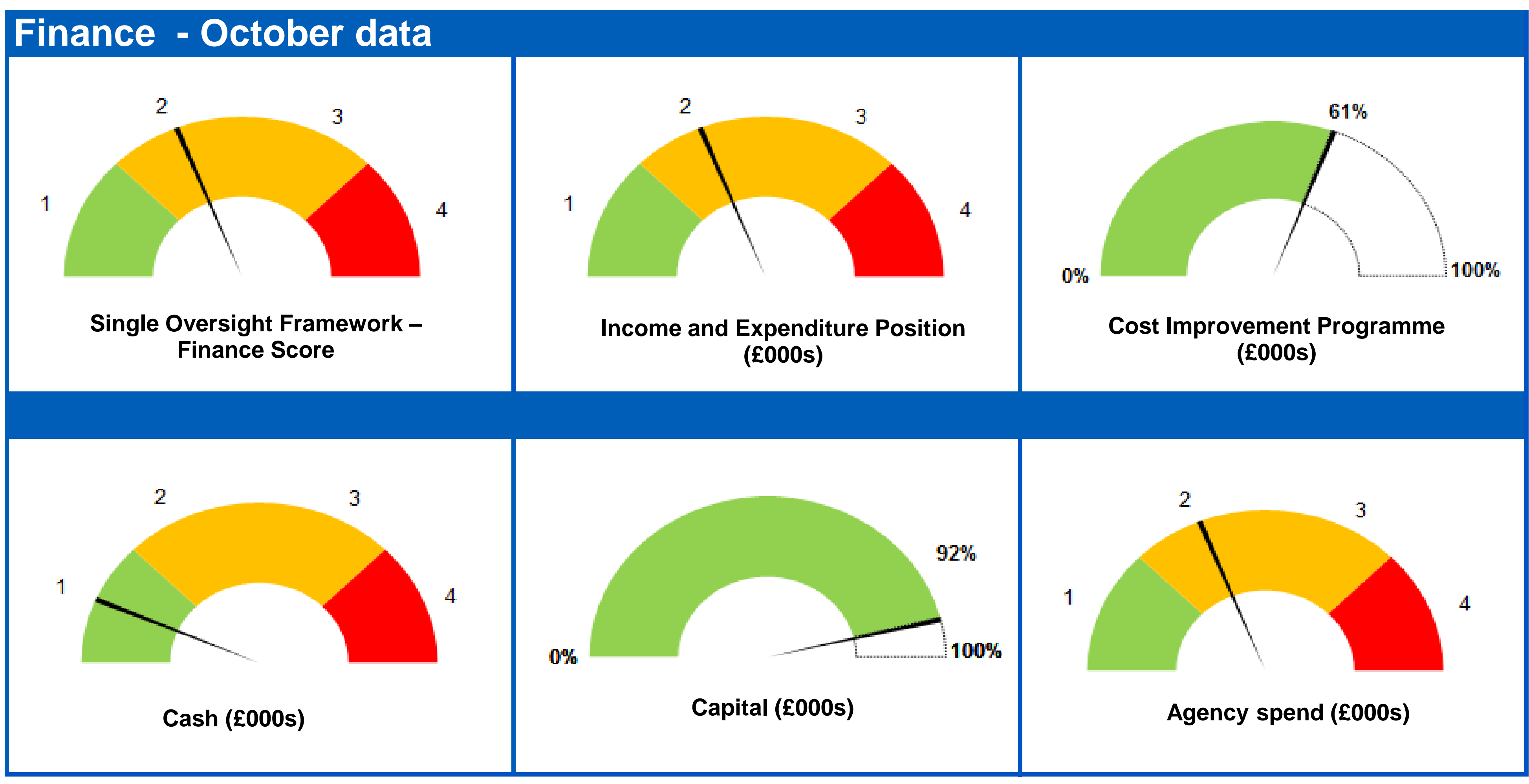

Our Specialist Services Continued
0%
25%
50%
75%
Perinatal Community: Percentage waiting less than 48 hours for first contact (urgent/emergency) Q2
0%
25%
50%
100%
Perinatal Community: Percentage waiting less than 2 weeks for first contact (routine) Q2
0%
25%
50%
75%
100%
Community LD: Percentage of referrals seen within 4 weeks
0%
25%
50%
75%
100%
Community LD: Care plans reviewed within the previous 12 months


Our Acute Patient Journey
50%
25%
75%
0%
100%
Bed Occupancy rates for (adult acute) inpatient services
50%
25%
75%
0%
100%
Percentage of Delayed Transfers of Care
50%
25%
75%
0%
100%
Liaison In-Reach: attempted assessment within 24 hours
50%
25%
0%
100%
Cardio Metabolic (Physical health) Assessment completed (Current SMI inpatients) Q2

Our Community Care

Percentage of inpatients followed up within 7 days of discharge	Percentage of referrals seen (face to face) within 15 days of receipt of referral to a community mental health team	Waiting Times Access to Memory Services; Referral to first Face to Face Contact within 8 weeks Q2
Memory Services – Time from Referral to Diagnosis within 12 weeks Q2	EIP 2 week wait to start NICE-recommended package of care	Cardio Metabolic (Physical health) Assessment completed (SMI community caseload) Q2


Our Community Care Continued
50%
25%
75%
0%
100%
Cardio Metabolic (Physical health) Assessment completed (Early Intervention in Psychosis) Q2
Clinical Record Keeping: Mandated requirements
50%
25%
75%
0%
100%
Proportion of in scope patients assigned to a cluster
50%
25%
75%
0%
100%
Percentage of Care Programme Approach Formal Reviews within 12 months


Finance - October data
1
2
3
4
Single Oversight Framework – Finance Score
1
2
3
4
Income and Expenditure Position (£000s)
61%
0%
100%
Cost Improvement Programme (£000s)
1
2
3
4
Cash (£000s)
92%
0%
100%
Capital (£000s)
1
2
3
4
Agency spend (£000s)

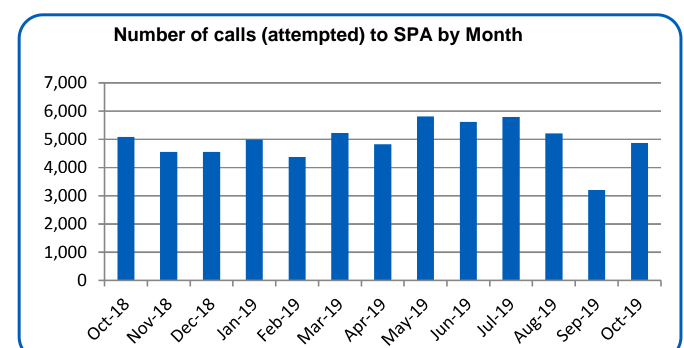
Service Performance – Chief Operating Officer

Services: Access & Responsiveness: Our response in a crisis	Target	Aug-19	Sep-19	Oct-19
Percentage of crisis calls (via the single point of access) answered within 1 minute	-	76.4%	-	64.0%
Percentage of admissions gatekept by the crisis teams	95%	95.8%	100.0%	98.7%
Percentage of ALPS referrals responded to within 1 hour	90%	84.4%	85.0%	82.2%
Percentage of S136 referrals assessed within 3 hours of arrival	-	27.9%	17.5%	28.3%
Percentage of appropriate crisis referrals offered a face to face assessment within 4 hours of referral	Q3 90%	50.0%	68.4%	77.8%
Percentage of service users who stayed on CRISS caseload for less than 6 weeks	70%	81.0%	95.2%	93.8%
Percentage of service users seen or visited at least 5 times within first week of receiving CRISS support	50%	39.4%	50.0%	38.6%
Services: Our Specialist Services	**Target**	**Aug-19**	**Sep-19**	**Oct-19**
Gender Identity Service: Median wait for those currently on the waiting list (weeks)	-	46.1	48.0	49.4
Gender Identity Service: Number on waiting list	-	1,725	1,795	1,873
Leeds Autism Diagnostic Service (LADS): Percentage starting assessment within 13 weeks	95%	79.2%	86.2%	80.0%
CAMHS inpatients: Honosca & CGAS: % completed at admission (quarterly)	95%	-	66.7%	-
CAMHS inpatients: Honosca & CGAS: % completed at discharge (quarterly)	95%	-	77.8%	-
Deaf CAMHS: wait from referral to first face to face contact in days (monthly)	-	51.6	77.5	48.8
Forensics: HCR20: Percentage completed within 3 months of admission (quarterly)	95%	-	100.0%	-
Forensics: HCR20 & HoNOS Secure: Percentage completed (LOS greater than 9 months) (quarterly)	95%	-	92.3%	-
Perinatal Community: Percentage waiting less than 48 hours for first contact (urgent/emergency) (quarterly)	Q2 95%	-	66.7%	-
Perinatal Community: Percentage waiting less than 2 weeks for first contact (routine) (quarterly)	Q3 90%	-	72.6%	-
Perinatal Outreach: Average wait from referral to first contact (all urgencies) (quarterly)	-	-	11.4	-
Perinatal: Number of new women supported versus trajectory (quarterly; LCCG only)	129	-	61	-
Perinatal: Total number of women supported (quarterly; LCCG only)	-	-	167	-
Community LD: Percentage of referrals seen within 4 weeks of receipt of referral	Q3 90%	100.0%	78.8%	93.0%
Community LD: Percentage of Care Plans reviewed within the previous 12 months	90%	56.3%	67.0%	65.3%
Services: Our acute patient journey	**Target**	**Aug-19**	**Sep-19**	**Oct-19**
Number of admissions to adult facilities of patients who are under 16 years old	-	0	0	0
Crisis Assessment Unit (CAU) bed occupancy	-	83.9%	82.8%	90.3%
Crisis Assessment Unit (CAU) length of stay at discharge	-	13.8	11.4	11.1
Liaison In-Reach: attempted assessment within 24 hours	90%	83.9%	80.9%	86.9%
Bed Occupancy rates for (adult acute excluding PICU) inpatient services:	94-98%	99.0%	99.2%	99.1%
• Becklin – ward 1 (female)	-	100.3%	99.5%	99.9%
• Becklin – ward 3 (male)	-	98.4%	100.5%	99.4%
• Becklin – ward 4 (male)	-	98.2%	98.8%	99.7%
• Becklin – ward 5 (female)	-	100.1%	98.1%	98.1%
• Newsam – ward 4 (male)	-	98.0%	99.2%	98.3%
• Older adult (total)	-	86.6%	85.2%	79.6%
• The Mount – ward 1 (male dementia)	-	77.6%	88.2%	79.9%
• The Mount – ward 2 (female dementia)	-	87.5%	91.8%	95.3%
• The Mount – ward 3 (male)	-	77.3%	62.9%	47.3%
• The Mount – ward 4 (female)	-	101.8%	101.1%	101.9%

Service Performance – Chief Operating Officer

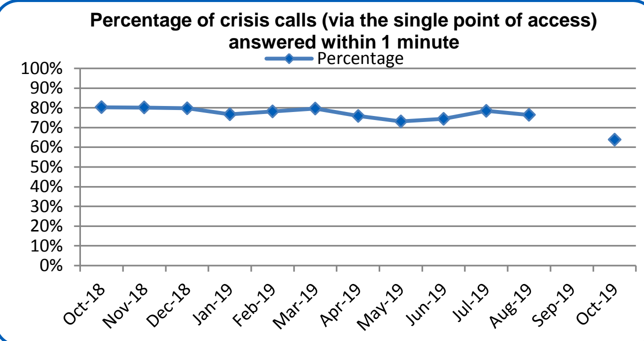
Services: Our acute patient journey	Target	Aug-19	Sep-19	Oct-19
Percentage of delayed transfers of care	<7.5%	14.1%	11.7%	11.0%
Number of out of area placement bed days versus trajectory (in days: cumulative per quarter)	-	+41	+460	-353
Acute: Number of out of area placements beginning in month	-	7	9	11
Acute: Total number of bed days out of area (new and existing placements from previous months)	-	430	390	348
PICU: Number of out of area placements beginning in month	-	0	5	6
PICU: Total number of bed days out of area (new and existing placements from previous months)	-	30	23	171
Older people: Number of out of area placements beginning in month	-	0	1	0
Older people: Total number of bed days out of area (new & existing placements from previous months)	-	0	6	0
Cardiometabolic (physical health) assessments completed: Inpatients (quarterly)	90%	-	74.7%	-
Services: Our community care	**Target**	**Aug-19**	**Sep-19**	**Oct-19**
Percentage of inpatients followed up within 7 days of discharge	-	95.4%	88.0%	90.5%
Percentage of inpatients followed up within 7 days of discharge (quarterly data)	95%	-	91.4%	-
Percentage of inpatients followed up within 3 days of discharge	-	73.2%	77.2%	78.1%
Number of service users in community mental health team care (caseload)	-	4,853	4,843	4,745
Percentage of referrals seen (face to face) w/in 15 days by a community mental health team	80%	83.0%	81.2%	83.3%
Percentage of referrals to memory services seen (face to face) within 8 weeks (quarter to date)	90%	86.1%	85.3%	79.3%
Percentage of referrals to memory services with a diagnosis recorded within 12 weeks (quarter to date)	50%	63.9%	66.7%	72.5%
Early intervention in psychosis (EIP) or at risk mental state (ARMS): Percentage starting treatment within 2 weeks.	56%	63.6%	81.8%	69.2%
Cardiometabolic (physical health) assessments completed: Community Mental Health (patients on CPA) (quarterly)	80%	-	47.8%	-
Cardiometabolic (physical health) assessments completed: Early Intervention in Psychosis Service (quarterly)	90%	-	62.0%	-
Services: Clinical Record Keeping	**Target**	**Aug-19**	**Sep-19**	**Oct-19**
Data Quality Maturity Index for the Mental Health Services Dataset (MHSDS) - revised specification from April onwards	95%	JUN	JUL	-
		81.5%	81.7%	-
Percentage of service users with ethnicity recorded	-	85.0%	84.1%	83.9%
Percentage of in scope patients assigned to a mental health cluster	90%	86.5%	85.9%	85.1%
Percentage of Care Programme Approach Formal Reviews within 12 months	95%	84.3%	85.5%	84.5%
Timely Communication with GPs: Percentage notified in 7 days (CPA Care Plans only) (quarter to date)	80%	41.7%	42.2%	41.1%
Timely Communication with GPs: Percentage notified in 24 hours (inpatient discharges only) (quarter to date)	80%	0.4%	0.3%	1.8%

Services: Access & Responsiveness: Our response in a crisis



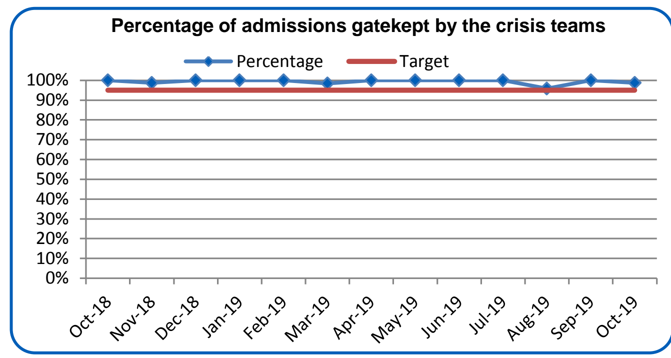
Oct calls: 4,866

Data from only 12th - 30th Sep due to migration

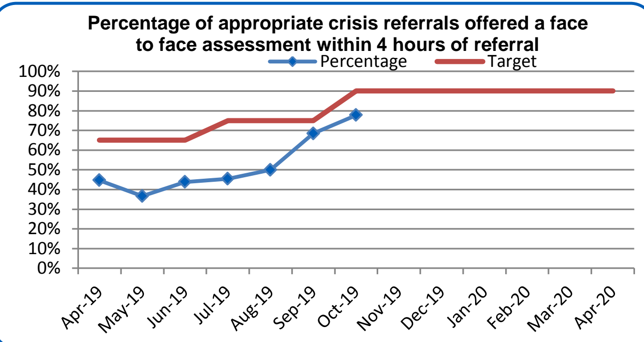


Local target: within 1 minute: Oct: 64.0%

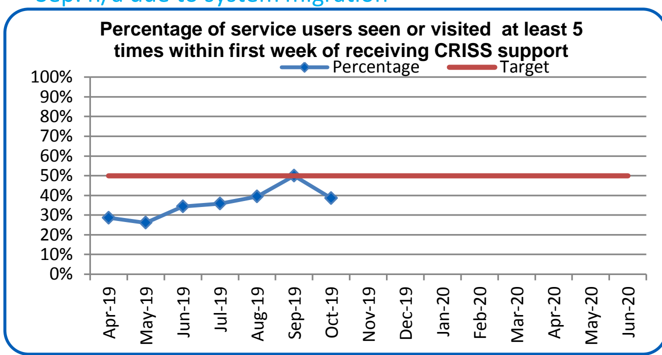
Sep: n/a due to system migration



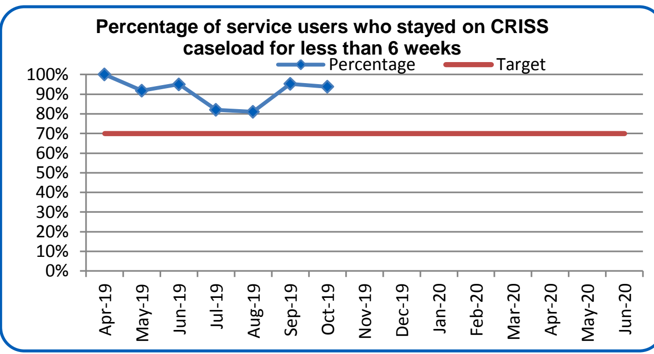
Local target: 95%: Oct: 98.7%



Contractual target Q3: 90% Oct: 77.8%

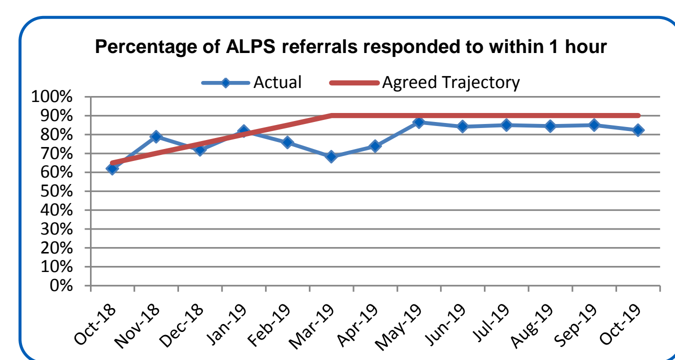


Contractual target: 50%: Oct: 38.6%

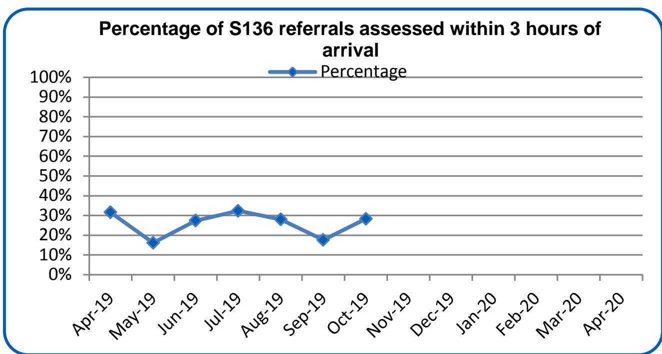


Contractual target: 70%: Oct: 93.8%

Services: Access & Responsiveness: Our response in a crisis continued



Contractual target: 90%: Oct: 82.2%



Contractual measure: Oct: 28.7%

Services: Access & Responsiveness: Our response in a crisis

Performance against the 1 hour response target for the Acute Liaison Psychiatry service (ALPs) remains consistent (above 80%) but below the 90% threshold. Since the introduction of the 1 hour target, there has been an increase in demand. During 2018, the team dealt with around 3,800 referrals; for 2019, this is projected to be in the region of 4,300 referrals. The team are also currently recruiting to 2 vacant posts.

Actions taken/ to be taken: Complete recruitment to minimise delays in our ability to respond and continue to work closely with Leeds Teaching Hospitals to manage referrals.

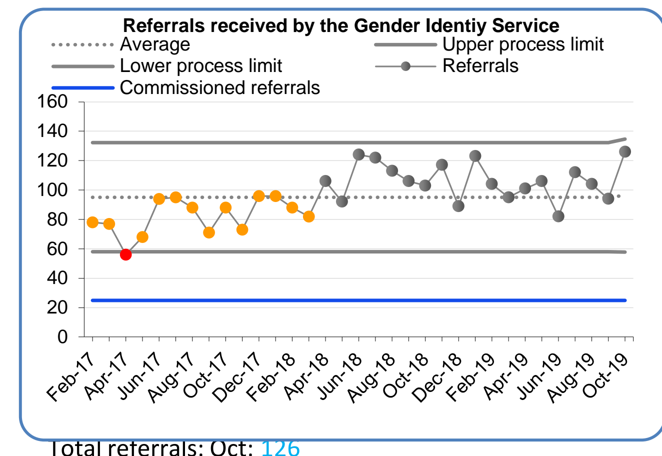
Within the Crisis Resolution and Intensive Support Service (CRISS), much work has been undertaken to improve recording in our clinical system with the aim of meeting the nationally recognised Crisis Team Optimisation and Relapse Prevention (CORE) study's fidelity standards. Accurate measurement of those requiring a 4 hour response requires the recording of referral priority (emergency/urgent/routine) on the clinical system for all referrals. Whilst recording of referral priority has improved month on month, further investigation has found that harm reduction referrals (internal referrals from ALPs/CRISS or street triage teams for a short term input not requiring a 4 hour response) were not being given a priority and so were being included in this metric.

Actions taken/ to be taken: Agreement has been made with the team to ensure that harm reduction referrals are marked as "routine" so that they are excluded from the measure and a true picture of performance established.

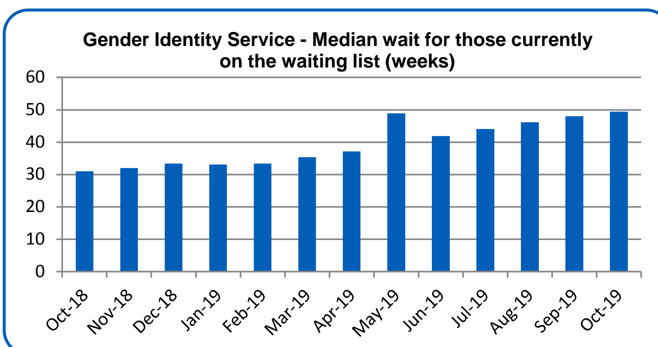
The CRISS service aims to provide face to face contact 5 times in the first week of referral in line with CORE standards for at least 50% of referrals. As previously reported, a recent audit showed that reasons for the five contacts not being achieved include service users cancelling or not engaging with the team, RAG rating for a service user being reduced from RED (requiring daily visits) to AMBER (visits 3-4 times a week) during the first 7 days and shared care where service users are on the ward and in the community. Additionally, at the end of October snapshot, the caseload for CRISS was the largest it has been since the service began in March; this has impacted on the service's ability to see everyone face to face each day with some reliance upon telephone calls.

Actions taken/ to be taken: Continue to ensure that anyone with a RED rating is seen face to face each day.

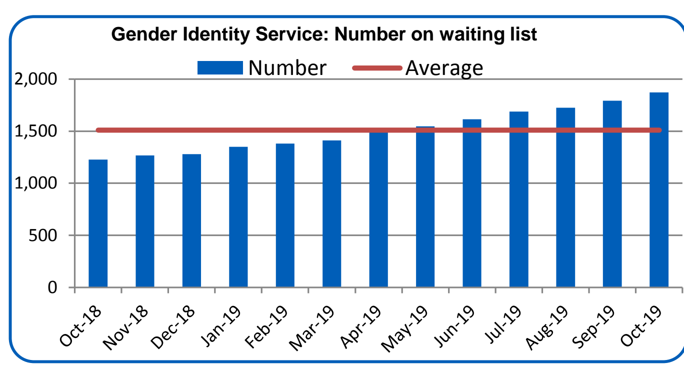
Services: Our Specialist Services



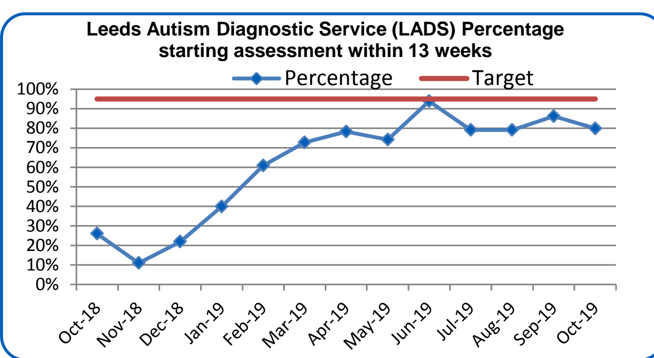
Total referrals: Oct: 126



Median wait: Oct: 49.4 weeks

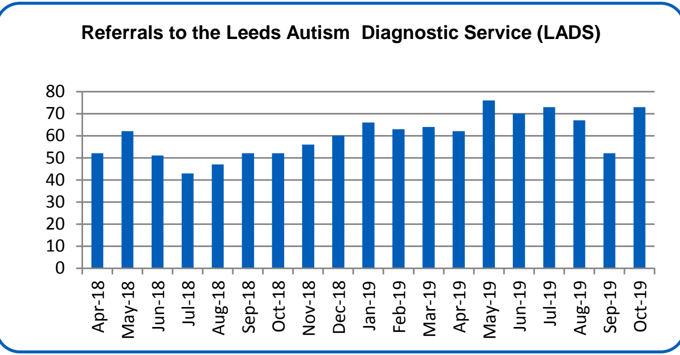


Number on waiting list: Oct: 1,873

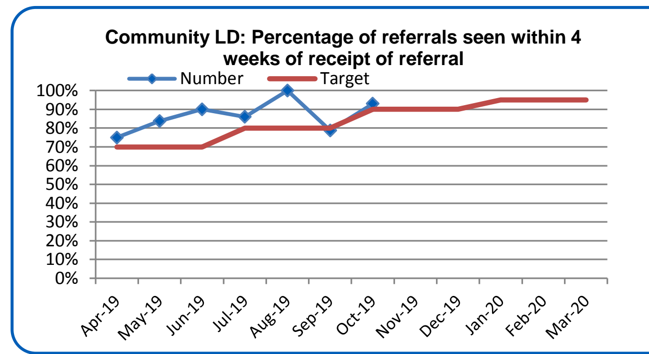


Contractual target: 95%*: Oct: 80.0%

**Trajectory to be agreed with the CCG to achieve 95% during 19/20.*

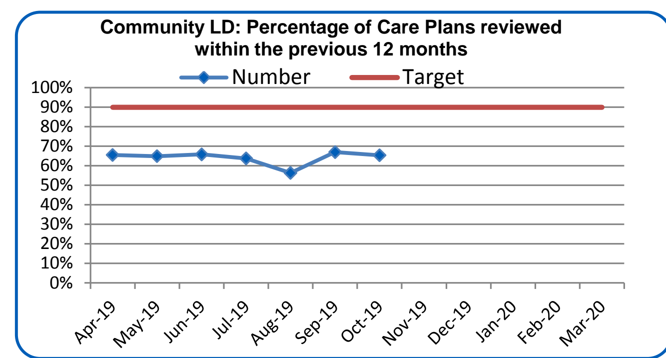


Local measure: Oct: 73

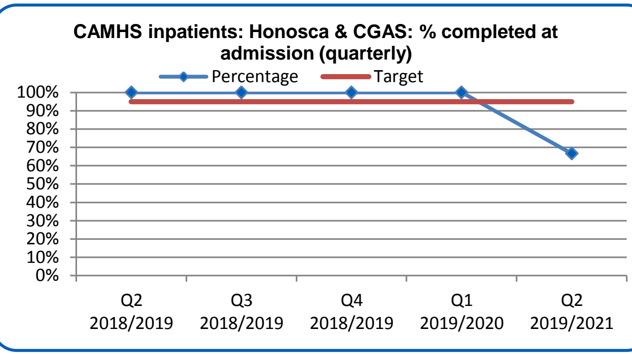


Contractual target: Q3 90%: Oct: 93.0%

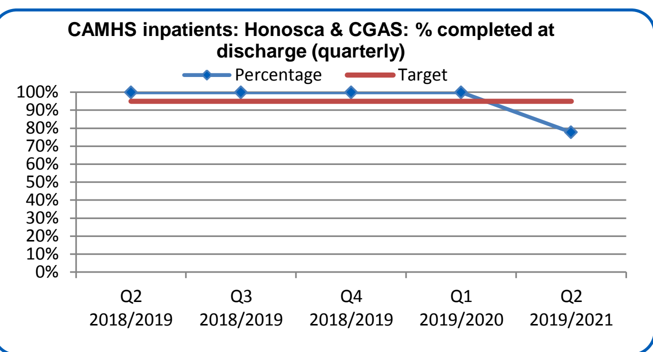
Services: Our Specialist Services continued



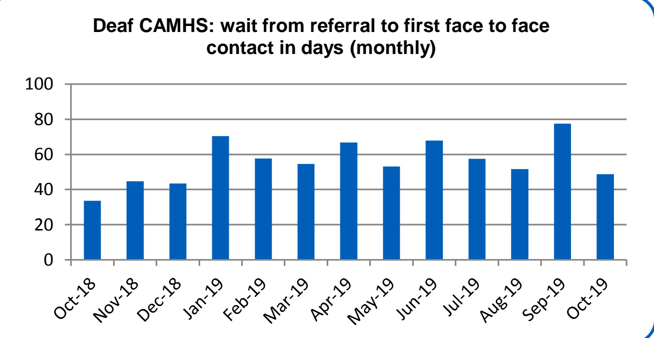
Contractual target: 90%: Oct: 65.3%



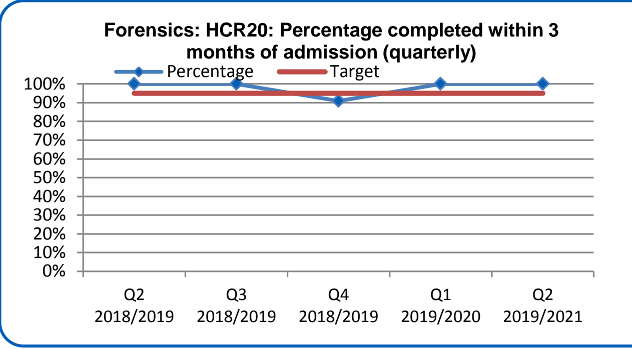
Contractual target: 95%: 2019/2020 Q2: 66.7%
(not met for two service users in Q2)



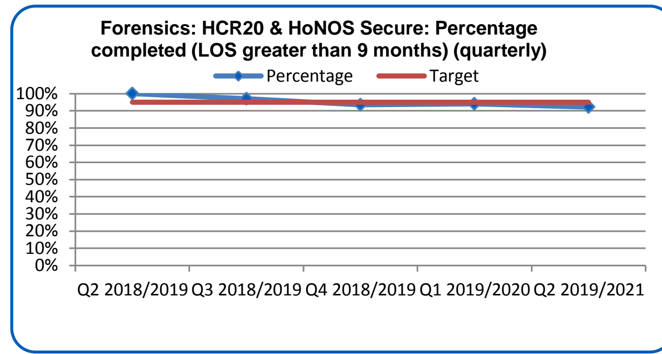
Contractual target: 95%: 2019/2020 Q2: 78%
(not met for two service users in Q2)



Local measure: Oct: 48.8 days



Contractual target: 95%: 2019/2020 Q2: 100%



Contractual target: 95%: 2019/2020 Q2: 92.3%
(not met for two service users in Q1 and three in Q2)

Services: Our Specialist Services

The Leeds Autism Diagnostic Service (LADS) has been working on a quality improvement initiative over the last year. This has produced a number of major improvements to the clinical pathway including an enhanced referral form, better screening procedures, better administrative procedures, and a more efficient assessment pathway. This has resulted in an improvement against the 13 week wait to start assessment from 26% in October 2018 to 80% in October 2019. The service has recently been awarded a National Autistic Society Quality Accreditation –and is the only NHS adult autism diagnostic service in the UK to have received this. However, the numbers of referrals being received continues to rise with an average of 68 per month year to date against an average of 51 for the same period last year. The team has now reached a point where further improvement is unlikely without more clinical and administrative staff to cope with the demand. A business case for this is currently being developed. The team has had additional capacity provided by access to a student LD nurse on placement (now completed) and a number of Higher Trainees/Special Interest Doctors (who worked one day a week for free) but now only has one left working a day each alternate week until January. At this stage, the team do not think the 95% target will be met before March 2020.

Actions taken / to be taken: Business case to be submitted to the commissioner for additional resource.

The change in process within the Community Learning Disability Team (CLDT) whereby all except those needing an IQ assessment are now passed from the assessment and referral team to the community team within 7 days and allocated a face to face contact and assessment with the CLDT is proving effective. The new target of 90% from Q3 onwards has been met in October. Some breaches will occur as the Leeds Community Health Speech and Language Therapy staff are working to a different target so may be outside the 4 weeks for dysphagia referrals. The percentage of care plans reviewed within 12 months by the team remains below target. It should be noted that the percentage on Care Programme Approach (CPA) reviewed within 12 months is higher at 86% in October and has been the focus for improvement as the team work towards moving all service users over to CPA.

Actions taken / to be taken: Staff action plans have been agreed and care plan compliance is now a standard item in managerial supervision. Individual level data reports for those not yet on CPA will be provided to the service to assist with targeting improvement.

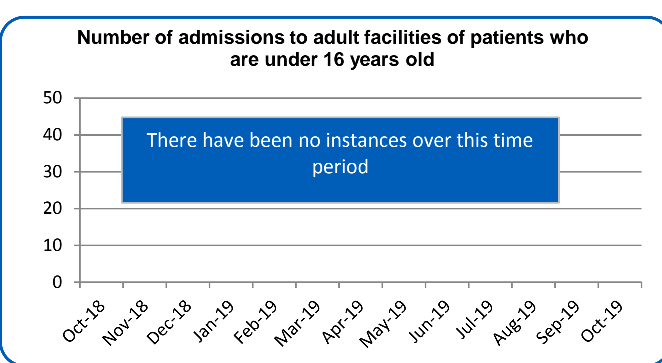
Within our CAMHS inpatient service, the aim is to complete the the health of the nation outcome score for children and adolescents and the children's global assessment scale at admission and discharge (Honosca and CGAS). This was not achieved for 2 service users during quarter 2. The team are currently focussed on embedding "goal based outcomes" and have acknowledged that these should not be missed whilst this happens.
Actions taken / to be taken: The team will review the process for ensuring that all measures are collected at the appropriate time as part of the introduction of "goal based outcomes".

Within Forensics, the completion of the violence risk assessment HCR-20 is expected within 3 months of admission with a review for any length of stay greater than 9 months. During Q2, all were completed in the admission period but 3 reviews were completed outside the expected timeframe.

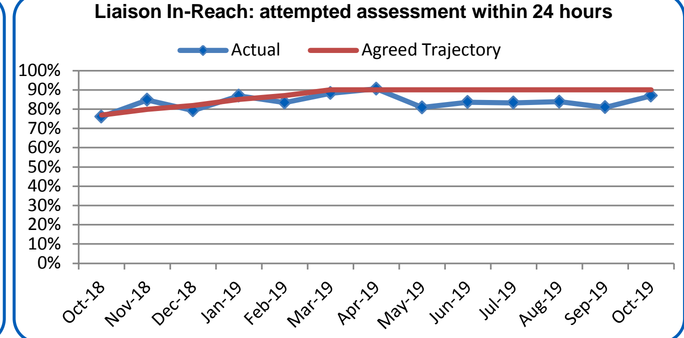
During Q2 in Perinatal services, there was one breach of the standard to see urgent/emergency referrals within 48 hours. In this instance, the team did telephone the service user a number of times but were unable to reach her in the required timeframe (the person was already also under the care of the CMHT); the appointment took place within 72 hours. Our Perinatal service also has a nationally agreed trajectory to increase the number of new women accessing the service. Although the number of women being supported by the service increased between Q1 and Q2, the trajectory of new service users was not met. Through the quarter, the service received fewer referrals than the trajectory required and not all referrals were accepted.

Actions taken / to be taken: The service have training planned both for services within the Trust (e.g. CMHTs) and outside the Trust to increase understanding of the perinatal service offer.

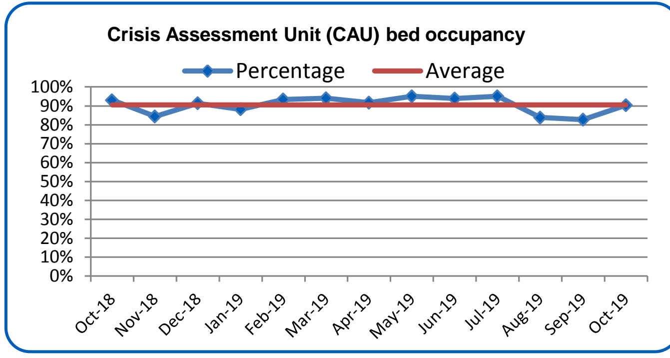
Services: Our acute patient journey



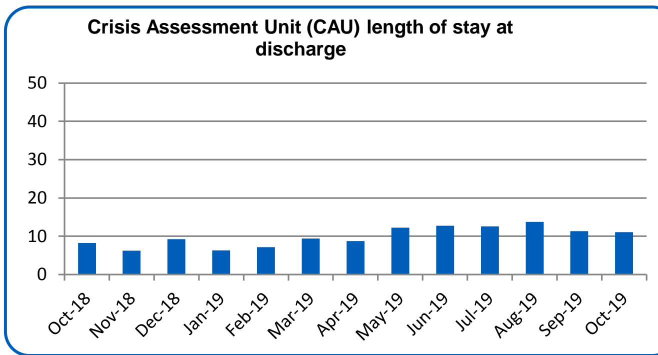
National (SOF): no target: Oct: 0



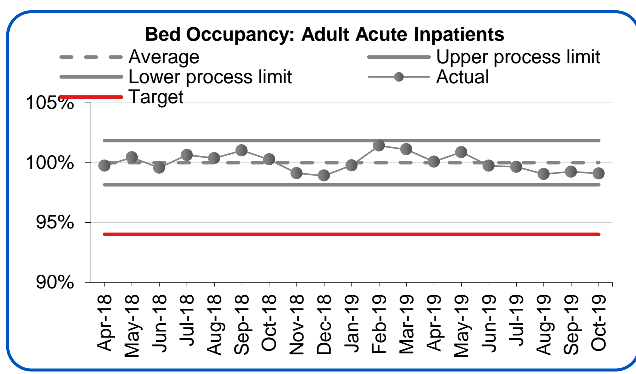
Contractual target: 90%: Oct: 86.9%



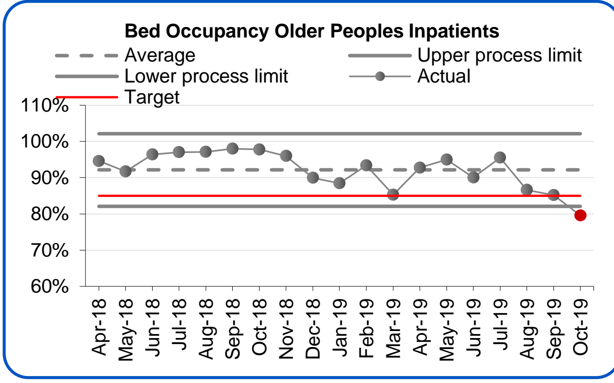
Local measure: Oct: 90.6%



Local measure: Oct: 11.1 days

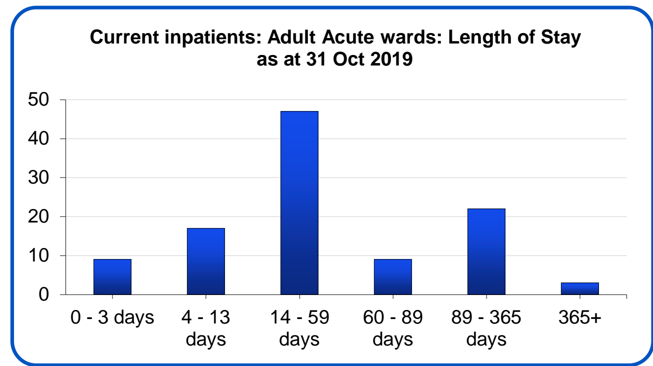


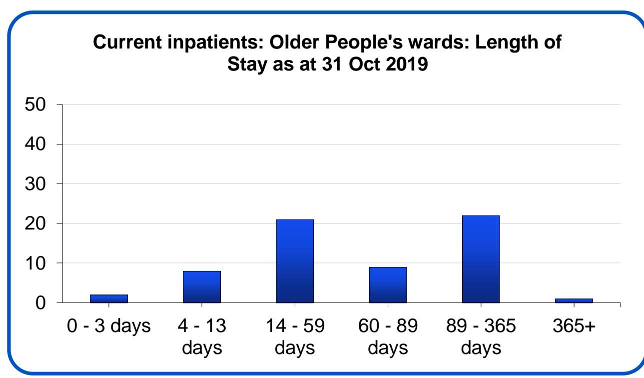
Contractual target: 94-98%: Oct: 99.1%

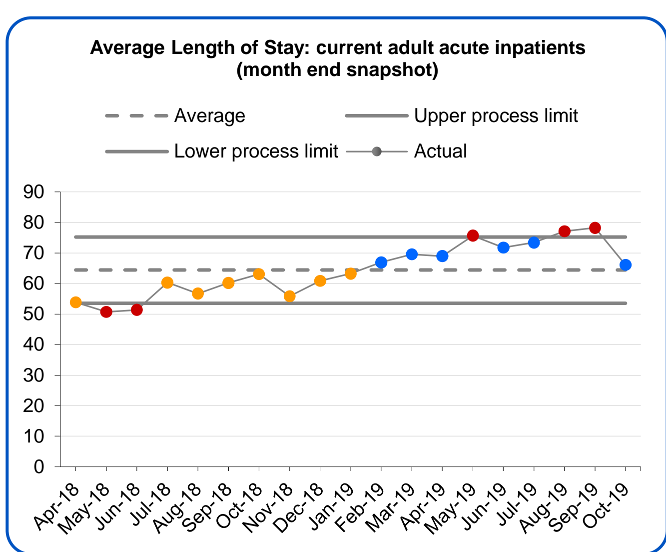


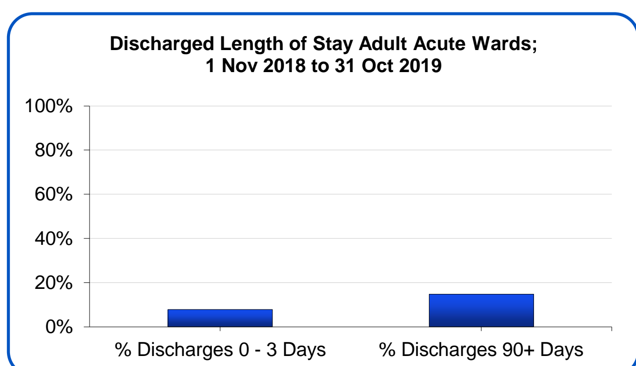
Local measure and target of 85%: Oct: 79.6%

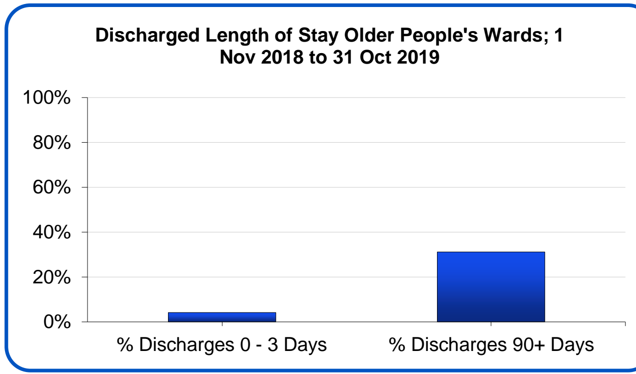
Services: Our acute patient journey continued



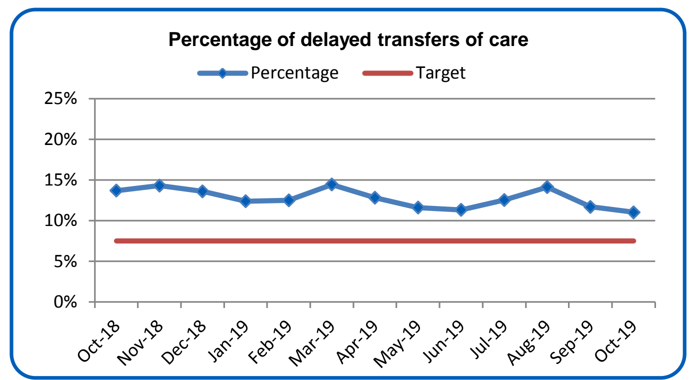




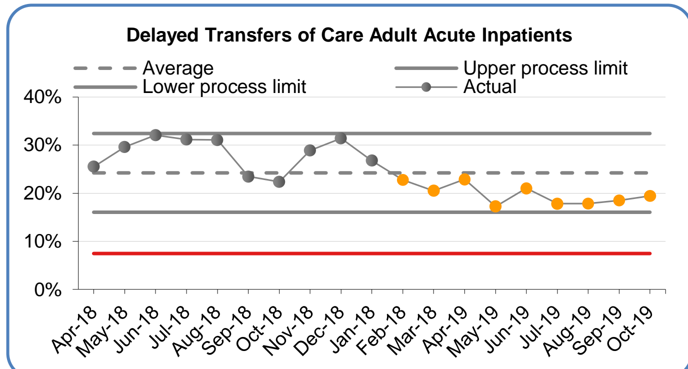




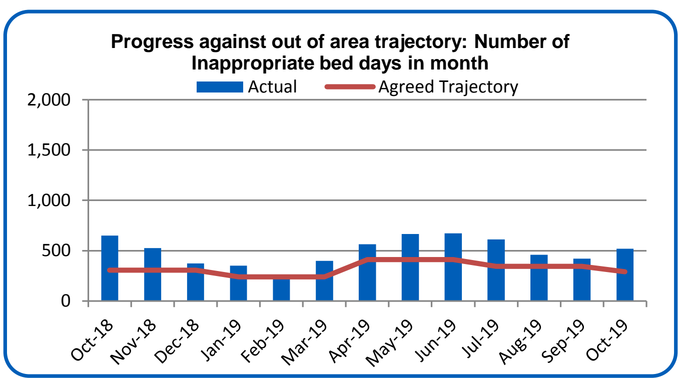
Services: Our acute patient journey continued



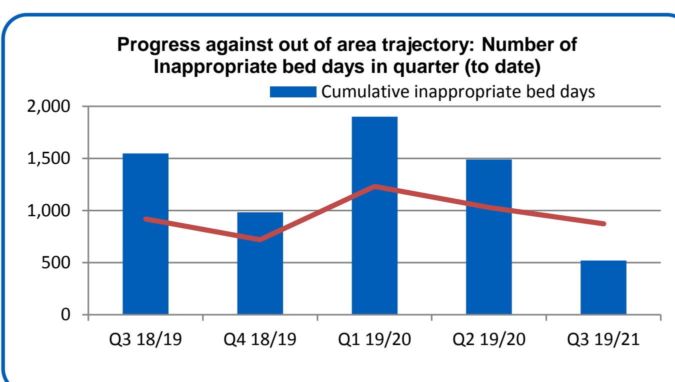
Local target: <7.5%: Oct: 11.0%



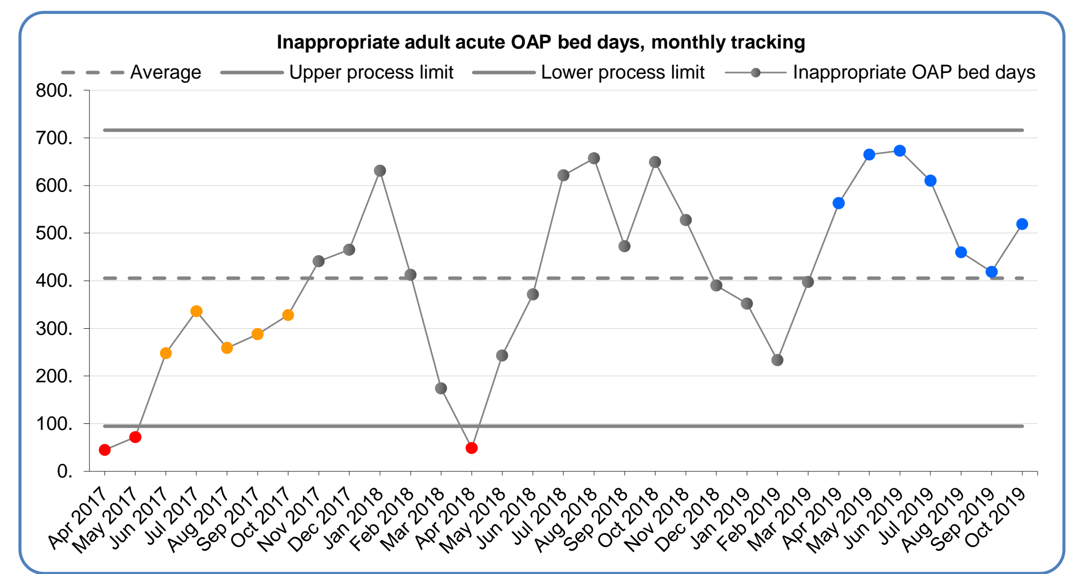
Local target <7.5%: Oct: 19.5%



Nationally agreed trajectory: Oct: 519

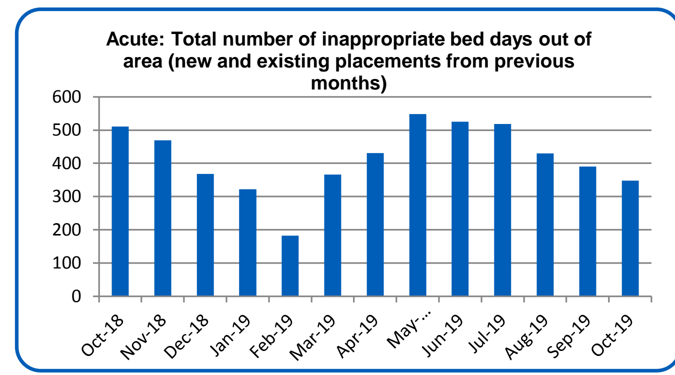


Nationally agreed trajectory (Q3: 872 days): Q3: 519 days



Local tracking measure

Services: Our acute patient journey continued



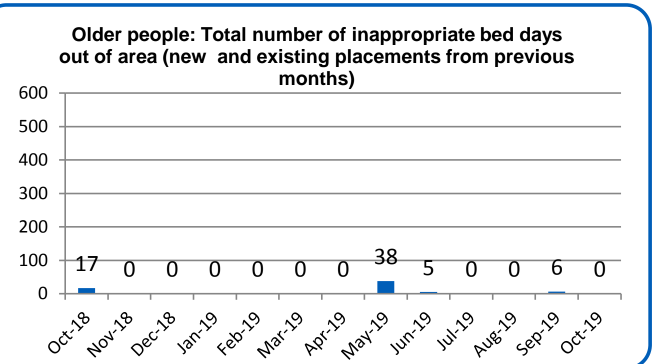
Local measure: Oct: 348 days

PICU: Total number of inappropriate bed days out of area (new and existing placements from previous months)

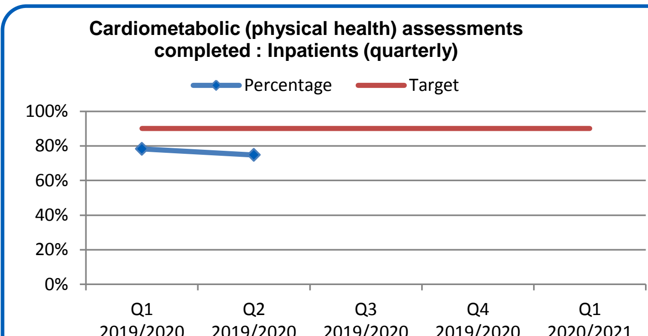
600
500
400
300
200
100
0

Oct-18 Nov-18 Dec-18 Jan-19 Feb-19 Mar-19 Apr-19 May-... Jun-19 Jul-19 Aug-19 Sep-19 Oct-19

Local measure: Oct: 171 days



Local measure: Oct: 0 days



Contractual target: 90%: Q2: 74.7%

Services: Our acute patient journey

The Liaison In-reach team continues to perform at over 80% against the 24 hour response target standard of 90%. October saw the second highest percentage the team has achieved to date but there is the risk that the service cannot reach 90% in Q3/Q4 if the demand during winter increases as anticipated. Ongoing support for those waiting in the acute trust for availability of a mental health bed was requested in October and has continued into November. With the majority of staff based at St James' hospital (due to this site having the highest proportion of referrals), there can be some delays in getting staff to the Leeds General Infirmary (LGI) within the required time.

Actions taken / to be taken: An additional nurse to work from the LGI has been appointed and is due to be in post from January 2020.

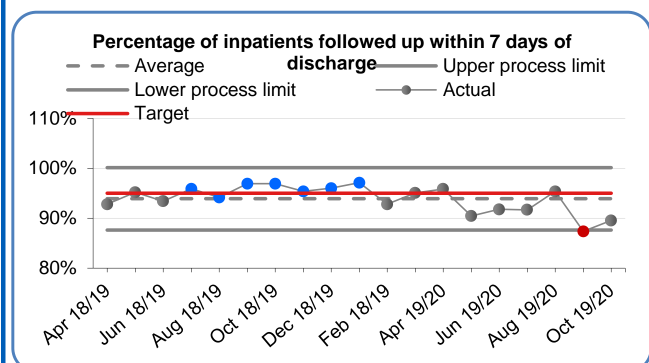
At the end of October, the number of inappropriate out of area bed days for our acute and PICU wards rose above the full year bed day trajectory. At the end of October, 15 service users remained out of area ranging from 7 to 167 days. Within adult acute inpatients, bed occupancy remains within expected levels (but well above optimum levels). Delayed transfers of care remain high but are consistently lower than last year with the reverse true for the length of stay on the ward for current inpatients (monthly snapshot). There are also a couple of internal delayed transfers of care waiting for rehabilitation and recovery beds.
Within older people’s services, the wards aim for the local standard of 85% occupancy. During October, occupancy was outside the expected levels of normal variation at 82%. This was due to a drop in demand for male beds (Ward 1, male dementia 79.9% and Ward 3, male functional 47.3% occupancy). Historically, Ward 3 had been a mixed ward but was changed to male only in January 2019 in order to support continued high male demand. During September and October, there was a reduction in both delayed transfers of care and male demand at the same time as a rise in female demand (so much so, that for the 1st week of November, Ward 3 reverted to being a mixed ward to manage the pressure in that week). Staffing was flexed to support the busier female wards during this time. Towards the end of October (and continuing into November) acuity has increased with a requirement for higher levels of observation.

Actions taken / to be taken: Continue to work in partnership with commissioners who are planning to open up additional supported accommodation placement beds later in the year to support a reduction in delayed transfers of care and to open a crisis house from January 2020 (provided by the third sector and supported by the Trust). The checklist for use within 72 hours of admission identifying possible barriers to discharge continues to be used both within the Trust and for those out of area.

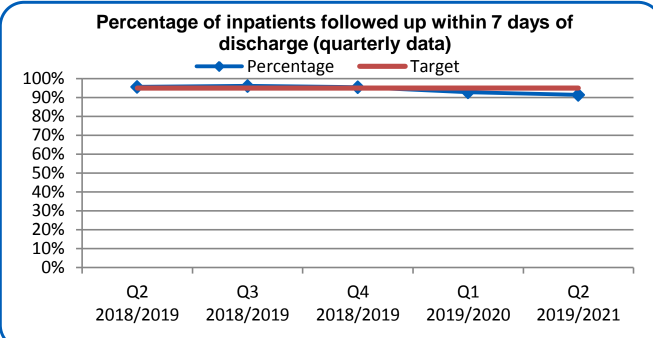
Improving physical healthcare in people with a serious mental illness (SMI) through cardio metabolic assessments and treatment remains both a contractual target and a priority for the Trust. Across inpatients, there is considerable variation across wards that requires further understanding. Within Perinatal services, it has been noted that there are issues with blood results not being forwarded when patients are transferred to the service. The ward manager and psychiatrist are both working to improve recording of this information. Within acute inpatients (adults), there have been some recording issues whereby assessments have been completed but not given an end date so appear unfinished and some process issues that are now being picked up with the medics around when a service user refuses bloods or an ECG. The reliance on locum junior medics and SPR in some areas has also led to some PARIS input issues due to lack of knowledge. The target is being met for the older people's inpatient wards.

Actions taken / to be taken: Within adult acute inpatients, plans are in development for the next 2 months that are expected to bring some improvement.

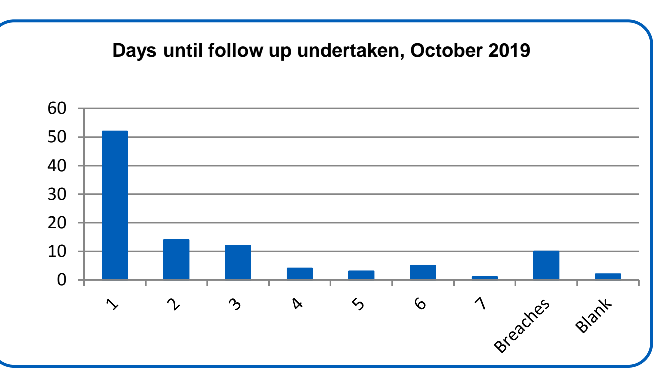
Services: Our community care



Local monthly target: 95%: Oct: 90.48%



National (SOF) target: 95%: 2019/2020 Q2: 91.4%



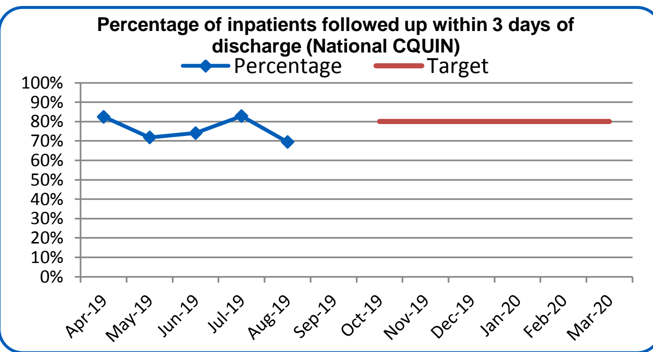
Percentage of inpatients followed up within 3 days of discharge

100% 90% 80% 70% 60% 50% 40% 30% 20% 10% 0%

Oct-18 Nov-18 Dec-18 Jan-19 Feb-19 Mar-19 Apr-19 May-19 Jun-19 Jul-19 Aug-19 Sep-19 Oct-19

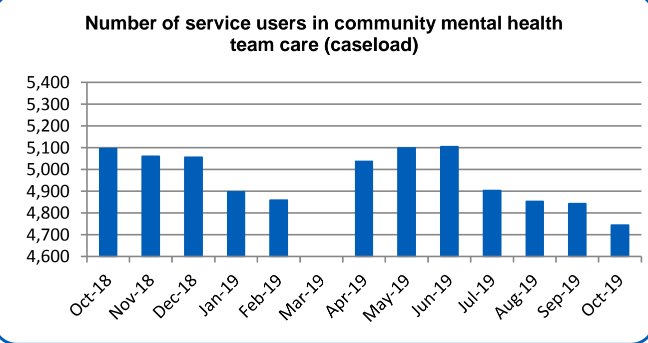
CQUIN target: 80% for Q3&Q4: Oct: 78.1%

NB: This is a proxy local measure



CQUIN target: 80% for Q3&Q4: Aug: 69.5%

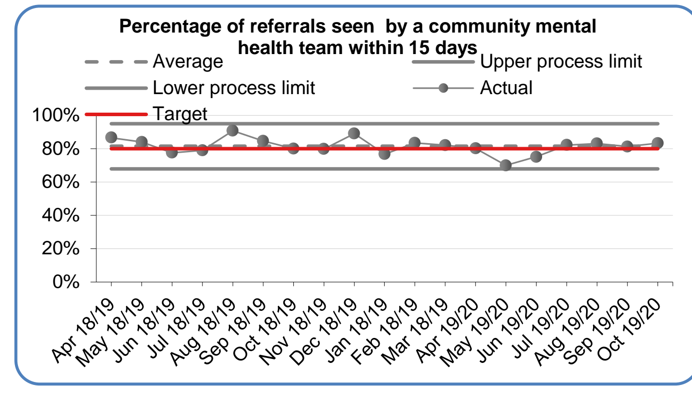
NB: This is nationally published data



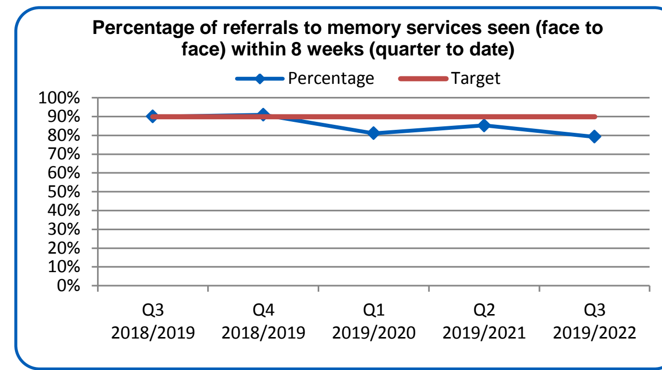
Local measure: Oct: 4,745

Mar: Unavailable due to caseload transfer for new community services

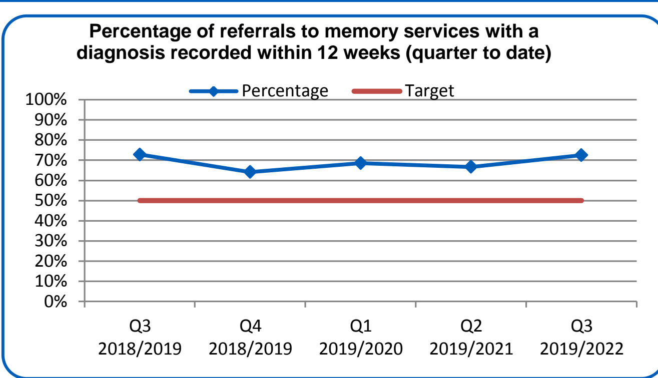
Services: Our community care continued



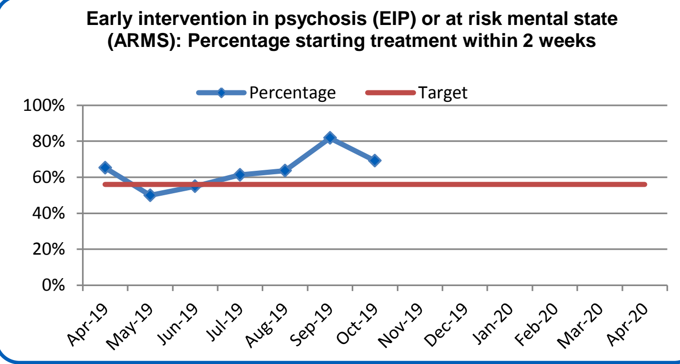
Contractual target: 80%: Oct: 83.3%



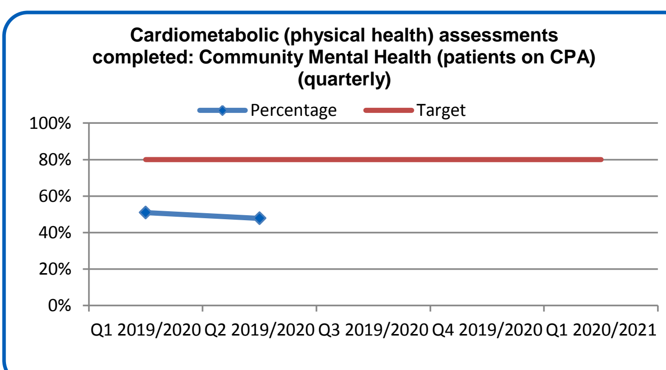
Contractual target: 90%: Q3 to date: 79.3%



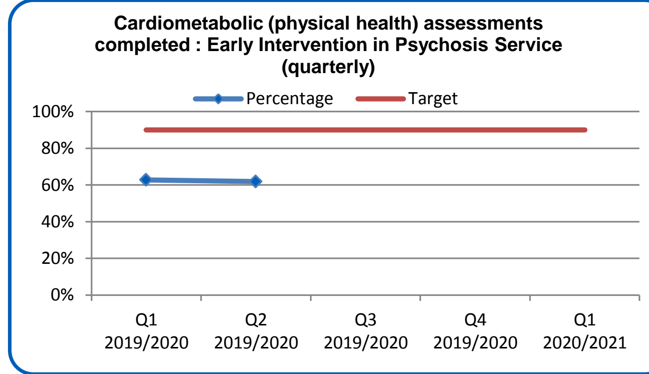
Contractual target: 50%: Q3 to date: 72.5%



Contractual target: 56%: Oct: 69.2%



Contractual target: 80%: Q2: 47.8%



Contractual target: 90%: Q2: 62.0%

Services: Our community care

Service User Engagement events have been hosted across the city throughout October to gauge opinions on how the community services redesign has felt from a service user perspective; these were well attended with feedback being collated.

The Trust did not meet the national 7 day follow up standard post an inpatient discharge in quarter 1 or quarter 2. Data for October also shows the Trust to be below standard with 10 breaches. All service users have now been followed up. Reasons for breaches were: 2 service users went on holiday, 3 where numerous attempts to arrange the appointment were made, 3 process errors relating to service users discharged to a care home or PICU out of our area, 1 where a review has shown the service was seen by another provider on our behalf (the record has now been updated to reflect this) and 1 where the service user has a history of being difficult to engage. Internally, the focus remains on promoting the 3 day follow up. This forms part of a national CQUIN (payment is scaled based on achieving 50-80% (full payment for 80% and over).

Actions taken/to be taken: Where process errors have occurred, the correct process has been reiterated to the staff involved. A new standard operating procedure to cover 3 day follow up is in the process of being finalised and will be issued out to teams to support achievement of the 3 day follow up CQUIN.

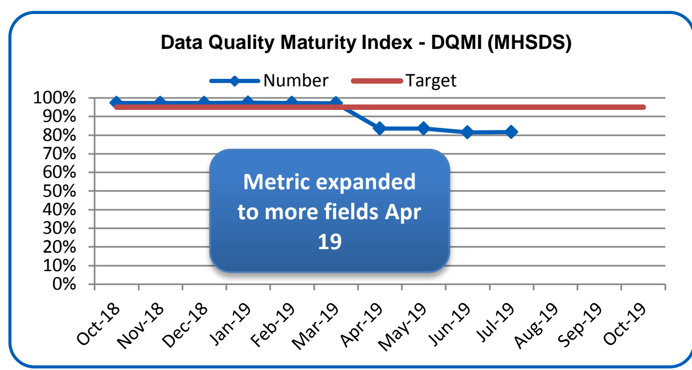
During Q2, the Trust remained above the 50% standard from referral to diagnosis within 12 weeks for Memory Services but remained below the 90% required for the 8 weeks from referral to assessment standard. A Memory Assessment Service (MAS) task and finish group has been in place for the last couple of months with representation from all the required staff groups. Actions have been agreed and progress will be reviewed at the next meeting in early December.

Actions taken/to be taken: These include discussion at the Consultant's meeting to ensure consistent practice in recording, reviewing all service users awaiting assessment to understand any themes in extended waiting times, ensuring usage of available reports detailing pending and actual breaches, putting in place consistent administrative support for managing MAS referrals across all localities and providing these staff with step by step guidance to ensure appointments are made within the target deadlines.

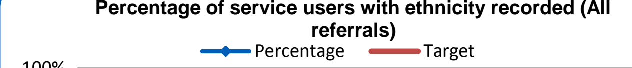
Recognising the importance of managing physical health alongside mental health, the Leeds CCG moved last year's CQUIN measure for the completion of cardiometabolic assessments into a contractual measure. There are separate targets for Early Intervention in Psychosis (EIP) and the rest of the community services (90% and 80% respectively). These targets were not met for quarter 2. Within Community Services, there is a backlog that the physical health team are working through. Within EIP, long term sickness has impacted on planned increased blood clinics with some clinics being cancelled.

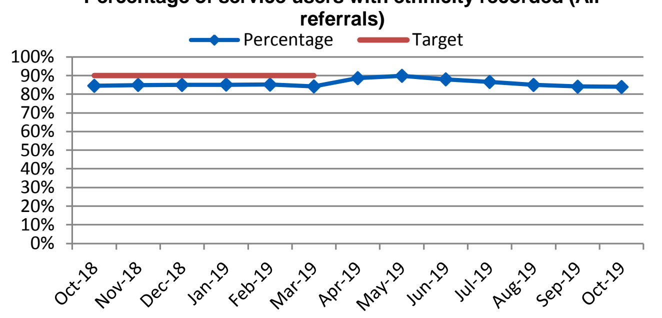
Actions taken/to be taken: For Community Services, additional resource (admin and clinical) has been arranged for January to March 2020 in the physical health team providing a minimum of 120 additional clinical appointments in Q4 (equivalent to approximately 15% of the target population). This is based on extending hours of existing staff; using bank and agency staff to provide more appointments is also being explored. Alongside this, work is being undertaken with teams referring into physical health and informatics (to improve recording). The plan includes agreeing processes with prescribers and clinic staff ahead of the additional clinics starting to ensure that the increased capacity is utilised effectively and clinical staff then have the capacity to focus on face to face contacts. The substantive staff within the physical health team will continue to provide resource for physical health monitoring that should see an improving position month on month in Q4. For EIP, the senior physical health post is currently in recruitment with a start date expected in January 2020 but temporary backfill has been put in place until this post is filled. The role of 2 recovery workers is also being reviewed (one is in post and the other awaiting references) to support the physical health pathway.

Services: Clinical Record Keeping

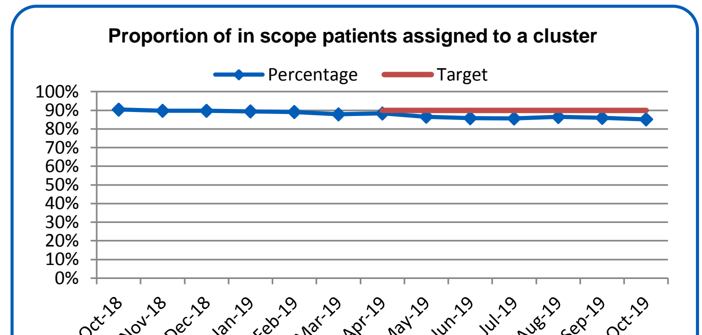


CQUIN 19/20: 95% Q2 onwards: Jul: 81.7%

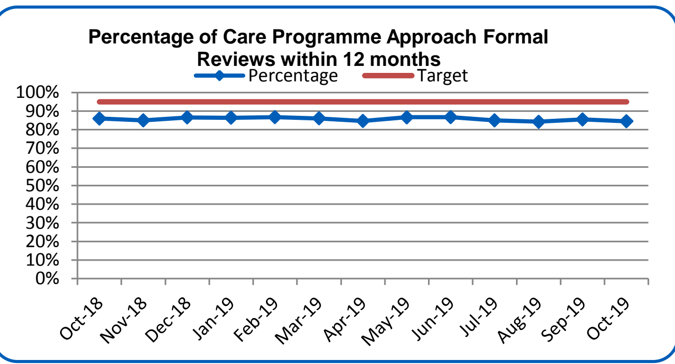




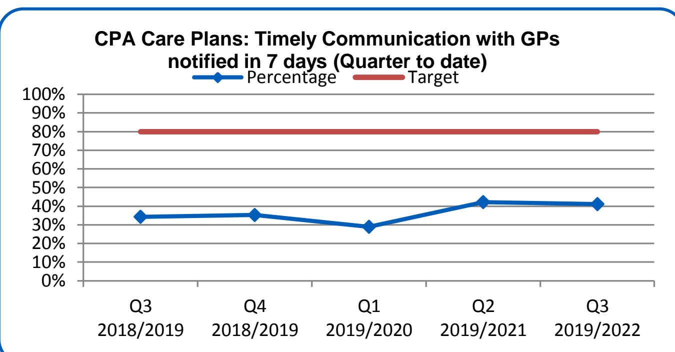
Local target from Apr 19: 90%: Oct: 83.9%



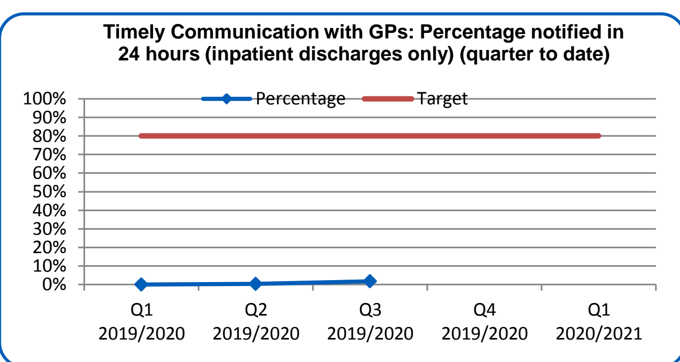
Contractual target from Apr 19: 90%: Oct: 85.1%



Local target: 95%: Oct: 84.5%



Contractual target: 80%: Q3 to date: 41.1%



Contractual target: 80%: Q3 to date: 1.8%

Services: Clinical Record Keeping

The Data Quality Maturity Index (DQMI) CQUIN for 2019/20 covers up to 36 items from the national dataset (Mental Health Services Dataset submitted monthly). Achievement of the CQUIN payment will be based on achieving 90-95% from Q2 onwards. The Trust is not expecting to achieve the 90% threshold due to the CQUIN looking at data back to 2016 and including items that have only recently been added to our clinical system. The Trust is also in the process of agreeing a mutually acceptable target wtih the Leeds CCG that will support performance assessment at the end of Q3 to allow the Trust to focus on the CareDirector patient record system implementation in Q4.

Actions taken / to be taken: Formalise the agreement with the CCG and continue to support services in the completion of key fields such as "estimated date of discharge".

The second part of the CQUIN concerns the submission of intervention codes in the format of SNOMED CT (a clinical terminology). Payment is based on achieving 15-70% from quarter 3 onwards. The main mapping exercise to take the intervention codes from our clinical system and map them to SNOMED CT has been completed and submitted in the September data to NHS Digital. Given the level of recording on our clinical system, this should be sufficient to achieve this target.

Actions taken / to be taken: Assess the September submission to confirm that the SNOMED mapping has been effective and performance is above target.

Improving the timely transfer of care plans and discharge summaries to GPs is a Trust priority. With regards to care plans within 7 days, the additional date field that was added to confirm when the care plan had been agreed with the service user has not yet brought the expected results. A review of the care plans has shown the field was only completed in @10% of care plans since it was implemented.

Actions taken / to be taken: The importance of the new date field is being reiterated to teams.

For inpatient discharge summaries (to be transferred within 24 hours), the process should involve the letters being dictated/typed into the BigHand software before being signed off for electronic transfer. It is worth noting that this is a very tight timeframe in which to complete this. Audit work over the summer showed numerous issues with the process not being followed or adopted. Highlighting this issue internally has brought to light the in-house pharmacy process which includes an emailed preliminary discharge note containing the medication dispensed as well as diagnosis and key dates (these emails are not included in the figures produced to measure this indicator and it may not pick up discharges where no medication is dispensed). Pharmacy has also just started to implement 'Connect with Pharmacy' using the *PharmOutcomes*™ software to share discharge information with the patient's community pharmacist (provided the patient consents to this) so the community pharmacy can provide additional support if indicated and also to check that any changes made to medication in secondary care have been picked up by their GP. Further work is still needed to embed the BigHand process on the wards.

Actions taken / to be taken: Options for the future based on the integration of (EPMA) and CareDirector will be explored but this is unlikely to bring improvement in the short / medium term.

Quality and Workforce metrics: Tabular overview

Quality: Our effectiveness	Target	Jul-19	Aug-19	Sep-19
Number of healthcare associated infections: C difficile	<8	0	0	0
Number of healthcare associated infections: MRSA	0	0	0	0
Mental Health Safety Thermometer: Percentage of harm free care (point prevalence survey)	-	86.2%	92.5%	92.2%
Classic Safety Thermometer: Percentage of harm free care (point prevalence survey)	95%	97.9%	98.4%	98.4%
Percentage of service users in Employment	-	15.6%	15.5%	15.6%
Percentage of service users in Settled Accommodation	-	76.1%	75.2%	74.5%
Quality: Caring / Patient Experience	**Target**	**Jul-19**	**Aug-19**	**Sep-19**
Friends & Family Test: Percentage recommending services (total responses received)	-	80% (5)	75% (20)	75% (16)
Mortality:	-	-	-	-
· Number of deaths reviewed (incidents recorded on Datix)**	Quarterly	-	-	82
· Number of deaths reported as serious incidents	Quarterly	-	-	6
· Number of deaths reported to LeDeR	Quarterly	-	-	7
Number of complaints received	-	11	14	13
Percentage of complaints acknowledged within 3 working days	-	100%	100%	92%
Percentage of complaints allocated an investigator within 3 working days	-	90%	100%	91%
Percentage of complaints completed within timescale agreed with complainant	-	100%	100%	100%
Number of enquiries to the Patient Advice and Liaison Service (PALs)	-	147	173	165

Please note that new metrics are only reported here from the month of introduction onwards.

The Mental Health Safety Thermometer measures the proportion of patients that are harm free on a single day each month. It includes self harm, psychological safety, violence & aggression, omissions of medication and restraints (inpatients only)

The Classic Safety Thermometer measures the proportion of patients that are harm free on a single day each month. It includes pressure ulcers, falls, urinary infection in patients with catheters and treatment for VTE

**All deaths reported via staff on the Trust's incident system, Datix, are reviewed; in addition to this any death for someone who has been a service user with us previously identified via the NHS SPINE is given a tabletop review and followed up in more detail if required.

Quality and Workforce metrics: Tabular overview

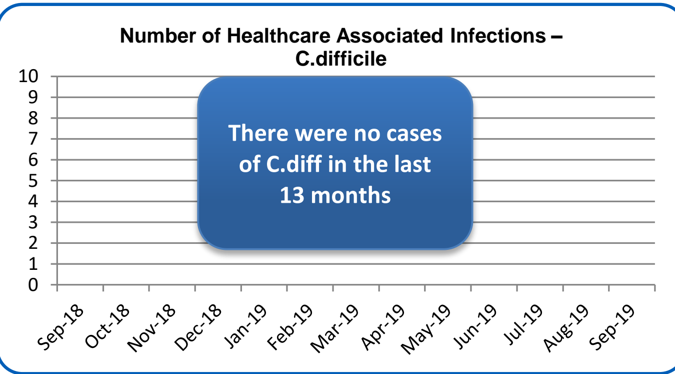
Quality: Safety	Target	Jul-19	Aug-19	Sep-19
Number of incidents recorded	-	988	997	930
Percentage of incidents reported within 48 hours of identification as serious	100%	100% (2)	100% (1)	100% (3)
Number of never events	0	0	0	0
Number of restraints	-	174	184	183
No. of patients detained under the Mental Health Act (includes Community Treatment Orders/conditional discharges)	-	496	452	464
Adult acute including PICU: % detained on admission		70.6%	68.3%	68.0%
Adult acute including PICU: % of occupied bed days detained		84.0%	83.1%	83.4%
Number of medication errors	Quarterly	-	-	161
Percentage of medication errors resulting in no harm	Quarterly	-	-	92.5%
Safeguarding Adults: Number of advice calls received by the team	Quarterly	-	-	251
Safeguarding Adults: Percentage of advice calls to safeguarding that resulted in a referral to social care	Quarterly	-	-	15.9% (40)
Safeguarding Children: Number of advice calls received by the team	Quarterly	-	-	105
Safeguarding Children: Percentage of advice calls to safeguarding that resulted in a referral to social care	Quarterly	-	-	35.7% (37)
Number of falls	-	68	70	60

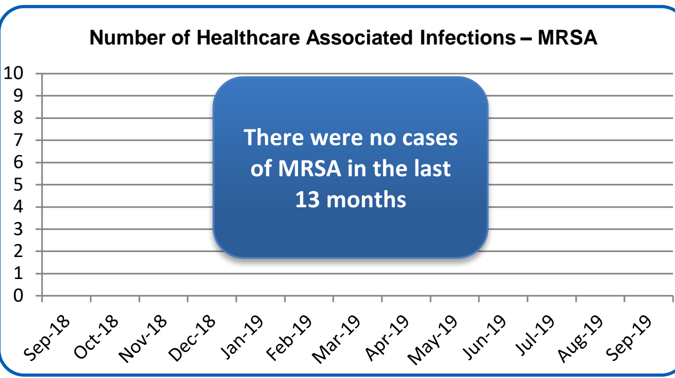
Quality and Workforce metrics: Tabular overview

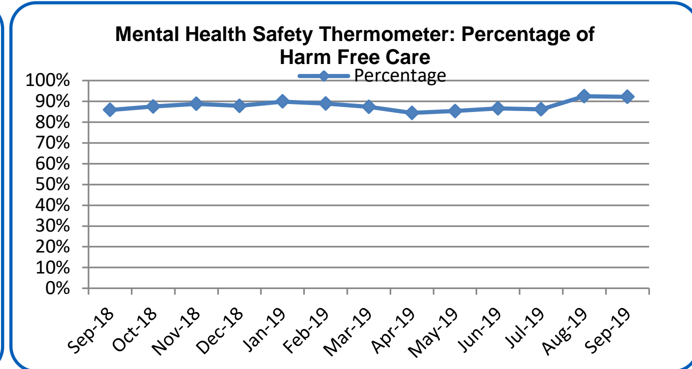
Our Workforce	Target	Jul-19	Aug-19	Sep-19
Percentage of staff with an appraisal in the last 12 months	85%	84.8%	85.1%	82.8%
Percentage of mandatory training completed	85%	91.1%	91.2%	90.8%
Safeguarding: Prevent Level 3 training compliance (quarter end snapshot)	85%	-	-	96.0%
Percentage of staff receiving clinical supervision	85%	81.6%	73.4%	74.7%
Staff Turnover (Rolling 12 months)	8-10%	9.9%	9.8%	10.5%
Sickness absence rate in month	-	4.9%	4.4%	4.4%
Sickness absence rate (Rolling 12 months)	4.6%	5.3%	5.2%	5.1%
Percentage of sickness due to musculoskeletal issues (MSK; rolling 12 months)	-	14.1%	13.5%	13.9%
Percentage of sickness due to Mental Health & Stress (rolling 12 months)	-	42.6%	44.0%	46.1%
Medical Consultant Vacancies as a percentage of funded Medical Consultant Posts (percentage)	-	-	-	17.7%
Medical Consultant Vacancies (number)	-	-	-	12.9
Medical Career Grade Vacancies as a percentage of funded Medical Career Grade Posts (percentage)	-	-	-	3.0%
Medical Career Grade Vacancies (number)	-	-	-	1.1
Medical Trainee Grade Vacancies as a percentage of funded Medical Trainee Grade Posts (percentage)	-	-	-	12.3%
Medical Trainee Grade Vacancies (number)	-	-	-	12.77
Band 5 inpatient nursing vacancies as a percentage of funded B5 inpatient nursing posts (percentage)	-	28.0%	30.0%	32.0%
Band 5 inpatient nursing vacancies (number)	-	64.7	68.3	73.3
Band 6 inpatient nursing vacancies as a percentage of funded B6 inpatient nursing posts (percentage)	-	0.0%	0.0%	0.0%
Band 6 inpatient nursing vacancies (number)	-	0.0	0.0	0.0
Band 5 other nursing vacancies as a percentage of funded B5 non-inpatient nursing posts (percentage)	-	22.2%	21.0%	19.0%
Band 5 other nursing vacancies (number)	-	21.9	20.7	19.0
Band 6 other nursing vacancies as a percentage of funded B6 non-inpatient nursing posts (percentage)	-	3.7%	1.3%	3.9%
Band 6 other nursing vacancies (number)	-	9.8	3.4	10.7
Percentage of vacant posts (Trustwide; all posts)	-	11.2%	10.4%	10.6%

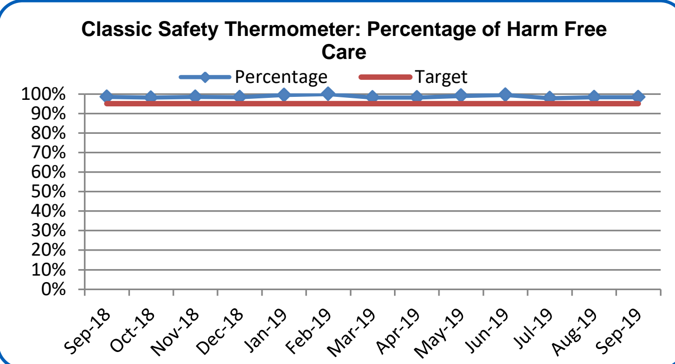
Nursing vacancies excludes nursing posts working in corporate/development roles

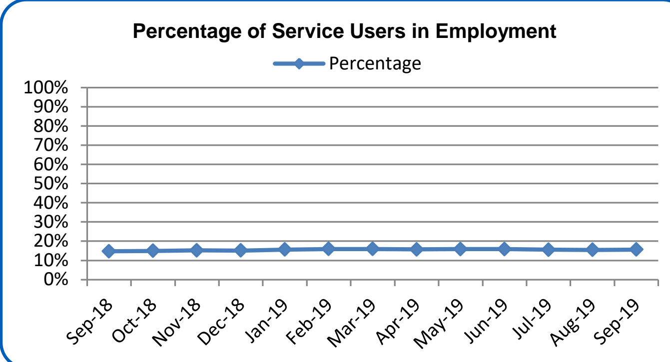
13 month trend: Quality: Effectiveness

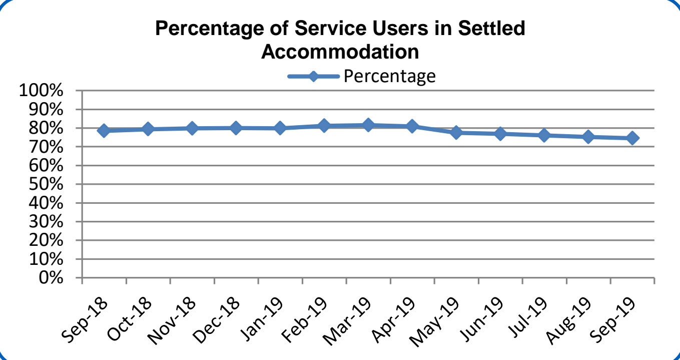




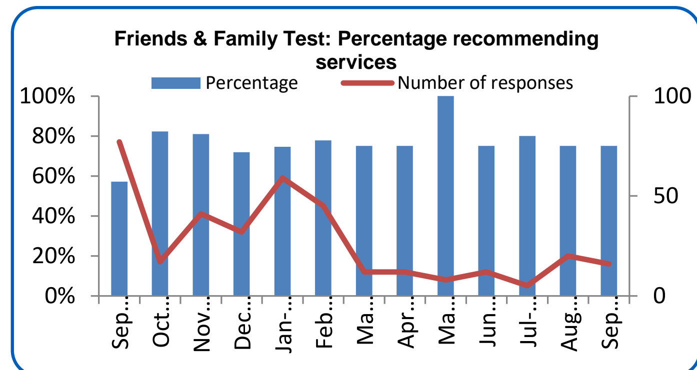


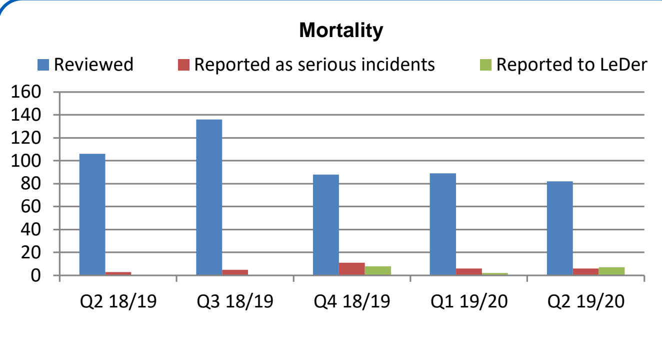


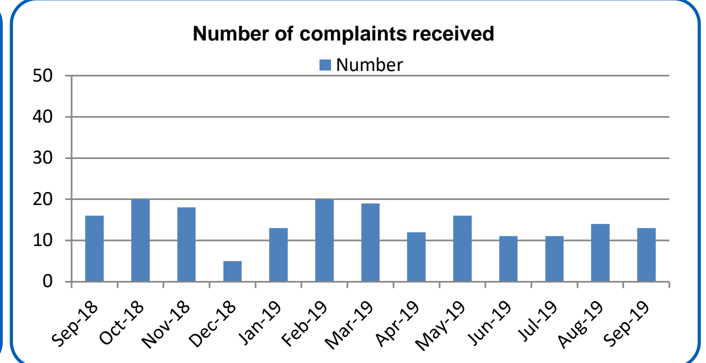


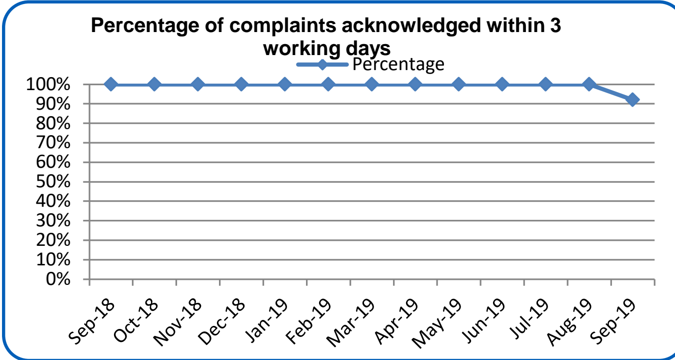


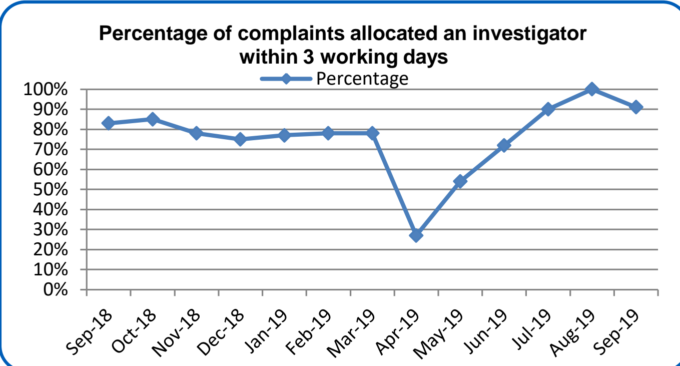
13 month trend: Quality: Caring/Patient Experience

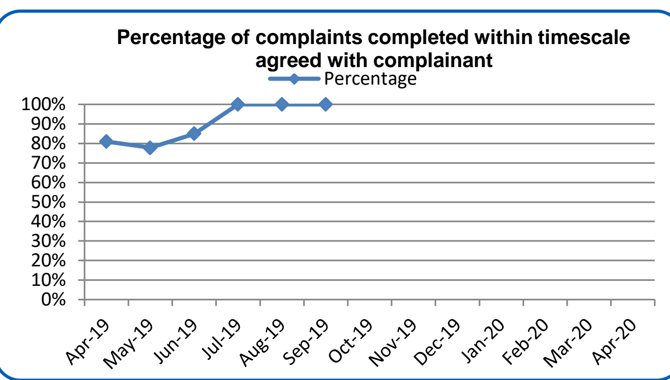


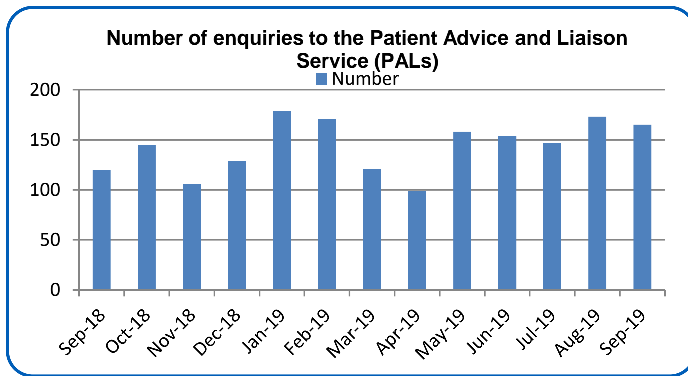




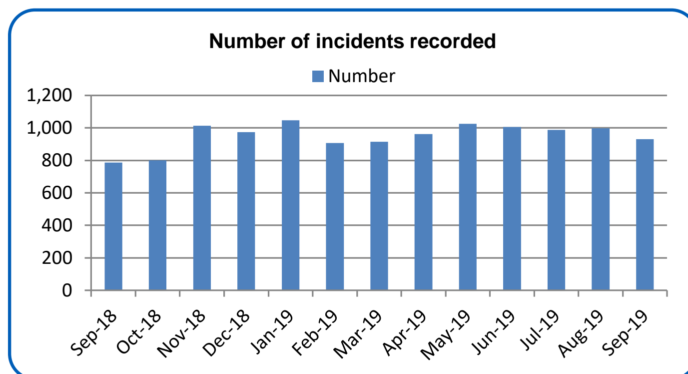


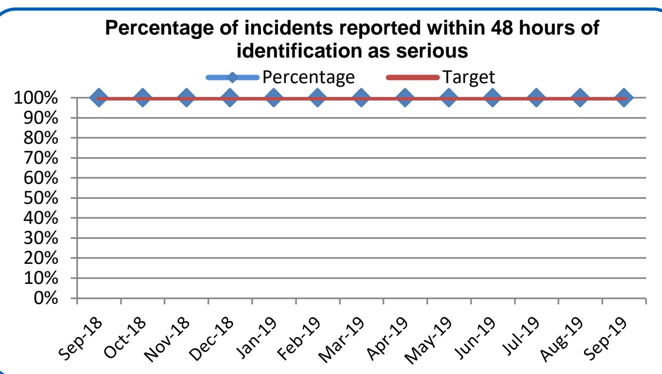


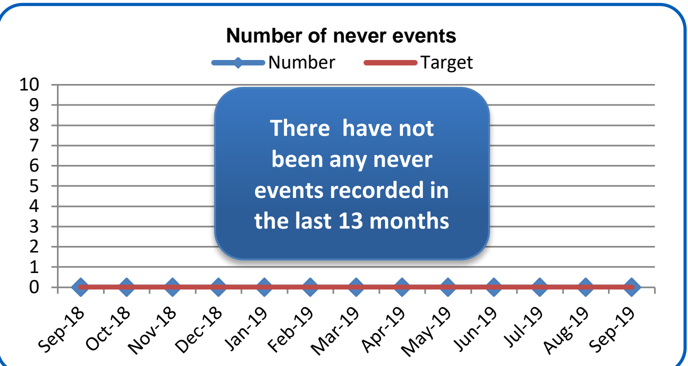


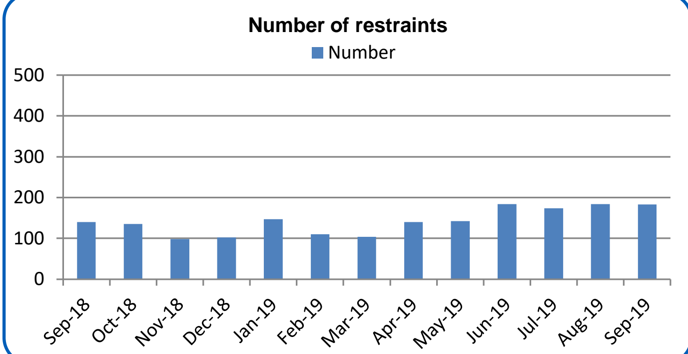


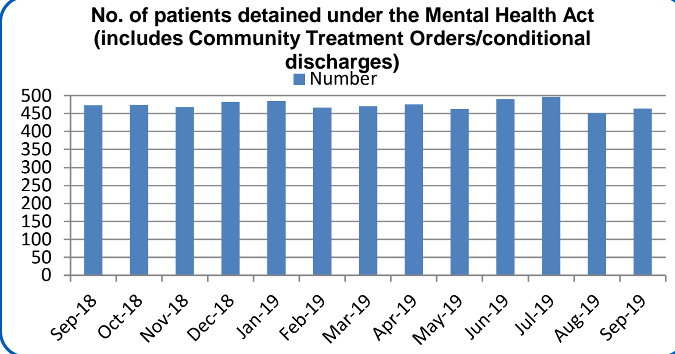
13 month trend: Quality: Safety

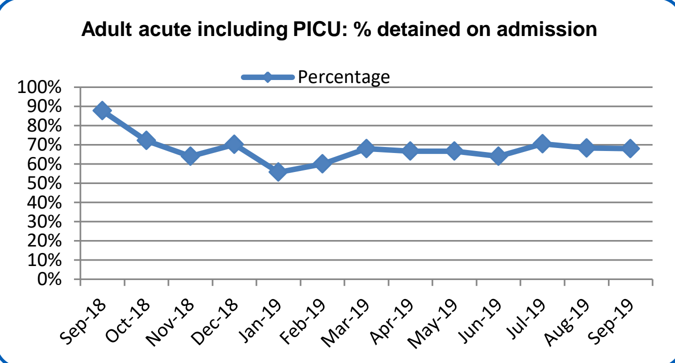


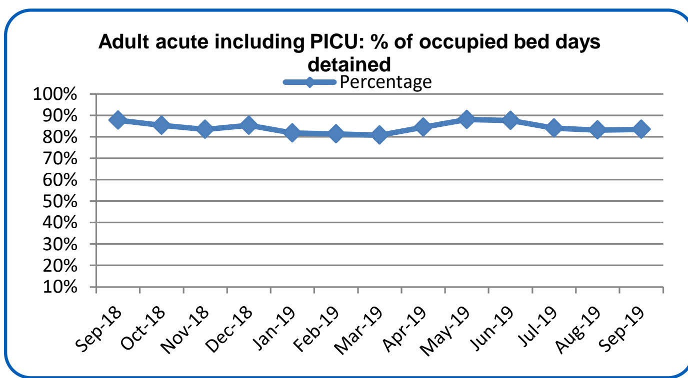




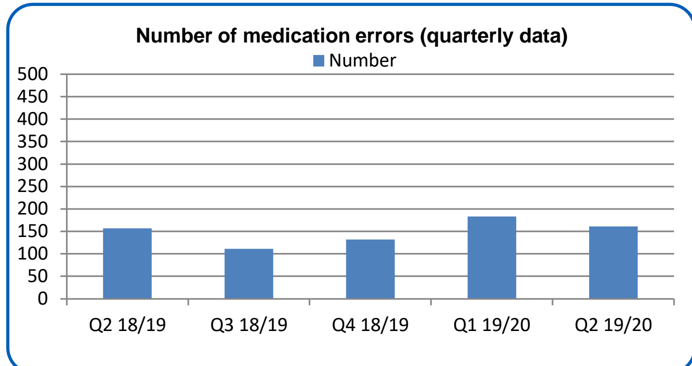


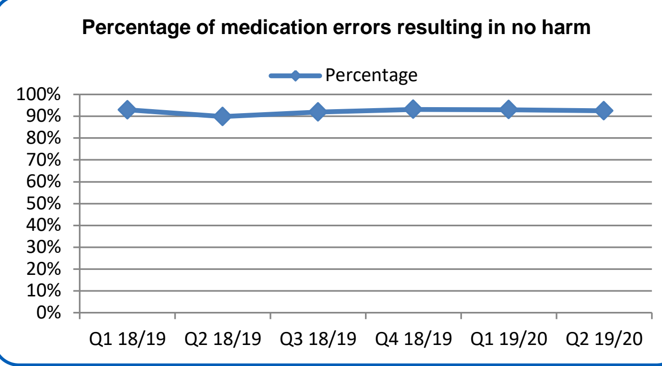


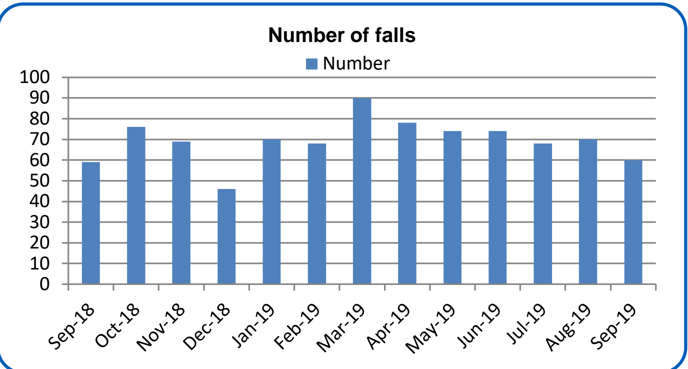


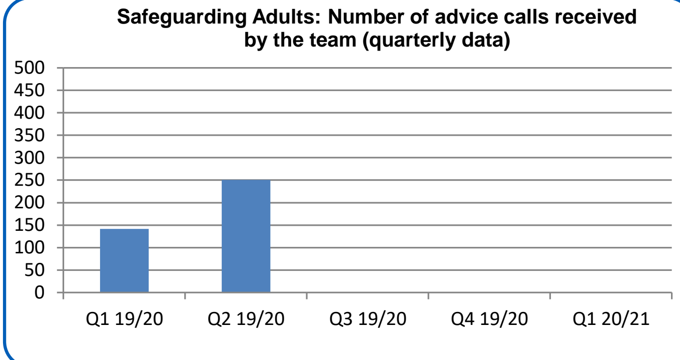


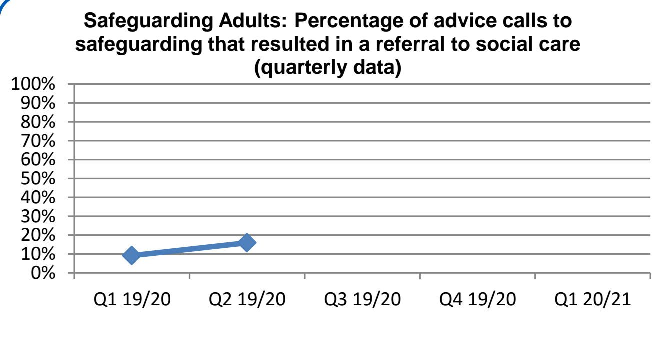
13 month trend: Quality: Safety - continued

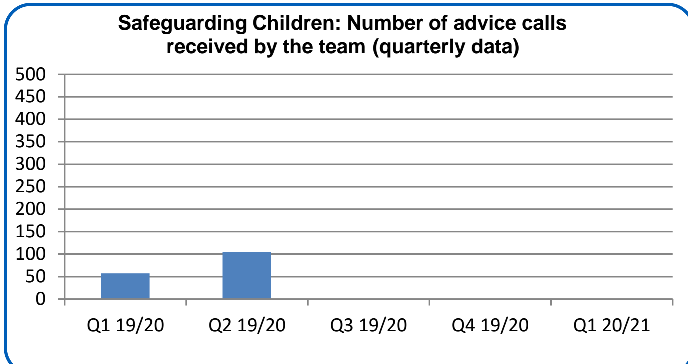


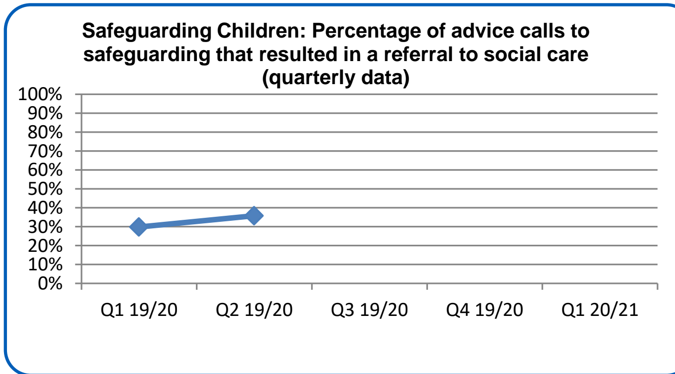




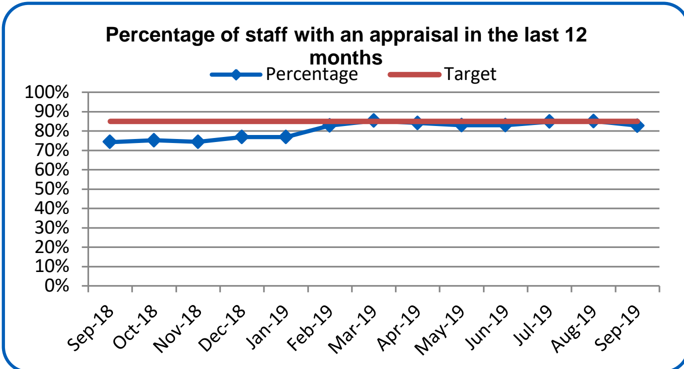


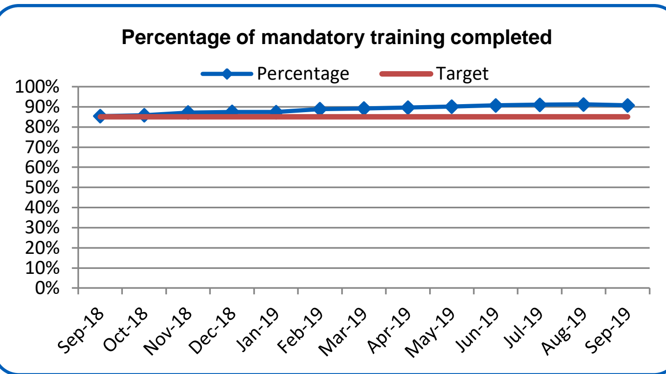


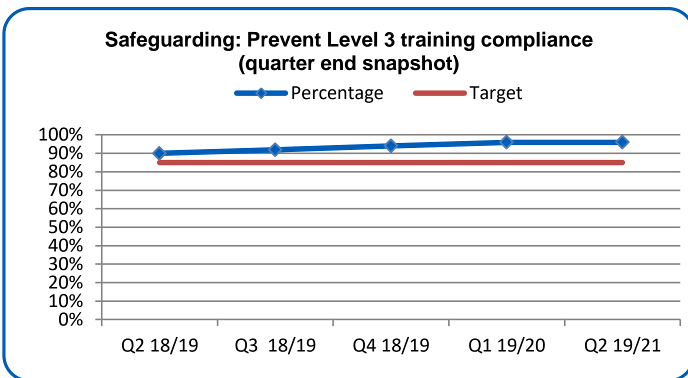


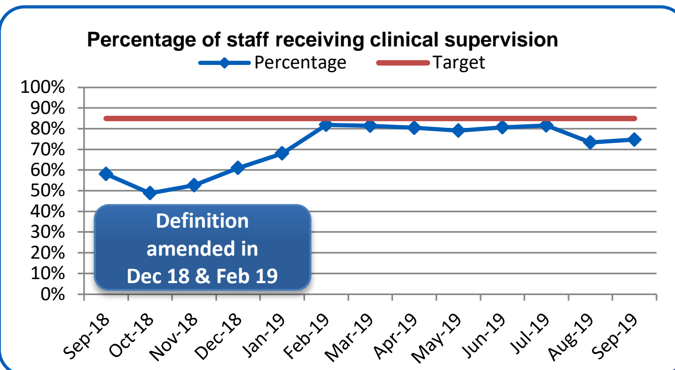


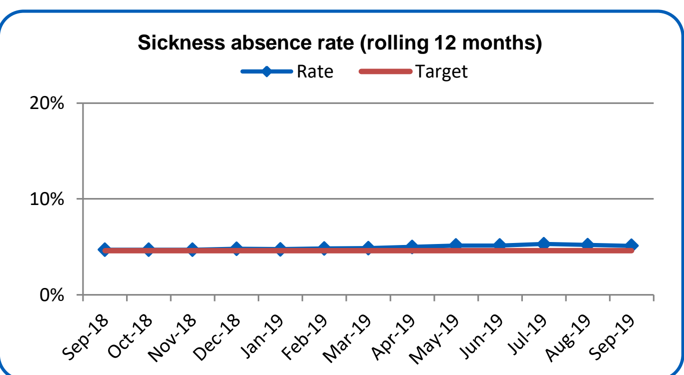
13 month trend: Our Workforce

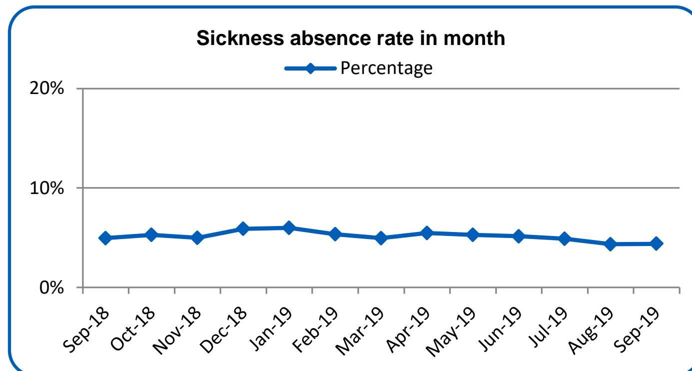


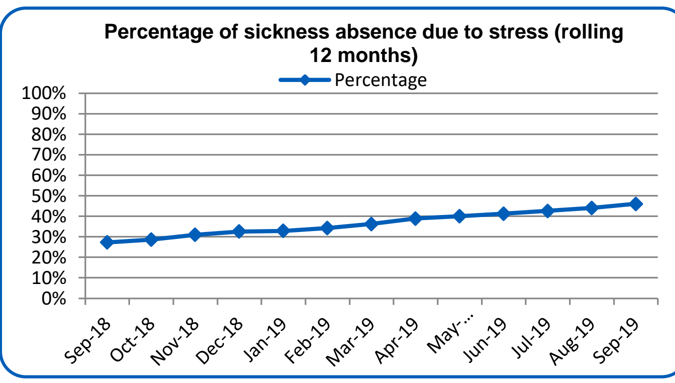


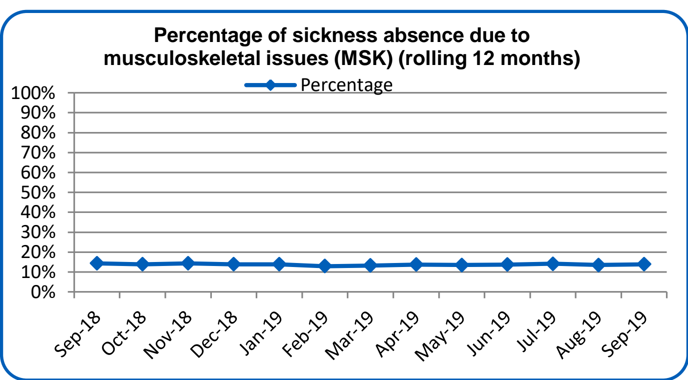




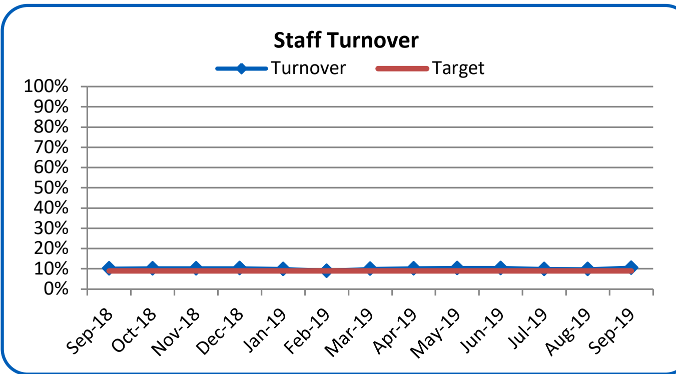


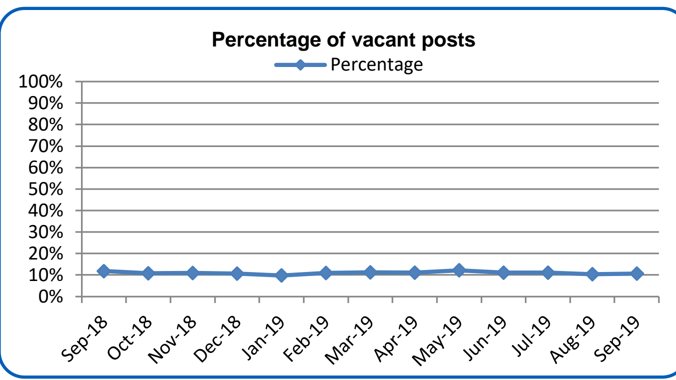


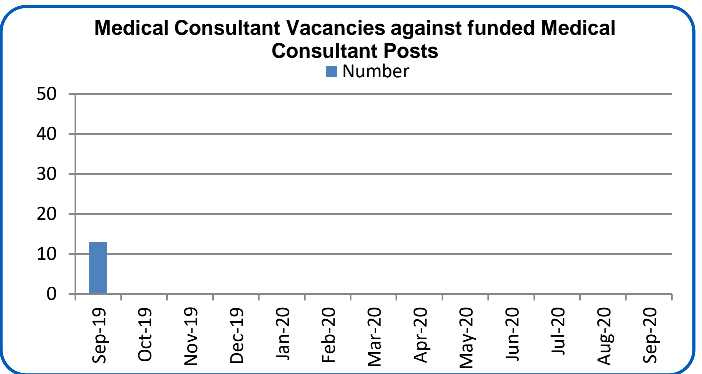


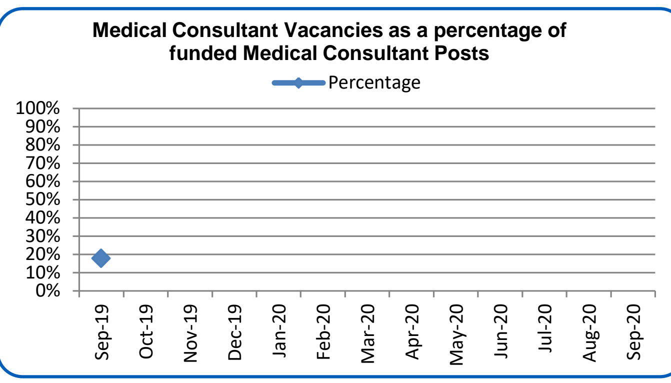


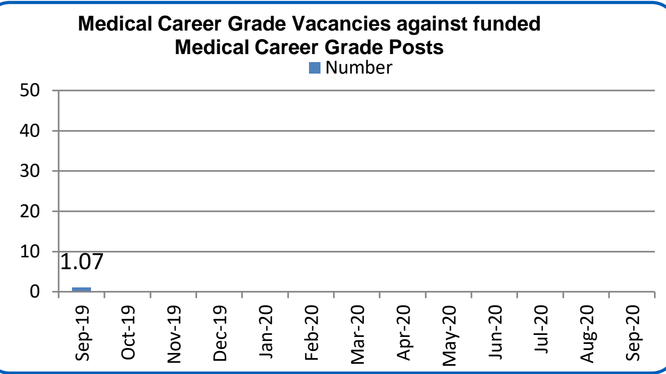
13 month trend: Our Workforce - continued

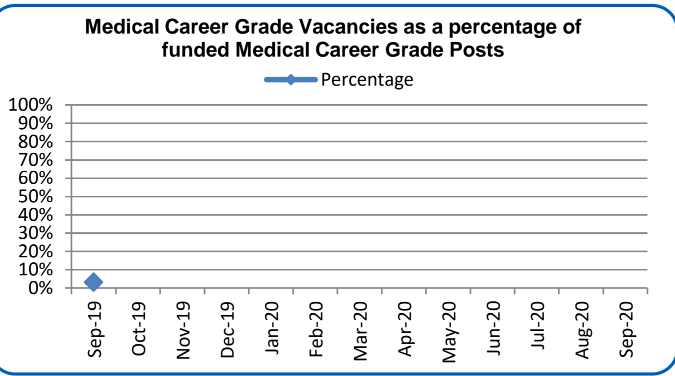


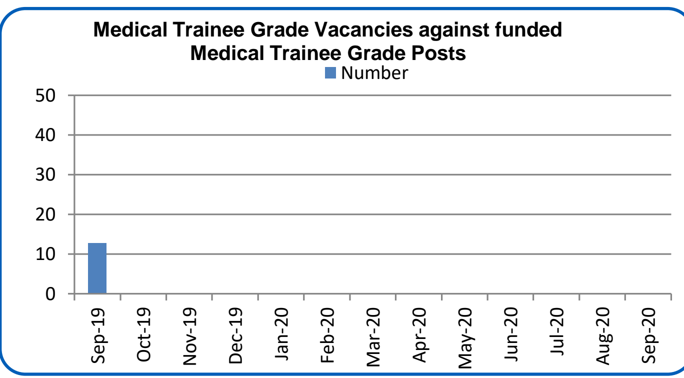


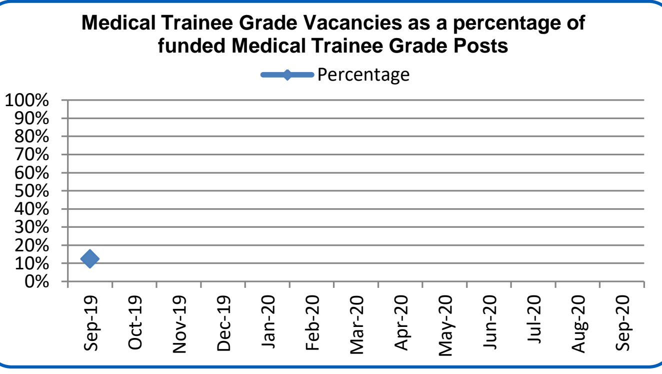


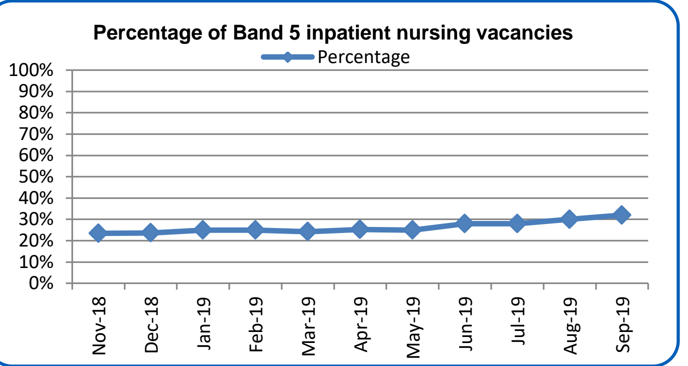




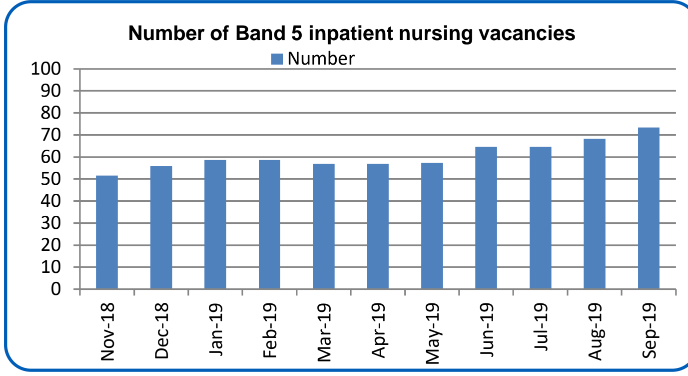


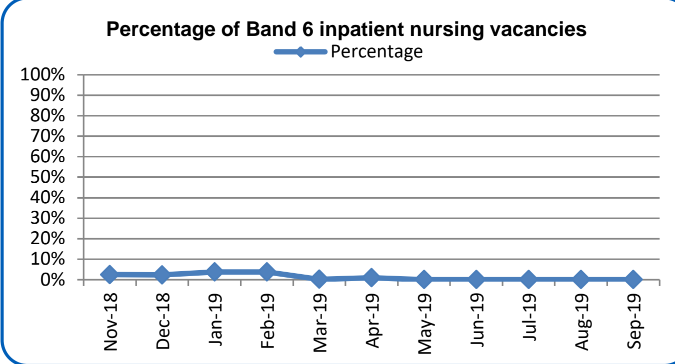


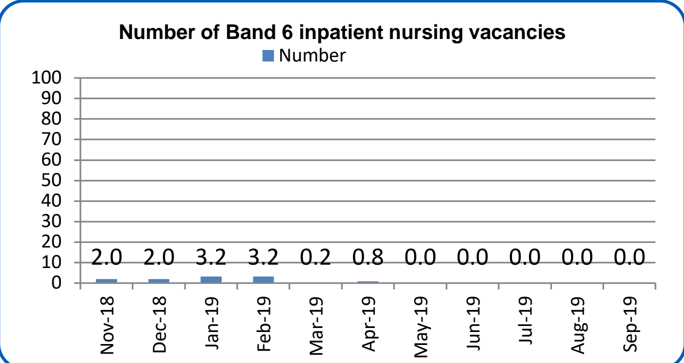


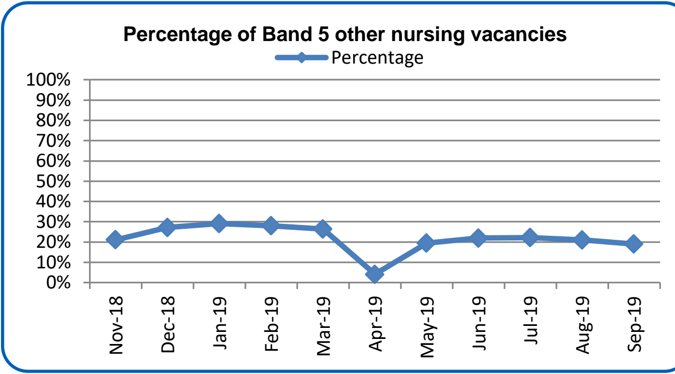


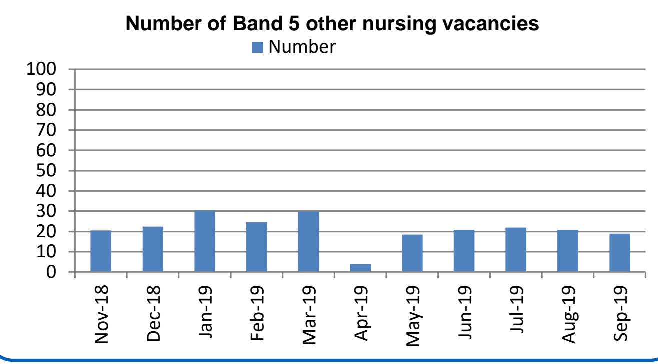
13 month trend: Our Workforce - continued

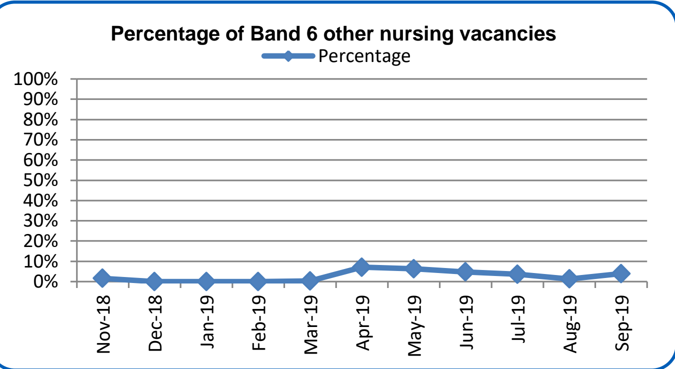


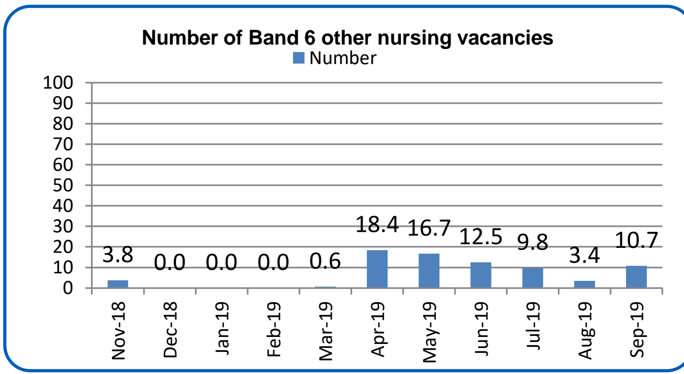












* Changes in progress to the overall establishment of non-inpatient posts following the redesign of community services from April can be seen in the April data.

Local intelligence

AUGUST

Patient Experience:

During August, 100% was achieved against all 3 complaints tracking metrics including providing a response within the timescale agreed with the complainant.
S136: There were no service users reported on Datix as having breached 24 hours in the 136 suite during August.

Safety:

Locally held data shows the numbers of falls, incidents and restraints remain within levels of normal variation.

Workforce:

Performance in mandatory training remains strong with the percentage compliant consistently above the 85% standard and rising month on month for the last 7 months. The Trust also continues to achieve the Prevent Level 3 training target. Although not yet consistently achieving the 85% target for appraisal, performance has remained above 80% for the last 7 months. This is a real improvement on 2018/19 where the average was 75.2%. The Trust saw a drop in clinical supervision rates over the summer which could be anticipated owing to the high level of annual leave, this will be monitored to ensure that this improves over September and October.
In month sickness absence has reduced month on month for the last 4 months and we have seen a reversal in cumulative absence in August. Although a positive, care should be taken as sickness absence will commonly reduce over the peak holiday period. Absence due to mental health or stress remains a concern and this will be a priority for the new Health and Wellbeing Manager who we anticipate will be starting in December.
Recruitment and selection events continue to target clinical roles across the breadth of the Trust and the Trust is delivering targeted recruitment for inpatient services and services in York including incentive packages for hard to fill nursing posts. Retaining and promoting Band 5 nursing staff is also an important part of the Trust's retention planning. Over the next couple of months, the Trust is expecting 60 new preceptees (newly qualified staff) to start with us. They will be working across the range of our services including adult and older people's inpatients, community mental health teams and specialist services such as learning disabilities, forensics and perinatal teams.
A number of packages that support nursing colleagues to transition from nursing roles into senior nursing roles as well as developing retention action plans linked to the NHSi Retention Project for the purpose of reducing the number of nurses seeking promotions elsewhere have been prepared. The post of Strategic Resourcing Manager has been filled and the candidate is expected to start early November. A core priority of this role is to work with the services to facilitate a review of the skill mix to identify opportunities to maximise the use and benefit of new roles, with Nursing Associates being an example.

Local intelligence continued

SEPTEMBER

Patient Experience:
S136: There were 4 service users who remained in the 136 suite for longer than 24 hours in the month; all were due to a lack of bed availability.
Complaints: 12 out of 13 complaints were acknowledged within 3 days; the single breach of 3 days was as a result of unexpected staff absence.

Safety:
Restraints: The higher number of restraint incidents since July may be due to recording issues on Datix around issues such as recording multiple restraints for the same person in one day as one incident instead of many and conversely, the recording of the same incident numerous times by different staff members. Manual validation and correction on a monthly basis has not been possible due to resourcing issues for the last few months.
Medication errors: The Medicine Safety Committee scrutinises all incidents bi-monthly and lessons learned are shared across the organisation. In Q2, just over a quarter of incidents related to omission of avdrug, or incorrect administration of a drug. Ongoing quality improvement work within learning disabilities is focusing on medication omissions and the action plan will be shared with the committee. Another trend identified in Q2 was incidents relating to the documentation of administered doses of pregabalin and gabapentin in the controlled drug register. These incidents can be attributed to the re-classification of pregabalin and gabapentin in April 2019 to "schedule three controlled drugs" and the necessary control drug documentation requirements. The Medicines Safety Officer completed a blog to highlight the re-classification these drugs to a "schedule three drug" and share learning from these incidents.
Safeguarding: Advice from clinicians for both child and adult safeguarding matters has nearly doubled over this reporting period, with the team being exceptionally busy throughout the quarter. The summer school holidays may account for some of this increase, alongside increased reflection on cases and learning through the roll out of safeguarding supervision. This trend is mirrored to some extent across social care data. Conversion rates to social care referral in child cases remains fairly consistent which is to be expected; as well as the slight variation over time in referrals to adult social services due to choice and consent factors.

Workforce:
As requested, vacancy information for medical posts has been added to the report. This shows nearly 18% of medical consultant posts as vacant; agency staff will often be used to backfill these posts.
Mandatory training and appraisal remains strong with renewed emphasis on completing and recording clinical supervision.

Finance – Chief Financial Officer and Deputy Chief Executive

Unless otherwise specified, all data is for October 2019

This section highlights performance against key financial metrics and details known financial risks as at October 2019. The financial position as reported at month 07 is within plan tolerances.

Finance	Target	Aug-19	Sep-19	Oct-19
Single Oversight Framework: Overall Finance Score	1	2	2	2
Single Oversight Framework: Income and Expenditure Rating	1	2	2	2
Income and Expenditure: Surplus		£1.26m	£1.48m	£1.60m
Cost Improvement Programme versus plan (% achieved)	100%	61.13%	61.24%	60.6%
Cost Improvement Programme: achieved		£0.76m	£0.91m	£1.05m
Single Oversight Framework: Cash Position Liquidity Rating	1	1	1	1
Cash Position	-	£91.11m	£90.68m	£91.65m
Capital Expenditure (Percentage of plan used) (YTD)	100%	74.61%	82.95%	92.86%
Single Oversight Framework: Agency Spend Rating	1	2	2	2
Agency spend: Actual	-	£2.36m	£2.75m	£3.24m
Agency spend (Percentage of capped level used)	-	113.00%	110.00%	111.00%

Finance

Single Oversight Framework – Finance Score	Income and Expenditure Position (£000s)
The Trust achieved the planned Finance Score at month 07 with an overall Finance Score of 2.	The income and expenditure position at month 7 is £0.67m surplus, £0.28m ahead of plan before accounting for £0.94m additional PSF relating to 18/19.
Cost Improvement Programme (£000s)	**Cash (£000s)**
CIP performance at month 07 is under the plan of £1.73m, CIP achieved £1.05m (61% of plan).	The cash position of £91.7m is £3.8m above plan at month 7, reflecting unplanned 18/19 PSF and capital underspending. The Trust achieved a liquidity rating of 1 (highest rating).
Capital (£000s)	**Agency spend (£000s)**
Capital expenditure (£2.41m) is behind plan at month 7 (93% of plan).	Compares actual agency spend (£3.24m at month 07) to the capped target set by the regulator (£2.93m at month 07). The Trust reported agency spending 11% above the capped level and achieved a rating of 2.
Areas of Financial Risk as at October 2019	
• OAPs run rate deterioration. • CIP performance. • Wards overspending. • Agency spending run rate.	

Glossary

Statistical Process Control (SPC) Charts: A number of these charts are used within the report to help identify changes in performance that are outside the expected levels and worth further investigation. The charts follow performance/activity over time and show the upper and lower process limits; these are used to identify where you can expect your performance to fall 99% of the time under normal circumstances. Data points are coloured as per the table below with a run defined as at least 7 points in a row.

Symbol	Used to:
(grey dot)	Identify a point within the process limits.
(red dot)	Identify a point outside the process limits. This is unlikely to have occurred by chance and can warrant further investigation.
(blue dot)	Identify a run of increasing points or a run of points above the average line. Unlikely to have occurred by chance and signifies a change that may require further understanding.
(orange dot)	Identify a run of decreasing points or a run of points below the average line. Unlikely to have occurred by chance and signifies a change that may require further understanding.

Acronym	Full Title	Definition
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.
ALPS	Acute Liaison Psychiatry Service	Our Acute Liaison Psychiatry Service (ALPS) consists of a team of multidisciplinary mental health professionals who have specific expertise in helping people who harm themselves or have acute mental health problems. The team operates over a 24 hour period, seven days a week, assessing men and women over the age of 18 years who are experiencing acute mental health problems and present to either of the Leeds' Emergency Departments, or those who have self-harmed and are in either St James's Hospital or LGI. Healthcare professionals can make referrals into ALPS 24 hours a day, seven days a week by calling our Trust's switchboard

Acronym	Full Title	Definition
ARMS	At Risk Mental State	ARMS is used to describe young people aged 14-35 years who are experiencing low levels signs of psychosis.
CRISS	Crisis Resolution and Intensive Support Service	The CRISS supports adults (usually aged 18-65) experiencing a mental health crisis with intensive home-based treatment as a genuine alternative to hospital admission. It also supports older people in crisis outside of normal working hours. CRISS operates 24 hours a day, 7 days a week, 365 days a year. This includes working closely with health and social care partners and third sector agencies to ensure people's needs are planned for in a coordinated way.
CAU	Crisis Assessment Unit	The CAU is predominantly an assessment unit with overnight facilities for service users aged 18 years or over, who are experiencing an acute and complex mental health crisis, and require a short period of assessment and treatment.
CCG	Clinical Commissioning Group	Clinical Commissioning Groups (CCGs) commission most of the hospital and community NHS services in the local areas for which they are responsible.
CGAS	Children's Global Assessment Scale	The Children's Global Assessment Scale (CGAS), adapted from the Global Assessment Scale for adults, is a rating of functioning aimed at children and young people aged 6-17 years old. The child or young person is given a single score between 1 and 100, based on a clinician's assessment of a range of aspects related to a child's psychological and social functioning. The score will put them in one of ten categories that range from 'extremely impaired' (1-10) to 'doing very well' (91-100).
CMHT	Community Mental Health Team	There are six CMHTs (3 working age adult and 3 older people's) two cover each area of Leeds – West North West, South South East and East North East.
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.
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.
CQPR	Combined Quality and Performance Report	A report detailing the Trust's performance throughout a given month.

Acronym	Full Title	Definition
CQUIN	Commissioning for Quality and Innovation	The Commissioning for Quality and Innovation (CQUIN) framework supports improvements in the quality of services and the creation of new, improved patterns of care.
DTOC	Delayed Transfer of Care	A delayed transfer of care occurs when a patient is ready for discharge from acute or non-acute care and is still occupying a bed.
EIP	Early Intervention in Psychosis	First episode psychosis (FEP) is the term used to describe the first time a person experiences a combination of symptoms known as psychosis; the service that supports people with this is called EIP.
EPR	Electronic Patient Records	The system used to store patient records electronically.
GP	General Practitioner	General practitioners (GPs) treat all common medical conditions and refer patients to hospitals and other medical services for urgent and specialist treatment. They focus on the health of the whole person combining physical, psychological and social aspects of care.
HCR20	Historical, Clinical, Risk Management - 20	The Historical, Clinical, Risk Management-20 (HCR-20) is an assessment tool that helps mental health professionals estimate a person's probability of violence
HoNOS	Health of the Nation Outcome Scales	The Health of the Nation Outcome Scale (Working Age Adults) is a means of measuring the health and social functioning of people of working age with severe mental illness
Honosca	Health of the Nation Outcome Scales Child and Adolescent Mental Health	The Health of the Nation Outcome Scale (Children and Adolescents) is a means of measuring the health and social functioning of children and adolescents with severe mental illness
KPI	Key Performance Indicator	A quantifiable measure used to evaluate success
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.
LeDeR	Learning Disability Mortality Review	The Learning Disabilities Mortality Review (LeDeR) programme was established to support local areas to review the deaths of people with learning disabilities, identify learning from those deaths, and take forward the learning into service improvement initiatives.
LCG	Leeds Care Group	One of the Care Groups (groupings of services) within the Leeds & York Partnership Foundation Trust.
LGI	Leeds General Infirmary	Leeds General Infirmary, also known as the LGI, is a large teaching hospital based in the centre of Leeds, West Yorkshire, England, and is part of the Leeds Teaching Hospitals NHS Trust.
LOS	Length of Stay	Length of stay is a whole number which is calculated as the difference between the admission and

Acronym	Full Title	Definition
		discharge dates for the provider spell.
LTHT	Leeds Teaching Hospital Trust	Leeds Teaching Hospitals NHS Trust is an NHS trust in Leeds, West Yorkshire, England.
LYPFT	Leeds & York Partnership Foundation Trust	Leeds and York Partnership NHS Foundation Trust provides mental health and learning disability services across Leeds and York.
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 .
MH	Mental Health	A person's condition with regard to their psychological and emotional well-being.
MHSDS	Mental Health Services Dataset	The Mental Health Services Data Set (MHSDS) contains record-level data about the care of children, young people and adults who are in contact with mental health, learning disabilities or autism spectrum disorder services.
MSK	Musculoskeletal	A musculoskeletal (MSK) disorder is any injury, disease or problem with your muscles, bones or joints.
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.
NICE	National Institute for Health and Care Excellence	NICE provide guidelines on identification and pathways to care for common mental health problems aims to improve how mental health conditions are identified and assessed.
OAP	Out of Area Placements	Out of area placements refers to a person admitted to a unit outside their usual local services.
PICU	Psychiatric Intensive Care Unit	Leeds Psychiatric Care Intensive Service (PICU) provides intensive and specialist care and treatment for adult service users with mental health needs, whose risks and behaviours cannot be managed on an open acute ward.
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.
SOF	Single Oversight Framework	A framework from NHS Improvement to oversees NHS trusts and NHS foundation trusts
SNOMED CT	Systematized	An international clinical terminology for use in electronic patient records.

Acronym	Full Title	Definition
	Nomenclature of Medicine -- Clinical Terms	
SPA	Single Point of Access	Single Point of Access offers mental health triage for routine, urgent and emergency referrals, information and advice 24 hours a day, 7 days a week, and 365 days per year.
SS&LD	Specialist Services and Learning Disabilities Care Group	One of the Care Groups (groupings of services) within the Leeds & York Partnership Foundation Trust.
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.
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.

AGENDA ITEM 16

LEEDS AND YORK PARTNERSHIP NHS FOUNDATION TRUST

MEETING OF THE BOARD OF DIRECTORS

PAPER TITLE:	Strategic Priorities Mid-Year Progress Report
DATE OF MEETING:	28 November 2019
PRESENTED BY: (name and title)	Dawn Hanwell, Chief Financial Officer and Deputy Chief Executive
PREPARED BY: (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 first report of 2019/209 and is set out to provide an overall summary of our position against each of the key deliverables described in the 2019 - 2020 Operational Plan.

Our top priorities for delivery over 2019/20 have been derived from each our strategic plans (clinical, health informatics, estates, workforce & OD and quality). At the end of quarter 2 we are on track to deliver all of our milestones for delivery by the end of March 2020. The actions that are currently behind schedule are as follows:

- Achievement of an agreed out of area placement trajectory for acute and PICU
- Delivery of a Perinatal Community Service
- Seek agreement through a full business case process a new build development that will see the relocation of the National Inpatient Centre for Psychological Medicine (NICPM).
- Implementation of the actions pertaining from our review of patient experience and delivery of improvements identified
- Delivery of Emergency Preparedness, Resilience and Response standards and business continuity arrangements associated with a no-deal EU exit (Brexit).

No actions are currently identified as red.

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
Members of the Board of Directors are asked to: ▪ Note the progress made against our strategic priorities at this mid-year point. ▪ Confirm that they are assured of progress being made to address areas for improvement.

MEETING OF THE BOARD OF DIRECTORS

THURSDAY 28 NOVEMBER 2019

STRATEGIC PRIORITIES MID-YEAR PROGRESS REPORT

1. Purpose

This report sets out the progress we are making against the strategic priorities described within our 2019 – 2020 Operational Plan. This is our first report of 2019/20 and is set out to provide an overall summary of our progress against each of the priorities that have been agreed and led by our Executive Management Team.

All key deliverables set for delivery during 2019/20 feature as part of each of our three-year strategic plans (clinical, quality, health informatics, estates and workforce and organisational development).

2. 2019/20 strategic priorities status summary

We produced our one-year Operational Plan in March and submitted it to NHS Improvement on 4 April 2019. Our Operational Plan describes in total, 28 organisational strategic priorities for commencement and/or delivery during 2019/20 which have been financially modelled. All of our priorities link with our strategic plans. Our strategic plans also contain further key deliverables from those detailed within our Operational Plan.

Progress we have made at the end of quarter two (mid-year)
We have now assessed ourselves against our second quarter milestones as set out within our 2019 – 2020 Operational Plan.

All our strategic priorities have clearly defined milestones for achievement. Our one year schemes that we are behind schedule on achieving and doubtful will be achieved by the agreed timescale have been rated as red.

Two or three year schemes where we are behind on delivering against key milestones at this mid-year point are rated as amber. A green rating has been applied to schemes which have either been delivered or on schedule.

Overall at the end of the second quarter of the 28 schemes, 4 are fully delivered. 19 schemes are currently rated as green and 5 rated as amber. We have no schemes rated as red. A summary of the schemes and the progress we are making can be found below.

Objective	Actions	Timescales	Progress	Rating
Key deliverables within our Community and crisis services				
Mobilisation of a new community and crisis model for older and working age adults optimising provision within existing resources and developing plans for investment.	▪ Evaluation plan in place for the community and crisis redesign which has been endorsed by our commissioners.	Evaluation commences in quarter 3 2019/20	▪ Work underway with Health Informatics to routinely report on progress with the evaluation plan. ▪ Healthwatch assisted the Trust with a telephone questionnaire to seek the views of our service users who have transferred to a new care coordinator. ▪ Completed a series of staff focus groups and questionnaire to understand staff views and experiences of the new model. Action planning process to commence in quarter 3. ▪ Completed a series of service user groups and questionnaire to understand service users and their carers experiences of the redesigned model. Full analysis to be concluded during quarter 3.	
Integrate the specialist liaison outpatient model with Leeds Teaching Hospitals NHS Trust (acute provider) specialisms and identify growth opportunities in non-acute outpatient care.	▪ Weight Management Service (LCH Lead Provider, in partnership with LYPFT and LTHT)	**Complete**	▪ Consultant now offered a substantive post covering the 3pa's for weight management. ▪ Psychotherapist in post and service delivery commenced. Training in using SystmOne provided for staff.	
We will ensure the delivery of an enhanced Care Homes Service that offers intensive assessment and support to newly placed care home residents and reduces admission to inpatient services.	▪ Recruit into care homes team ▪ Ensure delivery of the new service	**Complete**	The Intensive Care Homes team has been funded recurrently from quarter one 2019/20. The team is now almost fully recruited to and operational.	
In partnership we will develop a new service model for primary care	▪ Leeds Mental Wellbeing Service Mobilisation Plan being developed jointly	November 2019	▪ Mobilisation of this service is underway and will continue until summer 2020. ▪ The contract start date of 1 November will be met	

Objective	Actions	Timescales	Progress	Rating
mental health service (incorporating IAPT and primary care mental health) linked with the tender process. Specifically our part in the partnership relates to the development and rollout of primary care mental health services in communities.	with all partners (led by LCH). ▪ Establishment of a Programme Board approach with underpinning workstreams. ▪ Development of the clinical model for the LYPFT component of the service.		▪ Recruitment of primary care mental health practitioners is partially complete and is on track. ▪ LYPFT are members of all the workstreams and the programme board. ▪ Ownership of this is to move to the clinical and operational leads for the service; Tom Mullen and Eddie Devine.	
Key deliverables within our inpatient services				
Complex Care (locked rehabilitation) collaborative work in STP with MH providers: explore feasibility of a female locked rehab provision in Leeds and/or elsewhere within the WYSTP footprint.	▪ Explore feasibility of a female locked rehab provision in Leeds and/or elsewhere within the WYSTP footprint. ▪ Determine what we need the service to look like in the future. ▪ Appoint a programme manager to jointly oversee both Integrated Care System (ICS – formally STP) and LYPFT open rehab review.	Quarter 4 2019/20	▪ Procurement process complete for Service User Development Workers, contract awarded. Start date to be confirmed. ▪ Complex rehab data sharing complete for four CCG areas for out of area placements. One CCG ongoing. ▪ Profiling Practitioners recruited from four CCG regions via secondments 1-3 days a week. Briefing session completed. ▪ Clinical data set now in use for four CCG areas. ▪ User consent returns ongoing for needs profiling work. ▪ Desk top reviews of anonymized data for others. ▪ Service user consultations have begun.	
Develop new models of inpatient rehabilitation provision involving third sector partners in Leeds.	▪ Appoint a programme manager to jointly oversee both Integrated Care System (ICS – formally STP) and LYPFT open rehab review	Quarter 4 2019/20	▪ AOT agreed to be in scope. ▪ Scoping document drafted, consulting with operational and clinical leads. ▪ Monthly governance arrangements planned. ▪ Consultation workshop booked for 7th November. ▪ Service user and carer consultation being scoped out with user reps with peer support reps identified.	

Objective	Actions	Timescales	Progress	Rating
			▪ Initial data meeting completed with services and information team to scope. ▪ Project Manager scheduled commenced in post from August 2019. .	
As part of the West Yorkshire Mental Health Programme we will complete a review of the acute/PICU pathway to fully understand capacity and demand impacts upon each organisation and how this can influence the future configuration of the bed base across West Yorkshire.	▪ Complete a full review of PICU capacity and future configuration across West Yorkshire.	Quarter 4 2019/20	▪ The PICU capacity review has been commenced and will be complete in December 2019. ▪ A refresh of the acute care and urgent care workstreams to combine these has led to a review of the objectives for the workstream.	
We will ensure achievement of an agreed out of area placement trajectory for acute and PICU with the underpinning assumption of core mental health investment to provide out of hospital alternatives to admission.	▪ Development of Acute care excellence collaborative and work associated with OOA will be part of the work plan. ▪ Secondment of Social Worker. ▪ Secondment of Housing Worker and development of team. ▪ Establishment of Mental health collaborative	April 2021	▪ Acute care excellence work begun, work plan being developed following away day on 29th November 2019. ▪ Social worker in post and beginning to make a difference to delayed transfers of care. ▪ Team in place, awaiting further recruitment of Housing Worker. ▪ Group established by Leeds CCG - Terms of reference in development.	
Using a nationally recognised acuity tool we will complete a review of the level of staffing across our inpatient services.	▪ To ensure all inpatient services are using the Learning Disability and Mental Health Optimal Staffing Tool (MHOST). ▪ Use of the tool requires	June 2019 January 2020	▪ Complete. All inpatient wards with the exception of NICPM (due to its physical healthcare setting) are now using the MHOST tool. Data from x10 wards (acute inpatient wards and the OPS wards) has been collated to inform a review of staffing. ▪ We are working with the E-Rostering and	

Objective	Actions	Timescales	Progress	Rating
	being supported by a fit for purpose integrated data collection system.	March 2020	Informatics teams to progress the longer term ambition to integrate the new electronic patient system (Care Director) with the workforce E-Rostering system. ▪ An integrated data collection system will enable the Trust to triangulate the fluctuating acuity of patients, the care hours required and the corresponding deployment of resources to meet the requirement. The acuity scores will be processed against a set of algorithms via a platform that bridges the gap between Care Director and e-Roster.	
Implement the Acute Care Excellence programme of work to address clinical variation and in particular length of stay across our acute wards.	▪ Utilise the IHI framework to fully understand what we are trying to accomplish. ▪ Develop a driver diagram to understand the changes we need to make that will result in an improvement. ▪ Determine how we will collect, measure data and share results.	Quarter 4 2020/21	▪ Initial workshop day to be held on 29 November 2019 for all wards. Agenda for the day is being finalised.	
Key deliverables within our specialist and learning disability services				
Evaluate the new models of care for adult eating disorders via the STP.	▪ CONNECT has continued to evaluate the performance and effectiveness of the service through monthly reports of KPIs to the NCM Programme Board. In addition to this we	Quarter 3 2019/20	We have identified the outcome tools we will use and the data that will be used to support the evaluation. We are working to ensure that data entry is accurate to ensure the output is correct and reflective of the activity in the service.	

Objective	Actions	Timescales	Progress	Rating
	have recently published an evaluation report to the LYPFT quality forum which received excellent feedback. ▪ In quarter 2 we will begin data collection for our 2018/19 annual report which we aim to complete and present to the NCM Programme Board in quarter 3.			
We will ensure the delivery of a Perinatal Community Service that will see clear referral pathway for psychological therapies for Leeds service users and work with colleagues across the region to ensure an agreed perinatal pathway across the spectrum of perinatal mental illness.	▪ Recruit to post of Clinical Psychologist identified from Wave 2 monies in 2018/19	Quarter 3 2019/20	Psychologist commenced on 07.10.19. Backfill monies (from delayed start) have been used to support additional clinical input via NSCAP (Psychotherapy not Psychology).	
	▪ Recruit to additional Psychology Posts – Consultant Psychologist, Psychological Therapist and Assistant Psychologist from new monies identified for 2019/20	Quarter 2 2019/20	Recruitment Plan has commenced: Consultant Psychologist – did not appoint – readvertised with interview date of 5th November 2019. CBT Therapist – Appointed; awaiting start date. Assistant Psychologist – Appointed; awaiting start date	
	▪ Implement arrangements with NSCAP which include reflective practice and training	Quarter 1 2019/20	Funding agreed as part of additional monies for 2019/20. Reflective practice sessions commenced in quarter one with training starting in quarter two.	
	▪ Continue to develop links with CMHT and IAPT services to support the referral pathway	Quarter 4 2019/20	Links are established – further meeting to take place with Clinical Operations Manager for Adult Community Services.	
	▪ Perinatal mental health training to a range of	Quarter 3 & 4 2019/20	LYPFT Training took place in September 2019 – further rolling programme dates to be agreed for	

Objective	Actions	Timescales	Progress	Rating
	professionals in Leeds to aid implementation of the pathway		quarters 3 and 4.	
Develop our gender identity services and actively participate in the national procurement process.	▪ We will actively engage in the NHSE procurement process to develop the Gender Service provision across Leeds and Nationally. ▪ Once the procurement details have been confirmed we will work to develop the service within the parameters set in order to be able to respond efficiently and effectively to the demands of the service.	Quarter 2 2019/20	▪ We have submitted our bid to continue to provide GID services from April 2020. We will be informed of the outcome in November 2019.	
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.	▪ Development of Wave 2 business case for STP wide community model.	Quarter 4 2019/20	▪ York based FOLS service fully developed and delivering service for North Yorkshire. Business cases developed within West Yorkshire and Humber Coast and Vale. Awaiting final sign off from NHS England before wider mobilisation.	
Mobilise the new northern NHS Gambling service (in collaboration with GamCare).	Mobilisation of service ▪ Recruitment ▪ Accommodation ▪ Clinical model	Quarter 1 2019/20	▪ Mobilisation lead recruited with the post now being converted to F/T 8a operational manager with clinical responsibilities. Post holder in place. ▪ Medic arrangements complete.	

Objective	Actions	Timescales	Progress	Rating
	▪ Contract(s) and commissioner arrangements ▪ Agree final budget ▪ IT/communications ▪ Partnership arrangements ▪ Stakeholder engagement ▪ Operational plan ▪ Lived experience ▪ Marketing ▪ Hub/regional work ▪ Develop P&Ps/risk register ▪ Activity recording/clinical system ▪ Staff induction and training ▪ Plan to commence (in Leeds) in Aug/Sept 2019 ▪ NE/NW hub commencement tbc dependent on award of funding ▪ Launch Event		▪ Additional funding secured from NHSE for NE & NW hubs. ▪ Completed work with Manchester regarding provision of medical staffing across whole northern region. ▪ Secured accommodation at Merrion House for Leeds Hub. Some issues around sufficient clinical and office space. In negotiations with the council. ▪ Co-location arranged and agreed with veteran's service. ▪ Partner/commissioner and contractual meetings held. ▪ Work with paris/care director teams ▪ Funding agreed with NHSE for second wave expansion. ▪ Contract agreed with GambleAware; ▪ Proposal for funding from NHS Wales (to access Manchester) and NHS Scotland (to access Sunderland) being written by LYPFT. ▪ Leeds team fully recruited with the induction and training occurred in September 2019. ▪ Manchester and Sunderland teams being interviewed July / August 2019. Complete with one psychology interview to still complete. ▪ Communications plan agreed: Media launch 18th Sept ▪ Stakeholder Event set for 15th October. ▪ Commenced taking referrals on 19th Sept with clinics started on 23rd Sept. ▪ Due to open in Manchester and Sunderland by Jan 2020.	
As part of the new care model for York CAMHS we are working with our commissioners to redefine our clinical model, including	▪ Expectation is for the team to be up and running by 31 July 2019. ▪ Bed base recalibrated to 15.	**Complete**	▪ The team is clinically ready for NGT feeding. ▪ Clinical space created and NGT up and running ▪ Bed base recalibrated to 15.	

Objective	Actions	Timescales	Progress	Rating
recalibrating the bed base across the wider STP patch.				
Working in collaboration with the other providers across West Yorkshire develop a standard future model for Learning Disability assessment and treatment inpatient care, as a networked service working to the same standards.	▪ Proposal Paper for configuration of ATU across ICS footprint to be presented to ICS Programme Board in June. ▪ Dependent on outcome, Public Consultation to take place. ▪ Implementation plan to be developed and implemented.	Decision for proposal: Q1 2019/20 Service Implementation: Q1 2020/21 (indicative tbc)	▪ ATU paper has been produced and shared with ICS Programme Board in September. Awaiting feedback from Committees in Common when an implementation plan will be developed.	
As part of the Leeds Transforming Care Partnership Programme for people with learning disabilities, we will be developing an intensive community service that provides intensive and transitional support enabling people with learning disabilities to step down from hospital much sooner.	▪ Intensive and Transitional Support Service to be recruited to ▪ Service spec and criteria to be written ▪ Reduced launch in Q2 ▪ Fuller service launch at end of Q2/Q3	Quarter 3 2019/20	▪ Intensive support team is being mobilised. Eligibility criteria and referral/discharge process established. ▪ Team is being recruited to with CTM and two nurses now in post.	
As part of the Leeds Transforming Care Partnership Programme for people with learning disabilities, we are also developing a business case to provide a step down/supported living service for 6-7 individuals	▪ Business case to be approved or not by CCG ▪ Implementation plan to be developed and implemented	Quarter 4 2019/20	▪ Business case produced. ▪ Verbal feedback received indicating Supported Living Model will not be progressed.	

Objective	Actions	Timescales	Progress	Rating
with learning disabilities in partnership with a housing provider.				
Key deliverables within our support services				
Implementation of a new replacement electronic patient record system across the Trust.	▪ The development and configuration of the system is on track with the revised timescales for the initial go-live across the Trust in Feb 2020.	Programme Completion June 2020	▪ The Programme Board agreed to a revised initial go-live for Care Director (Feb 2020) in order to take advantage of improved functionality in the system. ▪ All work streams remain on plan to deliver this.	
Seek agreement through a full business case process a new build development that will see the relocation of the National Inpatient Centre for Psychological Medicine (NICPM).	▪ Initial business case for three storeys new build to SJUH site to include NICPM, Eating Disorders and Liaison Psychiatry under review. ▪ NHSE Commissioning intentions not yet published to confirm business model.	September 2019	▪ Awaiting NHSE notification on the service specification for NICPM services. ▪ Programme Board arrangements established as part of our proposed new build plans. ▪ As of October 2019, no further updates regarding this development have been received.	

Objective	Actions	Timescales	Progress	Rating
In partnership with Leeds Community Healthcare, build a new inpatient facility for children and young people across West Yorkshire.	▪ Develop and submit scheme for planning application approval. ▪ Design freeze to enable market testing to commence. ▪ Approval of GMP/final build specification by Board, NHS Improvement and Department of Health. ▪ Commence enabling works prior to construction. ▪ Complete sub-station procurement and installation work. ▪ Complete pre-demolition work. ▪ Procurement/early orders for construction.	Quarter 4	▪ GMP being developed with business cases to respective Trusts (FBC for October Boards) for approval and submission to NHSI approval.	
Commence our ward refurbishment programme that will see the transfer of our acute ward based at the Newsam Centre relocated to the Becklin Centre.	▪ Develop and consult on proposed plans for the site. ▪ Agree/sign future site plan including new locations for the teams displaced.	Quarter 4 2020/21	▪ Two engagement events held with staff with a further scheduled in September. ▪ Engagement events concluded that we are unable to resolve the co-location of acute inpatients on Becklin at this time. ▪ Plan being developed setting out how we will undertake the proposed remedial works on the site.	
Implementation of our workforce and organisational development plans, including staff engagement, OD expertise, well-being, retention and management of change	▪ Review the Workforce and OD strategic plan and associated governance system ▪ All services to have local staff survey action plan in place and to be actively	March 2020	▪ Board report provided in May and July 2019, including aligning current workforce strategic plan with the NHS Interim People Plan. New governance structure/arrangements reviewed and agreed at July Board. ▪ Workforce Board sub-committee established met for the first time on 1st October 2019.	

Objective	Actions	Timescales	Progress	Rating
capacity.	working to deliver on 3 key priorities ▪ To support local change and service re-design with robust staff engagement including crowd sourcing ▪ To develop Trust culture to reflect Trust values and behaviours and staff feedback ▪ To improve Trust internal communications including intranet ▪ To develop leadership behaviours to support collective leadership and staff engagement ▪ To increase OD capacity and capability and develop team working and leadership		▪ Progress on local action planning reported to WF&ODG in June and August 2019 – 2019 staff survey is currently running and action planning will follow. ▪ Evaluation of the community re-design engagement work being completed to inform our future approach. Been a further round of crowd sourcing to support the evaluation. ▪ First meeting of culture collaborative being held on 5th August 2019 and online conversations taking place in Sept and November to gather ideas and feedback on defining our future culture. ▪ WREN is established and WDES established from June 2019. Disability at work network (DaWN) established in the summer. ▪ Developed and launched the new staff handbook for bank workers from June 2019. ▪ New version of staff net launched July 2019 with initial positive feedback but more work to do to ensure it is fully fit for purpose and work completed to respond to staff and team feedback and improve the system. This work is still ongoing. ▪ Staff feedback to be sought on internal communication offer, completed and changes now being implemented as a result of the feedback received. ▪ Rolling out programme of Affina OD support to community re-design services, commencing with senior leadership teams and the West Locality taking place. Internal coaching provision being offered to support staff to embed the new ways of working ▪ Meeting of OD and CI teams taking place in September to plan how we can better work together to support services and teams and regular meetings now taking place.	

Objective	Actions	Timescales	Progress	Rating
			▪ Leading Healthy Workplaces Programme to be piloted in Q3. Practice Development team to be first pilot. ▪ Education and Learning Steering Group leading the work on delivering a Trust Learning Needs Analysis, based on West Yorkshire and Harrogate recommended framework. ▪ Revised appraisal policy produced and launched – June 2019. Support for managers and staff to deliver quality appraisals refreshed and new training provision launched from August 2019 – completed. Starting to launch the Quality Assurance process for appraisals from January 2020. ▪ Management Essentials programme being refreshed during July and August 2019 and delivered change programme ▪ Scoping work underway to develop leadership behaviours competency framework and align internal development offer to support behavioural change. Scoping work is underway and anticipate to deliver by end of quarter 4.	
Implementation of the actions pertaining from our review of patient experience and delivery of improvements identified.	▪ Strategic oversight and governance of the Patient experience involvement and carer portfolio. ▪ Develop a 'Patient Experience, Carers and Involvement Strategy' that will prioritise the areas of work for the Trust over the next few years ▪ Recruit into Band 6 Patient experience involvement and carer	September 2019	▪ In progress. The experience and involvement strategy is being coproduced and will articulate the 3 priorities that each of the sub groups have now agreed to take forward over the next 12 months. To be signed off at Patient experience, Involvement and carer strategic group in February 2020. ▪ Complete. The Patient experience coordinator and the Patient carer coordinator are now in post. The involvement coordinator post has been placed on hold until the strategy has been completed.	

Objective	Actions	Timescales	Progress	Rating
	coordinator posts			
Commence implementation of the defined model for quality improvement and ensure delivery of the supporting workstreams already underway. This will include the outcome from the review undertaken by the Institute for Healthcare Improvement.	▪ Strengthen the use of the model for improvement in all improvement activity and implement the IHIs recommended 5 Core ▪ Components model, which is based on the model for improvement. ▪ Building improvement capacity and capability within LYPFT through coaching and training ▪ Enhance the involvement and integration of service user representation in CI activity ▪ Create and promote a series of waste reduction resources aiming to create space and opportunity to take part in CI activity. ▪ Creation of a CI community of practice aiming to instil expertise, support and energy in a continuous improvement 'social movement'.	Quarter 4 2019/20	▪ Basic training on the model for improvement now being delivered. A review of how we standardise the used of certain tools across the organisation underway, initial focus will be around data. ▪ 5 Core Components have now been actively used in supporting the delivery of a range of different activities. ▪ Delivering training in the 'Service of Results' has commenced, with very positive initial feedback.	
Organisational readiness for our 2019 CQC inspection process.	▪ Care group reviews of compliance to CQC breaches found in other areas ▪ Weekly Peer Reviews – focus on areas that had not been inspected at	**Complete**	▪ CQC have completed 2019 inspection of LYPFT. (CQC arrived for well led inspection 8th July – 19th July, returning in August at HQ to speak with directors & senior leaders). ▪ CQC report due to be returned to LYPFT mid-October for Factual Accuracy scrutiny.	

Objective	Actions	Timescales	Progress	Rating
	last inspection ▪ CQC Quality Roadshows to all sites & distribution of latest version of required posters ▪ Care plan audit of all areas (5 samples) ▪ Supported review of CQC action plan resolution and being embedded with staff			
Delivery of Emergency Preparedness, Resilience and Response standards and business continuity arrangements associated with a no-deal EU exit (Brexit).	▪ Develop work streams in accordance with NHs impact assessments of affected areas. ▪ Ensure that affected EU national staff were contacted and supported. ▪ Assess vulnerabilities to a no deal EU exit and identify mitigations ▪ Work collaboratively with partners to develop business continuity strategies to manage expected disruption ▪ Carry out a high level table top exercise to assess impact of a worst case no deal EU exit on our organisation.	Initial timescale was based on a 31 March 2019 EU exit. NHS planning is now looking towards a possible EU exit on 31 October 2019.	▪ Recommenced planning arrangements based on bi-weekly EU exit steering group chaired by Sara Munro (SRO). ▪ Updating business continuity plan. ▪ Refresh of impact and risk assessments. ▪ Developed an action plan based on amber areas from the Sept NHS England assurance return.	

3. Recommendation

Members of the Board of Directors are asked to:

- Note the progress made against our strategic priorities at this mid-year point.
- Confirm that they are assured of progress being made to address areas for improvement.

Dawn Hanwell
Chief Financial Officer/Deputy Chief Executive
Wednesday 20 November 2019

AGENDA ITEM 17

MEETING OF THE BOARD OF DIRECTORS

PAPER TITLE:	Director of Nursing report
DATE OF MEETING:	28 November 2019
PRESENTED BY: (name and title)	Cathy Woffendin, Director of Nursing, Professions and Quality
PREPARED BY: (name and title)	Cathy Woffendin, Director of Nursing, Professions and Quality

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 report is to provide a quarterly update to Trust board members in relation to progress across the Director of Nursing, professions and Quality portfolio and areas of responsibility .

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 note the contents of this report and to continue to support the staff and services with their ongoing initiatives.

Meeting of the Trust Board

28 November 2019

Director of Nursing and Professions Quarterly Report

1. CQC

The trust received the draft CQC reports on the 30th October 2019 for the 7 service areas inspected in July and the Well Led visit which took place on the 13th and 14th August 2019.The two week factual accuracy process was led by the Director of nursing, professions and quality with support from the CQC project team, service managers and executive colleagues. The process ran smoothly but was labour intensive for all involved due to the number of factual inaccuracies and lack of triangulation across a number of areas. The reports were all uploaded to the CQC portal and copies sent to the CQC relationship managers who led the original inspection on the 13th November 2019, who confirmed receipt. We now await our final report which we predict will arrive some time in December 2019.

2. Patient Experience and Involvement

The work of the Patient Experience, Involvement strategic steering group and its three sub groups are progressing well, key priorities have been discussed for each sub group and have been formulated as part of “Together “, our draft Patient Experience and Involvement Strategy 2020-2023.The draft strategy is scheduled for discussion at the Steering group meeting on the 12th December and will then begin a formal consultation process, with plans for it to go to Quality committee in January and the final version in March with a Patient experience and involvement official launch workshop in April 2020.

The Big Leeds Chat – 7th November 2019

The Big Leeds Chat event was held at Leeds Kirkgate market on 7th November 2019 from 10am to 2pm. This event was organised by the Peoples Voices Group (PVG) in Leeds; a group chaired by Healthwatch, Leeds with partner organisations. LYPFT was represented by the Director of Nursing, Quality and professions, service manager Eddie Devine and members of the PALS and Patient Experience team. This is the second year of the Big Leeds Chat and the event was centred around listening to the people of Leeds giving their views and comments on their health and wellbeing aspirations and priorities; and then recording people’s comments on a card which was facilitated by Chat makers from a variety of organisations. This process also allowed planners and

decision makers from the many organisations in Leeds to take on board peoples comments and also to have a direct conversation with people who wanted to ask specific questions about organisational planning and decision making processes or any other key areas.

The people that visited the Big Leeds Chat came from a diverse range of backgrounds, different ages, ethnicity, disability, carers and this also included some people who had used LYPFT services. It also provided an opportunity to chat to visitors from other countries who were passing through the market and were very complimentary of the City of Leeds in terms of diversity and being people friendly

During the morning and afternoon sessions there were more than 300 comments recorded on cards from the people passing through the market and these cards were pinned on the wall near the Chat Makers on the far side of the central area in Leeds market (early estimates of people giving us their valuable time and feedback was in excess of 400).

The Patient Experience Team also consulted with people on the draft Patient Experience Strategy and gained valuable feedback on the document with people like Hilary Benn the Leeds MP also giving us his valuable time and comments; which were positive and most helpful. We also gained valuable feedback on the draft strategy from some of our service users with a lived experience and people with Autism and Learning Disabilities

A report similar to the one produced last year will be published by Healthwatch and the PVG partners on the range of feedback gained during the event. Once the report is published it will be circulated to members of the Patient Experience and Involvement Strategic Steering Group for initial consideration.

Celebrating 100 years of learning disability nursing

This year marks 100 years of learning disability nursing and we joined colleagues at the wonderful celebration event which took place on Thursday 31 October at Bridge Community Church in Leeds.

The showcase event, marking the 100 year milestone, brought together nurses from different learning disability services in Leeds along with service users, carers and health and social care professionals.

The day provided a unique opportunity for guests to learn more about learning disability nursing, how it has advanced, what nurses do now and how the needs of people with learning disabilities are met in different settings. We were invited to think about the past, present and the future at over 20 interactive information stands and also to share the special '100 years' cake!

There was lots to learn about the history of care in the city and how it continues to evolve to meet the needs of service users, for example with measures to stop over-medication (the STOMP project) and the 'Green Light' toolkit which shares best practice to ensure continuous improvement of care standards.

Finding out about different routes into the profession, it was heartening to listen to stories from two of our new nursing associates, Michael Murdoch and Adrian Walker, about their learning journey and the love for what they do in their chosen career paths. Adrian is keen to become an advocate for the role, encouraging more support workers to develop their skills. Dan Redfearn, Senior Lecturer in Learning Disability Nursing at the University of Huddersfield, told us about school and college career events which encourage learning disability nurses to share their experience and enthusiasm with young people. The Trust continues to make services accessible to meet the specific needs of people with learning disabilities and we listened to Dean Milner-Bell who has spearheaded the development of Easy-On-The-I visual resources for the Trust – there are now 3000 easy-read images available to our services which help our service users understand more about their healthcare

The team created a very welcoming and positive space for the day and the community feeling was clear to see. It was a wonderful opportunity to showcase the new Learning disability nursing video, which was produced with the support of our own staff and our videographer Tricia Thorpe to really demonstrate the passion and commitment and satisfaction of knowing you can make a real contribution and difference to the lives of the people they support .The video was produced as part of our marketing campaign to promote learning disability as a career of choice.

3. Launch of NHSi leadership guide for AHP's

In October 2019 the 'developing allied health professional leaders guide' was launched by NHSimprovement. It is available at https://improvement.nhs.uk/resources/developing-allied-health-professional-leaders-guide

The guide builds upon the research commissioned by NHSi investigating AHP leadership. This research identified that strategic level AHP leadership is variable and frequently does not exist. It showed that where it is present there are benefits to improvement activity and visibility and influence of the AHP workforce. Several reports, guides and case studies related to this are available at https://improvement.nhs.uk/resources/investing-chief-allied-health-professionals/

Trusts reported problems in recruiting senior AHP's as they did not have the skill or willingness to take on strategic leadership roles. The leadership guide is designed to support trust boards and clinicians develop opportunities for AHP's. It indicates that there are gaps in aspirant AHP leaders because of a tendency to restrict developmental leadership roles to colleagues with other professional registrations and there is a lack of clear AHP career development compared to nursing and medicine, possibly partly fuelled by a perception that AHP's are strongly wedded to their original profession.

The guide provides suggestions for development at 3 key stages of an AHP's career; these are setting professional and clinical foundations, establishing underpinning behaviours and characteristics and supporting mid-career opportunities. The research showed there were 5 themes that characterised every successful chief or strategic AHP leader. These were; having wide perspectives and boundary testing, engaging in formal learning, having a mentor or champion, taking leaps of faith and building a track record. The guide gives hints and tips on

developing in all of these areas. These themes resonate with work that has been done in the city and in the organisation which would also indicate that AHP's consider that there are not the career opportunities available to them that are open to their colleagues from other professions. This is having an impact on retention of AHP's in the organisation. There are a number of simple actions that can be taken including reviewing traditional boundaries and ensure that opportunities are considered, labelled and marketed as suitable for AHP's and also that AHP's are encouraged to make that leap and helped to see that opportunities are accessible to them.

AHP day events

On 14th October 122 AHP's across the city came together to celebrate AHP day. This was the first time that AHP's from LYPFT, LCH and LTHT had collaborated on this scale. In the week running up to the event there were further opportunities for AHP's to come together in a number of 'hack' events across the city. There were focussed on 6 key priorities that AHPs identified for themselves, these are advance practice, digital, leadership, staff well-being, research and developing roles. These events meant that AHP's could share best practice and make connections across services in a way never available to them before. The day will be evaluated and an action plan created that is shared across Leeds and will focus on how to continue to develop in these 6 key areas.

LD Nursing training opportunities

Earlier this year Health Education England [HEE] announced extended support for routes to become a Learning Disability Nurse. [LD] The support is £7,900 per year, per individual, for 4 different routes.

- 2-year Trainee Nursing Associate apprenticeship followed by 2 Years Learning Disability nursing Apprenticeship
- Post Graduate Apprenticeship route (2 year masters)
- Undergraduate Apprenticeship route (3.5 year apprenticeship)
- 2nd Registration Qualification (1 year)

This work has been led by our AHP Strategic Lead and Learning Disability Nurse Clinical Lead with support from the Director of Nursing and Professions.

A scoping exercise was carried out to understand the potential of our current workforce to engage in these programmes and whether they could be supported in practice for future training. The interest in this was vast from both substantive and bank support workers, however few staff were in a position to commence training due to their level of academic qualification. The aim is to initially support 8 people to commence training before April 2020. One current Nursing associate has commenced on the 2 year 'top-up' route, one health support worker is set to commence on the 2 year masters in February. Work is underway to recruit six trainee nursing associates who would go on to do the full learning disability nurse training. Any individual who has expressed an interest in training, but doesn't t have the entry requirements will be signposted to the appropriate

apprenticeship scheme offered in the organisation. In addition work is underway with local partners to identify if it is feasible to commission a new undergraduate learning disability nurse cohort at a local university.

West Yorkshire & Harrogate Partnership Psychiatrist Campaign

Through the collective support of the Director of Organisational Development and workforce, Director of Nursing and the Medical Director the Trust will be taking part in the above campaign and the aim on the day is to get images that can be used across the 3 campaigns - Mental Health Nurses, Learning Disability Nurses and Consultant Psychiatrist recruitment campaign.

We have arranged for Just-R.com who have been commissioned by WY&H to attend on the 4 December 2019. They will be visiting:

Venues: ½ day at St Mary's Hospital (for LD and Community Staff)
½ day at Becklin Centre (for psychiatry and Inpatients)

This is joint working on three campaigns for the LWAB:

- Psychiatrist Recruitment, the objective is to promote the Yorkshire areas and opportunities available.
- Career awareness for LD Nursing
- Career awareness for MH Nursing

This will involve photography of and speaking to current staff doing the jobs that are going to be promoted.

Both the nurse campaigns will focus on raising awareness of those careers in nursing and the pathways available to interested candidates. It will involve getting a range of pictures of nurses in different locations to showcase the broad range within these careers; together with quotes from current staff to add a personal element to the campaign, why they love their job, what made them go into that specialism etc.

For the Psychiatry Campaign the focus is to obtain images (film and photographs) of any Consultants that are available on the day and speak to them about their career; again some personal quotes from current Consultants would be included. The aim of the video would be to engage with the target audiences via social media.

4. Recruitment and Retention

Following our commitment and hard work to ensure all of our third year student nurses on the condition of successful qualification were offered permanent positions the below list provides examples of where individuals have now taken up posts. To ensure ongoing support all newly qualified staff are part of our 12 month preceptorship course which provides additional bespoke training. Whilst we appreciate there is still a national shortage around nurses and ongoing work taking place across a number of areas internally this is a significant increase from previous years.

Clinical Area	Number
3 woodland Square	2
Blue Bell Ward	1
CAMHS	2
CAU BC	1
Community LD	3
CRISS	1
CMHT WAA	9
IHTT	1
NICPM	2
Parkside Lodge	3
MBU	2
WAA Inpatients	18
OPS Inpatients	6
Ward 5 NC	2
R&R	1
Leeds Forensic inpatients	2
Enchanced Care Homes Team	1
Total	57

Supporting Students Supervision and Assessment (SSSA) Implementation Plan across Leeds & York Partnership NHS Foundation Trust

The Nursing and midwifery council (NMC) released the 'future you' pre-registration standards in 2018. This document sets out the strategy for implementation of the Supporting Students Supervision and Assessment (SSSA) for the Leeds and York Partnership NHS Foundation Trust (LYPFT).

The current standards have been in use since 2010 and the new standards are a considerable change from existing standards. The University of Leeds (UoL) and Leeds Beckett University (LBU) are moving to the new standards in September 2020; whilst the University of York (UoY) and the University of Huddersfield (UoH) moved to the new standards in September 2019.

The new SSSA standards will replace the below requirements:

- Sign off mentor
- 40% of student's time is to be spent with allocated mentor.
- Role of Mentor
- Triennial review

There are new roles to support the assessment and supervision of students for nurses.

- Practice Assessor
- Practice Supervisor
- Nominated Person
- Academic Assessor.

For the past 12 months the Leeds System Practice Circuit which consists of UoL, LBU and all practice partners have met (this also mirrors the plan from University of York) to support the implementation of the new standards. The following plan has been agreed:

- Current in date mentors, who attend a mentor update, over the next 12 months, will receive training on being a practice assessor and practice supervisor. The Practice Learning and Development team (PLDT) will deliver this type of training in two-hour workshops twice a month with the support of a link tutor from a local HEI.

It is anticipated that the current number of mentors will support the required amount for practice supervisor and practice assessor.

The NMC require registered practitioners to be suitably prepared for the role of Practice assessor and Practice supervisor in addition to the course being quality assured following a meeting on the 19th September 2019, a bid has been made to Health Education England (HEE) to support the development of a Practice assessor and Practice supervisor preparation course.

- Current preceptees will attend a one-day workshop in the summer of 2020 to prepare them for the role of practice supervisor.

- The NMC have stated that there must be a person identified within the clinical setting, to actively support students and address student concerns. This is a new role and will be called the ‘Nominated Person’. It has been agreed within care service management meetings that the ‘nominated person’ will be the team manager. Locally this role may be shared with the Educational Lead, as they already perform this role.

- The NMC state the student must have a different practice assessor and a different practice supervisor to ensure a fair equitable assessment.

- The fourth role which has been introduced in the new standards is that of the Academic Assessor and this person will be an identified member from the University the student is attending.

Action taken to meet the new standards

- The PLD team have met with educational leads to consult on the SSSA strategy and have facilitated a task and finish working group to progress this work.

- LYPFT have developed a draft strategy plan which has been shared with local HEI’s for consultation.

- The PLD team manager has attended the AHP professional leads forum to request support from AHP's with the supervision of student nurses.

- The PLD team will facilitate an away day for the Educational Leads in February 2020 to help support the roll out of the standards.

- The PLD team will facilitate "roadshow" events in Trust buildings. The team is also available to attend team meetings where appropriate, and local clinical improvement forums.

- The PLD team manager will prepare a paper for the compulsory training group to request Practice Supervisor training to be priority training.

- The PLD team have liaised with the communication team to ensure communication regarding the new standards is managed across the wider workforce.

- PLD team to raise profile of supporting learners in practice on Nurses International Day 12th May 2020

SSSA Implementation

Nominated Person	Newly Qualified Nurses / AHPs	Practice Supervisor (PS)	Practice Assessor (PA)	Academic Assessor (AA)
Will be the team manager for each clinical area, this role can be delegated /shared with the Educational Lead. Handbook will be available for the nominated person	Newly Registered Nurses will be expected to attend Practice Supervisor preparation workshop during preceptorship. On completion of preceptorship will be a Practice Supervisor	Existing up to date mentors will be transferred to be a Practice Supervisor. PS will have access to regional information via www.myeplg.ac.uk; videos on website; dissemination of information via Trust Communication Links; drop in sessions / roadshows. A handbook will be available outlining the role. To complete practice assessor preparation when appropriate	Existing up to date mentors will be transferred to a Practice assessor register. PA's will attend a yearly update which will include a update of the new standards. PA access to regional information via www.myeplg.ac.uk Dissemination of information via communication links. A handbook will be available outlining the role Drop in sessions / roadshows PA will discuss a reflection as a part of their revalidation process	To be formulated by HEI

5. Recommendations

The Board is asked to note the content of this paper and the progress made against Key objectives within this portfolio

Cathy Woffendin,
Director of Nursing, Professions & Quality
19 November 2019

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:	Safer staffing report
DATE OF MEETING:	28 November 2019
PRESENTED BY: (name and title)	Cathy Woffendin, Director of Nursing, Professions and Quality
PREPARED BY: (name and title)	Linda Rose, Head of Nursing and Patient Experience

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

The report provides assurance of the process in place to ensure detailed internal oversight and scrutiny of safer staffing levels across 27 inpatient units for the period from the 1st September 2019 to the 30th September 2019 and the 1st October 2019 to the 31st October 2019.

This paper highlights the impact of a continuing local and national shortfall of registered nurses and also provides an update of actions being taken at LYPFT to improve staffing across the organisation.

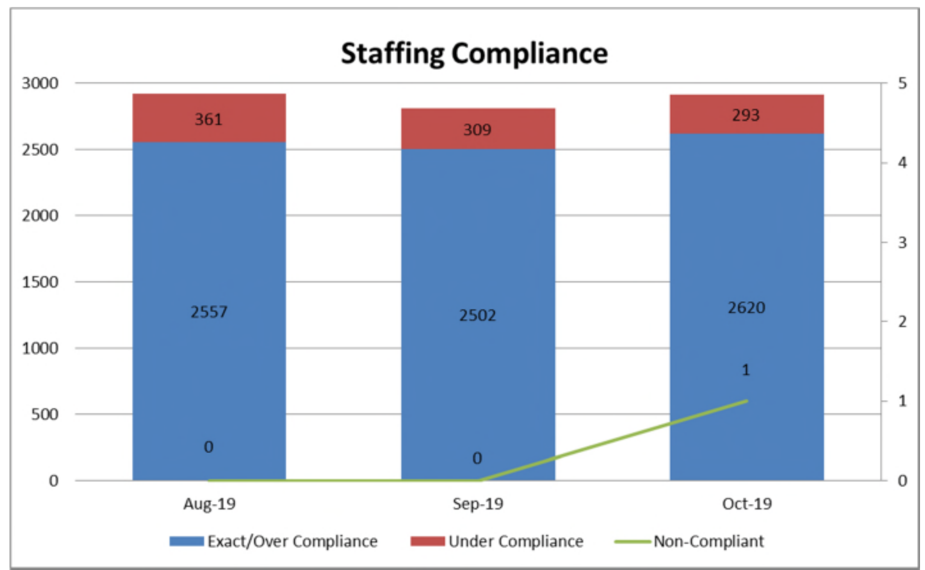
Do the recommendations in this paper have any impact upon the requirements of the protected groups identified by the Equality Act?	**State below 'Yes' or 'No'** **No**	If yes please set out what action has been taken to address this in your paper

RECOMMENDATION

The Board is asked to:

Review and discuss the staffing rates and updates provided in the report.

Safer Staffing: Inpatient Services – September & October 2019



	Number of Shifts		
	August	September	October
Exact/Over Compliance	2557	2502	2620
Under Compliance	361	309	293
Non-Compliant	0	0	1

Risks: Registered Nursing vacancies continue to be a major theme across the focussed areas highlighted by the unify data Appendix A.

Mitigating Factors:
Reduced RN fill rates are being mitigated in the majority of our units by increasing Healthcare Support Worker bookings through Bank and Agency and ongoing improvements to the recruitment strategy. There is a robust escalation process in place to manage unplanned variance in shifts.

Narrative on Data Extracts Regarding LYPFT Staffing Levels on x27 Wards during September & October 2019

Exact or Over Compliant shifts:

During September the compliance data showed a slight decrease in the number of shifts which were staffed exactly as planned or staffed above the planned number of Registered Nurse (RN) and Health support worker (HSW) staff; and during October this slightly rose again.

Under Compliant Shifts:

During September there were 309 shifts that had fewer than the planned number of RN and HSW staff on each shift (this differs from the unify report below which shows the total hours over the month rather than on a shift by shift basis). In October there were 293 shifts that had fewer than the planned number of staff on shift. Where there are fewer than planned RN staff on shift it is usual for one or more extra HSWs to back fill the vacant duty and ensure safe staffing levels, where a RN is not available to fill the shift.

Non-Compliant Shifts:

This metric represents the number of shifts where no Registered Nurses were on duty. This metric was not breached in September but was breached once in October at Asket Croft during a night shift.
This breach was due to emergency Carers Leave appropriately authorised to a substantive staff member. Whilst the shift was sent to Bank and then Agency staffing with reasonable notice before the breech occurred, no cover could be found. The escalation policy was followed and cover sought unsuccessfully from the acute wards in terms of redeployment. The Nurse working the late shift stayed until 22:30 in order to manage medication administration and the keys were then held by the Nurse in charge at Asket House. An extra HSW was utilised to cover the shortfall. The CSM on call was contacted and informed of the situation and actions taken to mitigate risks.

Updates:

- **Exception reports**

During September up to a third of the inpatient wards reported fewer than an 80% registered nurse fill. The metrics of under 80% and over 120% currently reported to the Board is an internally agreed measure as there is no instruction from NHSI stating a benchmark. This improved in October as anticipated as the shortfall in registered staff is reflective of vacancies picked up by the newly employed Preceptees who have now come into post.

- **The Safer staffing steering group and MHOST**

The unify report remains a standing agenda item and detailed discussion in the Safer staffing steering group. Services describe daily challenges such as managing smoking, illicit substance misuse and violence against staff which impact heavily on staffing resources. A paper using MHOST data from the 6 acute inpatient wards and the 4 OPS wards over a period of 8 months, has been drafted and will be presented to the Finance committee at the end of November. This paper is the first step in assisting us in our discussions with commissioners in relation to our current baseline budget costs versus our required costs based on acuity, activity and demand using an evidence based tool. There is early learning from the use of the tool and the paper makes recommendations in terms of proposing new roles to support the makeup of the multidisciplinary team and the challenges our staff describe.

- **Bank and agency**

A number of teams use a large number of staff from the Bank on a regular basis. PICU, Ward 1 Mount and Ward 2 Mount are clear high users who have established good working

relationships with temporary staffing colleagues. Whilst substantive ward staff are offered additional duties first, roster league tables are shared with managers to ensure that bank shifts are made visible to all as soon as possible in order to maximise fill rates which ensure adequate cover.

In addition, TEES ESK AND WEAR VALLEYS NHS TRUST (TEWV) has joined the bank cluster collaboration which means that 3 additional agencies will become available to support staffing at LYPFT.

APPENDIX A

Safer Staffing: Inpatient Services – September 2019

Fill rate indicator return
Staffing: Nursing, Care Staff and AHPs

	Care Hours Per Patient Day (CHPPD)								Day				Night				Allied Health Professionals	
Ward name	Cumulative count over the month of patients at 23:59 each day	Registered Nurses/Midwives	Non-registered Nurses/Midwives	Registered Nursing Associates	Non-registered Nursing Associates	Registered allied health professionals	Non-registered allied health professionals	Overall	Average fill rate - Registered Nurses/Midwives (%)	Average fill rate - Non-registered Nurses/Midwives (care staff) (%)	Average fill rate - Registered Nursing Associates (%)	Average fill rate - Non-Registered Nursing Associates (%)	Average fill rate - Registered Nurses/Midwives (%)	Average fill rate - Non-registered Nurses/Midwives (care staff) (%)	Average fill rate - Registered Nursing Associates (%)	Average fill rate - Non-Registered Nursing Associates (%)	Average fill rate - registered allied health professionals (AHP) (%)	Average fill rate - non-registered allied health professionals (AHP)
BECKLIN WARD 1	657	2.0	3.9	0.0	0.0	0.0	0.0	5.9	59.1%	352.8%			95.0%	135.1%				
BECKLIN WARD 3	663	2.4	3.6	0.0	0.0	0.0	0.0	5.9	74.0%	189.6%			99.1%	154.5%				
BECKLIN WARD 4	652	2.5	3.2	0.0	0.0	0.0	0.0	5.7	87.0%	173.4%			96.7%	143.8%				
BECKLIN WARD 5	655	2.4	3.2	0.0	0.2	0.0	0.0	5.8	82.8%	137.3%		100.0%	100.2%	136.4%		100.0%		
BECKLIN WARD 2 CR	149	5.8	15.6	0.0	0.0	0.0	0.0	21.4	70.2%	106.7%			70.6%	120.0%				
YORK - BLUEBELL	215	4.6	8.6	0.0	0.0	0.0	0.0	13.2	84.0%	166.5%			103.3%	125.0%				
YORK - RIVERFIELDS	270	3.7	4.3	0.0	0.0	0.0	0.0	8.0	166.5%	127.9%			103.4%	100.9%				
YORK - WESTERDALE	281	4.5	7.6	0.0	0.0	0.0	0.0	12.1	64.6%	105.1%			103.8%	118.0%				
3 WOODLAND SQUARE	74	9.4	17.4	0.0	0.0	0.0	0.0	26.8	91.2%	128.9%			100.0%	131.0%				
PARKSIDE LODGE	116	8.1	27.8	0.1	0.7	0.0	0.0	36.6	85.4%	97.9%		100.0%	100.0%	117.0%	100.0%			
2 WOODLAND SQUARE	108	8.3	7.0	0.0	0.0	0.0	0.0	15.2	93.1%	68.0%			100.0%	100.0%				
YORK - MILL LODGE	324	4.8	5.3	0.0	0.3	0.0	0.0	10.4	78.3%	85.0%		100.0%	80.3%	115.3%				
THE MOUNT WARD 1 NEW (MALE)	450	3.4	11.1	0.4	0.0	0.0	0.0	14.9	114.2%	191.8%	100.0%		94.9%	242.0%	100.0%			
THE MOUNT WARD 2 NEW (FEMALE)	413	2.8	8.3	0.0	0.2	0.0	0.0	11.3	102.3%	177.5%		100.0%	100.0%	236.7%				
THE MOUNT WARD 3A	453	2.2	5.2	0.0	0.2	0.0	0.0	7.6	74.3%	116.2%		100.0%	100.2%	164.0%		100.0%		
THE MOUNT WARD 4A	728	1.5	3.2	0.0	0.0	0.0	0.0	4.7	89.2%	120.9%			100.1%	120.3%				
MOTHER AND BABY THE MOUNT	254	4.6	6.0	0.0	0.2	0.0	0.0	10.8	94.0%	93.8%		100.0%	80.1%	126.5%		100.0%		
NEWSAM WARD 1 PICU	330	5.0	13.8	0.0	0.0	0.0	0.0	18.8	86.4%	151.4%			98.3%	205.5%				
NEWSAM WARD 2 WOMENS SERVICES	280	3.8	7.7	0.0	0.0	0.0	0.0	11.5	90.5%	161.6%			100.3%	144.5%				
NEWSAM WARD 2 FORENSIC	355	2.6	4.9	0.0	0.0	0.0	0.0	7.5	86.9%	145.5%			106.9%	100.0%				
NEWSAM WARD 3	420	2.4	4.9	0.0	0.0	0.0	0.0	7.3	82.9%	146.4%			103.3%	143.6%				
NEWSAM WARD 4	618	2.6	3.6	0.0	0.1	0.0	0.0	6.2	76.7%	181.5%			98.3%	152.9%		100.0%		
NEWSAM WARD 5	390	4.3	7.8	0.0	0.0	0.0	0.0	12.1	137.5%	159.5%			100.0%	201.7%				
NEWSAM WARD 6 EDU	360	3.8	7.9	0.0	0.0	0.0	1.6	13.3	131.8%	277.0%			131.0%	176.8%				100.0%
ASKET CROFT	569	1.7	2.7	0.0	0.0	0.0	0.7	5.2	107.8%	100.7%			100.5%	101.7%				100.0%
ASKET HOUSE	376	2.2	2.0	0.0	0.0	0.0	0.7	4.9	114.8%	93.2%			100.3%	100.0%				100.0%
NICPM LGI	104	15.6	6.9	0.0	0.0	0.0	0.0	22.5	106.5%	124.1%			102.0%	96.6%				

APPENDIX

Safer Staffing: Inpatient Services – October 2019

Fill rate indicator return
Staffing: Nursing, Care Staff and AHPs

	Care Hours Per Patient Day (CHPPD)								Day				Night				Allied Health	
Ward name	Cumulative count over the month of patients at 23:59 each day	Registered Nurses/Midwives	Non-registered Nurses/Midwives	Registered Nursing Associates	Non-registered Nursing Associates	Registered allied health professionals	Non-registered allied health professionals	Overall	Average fill rate - Registered Nurses/Midwives (%)	Average fill rate - Non-registered Nurses/Midwives (care staff) (%)	Average fill rate - Registered Nursing Associates (%)	Average fill rate - Non-Registered Nursing Associates (%)	Average fill rate - Registered Nurses/Midwives (%)	Average fill rate - Non-registered Nurses/Midwives (care staff) (%)	Average fill rate - Registered Nursing Associates (%)	Average fill rate - Non-Registered Nursing Associates (%)	Average fill rate - registered allied health professionals (AHP) (%)	Average fill rate - non-registered allied health professionals (AHP)
BECKLIN WARD 1	681	2.2	4.0	0.0	0.0	0.0	0.0	6.3	73.7%	348.2%			92.1%	168.0%				
BECKLIN WARD 3	678	2.6	4.2	0.0	0.0	0.0	0.0	6.8	86.4%	197.9%			98.8%	203.7%				
BECKLIN WARD 4	680	2.5	3.1	0.0	0.0	0.0	0.0	5.7	90.0%	166.0%			98.5%	139.0%				
BECKLIN WARD 5	669	2.7	2.9	0.0	0.2	0.0	0.0	5.8	91.8%	125.0%		100.0%	98.4%	129.9%		100.0%		
YORK - BLUEBELL	217	4.7	8.6	0.0	0.0	0.0	0.0	13.3	83.7%	174.2%			100.0%	104.8%				
YORK - RIVERFIELDS	279	3.2	4.4	0.0	0.0	0.0	0.0	7.7	146.1%	133.3%			103.3%	100.0%				
YORK - WESTERDALE	341	4.2	6.1	0.0	0.0	0.0	0.0	10.2	74.8%	92.8%			103.4%	107.6%				
3 WOODLAND SQUARE	83	9.0	18.6	0.0	0.0	0.0	0.0	27.6	115.0%	168.2%			100.2%	126.7%				
PARKSIDE LODGE	139	8.0	27.9	0.1	0.6	0.0	0.0	36.5	102.1%	113.4%		100.0%	103.9%	143.3%	100.0%			
2 WOODLAND SQUARE	75	12.2	9.2	0.0	0.0	0.0	0.0	21.4	90.2%	52.6%			103.4%	100.0%				
YORK - MILL LODGE	330	4.7	6.1	0.0	0.3	0.0	0.0	11.0	73.9%	113.7%		100.0%	82.0%	111.5%				
THE MOUNT WARD 1 NEW (MALE)	421	3.4	12.6	0.4	0.0	0.0	0.0	16.4	115.9%	191.2%	100.0%		82.6%	267.6%	100.0%			
THE MOUNT WARD 2 NEW (FEMALE)	443	3.0	6.7	0.0	0.2	0.0	0.0	9.9	113.8%	137.3%		100.0%	146.2%	208.3%				
THE MOUNT WARD 3A	352	2.9	6.2	0.0	0.3	0.0	0.0	9.4	80.0%	106.3%		100.0%	104.3%	132.7%		100.0%		
THE MOUNT WARD 4A	758	1.5	3.8	0.0	0.0	0.0	0.0	5.3	97.1%	137.1%			100.0%	162.8%				
MOTHER AND BABY THE MOUNT	257	5.8	5.8	0.0	0.2	0.0	0.0	11.9	115.5%	80.4%		100.0%	79.3%	130.1%		100.0%		
NEWSAM WARD 1 PICU	339	4.8	13.8	0.0	0.0	0.0	0.0	18.6	80.1%	156.7%			95.2%	196.7%				
NEWSAM WARD 2 WOMENS SERVICES	301	3.9	5.1	0.0	0.0	0.0	0.0	9.0	96.3%	100.8%			103.2%	101.6%				
NEWSAM WARD 2 FORENSIC	366	3.0	5.1	0.0	0.0	0.0	0.0	8.1	104.5%	145.2%			103.3%	120.2%				
NEWSAM WARD 3	413	2.7	4.1	0.0	0.0	0.0	0.0	6.8	86.2%	127.5%			119.4%	100.0%				
NEWSAM WARD 4	640	2.6	3.3	0.0	0.1	0.0	0.0	5.9	80.6%	156.9%			92.7%	137.2%		100.0%		
NEWSAM WARD 5	427	4.2	7.3	0.0	0.0	0.0	0.0	11.4	144.6%	159.6%			108.4%	201.0%				
NEWSAM WARD 6 EDU	331	4.6	8.7	0.0	0.0	0.0	1.9	15.1	145.1%	274.4%			133.3%	184.0%				100.0%
ASKET CROFT	603	1.6	2.5	0.0	0.0	0.0	0.7	4.9	103.1%	92.5%			100.0%	104.9%				100.0%
ASKET HOUSE	454	1.8	1.7	0.0	0.0	0.0	0.8	4.2	105.0%	89.2%			100.3%	104.1%				100.0%
NICPM LGI	102	18.5	7.3	0.0	0.0	0.0	0.0	25.8	115.9%	141.6%			113.0%	111.0%				

AGENDA ITEM 19

LEEDS AND YORK PARTNERSHIP NHS FOUNDATION TRUST

MEETING OF THE BOARD OF DIRECTORS

PAPER TITLE:	Medical Director’s Report
DATE OF MEETING:	28 November 2019
PRESENTED BY: (name and title)	Claire Kenwood, Medical Director
PREPARED BY: (name and title)	Gina White, Medical Directorate 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 Medical Director’s report covers the following:

- Quality Strategic Plan Update
  - Building from the foundations
  - Sharing our Knowledge
- Medical Education
  - University of Leeds Contract Review
  - HEE Quality Review Outcome report
  - Achievements

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 consider the information provided and discuss the content further if needed to gain assurance of the work completed and planned.

MEETING OF THE BOARD OF DIRECTORS

28 November 2019

Medical Director's Report

1. Executive Summary

This paper gives an overview of the work taking place or being led by the Medical Directorate.

2. Quality Strategic Plan Update

Below are a few, of the many, examples of where progress has been made since the last update. A more in depth update on progress made will be submitted to the Quality Committee in March 2020.

2.1 Building from the foundations

Since the last update the Institute for Healthcare Improvement (IHI) Diagnostic Visit, Diagnostic Report and Leadership Workshops have all taken place. We have now completed 5 of the 6 foundational recommendations from the Diagnostic Report and work on the last recommendation has commenced and will be delivered over the next 12 months, linking in with our participation in the IHI Health Improvement Alliance Europe community.

Building from work done in previous years and the more recent partnership with IHI, we have made a step change from building the foundations, to the implementation of the three models that we are utilising within the trust, these are - the Framework for Safe, Reliable, and Effective Care; the Model for Improvement; the Five Core Components.

2.2 Sharing our Knowledge

We have been recognised for the work we have done with the IHI's Framework for Safe, Reliable and Effective Care and have been asked to join a Global Learning Network where we

will have the chance to help test, validate, develop and teach the next iteration of IHI's safety theory, which is a real privilege for the trust.

In October 2019 there were 2 key events, the first took place on Friday 11th October, Leeds and York Partnership NHS Foundation Trust hosted the Continuous Improvement Exchange Forum (CIEF). The CIEF has representation from many public sector organisations from throughout the North West including Emergency Services, Councils, Universities and neighbouring NHS organisations.

As hosts of the CIEF, the continuous improvement team had the opportunity to share 'how' we approach improvement within the organisation and invited three active improvement leads to present their improvement experience. Sally Rawcliffe-Foo (Chronic Fatigue Syndrome/Myalgic Encephalomyelitis Service), Emma Jackson (Leeds Autism Diagnostic Service) and Tina Edwards (Positive Behavioural Support in Community Learning Disabilities Team) all did an excellent job at articulating the reason they chose to embrace an improvement approach to their problems, the learning they've gone through and the excellent benefits their teams have experienced. It was a proud moment for the continuous improvement team, as this was the first time improvement leads have come together to share and learn from each other's experiences. As a result of sharing our experiences with other organisations, a number of key networks have now been forged, enabling further best practice and learning to take place across the organisational boundaries in which we operate.

The second event took place on the 24 October, at The Bridge Community Centre. This was an excellent example of collaborative work across the Nursing and Medical directorates and care services. It was led by Pamela Hayward-Sampson, Safety and Risk Lead. This all day event shared the themes and trends from serious incidents and patient safety incidents. The event was attended by over 100 clinicians and has evaluated well. There were a number of workshops where clinical staff shared quality improvements within their areas, this included for example, reducing violence and aggression using safety huddles, learning from choking incidents, physical health improvements in ward areas and reducing risk in the community. It is planned to make this a twice yearly event and the planning has started for the March event.

3. Medical Education

3.1 University of Leeds Contract Review

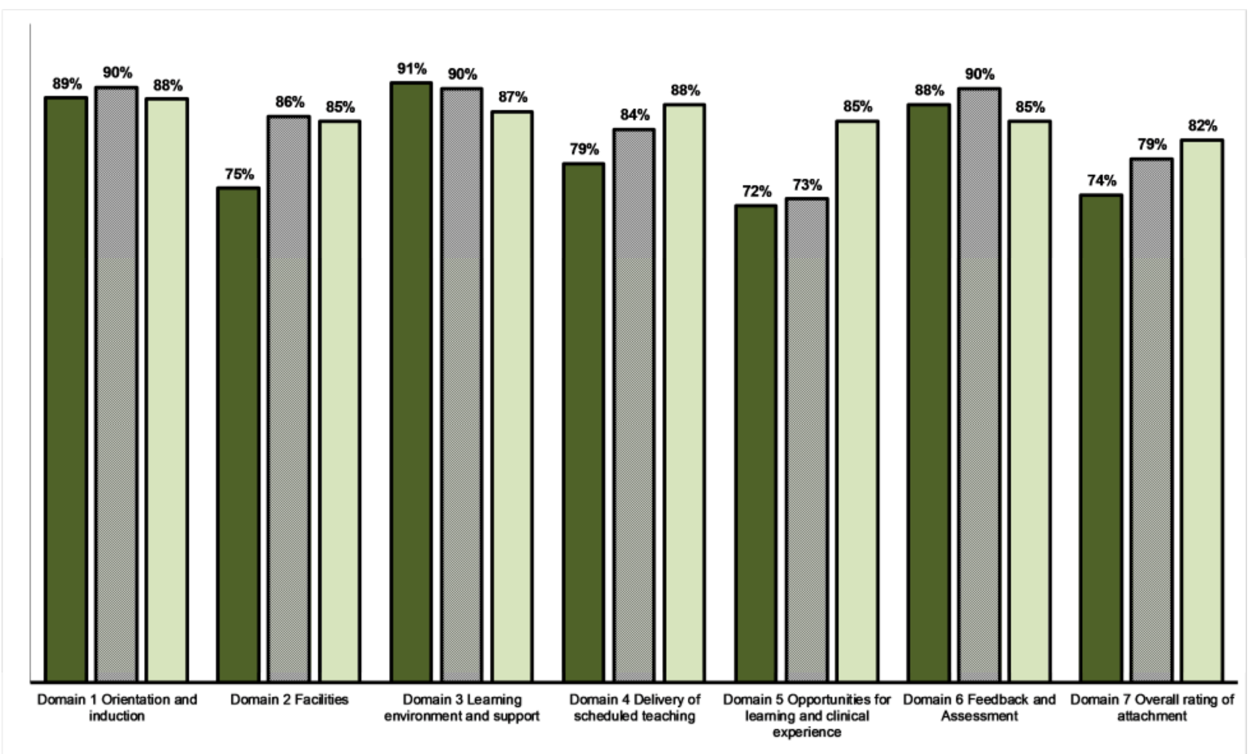
The Trust provides placements for five cohorts of Year 4 medical students. In the 18/19 academic year the Trust hosted 109 Year 4 students and 238 Year 2 medical students via the Campus to Clinic programme.

The contract review meeting with the University of Leeds Medical School was held on 30 September 2019. The meeting was preceded by the signing of the Associate Teaching Contract with the University. A range of staff who are active in undergraduate medical education from both the University and the Trust and included doctors in training, medical education centre staff and medical education leaders.

The partnership is important to both parties. The University values the fantastic teaching of all aspects of psychiatry and great placements in a range of psychiatry settings. This is evidenced by year on year improvement in the feedback from the students which is due to the contribution from all involved with education. Chart A shows the Domain Trend over the last 3 Academic Years.

18 trust staff received commendations from the students for their input to the placements or teaching programme. By offering high quality psychiatric placements it provides opportunity to promote psychiatry as a medical career and contribute to developing the future medical workforce in line with the Trust's workforce strategy.

Chart A: Leeds and York Partnership: Domain Trend over 3 Academic Years – Strongly Agree/Agree (%)



The Summary of Student Clinical Placement Evaluation Data 2018-19 is available from the Medical Directorate Administrator.

Undergraduate Firm leads have been introduced this year to support the medical students to get the best from the community element of their placements in response to feedback provided.

3.2 Health Education England Quality Review Outcome Report

Health Education England (HEE) visited the Trust on 24 September to complete a positive practice review. The reason for the review was the consistent positive feedback and green flags in GMC National Trainee Survey and a positive response to the self-assessment report (SAR) on multi professional learning signed off by the Board last year.

Intelligence sources seen prior to the review were GMC Survey, National Education and Training Survey (NETS), Practice Placement Quality Assurance data, Guardian of Safe Working Reports, Quality Database.

There was excellent engagement from the senior team, the education team and department educators. The meeting was well organised, collaboratively by Medical and Nursing

directorates. It was attended by a large number of medical trainees at CT and ST level, though due to the timing of the visit there were not any non-medical learners in attendance.

Best practice featured in the report was;

- Culture

  There is a positive attitude towards learning throughout all areas of the Trust which extends to board level. The Trust has ensured that service delivery complements learning rather than impacting on it. As a result of this culture the trainees report that they have a positive leaning experience at the Trust, they feel well supported, supervised and valued.

- Induction

  The protected time for induction which also includes all mandatory learning and IT system training along with key areas such as breakaway skills and talk down techniques means that trainees are not juggling their rota commitments with mandatory learning and are commencing their rotas feeling well prepared. This ultimately relieves the pressure on trainees.

- Rotas

  Rota's are planned by a member of the education team. They are issued well in advance and are thoughtfully planned for the duration of the placement.

- Links with HEIs

  The Trust has fostered good links with the HEIs and medical schools that it works with and is working with them to enhance learner experience with initiatives such as orientation days for Nurses and AHPs and induction days for medical students prior to placement. Educators at the Trust are actively involved in recruitment panels and teaching at the HEIs which enhances both their experience and that of the learners.

There were no educational requirements set (Requirements are set where HEE have found that standards are not being met; a requirement is an action that is compulsory.)

There were some recommendations made. They were

- IT and Estates

The Trust should closely monitor the challenges around IT and estates to ensure that they do not encroach on the current positive learning experience.

- Alternative workforce solutions

The Trust should continue to explore the opportunities to lessen the burden on learners with alternative workforce solutions that can take on repetitive and non-educational tasks.

- Multi-Professional Learning

The Trust should continue to pursue learner inclusivity with processes to ensure that all learners from all professional groups have the same positive learning experience.

- Regional Teaching

The HEE School of Psychiatry should explore the possibility of offering regional teaching for Old Age and General Psychiatry.

The Quality Review Outcome Report is available from the Medical Directorate Administrator.

3.3 Achievements

Zumer Javaid was awarded HEE Y&H higher trainee of the year. Zumer is specialising in Older People Psychiatry and is a fantastic ambassador of the Trust as a place to train and work.

Kouser Shaik, International Medical Graduate (IMG) Lead in conjunction with Sunitha Muniyappl (ST6), Arif Musabbir (ST6), Babor Aganren (CT2) and Nazish Hashmi (ST6) won the Poster prize at the annual HEE Yorkshire School of Psychiatry Conference. The poster, entitled Resilience: Culture of Support summarised the diversity of doctors, issues faced when starting a medical career in the UK and the support available to the IMG doctor when coming to work in Psychiatry in West Yorkshire. A copy of the poster is available from the medical directorate administrator.

3.4 Summary

The UoL Summary of Student Clinical Placement Evaluation Data 2018-19 and the **HEE** Quality Review Outcome Report acknowledge the contribution and commitment of the Trust's staff to educating the future workforce. To quote from the report 'The trainees interviewed regard their training experience at Leeds and York Partnership NHS trust to be of a very high standard and the Trust is recognised by trainees as one of the best placements in the region.'

4. Conclusion

Five of the six IHI recommendations are complete providing assurance of the implementation of the three models of improvement. Recognition of the work completed is supported by the invitation to join a Global Learning Network and two events to transfer knowledge and share learning.

The standard of education delivered within the Trust and by Trust staff is to a high standard and well regarded by both students, trainees and external partners. The staff involved use the feedback to inform continuous improvement in both education and service delivery.

5. Recommendation

The Board are asked to consider the information provided and discuss the content further if needed to gain assurance of the work completed and planned

Dr Claire Kenwood
Medical Director
20 November 2019

AGENDA ITEM
20

LEEDS AND YORK PARTNERSHIP NHS FOUNDATION TRUST

MEETING OF THE BOARD OF DIRECTORS

PAPER TITLE:	Guardian of Safe Working Quarterly Report Quarter 2 July 2019 to September 2019
DATE OF MEETING:	28 November 2019
PRESENTED BY: (name and title)	Dr Claire Kenwood, Medical Director
PREPARED BY: (name and title)	Dr Elizabeth Cashman, Guardian of Safe Working Hours

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 report is to give assurance to the board that doctors in training are safely rostered and that their working hours are compliant with the Junior doctors contract 2016 and in accordance with Junior doctors terms and conditions of service (TCS). Key points to note are

- There have been five exception reports
- There were no patient safety issues
- Junior doctors forum met in October
- National change of 999 number to ambulance service
- Pay queries in relation to potential underpayment to Higher Trainees
- Recruitment of new Guardian of Safe Working Hours – Dr Ben Alderson

In summary, exception reporting (ER) has now been in place within the Trust for over 2 years. We continue to work with the junior doctors and clinical supervisors to ensure that we are developing a culture where ERs are positively received and used as a mechanism to effect change.

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 are asked:

I. To agree that this reports provides an assurance level for the systems in place to support the working arrangements of the 2016 Contract and TCS for the junior doctors working in the Trust and that they are meeting their objective of maintaining safe services
II. To provide constructive challenge where improvement could be identified within this system.

MEETING OF THE BOARD OF DIRECTORS

28 November 2019

Guardian of Safe Working Hours Report

Quarter 2 July – September 2019

1 Executive Summary

The purpose of this quarterly report is to give assurance to the board that doctors in training are safely rostered and that their working hours are compliant with the Junior doctors contract 2016 and in accordance with Junior doctors terms and conditions of service (TCS). The report includes the data from 01.07.19 to 30.09.19.

2 Quarter 2 Overview

<table>
<tr><td colspan="2" rowspan="2">Vacancies</td><td colspan="6">There are 2 vacancies in the Core Trainee establishment. There are two part-time Trust doctors in post.</td></tr>
<tr><td colspan="6">There are 3 vacancies in the Higher Trainee establishment.</td></tr>
<tr><td colspan="2" rowspan="2">Rota Gaps</td><td colspan="2">July</td><td colspan="2">August</td><td colspan="2">September</td></tr>
<tr><td>CT</td><td>HT</td><td>CT</td><td>HT</td><td>CT</td><td>HT</td></tr>
<tr><td rowspan="4"></td><td>Gaps</td><td>27</td><td>22</td><td>28</td><td>17</td><td>36</td><td>4</td></tr>
<tr><td>Internal Cover</td><td>23</td><td>22</td><td>24</td><td>15</td><td>32</td><td>4</td></tr>
<tr><td>Agency cover</td><td>0</td><td>0</td><td>4</td><td>2</td><td>1</td><td>0</td></tr>
<tr><td>Unfilled</td><td>4</td><td>0</td><td>0</td><td>0</td><td>3</td><td>0</td></tr>
<tr><td colspan="2">Fill Rate</td><td>98%</td><td>100%</td><td>100%</td><td>100%</td><td>98%</td><td>100%</td></tr>
<tr><td colspan="2" rowspan="2">Exception reports (ER)</td><td>2</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td></tr>
<tr><td colspan="6">2 in total.
Both related to reduced staffing on call shifts, one an evening shift the other a night shift. Neither resulted in patient safety issues, nor required trainees to work past the end of the shift.
For the night shift MEC had been unable to find locum cover. The evening shift vacancy was the result of the rota'd doctor not attending for their shift as a result of a complicated swap. This has been discussed with the individual doctor concerned. The importance of recording swaps will be added to the next induction.</td></tr>
</table>

Fines	None
Patient Safety Issues	None- see below for potential concerns related to national changes in the use of 999 by medical professionals.
Junior Doctor Forum	Meeting held in October. Items of note were: • Whilst there were no patient safety concerns reported it was highlighted that the proposed change to the use of 999 by medical professionals is a potential area for concern. This will be raised with the medical director and proposals for pre-programming phones/alternative simple number raised. • HTs flagged up the possibility of under payment on the new contract. Medical Directorate Manager and Medical Education Manager is investigating and will inform payroll of any amendments needed. Feedback will be provided to the trainees raising individual queries. If it is identified that a system error has occurred all affected trainees will be informed and remedial action taken. It has been reported as a risk and escalated accordingly.
Guardian of Safe Working Recruitment	Junior doctor representatives were panel members for the interview held on 6 November. Dr Ben Alderson was offered and has accepted the role of Guardian from 1 December 2019.

3 Conclusion

Exception Reporting has now been in place within the Trust for over 3 years. We continue to work with the junior doctors and clinical supervisors to ensure that we are developing a culture where ERs are positively received and used as a mechanism to effect change.

4 Recommendations

The Board of Directors are asked:

i. To agree that this reports provides an assurance level for the systems in place to support the working arrangements of the 2016 TCS for the junior doctors are working in the Trust and that they are meeting their objective of maintaining safe services
ii. To provide constructive challenge where improvement could be identified within this new system

Dr Elizabeth Cashman
GMC 6128434
Guardian of Safe Working Hours

AGENDA ITEM 21

MEETING OF THE BOARD OF DIRECTORS

PAPER TITLE:	Report from the Freedom To Speak Up Guardian
DATE OF MEETING:	28 November 2019
PRESENTED BY: (name and title)	John Verity - Freedom To Speak Up Guardian
PREPARED BY: (name and title)	John Verity - Freedom To Speak Up Guardian

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 sixth report from the Freedom to Speak Up Guardian which sets out the work of the Guardian in particular raising awareness of how to raise concerns.

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 report from the Freedom To Speak Up Guardian
- Note the content
- Support the work being undertaken
- Be assured that staff are aware of how to and are raising concerns in the appropriate way.

MEETING OF THE BOARD OF DIRECTORS

28 November 2019

Freedom to Speak up Guardian Report November 2019

1. Introduction and background

The appointment of a Freedom to Speak up Guardian (FTSUG) in all NHS Trusts and Foundation Trusts was recommended by Sir Robert Francis following his review and second report in February 2015 into failings at the Mid Staffordshire NHS Foundation Trust. This Trust has had a Guardian in place since October 2016.

FTSUGs have a key role in helping to raise the profile of raising concerns in their organisation and providing confidential advice and support to staff in relation to concerns they have about patient safety and / or the way their concern has been handled. Guardians do not get involved in investigations or complaints, but help facilitate the raising concerns procedure; ensuring organisational policies are followed correctly.

2. Raising awareness of the Freedom to Speak up Guardian

Our current Guardian is John Verity and since his appointment in October 2017 he has carried out extensive work to raise the profile and awareness of the role and the ways in which he can support staff who wish to raise a concern. Below is a summary of the ways in which he has done this.

On the 10th October 2019 John received his 100th concern and continues to ensure he maximises the number of staff he sees he has attended staff handover meetings, team meetings and away days, the quarterly bank staffing forum and the Trust's Monthly Welcome day for new staff. He has also carried out walkabouts across Trust sites on both a planned and non-planned basis to ensure he achieves a far reaching spread. He has also established

‘hot desk’ arrangements in many areas to increase the profile of the role, and be available to staff too.

The Guardian has established relationships in remote areas that include our Deaf CAMHS at both Manchester and Newcastle, visiting Forward Leeds and our smaller remote areas including our Specialised Supported Living Service (SSLS). He recently met with the Veterans’ Mental Health Complex Treatment Service Clinical Team Manager; and with staff from the Northern Gambling Clinic. John has a regular hot desk interface with both the Woodlands and Parkside sites to enhance his exposure within our Specialised Supported Living Service.

In addition to the informal ways of raising his profile the FTSUG has also attended a number of formal meetings. These include: Staffside meetings; HR meetings; Equality Impact Group meetings(EIG); Equality and Diversity workshops; Care Group Governance and Business meetings; the Trust Wide Clinical Governance Group; local clinical team meetings; Clinical improvement forums and professional meetings.

To report on his work and raise awareness he has a regular blog in which he describes recent activity and learning. He uses this blog to advise staff of his up-coming visits at locations across the Trust. The Guardian now uses Twitter with the support of our Communications team for up to date information around the Guardians whereabouts and any changes that may occur.

In addition to meeting staff our Guardian has distributed updated posters, which now have an image of the Guardian so people can recognise him when he is in our units. He has business cards with an invite to contact him not only if a member of staff wants to raise a concern but if groups of staff want to invite him on a planned visit. He is also working closely with managers to ensure there is maximum access to the Guardian.

The Guardian is a member of the Culture Collaborative and actively involved in Improving Culture: Improving Lives

It was noted in the May 2019 the Guardian is developing the use of QR codes and incorporating signed language access within our refreshed posters, the QR codes will also be

able assist our colleagues whose first language isn't necessarily English, allowing the use of Google Translate to enhance further understanding and access to the Guardian.

Due to a period of planned sickness it is now forecast that the updated literature and posters will be available before 2020 with the Guardian taking final drafts for consultation with our deaf Colleagues in Manchester projected to be mid-December.

The Guardian completed a video to complement his role and be a resource as required, In the Guardians period of planned absence the video was used at our Trust Induction event, with further work enhancing the video with agreed signed language interpretation available for our colleagues with hearing difficulties to be added on the Guardian's return in December.

The Guardian has ensured that the language and message of communications are consistent with national guidance and will continue to monitor that this is provided in a manner consistent to this guidance.

To ensure the Guardian is more accessible to all groups and there is an inclusive approach to raising concerns and the Guardian is working closely with the Head of Diversity and Inclusion. This work identifies ways of ensuring appropriate communication and accessible approaches to raising awareness. The Guardian meets regularly with the Bank Staffing lead and is a core member of the Bank Staffing Forum, which helps reach staff who are sometimes difficult to access due to their different work/shift patterns. The Bank Staffing Forum is always well attended and a good place to hear concerns of staff and again help with signposting.

To make sure the Guardian reaches out to our students/apprentices he has met with student /apprentice lead(s) and provided them with updated posters and flyers. He has also met with students at staff meetings and walk-arounds. The student/ apprentice leads have now incorporated visual representation and information as a part of their induction event(s). On October 8th the Guardian presented at the induction/orientation day for the new undergraduates.

The role has been well received and well supported within the organisation at all levels. Engagement with all staff has its challenges due to the geography of the Trust, but being available and responsive to staff is key to the success of the Guardian so the role works on a

flexible and agile basis as opposed to being office based. Staff are always given a choice as to where and when they would like to meet. Often staff request to meet off-site to allow them to maintain confidentiality.

The Guardian has regular access to the Chair, Chief Executive and the Senior Independent Director. He also has access to Guardian of Safe-working Hours, the consultant for Junior Doctors in training and our Caldicott Guardian.

In summary the Guardian has used a number of methods of raising awareness of the role. These include:

- Face-to-face contact at team meetings
- Face-to-face meetings and poster/flyer and business card drops
- Developing Stand up – Sign up posters for our Deaf CAMHS colleagues
- Informal contact / meetings with staff and managers
- Desk top notifications which will be seen when staff switch on their computer
- Trustwide emails
- Individual email communication targeting managers of clinical services
- Regular blog to include drop in and all main sites on a regular rotation
- Staffnet page providing details of the role and how to contact the Guardian
- Inclusion in the event for the Trust induction with a slot on the induction programme to ensure that all staff at the event receive consistent messages and information about raising concerns
- Twitter
- Peer reviews are conducted too
- Training aids are now added to the Raising Concerns Staffnet page.

3. CQC Inspection

In January 2018 the CQC undertook a 'well-led' review which included looking at our arrangements for raising concerns. The CQC was complementary about these arrangements and indicated that the handling of concerns raised by staff always met with best practice.
In preparation for a CQC inspection and to ensure we maintain compliance with standards and good governance, peer reviews are conducted within the services. As a part of this review

staff are asked whether they have an awareness of the Guardian? Any areas where it is felt beneficial for a Guardian visit is fed back to the Guardian following this process.

The Guardian had a recent CQC interview on Tuesday 2nd July 2019 as part of their on-going monitoring and inspection.

4. Internal audit report

Earlier in 2018 NHS Audit Yorkshire (our internal auditors) carried out an audit of the systems, processes and procedures relating to the FTSUG role. This resulted in a rating of 'significant assurance' overall. Whilst the systems and processes were found to be strong there were a number of minor administrative processes recommendations which are now complete. The significant recommendation related to the Raising Concerns (Whistleblowing) Procedure which is now refreshed and was re-launched into the Trust and effective on 11th October 2019, Document reference Number HR-0009 Workforce.

The next internal audit is planned for December 2019

5. Regional and national networking:

There is a requirement and expectation for the Guardian to attend regional and national events including training to promote standardised approaches to the role and to share and learn from peers. The Guardian is linked into both our regional events, the national events and also receives one-to-one peer support from some of the local guardians from other trusts. These activities ensure that the Guardian maintains strong peer network and they also ensure the Trust is working to current and best practice and to build networks.

The Guardian hosted the Regional meeting at LYPFT Trust Headquarters on 6th September. 10 Regional Guardians attended. Also in attendance was the new to Regional Liaison Lead North East & Yorkshire Julie Huggan who came into post during Summer 2019. One of the main points discussed was the requirement of national training, as there is currently no standard package of materials which will support the delivery of all levels of training identified in the recommendations. it was proposed at the meeting that representatives from the Network come together to develop a proposed package which could be used region wide with the pilot

be considered to assist the National training requirement. Further discussion around a consistent training package will be discussed at the regional meeting to be held on 10th December where Julie Huggan (Regional Liaison Lead) will be able to update any further information form the National Guardians office re training.

The Guardian attended his mandatory annual training at Dewsbury Hospital on 9th October 2019 andthe National Conference is to be held 25 March 2020.
At the regional meetings Guardians share their experiences and good practice. They have the opportunity to discuss reviews and recommendations supplied by the National Guardians Office. A member of the National Guardians Office (NGO) is generally present. The Regional meeting is a safe place to have group supervision and to discuss and thoughts and concerns or experiences other Guardians may wish to share.

The Guardian submits quarterly data as requested to the National Guardians Office. The latest figures for the first and second quarters of 2019/20 (1 April to 30 June and 1 July to 30 September) are below. These figures are based on the data submitted by Guardians to the National Guardian's Office. For the first time this includes speaking up data from other organisations.

Q1 data headlines from Trusts

•3,156 cases were raised to Freedom to Speak Up Guardians / ambassadors / champions
•767 of these cases included an element of patient safety / quality of care
•1,213 included elements of bullying and harassment
•116 related to incidents where the person speaking up may have suffered some form of detriment
•439 anonymous cases were received
•3 organisations did not receive any cases through their Freedom to Speak Up Guardian
•197 out of 224 NHS trusts sent returns

Q2 data headlines from Trusts

•3,473 cases were raised to Freedom to Speak Up Guardians / ambassadors / champions
•844 of these cases included an element of patient safety / quality of care

- •1,240 included elements of bullying and harassment
- •127 related to incidents where the person speaking up may have suffered some form of detriment
- •455 anonymous cases were received
- •2 organisations did not receive any cases through their Freedom to Speak Up Guardian
- •201 out of 224 NHS trusts sent returns

FTSU Index

For the first time NHS trusts and Foundation trusts can assess where they stand on a new index that highlights their workers' views of the speaking up culture in their organisations, with the FTSU Index.

The FTSU Index was created using four questions from the annual NHS Staff Survey. It enables trusts to see at a glance how their speaking up culture compares with others, providing trust boards with an indicator to learn more about the Freedom to Speak Up culture in their organisation.

The four NHS Staff Survey questions are

• % of staff responded "agreeing" or "strongly agreeing" that their organisation treats staff who are involved in an error, near miss or incident fairly (question 17a)

• % of staff responded "agreeing" or "strongly agreeing" that their organisation encourages them to report errors, near misses or incidents (question 17b)

• % of staff responded "agreeing" or "strongly agreeing" that if they were concerned about unsafe clinical practice, they would know how to report it (question 18a)

• % of staff responded "agreeing" or "strongly agreeing" that they would feel secure raising concerns about unsafe clinical practice (question 18b)

The FTSU index was calculated as the mean average of responses to the above four questions from the NHS annual staff survey:

Nationally, the highest score is 87% the lowest is 68%, LYPFT sits in the middle at 79%. The Index Report promotes use of a buddy system with other Trusts; The Guardian has strong links and buddy relationships with other regional Guardians.

"Broadly speaking the index reveals a very strong correlation between trusts that are rated highest by the CQC and those that have the highest rated speaking up cultures," says Dr Henrietta Hughes.

"Trusts should see the index as an insight into the views of their workforce around the issue of speaking up," says Henrietta. "The aim of the report is to commend those trusts doing well and those that have shown significant improvement, while encouraging those that have room to improve to take the opportunity to address the issues that may be affecting their index scores."

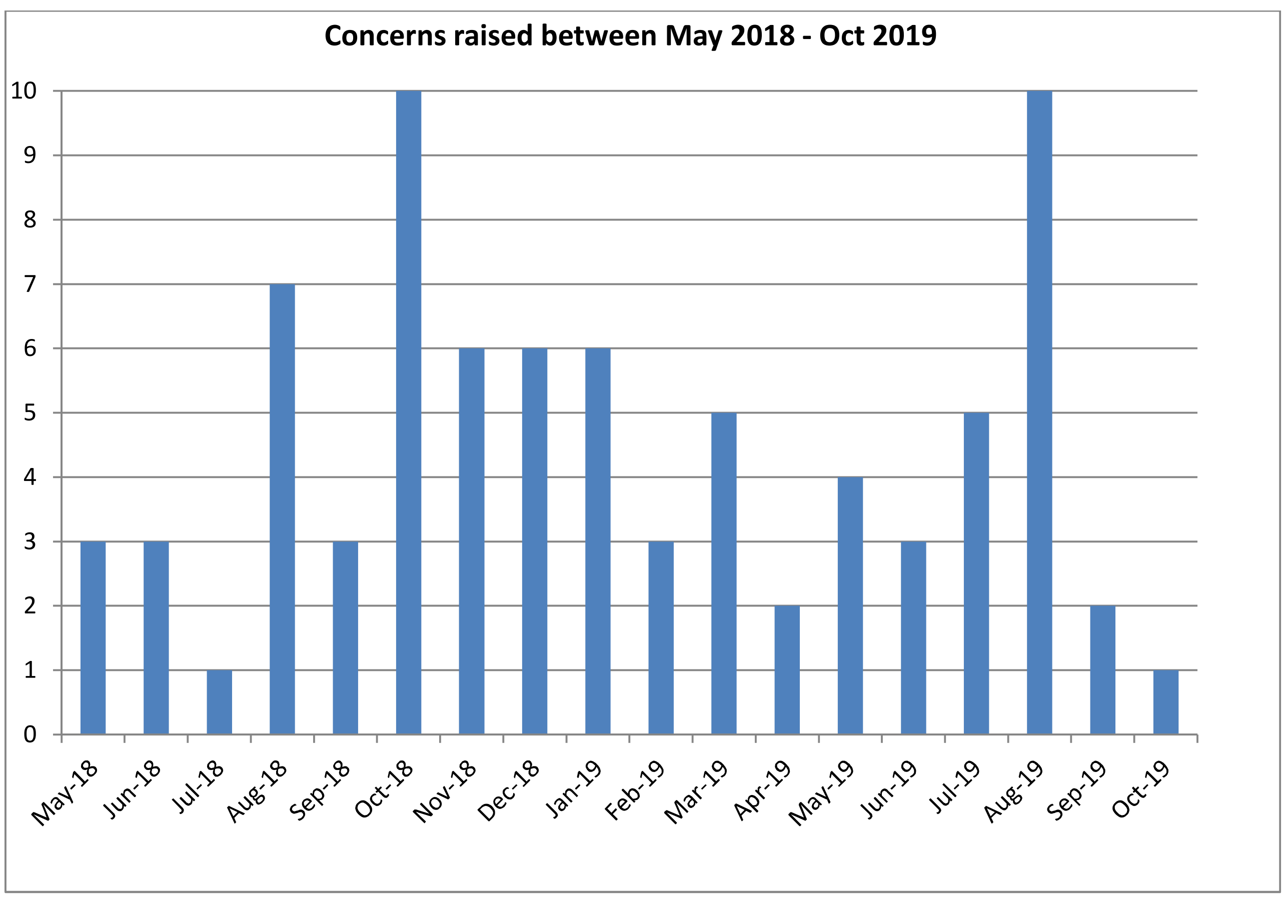
"The FTSU Index is a new measure for assessing the speaking up culture in organisations. We encourage those at the top to support those with less positive results. The Report also provides case studies which illustrate how the top performing trusts are encouraging a Speak Up culture and provide learning for others to follow" from the Index Report..

6. Summary of Concerns Raised up to April 2018

6.1 Number of concerns raised

Details of any concerns raised are recorded locally via a 'concerns tracker' which is a local database held by the Guardian. This records the action taken and the classification of the concerns that have been raised. The Guardian also has access to the Datix incident reporting system to allow triangulation with other events which may have taken place in a particular area or ward. This allows the potential to identify trends and patterns**.**

Since the last report was made to the Board in May 2019, 25 concerns have been raised .



The Board is asked to note that whilst there are peaks and troughs throughout the period shown above, the Trust's 6 Months average for raising concerns is 4.166 (25/6) concerns raised per month which is comparable to the national Trusts average

However, at the November 2018 Board Meeting, it was noted that there was a spike in October 2018 with the number of concerns rising to 10 in that month with August 2019 also having a spike in concerns raised. There is no indication that the increase is due to an increase in patient safety concerns and the themes remain consistent with previous months. It could be hypothesised that an increase happens towards the end of Summer and into Autumn, however there appears to be no concrete correlation or evidence of why these spikes appear.

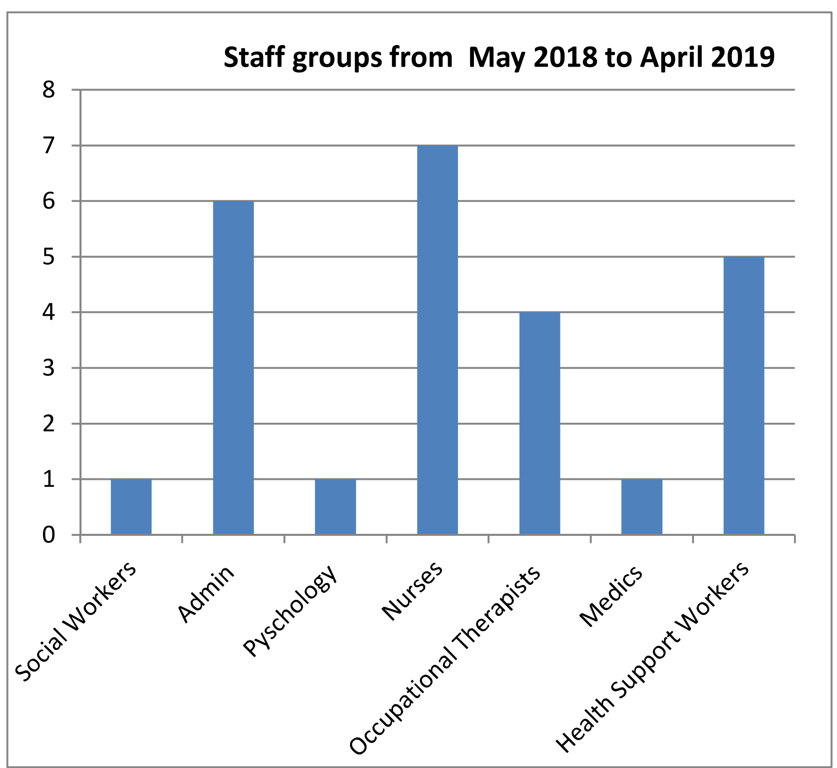
The only apparent trend noted is of a National Concern of vacant positions for Health care professionals. It is noted that our recruitment team are aware of this issue with the Guardian attending the LYPFT Monthly welcome day to discuss his role, where our recruitment process appears very positive, it is always well attended.

The Board are asked to note no overt Lessons were learned within the last reported period.

The Guardian continues to have a high profile at relevant meetings and discusses any areas of concern where relevant within the appropriate meetings

6.2 Professions - Raising Concerns

The following table shows the groups of staff that have raised a concern between May 2019 to October 2019



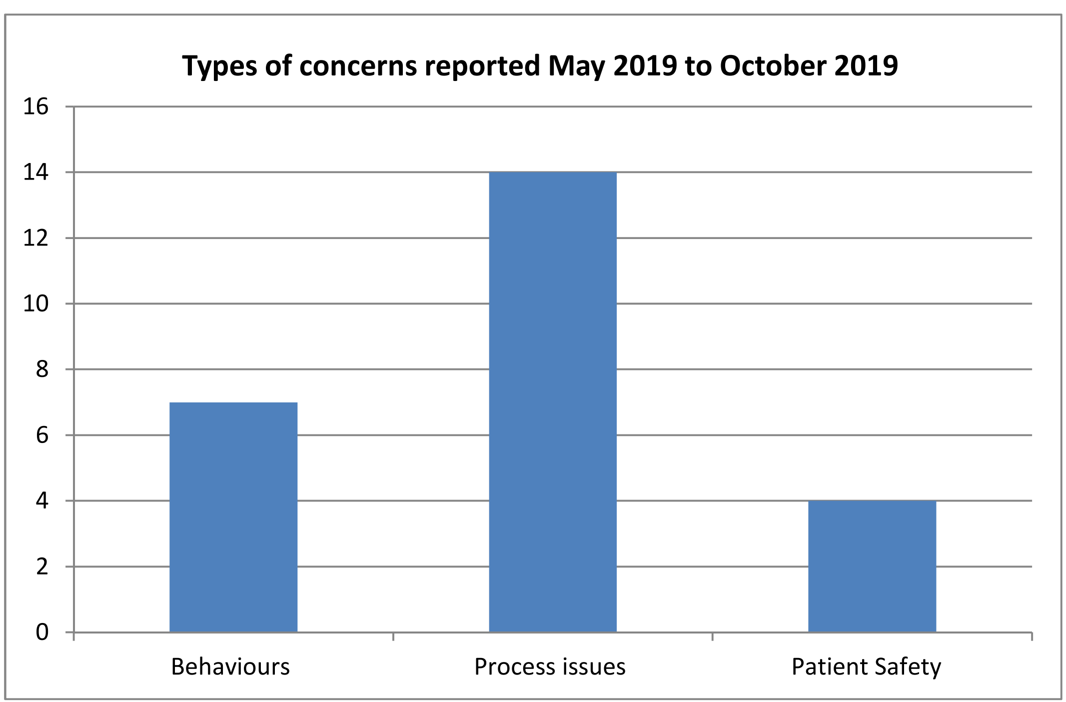
The graph above shows that the majority of concerns are from nurses. Nurses make up the majority of the workforce in number, with our second highest staff group raising concerns are our admin staff which account for high representation of our workforce, and this is consistent with previous board reports submitted by the Guardian.

6.3 Whistleblowing cases

There have been no cases of whistleblowing reported since the last report.

7. Themes for the concerns raised and lessons learnt

In relation to the 25 concerns raised since from May 2019 to October 2019 the following themes have been identified.



The table below provides some further detail of the themes that have been raised:

Area of Concern	No.	Themes
Behaviours	7	These concerns are often where working relationships have become strained or have broken down and where low-key facilitation is required / signposting to appropriate services or policies and procedures. The FTSUG has helped to facilitate discussions taking place and has helped support staff with the signposting they need to ensure there is a resolution. In many occasions mediation is offered. Supervison continues to show promising results and is maintained as of March 2019 figure of 82% with the Trust target of 85% also being maintained for appraisals. The new appraisal policy was to be approved and ratified by the end of summer 2019,which will focus on building a culture of positive management and continuing professional development LYPFT now has a Workplace Wellbeing Scheme, which is a confidential service where staff can talk to advisers about anything that is affecting a staff members wellbeing, this initiative has full support of our Chief Executive, Director of Workforce Development and Staffside. The Guardian attends and offers group and individual supervision should this be required.

Area of Concern	No.	Themes
Process issues	14	These are cases where staff were unsure of to how to proceed and needed help with signposting / support to the appropriate services or policies and procedures. As the Bullying and Harassment, Grievance and Raising Concerns policies and procedures are presently under review it is hoped that a simplified procedure may well see a decrease in the number of concerns re behaviours, with the appropriate policy/procedure utilised before signposting to the correct HR procedure from the Guardian.
Patient Safety / quality	4	3 of these concerns were around staffing and potential concerns around patient safety and quality, 2 of the concerns are now closed and have had discussions within the line management structure with one remaining open with the support of the Guardian assisting the process. These were from the same area of practice and have been discussed at the appropriate level by the Guardian to include Trust Wide Clinical Governance Meeting and local Clinical Improvement Meetings. The 4th concern is from a specialised area with the person raising the concern in dialogue presently with their service manager. The Guardian awaits further updates on this issue. Where any case raised indicates there may be an element of patient safety this is discussed with the Chief Executive and the apporporate execuitve director. The Guardian will also speak with the Chair and or Senior Independent Director as needed.

8. Outcomes

Most concerns are able to be closed soon after being raised. Concerns that remain ‘open’ are those that are currently being signposted or where the individual is deciding on their next steps. Individuals who raise concerns are kept informed of progress and concerns are only closed when the process has been completed, where the individual concludes the process, or where it is agreed that the FTSUG cannot help with the matter any further. There are currently 6 concerns still open and the Guardian is working with these staff to bring about a satisfactory conclusion.

Once the process has been completed a feedback questionnaire will be sent to the individual.

The Guardian is using a simple paper based questionnaire and uses the Trusts Equal Opportunities Monitoring form. These forms have no identifiers within and sent out by the

Guardian in batches to protect confidentiality, The person receiving the feedback form has the opportunity to mail the form back anonymously or to e mail it back if chooses to waive their anonymity.

Question No.	Question	Results
1	How did you find out about the Freedom to Speak Up Guardian role?	• Staffnet 3 • Posters /Leaflet 1 • Union HR 1 • Other 3
2	How easy was it to make initial contact?	• Very easy 8
3	How did you find the response from the Guardian?	• Very helpful 7 • Reasonably helpful 1
4	Did you feel that your concerns were taken seriously?	• Yes 8
5	Did you receive regular feedback or updates from the Guardian?	• Yes 7 • No 1
6	Has your concern been addressed?	• Yes 6 • No 2
7	Did you feel that your concern was treated confidentially?	• Yes 8
8	Have you suffered any negative consequences as a result of raising your concern?	• No 6 • Yes 1 • Not answered 1
9	Is there anything else you would have liked the Guardian to have done for you?	No 6 Yes 2
10	Based on your experience of raising a concern, would you do it again?	Yes 6 No 1 Not sure1

Noted are a few opportunities for improvement received from the feedback forms, these forms were not anonymised and the Guardian was thankful for this level of transparency. The Guardian has looked further into the 2 concerns raised and has identified that in both cases the concerns were, in the opinion of the Guardian, signposted to the appropriate route.

The Guardian has therefore sought to improve the understanding of the Guardian's role and has now reviewed his initial discussion(s) with people raising concerns and is ensuring that once appropriately signposted or concluded (on behalf of the Guardians work), this is communicated and documented clearly. The Guardian has also reviewed his introductory meetings, to include staff Induction, and utilise the helpful feedback to enhance the service the Guardian offers.

Specifically in relation to question 8, the detriment referred relates to the individual's belief that once a concern has been raised, should it not be felt to have been resolved to the individuals satisfactions, that it is difficult to raise the concern again.

9. Inclusion

Information taken from the anonymised Equal Opportunities Monitoring Form

Age Range
40/39/49/54/51 and 3 didn't reveal their age Average = 46.6 Year Old

Please indicate your Ethnic Origin

Mixed	**White**
1White & Asian	**5**British **1** Irish **1** any other white background

Please indicate your Gender

7Female	**1** Male

Please indicate your Sexual Orientation

1 Lesbian	**6** Heterosexual	**1** Other

Please indicate your Religion or Belief

1Christian	**2** Other	**5** None

Please indicate your Marital Status

1 Divorced	**6** Married/Civil Partnership	**1** Single

As per *Equality Act 2010*:
Under the terms of the Act a disability is defined as a "physical or mental impairment which has a substantial and long term effect on a person's ability to carry out day to day activities"

Do you consider yourself to have a disability?

1 Yes	**7** No

Is your employment

6 Fulltime	**2** Part time

Would you usually work

1 works a 2 Shift pattern	**7** Day working

The Guardian has noted that one concern was raised by a member of staff from a BAME background, a wider review of the last 100 cases shows 20% have been raised by BAME staff. Anecdotal feedback suggests that staff from our BAME communities do not feel as comfortable

raising concerns and owing to the informal nature of this feedback, we have not established whether this applied across other minority groups. Therefore, to promote inclusion and confidence, the Trust is proposing to pilot a number of Freedom to Speak Up Ambassadors who will represent a variety of backgrounds; personal and professional. The Ambassadors will act under the supervision of the Freedom to Speak Up Guardian.

10. Learning from external reports

In order to ensure that we promote a learning culture and have in place best practice we have benchmarked ourselves against the key findings and recommendations for any case reviews carried out by the National Guardian's Office (NGO). The reports benchmarked are:

Brighton and Sussex University Hospitals NHS Trust

Royal Cornwall Hospitals NHS Trust

Nottinghamshire Healthcare NHS Foundation Trust

Derbyshire Community Health Services NHS Trust

Northern Lincolnshire and Goole NHS Foundation Trust

Southport and Ormskirk Hospital NHS Trust

The Brighton and Sussex University Hospitals NHS Trust review was completed by the Guardian before the Guardians period of planned sick leave. The Guardian can give assurance to the board that the 7 recommendations from the review benchmarked very favourably and there are no actions that we needed to take to strengthen our governance processes around speaking up, however, and at the request of the National Guardians Office is around the use and efficacy of exit interviews. The Guardian will discuss this with the Director of Workforce and Organisational Development on his return in December 2019. The Guardian will share the recommendations with our Senior Independent Director when they meet in December 2019.

We are constantly looking for ways in which we can do things better and will continue to look at any future reports which are published.

11. Conclusion

The role of the Freedom to Speak up Guardian is an important one in the Trust. The Guardian continues to work to ensure that staff at all levels know how to raise and concern and feel they are able to do so. The Guardian also provides valuable support to staff who feel unable to raise concerns by themselves. The feedback received is generally positive, from staff who have raised concerns, the CQC and internal audit. However, we are always looking for ways in which we can strengthen the systems processes and procedures we have in place to ensure we continue to learn not just from the concerns raised, but also from the raising concerns process regionally and nationally.

John Verity
Freedom to Speak Up Guardian
November 2019

Direct report / Line management /appraisal /management supervision

- Sara Munro -Chief Executive Officer.
- Claire Holmes - Director for OD and Workforce

Submission of reports

- LYPFT public board meeting: twice yearly report, presented in May and November
- Trustwide Clinical Governance, Monthly Meeting presenting a quarterly report to update on Lessons learnt
- Staffside Meeting: bi-monthly where an update report is required on any pertinent/relevant issues are discussed
- Workforce and OD Committee: as and when required to provide an update on any staff related learning
- National Guardians Office: quarterly submission to update qualitative and quantative statistical information

FTSUG Direct access

- Chair
- Chief Executive
- Chief Financial Officer and Deputy Chief Executive
- Medical Director
- Director of Nursing, Professions and Quality
- Director for OD and Workforce (Executive director for Whistle Blowing)
- Chief Operating Officer
- Deputy Chief Operating Officer
- Non- executive director (Senior Independent Director lead for Speaking up and Chair of the Audit Committee)
- Inpatient service manager(s)
- Matrons
- Clinical Team Managers
- Associate Director for Corporate Governance

Please note this is not an exhaustive list

Where lessons learnt are discussed /shared

- Direct access to colleagues and managers involved in a concern
- Public board meeting
- Trustwide Clinical Governance Meeting
- Staffside Meeting
- Workforce and OD Committee
- Clinical Improvement Forums(CIFs)
- Bank Staffing Forum
- Staff/Ward meetings
- Raising Concerns page on Staff Net
- FTSUG Blog
- Staffnet page, Lesson learnt
- Human Resources team
- National Guardians Office, Quarterly submission to update qualitative and quantative statistical information

Raising the Guardian profile(as in Section 2)

The Guardian has used a number of methods in raising awareness of the role. These include:

- Planned and diarised drop ins at main trust sites
- Planned visit to remote areas
- Face to face contact at team meetings
- Clinical Improvement Forums(CIFs)

- Staffside Meeting
- Bank Staffing Forum
- Leadership forum
- Equality and diversity CPD days
- Equality Impact Group
- Human Resources team
- Trust Induction Monthly
- Informal contact / meetings with staff and managers
- Desk top notifications which will be seen when staff switch on their computer
- Trustwide emails
- Individual email communication targeting managers of clinical services
- Text messages and phone calls
- Regular blog
- Staffnet page providing details of the role and how to contact the Guardian
- Video of FTSUG message with FTSUG with signed communication for our Deaf CAMHS colleagues
- Posters/flyers which have been delivered to service areas, with signed information
- Pop up banner - general awareness raising via portable asset for our Deaf CAMHS colleagues
- Business / post cards
- Inclusion in the market place event for the Trust induction
- Feedback from people who have raised a concern
- Twitter

The Guardian has ensured that the language and message of communications are consistent with national guidance and will continue to monitor that this is provided in a manner consistent to this guidance.

AGENDA ITEM
22.

LEEDS AND YORK PARTNERSHIP NHS FOUNDATION TRUST

MEETING OF THE BOARD OF DIRECTORS

PAPER TITLE:	Chief Financial Officer Report
DATE OF MEETING:	28 November 2019
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 financial position at month 7 (October 2019). The position at month 7 is within the plan tolerance and the Trust reported a finance score of '2'. This position is underpinned by significant variances between planned budgets and actual expenditure, with a high degree of reliance on underspending budgets to offset pressure areas. Our main underlying expenditure pressures remain OAPs and inpatient staffing levels, and identification of unmet CIP (non- recurrently offset). The expectation remains that the base annual planned position of £43k deficit (excluding PSF) will be achieved.

Following our mid-year review with Leeds CCG we have agreed to work together to identify slippage on service investments that would be available to mitigate in year OAPs cost pressures. We are re-presenting our trajectory to eliminate OAPs by 20/21 and jointly considering the investment requirements. We are also gathering evidence via use of an acuity tool to inform further discussions with Leeds CCG on the staffing issues.

The overall financial performance reflects the same concerns and issues from 18/19, with no stepped change in "run rate". There is clearly significant risk associated with reliance on "offsetting" variances.

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: • Note the month 7 reported financial position is within plan tolerances with an overall surplus (excluding unplanned PSF funding relating to 18/19) and Finance Score is ‘2’. • Note the significant unmitigated cost pressures in relation to OAPs and inpatient services, rising medical agency costs and unidentified CIPs. Note the risk associated with reliance on “offsetting” variances.

MEETING OF THE BOARD OF DIRECTORS

28 NOVEMBER 2019

CHIEF FINANCIAL OFFICER REPORT – MONTH 7

1 Introduction

This report provides an overview of the financial position at month 7 (October 2019).

2 Financial Performance - Key Indicators at Month 7

A summary of overall performance against key metrics is shown in table 1 below. The key point to note is the Trust achieved an overall Finance Score of '2' as planned, however the reported position continues to reflect a number of cost pressures offset by underspending.

Table 1

Key Metrics:	2019/20		
	Plan	Actual	Trend
Single Oversight Framework Finance Score	2	2	⬆
Income & Expenditure Position (£000s)	391	1,603	⬆
Recurrent CIP (£000s)	1,732	1,050	⬇
Cash (£000s)	87,892	91,652	⬇
Capital (£000s)	2,592	2,407	⬆

The income and expenditure position at month 7 is £667k surplus, £276k ahead of plan before accounting for £936k additional one off Provider Sustainability Funding (PSF) relating to 18/19. (This income has been received and reported in 19/20 but does not form part of the assessment of performance for control total purposes).

The position overall is broadly on plan. The key messages are:-

Income and Expenditure "run rate" patterns continue broadly as per the prior year, with significant offsetting between cost pressure areas and underspending budgets.
The main cost pressures continue to be inpatient staffing, OAPs and medical agency.

£1.1m CIP is unidentified at this point, with some plans in progress to mitigate, whilst work is ongoing to identify recurrent solutions.

3 Capital

Year to date capital expenditure is reported as £2.6m, which is £0.2m below our revised plan year to date. Our 2019/20 forecast is £7.9m, which is £0.4m below our revised plan (£8.3m). There have been a number of in year changes to the capital plan, including the decision to not progress the management suite conversion at Becklin Centre. There is a requirement to review the medium term strategic estates work plan, work is ongoing and a Board workshop is scheduled for January 2020.

4 Conclusion

The position at month 7 is within the plan tolerance and the Trust reported a finance score of '2'. This position is underpinned by significant variances between planned budgets and actual expenditure, with a high degree of reliance on underspending budgets to offset pressure areas.

Our main underlying expenditure pressures remain OAPs and inpatient staffing levels, and identification of unmet CIP (non- recurrently offset). The expectation remains that the base annual planned position of £43k deficit (excluding PSF) will be achieved.

Following our mid-year review with Leeds CCG we have agreed to work together to identify slippage on service investments that would be available to mitigate in year OAPs cost pressures. We are re-presenting our trajectory to eliminate OAPs by 20/21 and jointly considering the investment requirements. We are also gathering evidence via use of an acuity tool to inform further discussions with Leeds CCG on the staffing issues.

The overall financial performance reflects the same concerns and issues from 18/19, with no stepped change in "run rate". There is clearly significant risk associated with reliance on "offsetting" variances.

5 Recommendation

The Board of Directors is asked to:

- Note the month 7 reported financial position is within plan tolerances with an overall surplus (excluding unplanned PSF funding relating to 18/19) and Finance Score is '2'.

- Note the significant unmitigated cost pressures in relation to OAPs and inpatient services, rising medical agency costs and unidentified CIPs. Note the risk associated with reliance on "offsetting" variances.

Dawn Hanwell
Chief Financial Officer & Deputy Chief Executive
22 November 2019

AGENDA ITEM
23

LEEDS AND YORK PARTNERSHIP NHS FOUNDATION TRUST

MEETING OF THE BOARD OF DIRECTORS

PAPER TITLE:	Board Assurance Framework
DATE OF MEETING:	28 November 2019
PRESENTED BY: (name and title)	Sara Munro – Chief Executive
PREPARED BY: (name and title)	Cath Hill – Associate Director for 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 Associate Director for 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 provides check and challenge to the content.

The BAF is populated with the eight 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 September.

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 received sufficient assurance it may require a further detailed report.

At its meeting on 12 November the Quality Committee considered those risks reported to it. With regard to Strategic Risks 2 and 3 it was suggested that Strategic Risk 2 is folded into Strategic risk 3. This is because the committee felt that a culture of continuous improvement and innovation was a sub-set of the risk in relation to the improvements outlined in the Quality Strategic Plan. As such the Board is asked to approve this recommendation made

by the Quality Committee and to note that ahead of that approval changes have been made accordingly to the BAF so the Board can see the impact of this.

The result of this is that there will be seven strategic risks overall.

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
- Approve that Strategic Risk 2 be folded into Strategic Risk 3.

BOARD ASSURANCE FRAMEWORK OVERVIEW										QUARTER 1 - 2018/19	
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*	s 'open' to considering all potential options and solutions. It is classed as 'high' in relation to that openness but the board would not take risks that either compromise f care to staff and patients or compromise compliance with the core regulatory and legislative frameworks within which it has a licence to operate.	**SR1. (Risk 636) If there is a breakdown of quality and safety assurance processes we risk not being able to maintain compliance with regulatory requirements.**	Significant (remains same)	Significant (remains same)	Significant (remains same)	Significant (remains same)	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, Professions and Quality)	Quality Committee	1	→
		SR2. (Risk 638) There is a risk we adversely impact the experience of our service users, carers and staff by failing to embrace a culture of innovation and improvement.	Partial (remains same)	Partial (remains same)	Partial (remains same)	Partial (remains same)	THE BOARD IS TO BE ASKED THAT THIS RISK IS AMALGAMTED INTO STRATEGIC RISK 3 AND THEREFORE REMOVED AS A STAND-ALONE STRATEGIC RISK			12	
		SR3. (Risk 829) There is a risk that we fail to make the improvements outlined in the quality strategic plan and that this has an adverse impact on the care of those who use our services.	Partial (remains same)	Partial (remains same)			There is evidence that there is continuous learning, improvement and innovation in the Trust but this is in the process of being embedded .	Clare Kenwood (Medical Director)	Quality Committee	12	→
		SR8. (Risk XXX) Changes in the roles of commissioners and providers and the move to system-level working will require changes in the role and function NHS Trust boards and new governance arrangements There is a risk we do not have appropriate governance arrangements in place nor the capacity and capability to fulfil all our statutory functions.	Partial (remains same)	Partial (remains same)			Whilst some of the infrastructure is in place to govern the work of the ICS and MHLDA Collaborative there is still more work to do to understand the impact of the emerging governance arrangements.	Sara Munro (Chief Executive)	Board	12	**NEW**
2. *We provide a rewarding and supporting place to work*		**SR4. (Risk 830) Due to an inability to recruit and retain sufficient numbers of staff with the appropriate skills experience and behaviours, there is a risk that we are unable to deliver high quality, evidence based, person centred care to meet new models of care now and in the future.**	Partial (remains same)	Partial (remains same)			There are a number of significant workforce challenges which the Trust is working to address.	Claire Holmes (Director of OD and Workforce)	Workforce Committee	15	→
		SR5. (Risk 619) A lack of financial sustainability results in a destabilisation of the organisation and an inability to deliver services.	Partial(remains same)	Partial(remains same)	Partial (remains same)	Partial(remains same)	Whilst we have maintained good working relationships with commissioners and have a track record of meeting our financial regulatory requirement, and 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 there is still uncertainty in relation to a number of factor which could adversely impact on the Trust's financial performance	Dawn Hanwell (Chief Finance Officer)	Finance and Performance Committee	8	→

3. We use our resources to deliver effective and sustainable services	**3 - Open - ('high') We have a risk appetite which i our compliance with its duty o**	**SR6. (Risk 615) Due to inadequate, inflexible or poorly managed estates we compromise the safe environment which places staff, service users and visitors at risk.**	Partial (remains same)	Partial (remains same)	Partial (remains same)	Partial (remains same)	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**	→
		SR7. (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 (remains same)	Partial (remains same)	Partial (remains same)	Partial (remains same)	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	4	Committee	Quality Committee
SR1. (Risk 636) If there is a breakdown of quality and safety assurance processes we risk not being able to maintain compliance with regulatory requirements.	Current Risk Score	1	Executive lead	Cathy Woffendin (Director of Nursing, Professions and Quality)

Assurance rating (quarterly) (limited, partial, significant)	Q1 (end of June 2019)	Q2 (end of September 2019)	Q3 (end of December 2018)	Q4 (end of March 2019)
	Significant	Significant	Significant	Significant

Contributory risks from the directorate risk register				Risk Score			
Datix Ref	Description	Risk Lead / responsible director	Overseeing group	Q1 (end of June 2019)	Q2 (end of September 2018)	Q3 (end of December 2018)	Q4 (end of March 2019)
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 and Mental Health Legislation Committee	1	1	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 and compliance is discussed and assurance is received and provided	The governance structure which has been signed off by the Executive Management Team and has been updated with subsequent changes to the governance structure. There is executive director oversight of the reporting arrangements through the executive-led groups with assurance reports to the Board sub-committees which will identify any risks to compliance with regulatory requirements. The Governance Assurance Accountability and Performance Framework (GAAP) was audited and given significant assurance	Apr-19
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 2018/19. Self certifications were signed off by the Board for 2018/19 which also highlighted if there were any risks to compliance for 2019/20 and how these would be addressed.	May-19
636	Process in place for reporting serious incidents to Board and Quality Committee	NHSE investigation reports were presented to the May 2019 Board and Quality Committee and assurance was provided and received as to the process of reporting and the content of the cases provided	May-19
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 in place.	Mar-17
636	CQC Project Team in place to oversee compliance with CQC Standards. CQC Project Team Meeting chaired by the Director of Nursing	The CQC Project Team Meeting has received assurance and supporting evidence from leads responsible for CQC actions and compliance of robust processes and procedures in place. Regular updates are provided to Trust Board and Quality Committee through DoN quarterly reporting and CQC update reports.	Jul-19
636	Quarterly meetings with the CQC leads	Through dialogue with the CQC leads no concerns have been raised in relation to the Trust's progress in relation to compliance with the standards	Jun-19
636	Nursing Strategy and AHP Strategy in place	The Nursing and AHP strategies have been developed, agreed and launched into the organisation	Oct-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*
	No gaps identified		

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
SR2. (Risk 638) There is a risk we adversely impact the experience of our service users, carers and staff by failing to embrace a culture of innovation and improvement.		**Current Risk Score**	**12**	**Executive lead**	Claire Kenwood (Medical Director)

Assurance rating (quarterly) (limited, partial, significant)	Q1 (end of June 2019)	Q2 (end of September 2019)	Q3 (end of December 2018)	Q4 (end of March 2019)
	Partial	Partial	Partial	Partial

Contributory risks from the directorate risk register				Risk Score			
Datix Ref	Description	Lead / responsible director	Overseeing group	Q1 (end of June 2019)	Q2 (end of September 2018)	Q3 (end of December 2018)	Q4 (end of March 2019)

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*
	Amalgamated into Strategic Risk 3		

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*
	Amalgamated into Strategic Risk 3		

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 829) There is a risk that we fail to make the improvements outlined in the quality strategic plan and that this has an adverse impact on the care of those who use our services.		Current Risk Score	12	Executive lead	Clare Kenwood (Medical Director)
Assurance rating (quarterly) (limited, partial, significant)	Q1 (end of June 2019)	Q2 (end of September 2019)	Q3 (end of December 2018)	Q4 (end of March 2019)	
	Partial	Partial			

Contributory risks from the directorate risk register				Risk Score			
Datix Ref	Description	Lead / responsible director	Overseeing group	Q1 (end of June 2019)	Q2 (end of September 2018)	Q3 (end of December 2018)	Q4 (end of March 2019)
643	Quality improvement, organisational development and clinical governance offering is not integrated and operates in silo, as a result our Quality Improvement approach is siloed, and not widely available/visible	Richard Wylde / Claire Kenwood	Trustwide Clinical Governance Group	9	9	9	9
638	There is a risk we adversely impact the experience of our service users, carers and staff by failing to embrace a culture of innovation and improvement.	Richard Wylde / Claire Kenwood	Trustwide Clinical Governance Group	12	12	12	12
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	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*
829	Quality Plan	The quality plan has been developed and agreed which defines the metrics and methods of evidencing continuous learning, improvement	Feb-18
829	The IHI 'Safe Effective Reliable Care Framework' has been adopted and adapted for the organisation	This was set out in the Strategic Quality Plan which was reviewed by the Trustwide Clinical Governance Group, the Quality Committee and the Board	Sep-18
829	Improvement methodology adopted and adpted for the organisation	IHI methodology has been adopted and is being rolled out and embedded across the Trust	Mar-19
829	Serious incident reporting and investigation process in place	A 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-18
829	Reporting and investigation of deaths	The internal audit into the reporting and investigation of deaths provided significant assurance	Mar-19
829	Complaints, Litigation, PALs report	This is sent monthly to the services to outline any learning	Mar-19
829	Governance structure and map in place and agreed	There is a ward to Board governance structure which was recommended by Deloittes; approved by the Board, EMT and care services. This has been reviewed on a number of occasions to ensure it reflects the needs of the organisation. Its last iteration was reviewed in July 2019	Jul-19
829	Sets of Quality performance information available published and used across the organisation (HR, Finance, Quality and Operational)	Cognos information is available and accessed routinely across services. HR data set circulated across the organisation on a weekly basis. The 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.	Jan-19
829	Performance data is consolidated and relevance checked and shared at every level of the organisation.	Work has been undertaken to ensure that suites of information are produced and used at every level of the organisation in relation to quality and performance (ward to Board)Performance Management Reporting was audited and given significant assurance	Jul-19
829	Governance, accountability, assurance and performance framework in place including performance framework and review cycle providing ward to Board reporting	A consistent use of highlight reports are in place and ensure transparent escalation and linkage across the organisation. The Governance Assurance Accountability and Performance Framework set out ward to Board reporting and was audited and given significant assurance	Apr-19
829	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 reported into our governance structure and used to inform learning including a report to the Board of Directors.	May-19

829	Established a partnership with the IHI to support embedding a culture of quality improvement	Contract with IHI signed and they carried out a diagnostic report which highlighted areas of good practice and where systems and structures need strengthening	May-19
829	The IHI 'Five Core Components 'and the model for improvement have been chosen as the methodology for the organisation	IHI shared the five core components model which was subsequently selected as the chosen methodology. This has been seen in Trustwide Clinical Governance Group and Quality Committee.	Apr-19

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*
829	The establishment of a multi-disciplinary group to support change (from local teams to organisational wide priorities)	To continue to develop the relationship between specific support services for example Continuous Improvement Team and Organisational Development Team.	Dec-20
829	The culture of innovation and improvement needs to be developed	This will be picked up and edeveloped through the Culture Collaborative	May-20
829	Serious incident reporting and investigation (gap in control)	We are developing metrics to assess the strength of the recommendations	Jun-20
829	There is a gap in the processes in place to quantify and audit learning (gap in control)	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	Dec-20
829	There is limited use of both the Safe, Effective, Reliable Care Framework and the Five Core Components model across the organisation	To continue to raise awareness and apply to all new improvement activity	Ongoing

Strategic Objective	2. We provide a rewarding and supporting place to work	Risk appetite: 3 - Open ('High')

Strategic Risk	Initial Risk Score	15	Committee	Workforce Committee
SR4. (Risk 830) Due to an inability to recruit and retain sufficient numbers of staff with the appropriate skills experience and behaviours, there is a risk that we are unable to deliver high quality, evidence based, person centred care to meet new models of care now and in the future.	Current Risk Score	15	Executive lead	Claire Holmes (Director of OD and Workforce)

Assurance rating (quarterly) (limited, partial, significant)	Q1 (end of June 2019)	Q2 (end of September 2019)	Q3 (end of December 2018)	Q4 (end of March 2019)
	Partial	Partial		

Contributory risks from the directorate risk register				Risk Score			
Datix Ref	Description	Lead / responsible director	Overseeing group	Q1 (end of June 2019)	Q2 (end of September 2018)	Q3 (end of December 2018)	Q4 (end of March 2019)
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	Future Workforce Group	9	9	9	9
56	The Care Group currently has a high number of vacancies impacting on quality and safety.	Andy Weir / Joanna Forster Adams	Care Group Management Meeting	9	9	9	9
109	Inability to recruit permanent staff across the Trust resulting in the need to rely on bank and agency staff within services	Lindsay Jensen / Claire Holmes	Future Workforce Group	12	12	12	12
705	Maintaining continuity of medical input is unstable due to the use of temporary contracts and agency staff.	Jamie Pick	Future Workforce Group	16	16	16	16
732	Lack of medical staffing at Clifton House and the reliance on a mutual aid SLA with TEWV	Steven Dilkes	Future Workforce Group	20	12	20	20
793	there is a lack of learning disability nurses and opportunities to recruit to vacancies	Stacey Atkinson	Future Workforce Group	12	16	16	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*
830	Regular planned recruitment events for nursing posts	Ongoing recruitment event held for nursing posts with. Work in partnership with care services to identify identfying hot spots. Proactive recruitment for student nurses with guaranteed job offers based on preferencing. Annual recruitment for student nurses. Supporting current staff to retrain. Utilising available funding (and Trust funding) to support training for improving Learning Disability nursing provision	Nov-19
830	Future Workforce Planning Group	The establishment of the Future Workforce Planning Group, exec chaired and supported by the newly appointed Strategic Resourcing Manager will bring together the work undertaken by differing professional groups under on Trust resourcing umbrella. The Strategic Resourcing Manager provides dedicated resource to the creation of clear career pathways and to maximise opportunities for both our staff to progresss improving skills and retention and to create a more attractive offer to potential candidates. Work is underway to deliver workforce planning and talent management framework. External partnership with branding company to increase Trust profile to support recruitment and retention of staff.	Nov-19
830	West Yorkshire & Harrogate Mental Health Workforce Collaborative Group	Work starting to be scoped to develop a shared workforce plan, supported by HEE. The ICS MH Workforce Project Manager has been appointed to support this work and commences in January. Examples of work so far include the launching of a shared campaign for Psychiatrists to reloacte from London (+40 miles) to West Yorkshire & Harrogate.	Nov-19
830	Trust wide Learning Needs Analysis	Work underway to deliver a Trustwide learning needs analysis, enabling the Trust to maximise the return on value of investment in training and development, targeting resources towards the key skill requirements and working in collaboration with other partners to gain greater value for money.	Jun-20

830	Workforce and OD strategic plan agreed by the Board	The Workforce & OD Strategic Plan sets out how the Trust will address shortages of staff and the training and development of staff to meet the needs of the organisation. Refresh due by April 20 to align Trust plan with NHS People Plan.	Apr-20
830	Workforce Committee (a sub-committee of the Board of Directors) established	This increases Board level scrutiny of workforce issues and assurance to the Board	Oct-19
830	Nursing and AHP strategies have been agreed and launched	Participated in NHSI Recruitment and Retention Programme and continuing to embed good practice, ie career conversations for all staff	Sep-19
830	Regular monitoring of compulsory training compliance	Monthly reports showing a consistent achievement of Trust target of 85% compliance.	Nov-19
830	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. Revalidation was audited and given significant assurance	Aug-19
830	Well established internal nursing and HSW bank to provide a flexible workforce	Bank employee experience improvement work completed, including launch of bank handbook and established bank forums.	Nov-19
830	Education and Learning Steering Group	Establishing a Trust wide learning needs analysis and aligning development funding streams to improve skills and retention.	Jul-19
830	New Appraisal and Performance Review Policy	New Policy launched in August 2019. Quality Assurance process for appraisal being developed.	Aug-19
830	Apprenticeship Delivery Plan	Aprenticeships being utilised to support development of career pathways and develop skills in the workforce.	Nov-19
830	Medical staff Recruitment	Planned recruitment for consultant posts. Improved AAC process. Partnership working between Workforce and Medical Directorate to develop future workforce plans	Nov-19
830	Staff engagement programme	Improved Local staff survey reporting and action planning. Bank staff included in staff survey for 2019. Culture collaborative launched in October 2019 and led by the Trust CEO	Nov-19
830	Equality and Inclusion Plan	Launched staff networks and improvement plans	Nov-19

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*
830	Appraisal process audit	The internal audit provided limited assurance to the appraisal process an action plan is in place. Appraisal action plan in place and good progress made. Full implmentation of recommednations are dependent upon implementation of a new appraisal system. A re-audit is scheduled	Jun-20
830	Trust Workforce Planning and |Governacne Framework still in development	Resource is now in place facilitate the development fo the framework and establish robust assurance measures	Jun-20
830	Establishing a programme for apprentices (gap in control)	To use new apprentice roles and opportunities to support recruitment into vacancies whilst also focusing on occupations with shortages. Working with the Mental Health Collaborative to maximise opportunities to benefit from apprenticeship programmes.	Dec-19

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
SR5. (Risk 619) A lack of financial sustainability results in a destabilisation of the organisation and an inability to deliver services.		Current Risk Score	8	Executive lead	Dawn Hanwell (Chief Finance Officer)

Assurance rating (quarterly) (limited, partial, significant)	Q1 (end of June 2019)	Q2 (end of September 2019)	Q3 (end of December 2018)	Q4 (end of March 2019)
	Partial	Partial	Partial	Partial

Contributory risks from the directorate risk register				Risk Score			
Datix Ref	Description	Lead / responsible director	Overseeing group	Q1 (end of June 2019)	Q2 (end of September 2018)	Q3 (end of December 2018)	Q4 (end of March 2019)
570	Errors in outgoing correspondence (letter to wrong address, letter for one patient in correspondence to another etc) & other reportable IG breach incidents persist in care services. There has been an increase in reportable incidents year-on-year since the current reporting mechanism was established in 2012 with a risk of a fine from ICO.	Bill Fawcett / Dawn Hanwell	Information Governance Group	15	15	15	9
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	9	9
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	9	9
731	Increasing agency spend could cause a deterioration in the Trusts Finance Score.	David Brewin / Dawn Hanwell	Financial Planning Group	N/A	9	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*
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 contract variations with Leeds CCG and NHS E for 2018/19 following a number of positive contractual discussions. Further joint working with NHS E resulted in the development of a new forensic model in HC&V. Throughout 2018/19 we have continued to engage in regular and positive dialogue with Leeds commissioners to promote efficient and effective models of care, the key discussions in 2018/19 centred on Leeds Community services redesign and out of area	May-19
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.	Jun-19
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.	Jul-19
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	Jun-19
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	May-19

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	Mar-19
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	Budgetary and accounting control framework	The internal audit of the budgetary and accounting control framework has provided significant assurance	Jul-19
619	Achieved the control total and the 2018/19 financial plan	Accounts were audited at the end of 2018/19 to verify the financial outturn	May-19
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-19

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	Establish a process for identifying longer-term CIPs (gap in control)	Develop an 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	Dec-19

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
SR6. (Risk 615) Due to inadequate, inflexible or poorly managed estates we compromise the safe environment which places staff, service users and visitors at risk.		Current Risk Score	8	Executive lead	Dawn Hanwell (Chief Finance Officer)

Assurance rating (quarterly) (limited, partial, significant)	Q1 (end of June 2019)	Q2 (end of September 2019)	Q3 (end of December 2018)	Q4 (end of March 2019)
	Partial	Partial	Partial	Partial

Contributory risks from the directorate risk register				Risk Score			
Datix Ref	Description	Lead / responsible director	Overseeing group	Q1 (end of June 2019)	Q2 (end of September 2018)	Q3 (end of December 2018)	Q4 (end of March 2019)
9	The majority of operational estate is not under the direct ownership/control of the Trust and is managed through contract/lease arrangements with third parties.(NHS Property services and Equitix). There is risk of unacceptable delays in executing identified environmental changes and also responsiveness to maintenance requests if these contracts are not robustly managed and process are not clearly understood by all parties involved (3 way relationships exist with sub contracting arrangements between property owners, maintenance providers and Trust staff)	David Furness / Dawn Hanwell	Estates Steering Group	6	9	9	6
125	The estate is not being used in an agile manner due to it being inflexible	David Furness / Dawn Hanwell	Estates Steering Group	6	9	9	6
672	There is an increased risk of fire caused through smoking & intentional or reckless arson by service users/visitors within the estate.	Sara Munro	Fire Safety Task and Finish Group	20	20	20	20
700	The Trust does not have a dedicated decant facility capable of receiving service users evacuated from a ward or unit due to an emergency - fire, flood, loss of power or other environmental/ security threat.	Andrew Jackson	Emergency Preparedness Resilience and Response Group	12	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*
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 reporting to the Clinical Environments Group and CQC weekly meetings.	Jan-19
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	Jun-19
615	SLA in place for the Estate in York	SLA to be approved and signed with NHS Property Services	Sep-18
615	Estates strategy	The internal audit of the Estates Strategy has provided significant assurance	Jun-19
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). PFI negotiations strengthened resulting in relationship and contractual improvements	Meetings on performance of PFI and NHS PS contracts . Monitored by Quarterly assurance group.	Mar-19

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 long-term nature of this currently being considered	Dec-19
615	Utilising one public estate	Reproviding services in suitable premises in accordance with the clinical plan	Dec-19
615	Development of PFI assets as per a programme of work as agreed with care services	Provide improved environments for service users with an in-patient focus. Work will be delivered in tandem with lifecycle and will be delivered using a decant solution	Dec-19

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
SR7. (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 (end of June 2019)	Q2 (end of September 2019)	Q3 (end of December 2018)	Q4 (end of March 2019)
	Partial	Partial	Partial	Partial

Contributory risks from the directorate risk register				Risk Score			
Datix Ref	Description	Lead / responsible director	Overseeing group	Q1 (end of June 2019)	Q2 (end of September 2018)	Q3 (end of December 2018)	Q4 (end of March 2019)
8	Failure to derive maximum clinical and business benefits from digital technologies	Bill Fawcett / Dawn Hanwell	Information Steering Group	6	6	6	6
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	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 backing up of the drug charts.	Caroline Dada / Claire Kenwood	Medicines Optimisation Group	6	6	6	6
618	There are duplicate entries on the EPMA system which could lead to service users receiving too much or too little medication	Jane Riley	Medicines Optimisation Group	6	12	12	6
767	The PARIS system has a number of inadequacies which is leading to an inability to interface with other systems, difficulty for staff navigating the system, data being difficult to retrieve, difficulties with reporting	Bill Fawcett / Dawn Hanwell	PARIS design group	6	6	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*
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. A new Cyber monitoring system is being installed to provide detailed reporting on vulnerabilies summaries of which will be presented to the Board from Jan 2020.	Nov-19
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 on a regular basis.	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	Data security and protection toolkit audit	Internal audit of data security and protection toolkit provided significant assurance	Jul-19
635	Cyber Security audit	Internal audit of cyber security provided significant assurance	Jul-19
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-19

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.	Dec-19

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 of Directors
SR8. (Risk XXX) Changes in the roles of commissioners and providers and the move to system-level working will require changes in the role and function NHS Trust boards and new governance arrangements There is a risk we do not have appropriate governance arrangements in place nor the capacity and capability to fulfil all our statutory functions.		Current Risk Score	12	Executive lead	Sara Munro (Chief Executive)

Assurance rating (quarterly) (limited, partial, significant)	Q1 (end of June 2019)	Q2 (end of September 2019)	Q3 (end of December 2018)	Q4 (end of March 2019)
		Partial		

Contributory risks from the directorate risk register				Risk Score			
Datix Ref	Description	Lead / responsible director	Overseeing group	Q1 (end of June 2019)	Q2 (end of September 2018)	Q3 (end of December 2018)	Q4 (end of March 2019)
None							

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*
TBC	Our Executive Team are linked into the governance arrangements for the WY&H ICS and the West Yorkshire Mental Health, Learning Disability and Autism Collaborative (MHLDA Collaborative)	Regular reports are made into the executive meetings and also to the Board through the CEO reports	Sep-19
TBC	Memorandum of Understanding for the WY&H ICS which has been agreed by all the partner Boards which sets out how the ICS will link into the Board	The MoU has been agreed by the Board and regular reports on the work of the ICS and any decisions that need to be taken are made through the CEO reports	Sep-19
TBC	Memorandum of Understanding for the MHLDA Collaborative which has been agreed by all the partner Boards which sets out how the ICS will link into the Board	The MoU has been agreed by the Board and regular reports on the work of the MHLDA Collaborative and any decisions that need to be taken are made through the CEO reports	Sep-19
TBC	A Committees in Common has been established for the MHLDA Collaborative which has as its members our Chair and CEO	The Committees in Common meets on a regular basis and reports back to our Board through the CEO reports	Sep-19
TBC	The Trust's CEO is the SRO for the ICS	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-19

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*
TBC	Lack of clarity as to the impact of the governance arrangements for the ICS and the lead provider model going forward.	The Trust will continue to influence the governance arrangements as we go forward and to understand how this impacts on our Trust; making amendments to our internal arrangements as needed.	Sep-20

AGENDA ITEM
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Chair's Report

Name of the meeting being reported on:	West Yorkshire Mental Health, Learning Disabilities and Autism Services Collaborative Committees in Common
Date your meeting took place:	3 October 2019
Name of meeting reporting to:	Board of Directors
Key discussion points and matters to be escalated:	

This paper provides an update from the WYMHSC C-In-C held Tuesday 3 October of which members of the four trusts were present. The programme update paper and full action notes are attached with the key decisions and actions highlighted below:

- The minutes of these meetings are being taken through public boards with the exception of private items.
- A programme update was received including the process underway to enable reporting of the programme and wider performance metrics in quantifiable measures. A draft programme reporting dashboard will be presented at the next meeting.
- A risk management framework to support consistent recording of programme risks was approved by members. The new metrics will be implemented going forward.
- An update on the new Child and Adolescent Mental Health Service (CAMHS) unit was received with valid reasons given for the 15 months delay of the original plans; the new opening date will be September 2021. A CAMHS update will be provided at a future meeting in line with progress.
- A brief progress update on steady state commissioning was received. Ensuring the capacity to deliver was raised as a vital element. A draft version of New Care Model (NCM) / steady state commissioning key milestones will be presented at the next C-in-C. A meeting with the Chief Operating Officers and Sean Rayner, SWYPFT will be established to discuss immediate operational pressures.
- The programmes 5-year strategy and programme structure were discussed and will undergo further development and incorporate feedback from this meeting. The final strategy will be in place in November and will be linked to the overarching ICS strategy which will be published in December.
- The overall focus for the WYMHSC Joint Governor and Non-Executive Director's (NED) event on 22 October, Cloth Hall Court, Leeds was agreed. Feedback from the previous event was taken into

consideration ensuring a balance of programme progress and interactive discussions. Discussions will be centred around the programmes 5-year strategy and seek how NED's and Governors can further support collaborative working.	
Report completed by:	CiC meeting support on behalf of Sue Proctor and Sara Munro

Minutes of the

West Yorkshire Mental Health Services Collaborative Committees in Common (WYMHSC C-In-C)
held Thursday 3 October 2019, 10.00-12.00 in
Training room 4, SWYPFT, Fieldhead Hospital, Ouchthorpe Lane, Wakefield, WF1 3SP

Present:
Angela Monaghan (Chair) (AM) – Chair, South West Yorkshire Partnership NHS Foundation Trust
Brent Kilmurray (BK) – Chief Executive Officer, Bradford District Care NHS Foundation Trust
Cathy Elliot (CE) – Chair, Bradford District Care NHS Foundation Trust
Rob Webster (RW) – Chief Executive Officer, South West Yorkshire Partnership NHS Foundation Trust
Sara Munro (SM) – Chief Executive Officer, Leeds & York Partnership NHS Foundation Trust
Sue Proctor (SP) – Chair, Leeds & York Partnership NHS Foundation Trust
Thea Stein (TS) – Chief Executive Officer, Leeds Community Healthcare NHS Trust

In attendance:
Keir Shillaker (KS) – Programme Director, West Yorkshire and Harrogate Health and Care Partnership
Andy Weir (AW) – Deputy Chief Operating Officer, Leeds & York Partnership NHS Foundation Trust
Tom Jackson (TJ) – Clinical lead and Head of Learning Disability Services, South West Yorkshire Partnership NHS Foundation Trust
Lucy Quirk (notes) (LQ) – Programme Support Officer, West Yorkshire and Harrogate Health and Care Partnership

Apologies:
Neil Franklin – Chair, Leeds Community Healthcare NHS Trust

Glossary of acronyms in this document can be found on page 6.

Item	Discussion / Actions	By whom
1	**Introductions:** A Monaghan (AM) welcomed the group and noted apologies as above.	
2	**Declaration of Interests Matrix / Conflict of Interest:** The declaration of interests was reviewed: **ACTION1/10**: L Quirk (LQ) to update Cathy Elliott (CW) and Rob Webster's (RW) declaration of interests.	LQ
3a	**Review of Previous Minutes:** **ACTION 2/10**: Private and public minutes to be circulated to the group for future meetings. With the above noted, the notes from the previous meeting held 28 June were accepted as an accurate record.	LQ
3b	**Actions log and matters arising:** The actions log had been updated to reflect progress with members discussing the actions below: Action 2/7: The communications plan is in progress and will include the benefits of collaborative working. The finalised strategy will feed into the communications plan. Action 5/3: RW speaking to Claire Murdoch regarding the NHSE investment standard.	
4	**West Yorkshire and Harrogate Health and Care Partnership (WY&H HCP) Mental Health, Learning Disabilities and Autism (MHLD&A) Programme update:** K Shillaker (KS) introduced the programme update noting the process underway to report the programme and wider performance metrics in quantifiable measures: • Core system performance supported by Carrie Rae, NHSE to be presented at October's programme board • Development of the programme dashboard with high level indicators linked to the strategy; underpinned by the workstream key indicator metrics identified by the workstream leads. **ACTION 3/10**: Draft programme reporting dashboard to be presented at the next meeting.	KS

Item	Discussion / Actions	By whom
	An up to date risk register is now in place, however on the back of feedback from the Collaborative Executive Group a revised quantifiable risk rating to support consistency was presented to the committee for comment and approval. Members supported the proposed risk rating. **ACTION 4/10**: The risk register to be presented at the next meeting. Linked to the risks, members discussed steady state commissioning: • Positive that the 3 new care model (NCM) bids are going ahead however need to ensure the capacity to deliver including the right support from NHSE. • Creation of a virtual team of those with NCM expertise. • NHSE guidance being developed from which key milestones can then be established. • A meeting with Chief Operating Officers and Sean Rayner will be established to look at immediate operational pressures. **ACTION 5/10**: Draft version of NCM/steady state commissioning milestones to be presented at the next meeting. T Stein (TS) gave a brief update on the development of the new Child and Adolescent Mental Health Services (CAMHS) tier 4 unit, noting that planning should go through very soon. • Clinical work taking place involving a wide group of clinicians looking at the model. • Everyone working together incredibly hard, but the business case is challenging. Will go through the treasury process and must be green book compliant. • Papers submitted to LCH and LYPFT boards last month approved enabling work before the business case is signed off. This was agreed due to the low financial risk and to shorten the construction process where possible. • A lot of processes to undertake but the official opening day is 1st September 2021; 15 months behind schedule predominately due to ensuring the clinical model is the right one for West Yorkshire. • Many benefits of partnership working, noting that working collaboratively does take time. **ACTION 6/10**: TS to provide a CAMHS update to a future C-in-C; timing in line with progress and if appropriate include a service user story. **ACTION 7/10**: L Quirk (LQ) to enquire if Woodhouse Hall is available for the next meeting. Members thanked TS for the informative update. KS provided an update on the Out of Area Placement workshop held 19 September which had concluded that a strategic approach will be taken, moving the group's focus from operational issues. Members acknowledged and thanked Jo Butterfield and all those involved in gaining the Community Mental Health funding through a truly collaborative approach and voice.	**KS** **KS** **TS** **LQ**
5	**Business & Strategy: Mental Health, Learning Disabilities & Autism (MHLDA) Programme Strategy** Members had received the excerpt from the Integrated Care System (ICS) partnership strategy and the detailed MHLDA strategy that sits behind that. KS presented at this stage as a sense check to ensure the approach taken is the right one. KS asked members to feedback on areas that required adapting or adding in particular. • The MHLDA strategy will be published but is not a public facing document. However, it should still be a clear read and acronym/jargon free, including a version in easy read. • After feedback from the partnership board a shorter version of the ICS strategy is being created by the core team. **ACTION 9/10**: KS to incorporate the below feedback into the next version of the strategy. • Edit bullet point in box on first page; intend to eliminate people to go outside WY • A clearer sense of what the most important priorities and key principles are. • Mention of primary care networks but could be stronger – integrated care. • Consistency required on what sits in this programme, other programmes and at place.	**KS**

Item	Discussion / Actions	By whom
	• Ambition of having a local service framework to set expectations and standards regarding autism. • Apply principles to three categories of sharing, standardisation and reconfiguration; what are the expected practical changes. • Insert in the strategy re meaningful and sustainable investment being needed. • Use of NHSE analytical staffing tool will help to plan recruitment/ required workforce expansion. • Strong VCS and wider partner voice in the collaborative; celebrate third sector – what we are doing and what our ambitions are. How do we make it easier to know who we can support e.g. police, VCS. • New housing link via the programme board with Sarah Roxby who has already completed great work on mental health and housing. • A better connection between the narrative around children and young people's mental health, self-harm and suicide prevention. Sits separately and could be connected better. • Add a statement on how as a partnership we are really engaging with safeguarding of adults; how we reach out to our partners as well as how we enable our partners e.g. deaths of rough sleepers and the improving population health programme. • Service user voice and coproduction doesn't come through strongly – add more on how this has helped to challenge and shape. **Programme Structure** KS drew members' attention to the proposed workstream and team structures with the positioning of the suicide prevention work being discussed. SM advised that challenges had arisen as the remit of the work stretched outside of the specialist trusts to wider community-based work that crossed over with Public Health. Work is underway to ensure the right areas are being completed and led in the right places; thus, creating equal ownership of the work. **ACTION 10/10**: SM/KS to pick up 'supporting the workplace outside of the NHS' e.g. MH first aiders to private sector with Sarah Smith, improving population health programme as broader MH prevention is one of their priorities. **ACTION 11/10**: Any further comments on the structure to be relayed to KS. Next steps; MHLDA strategy to be finalised by November so that it can be linked to the overarching ICS strategy to be published early December.	**SM/KS** **ALL**
6	**Governor/Non-Executive Director (NED) Event on 22nd October** *Following on from today's strategy discussion – what should the focus for that meeting be?* AM asked members to comment on the focus of the joint NED and governor event on 22 October: • Progress since last meeting; background to agreed workstreams; what not doing; good news stories; making a difference • Strategy must accelerate areas that haven't managed to achieve yet; an understanding of what it means for us as organisations • Steady state commissioning briefing – working together to deliver something better; not merger/privatisation. • CAMHs unit update • Service user stories wherever possible; involve governors/NEDs • Ensure time for discussion – facilitated sessions work best and create energy	
7	**Any other business:** RW asked for feedback from the group ahead of a call with Amanda Pritchard, Chief Operating Officer who is completing a piece of work for the NHS board around what support NHSI gives to the system in winter and how should we engage.	

Item	Discussion / Actions	By whom
	• Biggest challenge for LYPFT is older adults; consistent challenges around delayed transfers of care (DTOC). If there is some way of being able to put pressure on the system for all the partners to unlock the DTOC challenge in older adults this would have significant benefit for LYPFT and the acute trust. • BDCFT face same challenge particularly with the interface with the care home sector • If performance managed mental health DTOC separately to the overall system DTOC rate that would be welcomed. • Fragility of the care home sector. • Sense of their understanding of CQC expectations and consequent impact on our capacity.	
8	**Summary (including actions) and items for escalation:** AM summarised and highlighted the key areas for board feedback: • All taking these minutes through public board with exception of private items. • Developing performance indicators and dashboard; draft to be presented at the next meeting • Approved the risk management framework • Update received on CAMHS unit; valid reasons for the 15 months delay behind original plans, now expecting an opening date of September 2021. • Report on steady state commissioning, developments and progress; draft reporting mechanism to be presented at next meeting. • Agreed the Independent Sector Learning Disability Placements Memorandum of • Programme strategy and programme structure discussed and will undergo further development until ready to feed into the ICS strategy; discussing it in our boards. • NED/Governor event agenda.	
	Date and Time of Next Meeting: Tuesday 21 January 2020, Small Conference Room, Wellbeing and Learning Centre, SWYPFT, Fieldhead Hospital, Ouchthorpe Lane, Wakefield, WF1 3SP.	

Item	Discussion / Actions	By whom
	Glossary	

ATU	Assessment and Treatment Unit
BDCFT	Bradford District Care Foundation Trust
CQC	Care Quality Commission
CAMHS	Child and Adolescent Mental Health Services
C-In-C	Committees in Common
CCG	Clinical Commissioning Group
DTOC	Delayed Transfers of Care
ICS	Integrated Care System
LD	Learning Disabilities
LCH	Leeds Community Healthcare NHS Trust
LYPFT	Leeds and York Partnership NHS Foundation Trust
MHLDA	Mental Health, Learning Disabilities and Autism
MoU	Memorandum of Understanding
NCM	New Care Model
NED	Non-Executive Director
NHSE/I	National Health Service England / Improvement
SWYPFT	South West Yorkshire Partnership NHS Foundation Trust
TCP	Transforming Care Programme
VCH	Voluntary and Community Sector
WY&H	West Yorkshire & Harrogate
WY&H HCP	West Yorkshire & Harrogate Health and Care Partnership
WY&H ICS	West Yorkshire & Harrogate Integrated Care System (internal reference to WY&H HCP)
WYMHSC C-In-C	West Yorkshire Mental Health Services Collaborative Committees in Common

Committees in Common
Mental Health, Learning Disability and Autism Collaborative

West Yorkshire and Harrogate ICS

3rd October 2019

Paper Title:	Programme Update
Paper Author:	Keir Shillaker

1. **Introduction**

This paper updates the committee on the range of activity being undertaken through the Mental Health, Learning Disability and Autism programme that relates directly to the responsibilities of the Committees in Common.

Two significant items (the Assessment and Treatment Unit proposals, and the draft programme strategy) are covered in the rest of the agenda, so not updated here.

2. **Steady State Commissioning**

We have now received all NHSE&I's feedback on the steady state commissioning (formerly New Care Model) submissions. Workshops will be held with NHSE&I in October to get into the detail of the role of commissioning and the financial implications.

<u>Adult Eating Disorders</u>

Is the only service in the region approved so far to progress down the 'fast-track' route (April 2020). The main question for the service is how to expand over time to cover a wider footprint. There have been some recent challenges in the west team which have been mitigated by other staff covering and increased acuity of patients putting pressure on the system.

Clinical leadership has now moved from Rhys Jones to Monique Schelhase.

<u>CAMHS Tier 4</u>

Is approved for the developmental route (October 2020), which was disappointing for the team. However, there was also a recognition that there is not yet clarity on how the Transforming Care cohort will impact proposals so this delay may be sensible. In addition, there has been an increase in numbers and length of stay for patients compared to this

time last year, partly exacerbated by regional reluctance to place young people with mental health conditions who are very physically unwell in paediatric beds. The team are continuing to pursue solutions.

Development work is underway with staff from Little Woodhouse Hall to develop the clinical model for the new build.

Forensics

Is approved for the further development pathway (April 2021). Work is now underway to improve governance arrangements and increase non-medical clinical leadership.

Our application for Wave 2 Specialist Community Trial Sites was re-submitted on 6th September, and we expect results on 11th October. NHSE&I expect to support all sites in some way, so we are progressing with an implementation plan and plans for evaluation.

The Committees in Common is asked to discuss and note the steady state commissioning update

3. **Risks and Issues (see Risk Register attached – Annex A)**

Risks

We have developed a revised risk register which now covers both ‘bottom up’ project risks across each workstream and some programme wide risks. However, this is currently a highly subjective assessment. Following Collaborative Exec, it was agreed that whilst this is a useful start, we need to ensure all workstreams and the programme team are applying the same objective risk assessment.

We propose the following scoring system, to be adopted across all workstreams during October:

Risk Category	Risk Scores				
	Insignificant (1)	Minor (2)	Moderate (3)	Major (4)	Catastrophic (5)
Clinical care	No injury or ill health	Minor injury or ill health; requiring no treatment	Moderate injury or ill health; treatment required	Serious injury or ill health; emergency or sustained treatment required	Death or life limiting injury or illness

Service delivery	No disruption to care delivery	Impact threatens service efficiency	Service provision is temporarily disrupted and impacts on access	Service provision is significantly disrupted, impacting access and outcomes	Service cannot function and must be re-provided elsewhere
Finance	Negligible financial impact	Minor financial impact (< £50k)	Moderate financial impact (£50k to £200k)	Major financial impact (£200k to £500k)	Significant financial impact (£1m>)
Relationships	No impact on partner relationships	Some impact on relationships, requiring bilateral resolution	Impact on relationships requiring collective discussion and agreement	Major impact on relationships, potentially leading to divergent approaches and disagreement	Significant impact on relationships, potentially leading to a breakdown in trust and breakdown of the Partnership

The Committees in Common is asked to discuss and approve the approach to risk management

Issues

Out of Area Placements:

The number of OOAPs continues to grow across the Partnership, leading to poorer patient experience and increased scrutiny from NHS England & Improvement. Several actions are being taken to strengthen support from the programme:

- A workshop was held on October 19th to discuss the data, the challenges and good practice in the patch and outside the Partnership (such as in Hull). There was acknowledgment of the need to move the focus away from discussing beds and take a whole pathway approach given that pressures often arise from both use of Intensive Home Treatment Teams and Community Mental Health Teams, alongside more 'traditional' concerns on alternatives to consultant discharge and workforce development in acute settings.

- There are two existing programme workstreams looking at Acute Care (Patrick Scott, BDCT) and Urgent & Emergency Care (Joanna Forster Adams, LYPFT). To support the whole pathway approach these are being brought together under Patrick's leadership and work will be refocused in the next few weeks, learning from the workshop discussion.
- A fixed term Programme Manager for Mental Health Delivery will be recruited using our core programme funds to provide dedicated transformation capacity and support.

The Committees in Common is asked to note the issues relating to Out of Area Placements and discuss the immediate actions being taken.

4. **Funding**

There are two significant, separate, but interrelated 'pots' of funding that we are managing as a programme. These are described below:

Programme Transformation Funding – provided by the West Yorkshire & Harrogate Health and Care Partnership

The Mental Health, Learning Disability and Autism programme has been allocated £1.40m of the £8.75m total transformation funding for the ICS. This funding is being used to support the following priorities. The majority of which is to enable the delivery of new ways of working starting in 19/20, such as reconfiguring services or pump-priming recruitment of staff. However, a sizeable proportion is also used to scope and develop new ways of working, to deliver changes from 2020/21 onwards.

Implementation of new service models (£621k)

- Appointment of peer worker, assessment resource and wider workforce to deliver new ways of working for complex rehabilitation; reducing reliance on out of area placements and associated costs, reinvesting this to create a self-sustaining service.
- Clinical leadership, management, training and recruitment of peer support worker, and estates costs to enable reconfiguration of Assessment & Treatment Unit provision.

Scoping, modelling and leadership (£523k). Work to understand and develop new solutions for:

- Psychiatric Intensive Care capacity
- Community forensic services; including clinical, project management and service user engagement support
- Barriers to crisis care for people with Autism

- 'Wellbeing' passports for children and young people with Autism, ADHD or other neurodiversity
- Achievement of the Learning Disability Improvement Standards across all care providers
- Suicide prevention – project management of prevention/postvention offer, training provision, public health engagement and communications campaign
- A holistic approach to Children & Young People's Mental Health services
- Evaluation of Mental Health Nurses within Police Control Rooms
- Standardising multi-agency care plans - working with service users
- Reducing out of area placements, including backfill of clinical time to lead work on acute care pathways

Core programme team (£256k)

- Programme management resourcing
- Analytical, communications & engagement and financial management expertise

<u>NHSE/I Transformation Funding – provided either directly to places or through the ICS</u>

Bid	**Amount awarded (£000's)**	**Where money going**
Crisis	2349	Wakefield CCG then to each place
Liaison	636	Harrogate CCG
Community Transformation	Circa 2500 (TBC by NHSE)	Wakefield, Bradford & Leeds for 14-25 service. Leeds (on behalf of ICS) for the Complex Rehab service
LD Care Navigator	60	LWAB to SWYPFT
LD Early Intervention and Support for CYP	450	Bradford Districts CCG then to each place
Suicide prevention & postvention	287	Wakefield CCG then SWYPFT
Mental Health Support Teams Wave 1	552	North Kirklees CCG
Mental Health Support Teams Wave 2	486	North Kirklees CCG, Leeds CCG, Bradford Districts CCG
Perinatal	572	Wakefield CCG then to each place
IPS Wave 1	66	Bradford Districts CCG
IPS Wave 2	300	Leeds CCG
Whole Pathway Commissioning	100	LYPFT (and then onto host employers)

The Committees in Common is asked to note the allocation of both Partnership (ICS) and NHSE/I transformation funding.

5. **Wider programme update for information**

- The programme board has agreed to pursue Partnership sign-up to the Mental Health Prevention Concordat; becoming the first ICS in the country to do so and to work with PHE to refine the process to make it more relevant for systems rather than just organisations to sign-up
- A suicide prevention core group comprising NHS trusts, local and regional public health and the Improving Population Health programme has agreed to pull together a broad suicide prevention workshop across a range of disciplines
- HR Directors, Chief Information Officers and Medical Directors from providers in the collaborative are beginning to convene in their professional groups on a more regular basis
- The national launch of the PHE 'Every Mind Matters' campaign is 7th October and all organisations should make staff aware
- The Transforming Care Programme is undertaking development work with the Leeds City Region Housing Partnership on supported accommodation, which will be useful for that programme and other transformation such as the work on Complex Rehabilitation.
- Collaborative Exec agreed to undertake peer review assessment of each Trust, to identify how well equipped each organisation is to support carers. This work will be jointly coordinated by our programme and the Unpaid Carers Programme.
- Owen Williams (CEO of Calderdale and Huddersfield NHS Foundation Trust) is championing the delivery of the Learning Disability Improvement Standards across WYAAT. We are supporting through the programme and the appointment of a dedicated project manager.
- We are also shortly due to go out to recruit a Whole Pathway Commissioning Project Manager for Children & Young People's Mental Health (funded by NHSE) and some professional leadership. This role will be hosted by Leeds CCG and focus on the experience of young people and families pre-diagnosis and post-diagnosis, specifically looking at those in looked after services, having experienced a first period of crisis or with other conditions such as a learning disability and/or autism.
- A workshop is being held in October to share learning and good practice in IAPT services across WY&H; to support collective improvement against the current targets.

The Committees in Common is asked to note the wider programme update.

6. **The Commitees in Common is asked to:**

   a. Discuss and note the steady state commissioning update
   b. Discuss and approve the approach to risk management
   c. Note the issues relating to Out of Area Placements and discuss the immediate actions being taken
   d. Note the allocation of both Partnership (ICS) and NHSE/I transformation funding.
   e. Note the wider programme update

Keir Shillaker
Programme Director
23rd September 2019

Leeds and York Partnership
NHS Foundation Trust

AGENDA ITEM
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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
EPR	Electronic Patient Records	Clinical information system which brings together clinical and administrative data in one place.
First Care		An electronic system for reporting and monitoring sickness. The system is used by both staff and managers
GIRFT	Get it right first time	This is a programme designed to improve clinical quality and efficiency within the NHS by reducing unwarranted variations.
ICS	Integrated Care System	NHS organisations working together to meet the needs of their local population, bringing together NHS providers, commissioners and local authorities to work in partnership in improving health and care for the local population.
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

Acronym / Term	Full title	Meaning
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)
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.

Acronym / Term	Full title	Meaning
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	
Prevent	The Prevent Programme	Prevent is part of the UK's Counter Terrorism Strategy known as CONTEST. It aims to reduce the number of people becoming or supporting violent extremists.
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.

Acronym / Term	Full title	Meaning
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
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.
WRAP	Workshop to Raise Awareness of Prevent	This is an introductory workshop to Prevent and is about supporting and protecting those people that might be susceptible to radicalisation, ensuring that individuals and communities have the resilience to resist violent extremism.
WRES	Workforce Race Equality Standards	Ensuring employees from black and minority ethnic (BME) backgrounds have equal access to career opportunities and receive fair treatment in the workplace.

Below is a link to the NHS Confederation Acronym Buster which might also provide help

http://www.nhsconfed.org/acronym-buster?l=A