Leeds and York Partnership
NHS Foundation Trust

PUBLIC MEETING OF THE COUNCIL OF GOVERNORS
will be held at 12.30pm on Wednesday 14 February 2018,
in the Cypress Room, Bridge Community Church, Rider Street, Leeds, LS9 7BQ

A G E N D A

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

		LEAD
1	**Welcome and introductions** (verbal)	Prof Sue Proctor
2	**Apologies** (verbal)	Prof Sue Proctor
3	**Changes to any declaration of interests and declaration of any conflicts of interest in respect of agenda Items** (verbal)	Prof Sue Proctor
4	**Minutes of the public meeting held on 14 November 2017** (paper to read)	Prof Sue Proctor
5	**Matters arising** (verbal)	Prof Sue Proctor
	5.1 Integration of The Big Conversation actions into the Quality Plan (verbal)	Dr Claire Kenwood
6	**Cumulative actions log – actions outstanding from previous public meetings** (paper to read)	Prof Sue Proctor
7	**Chair's report** (paper to read)	Prof Sue Proctor
8	**Chief Executive report** (paper to read)	Dr Sara Munro
PATIENT CENTRED CARE		
9	**CQC update** (paper to read)	Nichola Sanderson
10	**Update on the reconfiguration of Community Services** (paper to read)	Tom Mullen
11	**Combined Quality and Performance report** (paper to read)	Joanna Forster Adams

USE OF RESOURCES		
12	**Finance report** (paper to read)	Sara Munro
WORKFORCE		
13	**Workforce report** (paper to read)	Susan Tyler
13.1	**Increasing employment opportunities for people with learning disabilities update** (paper to read)	Susan Tyler
GOVERNANCE		
14	**Governance, Accountability, Assurance Performance framework** (paper to read)	Joanna Forster Adams
15	**Process for the appointment of the Deputy Chair of the Trust** (paper to read)	Cath Hill
16	**Process for upcoming elections to the Council of Governors** (paper to read)	Cath Hill
17	**Annual cycle of business for 2018; 2018 and 2019 meeting dates for the Council of Governors** (paper to read)	Fran Limbert
18	**Any other business** (verbal)	Prof Sue Proctor

The next public meeting of the Council of Governors will be held on Tuesday 15 May 2018 in the Large Function Room, St George's Centre, Great George Street, Leeds, LS1 3DL, the start time of the meeting will be advertised on our website www.leedsandyorkpft.nhs.uk

* Questions for the Council of Governors can be submitted to:

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

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

Leeds and York Partnership
NHS Foundation Trust

AGENDA ITEM
4

Minutes of the Public Meeting of the Council of Governors held on Tuesday 14 November 2017 in the Large Function Room, St George's Centre, Great George Street, Leeds, LS1 3BR

PRESENT:

Professor Sue Proctor – Chair of the Trust (Chair of the meeting)

Public Governors
Les France
Anita Garvey
Steve Howarth (Lead Governor)
Kirsty Lee
Niccola Swan
Peter Webster

Appointed Governors
Cllr Jenny Brooks

Carer Governors
Julia Raven

Staff Governors
Sarah Chilvers
Joanne Goode
Gillian Galea
Ruth Grant
Sally Rawcliffe-Foo

Service User Governors
Marc Pierre-Anderson

IN ATTENDANCE:

Dr Sara Munro – Chief Executive
Joanna Forster Adams - Chief Operating Officer
Dr Claire Kenwood – Medical Director
Paul Lumsdon – Interim Director Quality and Professions
Margaret Sentamu - Non-executive Director
Sue White - Non-executive Director
Caroline Bamford – Head of Diversity and Inclusion
Cath Hill - Head of Corporate Governance
Tom Mullen – Interim Clinical Director Leeds Mental Health Care Group (for agenda item
David Rowley - Learning Disability Service Manager
Fran Limbert - Governance Assistant (Secretariat)
Nine members of the public

Action

17/066 Welcome and introductions (agenda item 1)

Professor (Prof) Proctor opened the meeting at 12.44pm and welcomed everyone.

Prior to the start of the Public Meeting of the Council of Governors an election to the Trust's Appointments and Remuneration Committee had taken place. There was one vacancy for an elected governor and two vacancies for appointed governors. One candidate, Mr Webster, had submitted a nomination to join the Committee and as such a ballot had taken place. The results of the ballot were 12 votes in support of Mr Webster and one abstention. The Council congratulated Mr Webster on him successfully being elected to join the Appointments and Remuneration Committee.

17/067 Apologies (agenda item 2)

Apologies were received from the following governors: Ann Shuter, Service User Leeds Governor; Councillor Neil Dawson, Appointed Governor; Andrew Bright, Carer Leeds Governor; Ellie Palmer, Service User and Carer Rest of UK.

The Council was quorate.

Prof Proctor informed the Council that: Steven Wrigley-Howe, Non-executive Director and Senior Independent Director; John Baker, Non-executive Director; Julie Tankard, Non-executive Director; Susan Tyler, Director Workforce Development; and Dawn Hanwell, Chief Financial Officer and Deputy Chief Executive, had sent apologies for the meeting.

17/068 Changes to any declaration of interests and declaration of any conflicts of interest in respect of agenda items (agenda item 3)

Mr Howarth declared a conflict of interest in respect to agenda item 16 Proposal for the extension of the Lead Governor role. The Council noted that he would leave the room whilst this item was being discussed.

No governor indicated a change to their declared interests.

17/069 Minutes of the public meeting held on 18 July 2017 (agenda item 4)

The minutes of the public meeting that was held on the 18 July 2017 were **approved** as a true record.

17/070 Minutes of the Annual Members' Meeting held on 19 September 2017 (agenda item 4.1)

The minutes of the Annual Members' Meeting that was held on the 19 September 2017 were **approved** as a true record subject to one amendment being made to show Mrs Goode's apology to attending that meeting.

17/071 Matters arising (agenda item 5)

There were no matters arising.

17/072 Cumulative actions outstanding from previous Council of Governors' meetings (agenda item 6)

Prof Proctor presented the cumulative action log. The Council agreed that the following actions be closed: 17/060 (July 2017) – Assurance report on the meeting of the Appointments and Remuneration Committee meeting held on the 27 June 2017; 17/054 (July 2017) – Lead Governor report; 16/114 (November 2017) - Increasing employment opportunities for people with learning disabilities; 17/038 (May 2017) - National guidance on learning from deaths; 17/040 (May 2017) - Staff Survey results; 16/093 (September 2016) - Report on the outcome of the governors' reviews; 17/052 (July 2017) – Chief Executive Report; 17/053 (July 2017) – Chair's report; 17/059 (July 2017) – Non-executive director and governor service visits.

Dr Kenwood presented an update on log 17/038 (May 2017) - National guidance on learning from deaths. She informed the Council that the Trusts' Patient Safety Plan had not been finalised. Once it had been it would be seen at a future Council of Governors meeting to allow governors to comment on it.

The Council **received** the update on the cumulative action log and were **assured** of progress made.

17/073 Chair's report (agenda item 7)

Prof Proctor presented the Chair's report. An election to the Council of Governors had taken place within the Trust during Autumn 2017. Five new governors had been elected. Prof Proctor welcomed these individuals along with the two newly appointed governors to the Council of Governors. The Council noted that a Governor Induction session would take place on the 20 November 2017 for all of the seven new governors that could attend.

The Council noted that Andrew Johnson had stepped back from fulfilling the role of Staff Clinical: Leeds and York and North Yorkshire Governor. Prof Proctor explained that this was a 12-month pause initiated by Mr Johnson due to increasing pressures from other areas of his life. The Council looked forward to welcoming Mr Johnson back in due course. Prof Proctor regrettably informed the Council that Claire Woodham had resigned from the role of Service User Leeds Governor. The Council offered thanks to Ms Woodham for the contribution that she had made, in particular with the anti-stigma work that she had been involved in.

Also, Prof Proctor informed the Governors that following a successful tender process, KPMG had been identified as the preferred provider of external audit service for the Trust. She thanked all governors who had been involved in the tender process.

Finally, Prof Proctor outlined changes to the Board of Directors. She explained that Anthony Deery had left the Trust on the 30 September 2017. Mr Deery would be the lead for Mental Health within the Five Year Forward View for NHS England. The position for Director of Nursing within the Trust was being advertised externally. The Council welcomed Mr Lumsdon who was the Interim Director of Quality and Professions. Prof Proctor also explained that Jacki Simpson had resigned from the Non-executive Director (NED) position within the Trust. This was due to Mrs Simpson starting a new job role in another organisation where they do not permit their employees to work in NHS positions. The Council noted that interviews for this vacant position had taken place and a recommendation from the Appointments and Remuneration Committee would be discussed during the Private meeting of the Council of Governors. Prof Proctor also informed the Council that Julie Tankard had resigned from the NED position within the Trust. This was due to Mrs Tankard starting a new job role in another organisation based in London. Unfortunately the pressures of this role would not allow for her to continue as a NED within the Trust. A proposal for the process for the appointment to the forthcoming vacant post would be discussed in the Public meeting of the Council of Governors. The Council thanked Mr Deery, Mrs Simpson, and Mrs Tankard for their work.

The Council **received** the Chair's report and **noted** its contents.

17/074 Chief Executive report (agenda item 8)

Dr Munro presented the Chief Executive report. She first talked about staff engagement within the Trust. She updated the Council on the results that had been obtained to date on that year's Staff Survey. They noted that the results obtained so far were an increased return rate and suggested work be done to maintain momentum with this. The Council noted the importance of obtaining this data from staff and how it could be used to make meaningful improvements. Dr Munro then informed the Council that John Verity had been appointed as the Trust's Freedom to Speak Up Guardian. She explained that Mr Verity would be spending his first few weeks visiting staff and services to ensure he is visible and accessible. Dr Munro also updated the Council on an engagement workshop that was run in preparation for the Care Quality Commission (CQC) Well Led Inspection. Over 150 members of staff attended this workshop where discussion took place on the Trusts' self-assessment on the Key Lines of Enquiry, which was part of the Provider Information Request.

Dr Munro then went on to talk about regulatory matters. She informed the Council that the Trusts' quarter two meeting with NHS Improvement took place on the 11 October 2017. Following this, the Single Oversight Framework score remains at level two. She then went on to inform the Council of a new sub-group of the Leeds Health Scrutiny Board; Health Services Development Working Group. This Group will meet quarterly to discuss key issues the Leeds health organisations are facing. Dr Munro outlined that at the next meeting a detailed focus will be presented on the provision of services for people with a learning disability.

Next Dr Munro provided assurance to the Council on work that had been done on the Trusts' Strategy. This work was following suggestions made following the Trust's annual Boards of Directors and Council of Governors meeting that took place on the 5 September 2017. Work had been done to streamline the Strategy document. It will be presented to the Board of Directors for approval at their public meeting on the 30 November 2017.

Dr Munro shared with the Council examples from services of innovative work that members of staff were leading on. This included work within the Black Minority Ethnic, and Lesbian Gay, Bisexual and Transgender communities. She outlined that frontline staff are learning from other organisations and driving forward improvements within the Trust to allow it to be a leader locally. Dr Munro provided details of two Trust services that were Highly Commended at the National Positive Practice Awards. She also outlined that the Trust has been involved in a project to establish health coaching as a key skill for health and care staff working in services in Leeds and has been successful in being shortlisted for this year's Health Service Journal Award.

Finally, Dr Munro provided further details on subjects that had been raised by the Governors. She first talked about the closure of the female low secure ward in Forensic Services at Clifton House, York: Rose Ward. The Council acknowledged recruitment challenges that the Trust had faced during the previous 12-months. Dr Munro assured the Council of work that was underway with NHS England, the commissioners of the Trust's Forensic Services, to look at the service model to redesign the pathway. Dr Munro also updated the Council on the temporary change that the Trust had made to its Intensive Community Services (ICS). She outlined that due to recruitment challenges the Trust had decided to temporally halt the ICS east north east service. She provided assurance to the Council on work that Mr Mullen is undertaking to analyse the ICS service and to understand improvements that could be made. The Council requested that further information on the breadth of services that the Trust provides and the work on the community services reconfiguration be presented at their meeting on the 14 February 2018. Mrs Forster Adams went onto say that staff were responding very well to the change and continuing to put service users first. **JFA**

The Council **received** the Chief Executive report and **noted** its contents.

17/075 Lead Governor report (agenda item 9)

Mr Howarth thanked all individuals that had been involved with the Annual Members' Meeting. The Council agreed that it had been a successful engagement event.

Mr Howarth encouraged governors to contact him if there was something that they wished to raise as a Council of Governors formally.

17/076 Learning Disability Service Review (agenda item 10)

Mr Rowley introduced the presentation and his colleagues. He outlined that following the Review the revised service model went live on the 25 September 2017. Lyndsey-

Jane Charles, Clinical Lead, outlined that the Service had not been reviewed for ten years and that the review was initiated from both internal and national driving forces such as the Transforming Care Agenda. She outlined that the purpose of the Review was to ensure that the Service is meeting needs of service users appropriately both in social and unsociable times. The Learning Disability Service had conducted a self-assessment to identify gaps. The assessment included looking at data; referrals; process mapping; and feedback from service users, staff, and partners. Following this, the Service set up a number of working groups to openly discuss what the Service did well and not so well. Mrs Charles provided assurance to the Council that a Learning Disability Service Review Project Board was overseeing this Review. She outlined that the Board was multi-disciplinary and verified that the self-assessment and working groups findings showed that the old service model did not have a clear purpose and that each team within the Learning Disability Service was working in a silo. Membership of the Board included a commissioner from health and a commissioner from social care. This was to ensure that partnership work across the whole health and social care economy took place.

Mr Rowley went on to present the work that had been done to: define a clear role and purpose for the Service; set a clear remit; and prioritise workload. He outlined that an Assessment and Referral Team had been initiated and that initial findings are showing that teams are working efficiently together. The Council noted the importance of this to ensure that service users do not receive delays within their care. He then talked about the creation of the Health Facilitation Team and the important role it undertakes in improving interface between the Trust and other external agencies. Julie Royle-Evatt, Health Facilitation Team Manager, outlined the initial success that had been seen, it included: improved efficiency in processing referrals; receiving clear performance data; improved care programme approach coordination; skill mixing across the teams; improved service user experience; and teams working more cohesively together. Mr Rowley provided details of work that had been initiated to provide out of hours support from Parkside Lodge. This support also included inter-team working to support the Crisis Team and the Acute Liaison Psychiatry Team to provide support to service users in crisis. Mr Rowley confirmed that the Service has enough resource to cope with the initial demand that is associated with this but that this will be closely monitored.

Finally Mr Rowley talked about the analysis work that would be undertaken on this Review. He explained that reviews would take place every three months' to track progress made, the first of which was scheduled for January 2018. He also outlined work that would be undertaken to evaluate the review process to look at lessons learnt to improve the transition between multi agencies. This evaluation would be undertaken in January 2018.

Mrs White welcomed the initiation of the Health Facilitation Team. She asked whether the Trust worked with Care Homes. Mrs Royal-Evatt provided assurance to the Council of the partnership work and training that the Service provides to various other agencies, including Care Homes. She outlined that the main challenge was the turnover of staff in the other agencies making it hard for any longevity of training investment. Mrs Charles informed the Council of various recruitment initiatives that they are planning. Mr Rowley outlined an example of where analysis as part of the review had resulted in health support workers undertaking some of the work that historically nurses had done. This had allowed for nurses to be realigned elsewhere within the Service and health support workers to be given personal development opportunities. The Council noted the challenges of recruitment the NHS faces. The

Service currently had five vacant whole time equivalent posts.

Mrs Swan sought assurance on the work undertaken by the Assessment and Referral Team. Mrs Royal-Evatt informed the Council of data that the Team monitor service users and their pathways. She outlined that of the 32 referrals that the Team had received, five of those individuals did not have a learning disability. The Council acknowledged that streamlining within this area allowed for increased efficiencies and minimisation of anxiety for the service users involved.

The Council **welcomed** the Learning Disability Service Review and thanked those involved in the Review for the work that had been undertaken to develop the Service.

17/077 Measuring outcomes across Trust services (agenda item 11)

Mr Mullen presented a paper measuring outcomes across Trust services. He explained that gathering and assessing outcomes in mental health and learning disability services is a crucial task that presents a significant challenge for both the Trust and its clinical teams. The Trust wants to put in place a way to find out how and whether it is making a difference in a way that is measurable and universally recognised. Mr Mullen outlined that research had been undertaken to look at what outcome measures are currently being used throughout the Trust looking at those that are successful and not so much. The findings of this research had been presented to the Trustwide Clinical Governance Group and the Quality Committee. The Council noted that the Quality Committee is leading on this work within the Trust and will provide a route of assurance and escalation to the Board of Directors. They also recognised that because of the breadth of service that the Trust provides there will not be a uniformed set way to measure outcomes. Mr Mullen assured the Council that the focus for the Trust would be to centralise the principles for measuring outcomes that individual services can then measure them diversely. He assured the Council that many services within the Trust routinely measure outcomes really well. He outlined that the next step with this would be to share the learning both with other services and service users so that a model could be refined and co-designed.

Mr Mullen went on to say that it had been estimated that this work would take two to three years to be completed. He expected that successful staff engagement would be integral to this to allow it to be made into a routine part of clinician's job role. The expectation would then be that following successful integration the Trust could look to set up benchmarking data that could be shared with other similar NHS providers, commissioners, and the wider public. Mrs White suggested that this project be shared with the other NHS organisations in the West Yorkshire and Harrogate Sustainability and Transformation Partnership. Mrs Goode noted the importance of benchmarking data being publically available so that anyone who was considering employment with the Trust could understand the Trust's performance. She also expressed how important this work could be for retention of current clinicians within the Trust so that they could validate the outcomes for those service users that they work with.

Finally Mr Mullen outlined plans within the Trust to initiate a new project group to manage this workstream. He confirmed that the Trustwide Outcomes Group would meet from January 2018.

The Council **welcomed** the developing work within the Trust on measuring Outcomes. They acknowledged that this work is complex and requested that progress updates be presented every six months' at Council of Governor meetings. **TM**

17/078 Care Quality Commission inspection update (agenda item 12)

Mr Lumsdon presented the Care Quality Commission (CQC) inspection update to the Council. He explained that the CQC will be carrying out a well led inspection on the Trust in early 2018. The inspection would be to ensure that the Trust is meeting the fundamental standards of care: safe; effective; caring; responsive; and well led. The forthcoming inspection would involve small teams of CQC inspectors looking at the Trust's work over a 28-day period. Mr Lumsdon talked about the engagement workshop that had taken place within the Trust. Following the workshop, the Trust's CQC Project Team had received feedback from members of staff to say how engaged they feel with the CQC preparations. The workshop looked at Trust services self-assessments and production of evidence. A further workshop was planned for the 29 November 2017 where teams could share with each other areas of good practice and learning.

Prof Proctor asked whether the CQC would like to speak with the governors. Mrs Hill verified that they did and that a workshop would take place on the 12 December 2017 to do this.

Mrs Sentamu asked Mr Lumsdon if he felt assured on progress the Trust had made. He confirmed that he did. Areas of work within the Trust had been reviewed with some highlighted as developing and others that required further improvement. Dr Munro assured the Council that the Trust is embracing an open and transparent approach and will use the inspection as a way of showcasing progress made. She outlined that following the last CQC inspection that took place in July 2016, Deloittes had been commissioned by the Trust to specifically look at best practice nationally and where the Trust benchmarked against this. This had identified areas for development. Mrs Hill agreed to share the findings from the Deloittes governance review with the governors. **CH**

The Council **welcomed** the CQC inspection preparation report and **noted** the progress made within the Trust.

17/079 Increasing employment opportunities for people with learning disabilities (agenda item 13)

Mrs Bamford provided an update on the Trust's work to increase employment opportunities for people with learning disabilities. She explained that the Trust is working in partnership with Lighthouse Futures to create an intern education work programme for individuals with a learning disability. This 12 month programme is still being developed and three placements had been identified at Trust HQ with an expected commencement date of April 2018. This programme will be run in collaboration with two other organisations on the business park where Trust headquarters is based. This would allow for the students to gain experience of three different organisations whilst allowing for shared learning to be gathered from each of

the organisations.

The Council welcomed the progress made and requested further updates at their future meetings. **ST**

17/080 Performance discussion (agenda item 14)

Mrs Forster Adams provided an update to the Council on work that was underway to develop a performance system within the Trust. This system will include a dashboard to be used individually by services to track and measure performance metrics, and agreeing a set of measures focused around: safety; quality; workforce; service delivery; and proficiency. She explained that a Board Workshop would take place on the 16 November 2017 to discuss the performance system further to ensure the Trust is supporting staff to deliver the best quality care whilst learning. The Council noted that this system was still being developed with completion expected around February 2018.

Mrs White provided assurance to the Council on discussion that had taken place at the Board of Directors public meeting on the 26 October 2017. This discussion had included the pressures the Trust faces on out of area placements, high bed occupancy rates, and delayed transfers of care. The Council noted that the Trust is committed to ensuring the best quality of care is delivered to service users and that a detailed discussion on this including an analysis of data had taken place at the Board of Directors meeting.

Mrs Swan asked how many vacancies were in the Trust. Dr Munro outlined that there was approximately 250 vacancies. She reminded the Council that the details of this could be found in the Safe Staffing Report that is presented to each public meeting of the Board of Directors. Prof Proctor informed the Council that at the public meeting of the Board of Directors on the 30 November 2017, the Workforce Plan would be presented.

Dr Munro informed the Council the Trust was meeting its financial plans by working innovatively. She explained that the work the Trust has commissioned PriceWaterhouseCoopers to do in relation to the Private Finance Initiative contract would take longer than originally expected due to the complexity of the contract.

The Council **supported** the development of a performance system that provided meaningful performance information.

17/081 Proposed process for the appointment to the forthcoming vacant non-executive director post (agenda item 15)

Mrs Hill reminded the Council that they are responsible for the appointment of non-executive directors (NEDs) within the Trust. As previously discussed at the meeting Mrs Tankard had stepped down from the post of NED. Therefore the Council is required to appoint a NED, this post requires someone who has financial qualifications and experience to ensure there is robust challenge in regard to the Trust's financial performance and that there is an appropriately qualified NED to chair

the Audit Committee.

The Council **approved** the appointment process for the NED position and **noted** that an Extraordinary Private meeting of the Council of Governors would be convened on the 6 December 2017 to review the recommendation made from the Appointments and Remuneration Committee following the interviews for this post taking place on the 27 November 2017.

17/082 Proposal for the extension of the Lead Governor role (agenda item 16)

Mr Howarth left the room. He is the current Lead Governor; because of this he had a conflict of interest in respect of this agenda item.

Mrs Hill reminded governors of the role of lead governor, the appointment election process, and how it is different to the governor role as prescribed by NHS Improvement. The Council noted that currently this role was for a period of one year. The first recommendation was to this period being changed to a two-year appointment to allow individuals to be able to develop into this role and to provide greater continuity. Subject to the approval of this first recommendation, the governors had a second recommendation to consider Mr Howarth continuing as Lead Governor until February 2019. Finally, subject to the outcome of the first recommendation the Council were asked if the Head of Corporate Governance could make changes to the document to include: changing reference to Monitor to read NHS Improvement; remove references to governors' panel which was disbanded by NHS Improvement; the potential change to the term of this role from one year to two years.

The Council **approved** the change in the appointment period of the Lead Governor from one year to two years. They unanimously **supported** Mr Howarth continuing as Lead Governor for a further one year so that his appointment ended in February 2019. Finally, they gave the Head of Corporate Governance **authorisation** to make the recommended changes to the role description.

17/083 Membership report (agenda item 17)

Mrs Hill presented the Membership report. She outlined that changes within the organisation had taken place during summer 2017 which had allowed for work formally carried out by the Patient Experience Team had been realigned within the organisation. This had seen the membership management move to the Corporate Governance Team, Patient Experience remains within the Nursing Directorate, and Events and Engagement move to the Communications Team. Mrs Hill outlined the work that had been undertaken since this time within the Corporate Governance Team. This included an audit being undertaken of the membership database which had resulted in many anomalies being found. Because of this it had been agreed that a cleanse needed to be undertaken of the information on the database.

Following completion of this exercise, the next step will be to devise a schedule of meaningful engagement. This will primarily focus on the existing circa 16,500 current members as well as public events throughout the year. Mrs Hill outlined the initial

challenge associated with this would be initiating partnerships both internally and externally with others to work in collaboration to proactively raise awareness.

Finally, Ms Limbert outlined details of work that was underway in partnership with the database providers, Membra, to identify areas within the constituencies that could be developed to increase representation. This work will entail analysing the Intelligent Membership Strategy that Membra produce that shows demographics across the Leeds and York & North Yorkshire area. This will allow the Corporate Governance Team to analyse the data so that benchmarking could take place.

The Council **received** the Membership report for information and were **assured** that the membership remains representative.

17/084 Thematic report following The Big Conversation (agenda item 17.1)

Prof Proctor presented the Thematic report following the Big Conversation that took place at the Annual Members' Meeting on the 19 September 2017. The Council noted the intention of the Conversation was to engage with the public, to seek feedback that the Trust could learn from. Prof Proctor drew the Council's attention to the actions within the report. She suggested that these be incorporated into the Trust's new Quality Plan. The Council noted that Dr Kenwood and Mr Lumsdon are co-producing the Trust's new Quality Plan. It would be approved by the Board of Directors at their meeting on the 22 February 2018.

The Council **approved** the recommendation for the actions contained within the Thematic report following the Big Conversation to be incorporated within the Trust's new Quality Plan. An update on the development of this would be presented at the Council of Governors meeting on the 14 February 2018. **CK/PL**

17/085 Any other business (agenda item 18)

The Council did not discuss any other business.

The Chair of the meeting closed the public meeting of the Council of Governors of Leeds and York Partnership NHS Foundation Trust at 16.36 and thanked governors and members of the public for their attendance.

Signed (Chair of the Trust) …….

Date ……..

Leeds and York Partnership NHS Foundation Trust

AGENDA ITEM
6

Cumulative Action Report for the Public Council of Governors' Meeting

OPEN ACTIONS

Key to status =
Still outstanding/awaiting completion
Completed

ACTION (INCLUDING THE TITLE OF THE PAPER THAT GENERATED THE ACTION)	PERSON LEADING	COUNCIL MEETING TO BE BROUGHT BACK TO / DATE TO BE COMPLETED BY	COMMENTS	STATUS
17/074 (November 2017) – Chief Executive report (agenda item 8) Update on the reconfiguration of community services to be provided. This should also include contextual information on the breadth of different services that the Trust provides.	**Joanna Forster Adams**	February 2018	**COMPLETED** The Council is asked to consider this item closed. Scheduled on the agenda for the meeting on the 14 February 2018.	

ACTION (INCLUDING THE TITLE OF THE PAPER THAT GENERATED THE ACTION)	PERSON LEADING	COUNCIL MEETING TO BE BROUGHT BACK TO / DATE TO BE COMPLETED BY	COMMENTS	STATUS
17/077 (November 2017) – Measuring outcomes across Trust services (agenda item 11) Progress made on how the Trust will measure outcomes across the different services that it provides to be presented every six months' to the Council of Governors.	**Tom Mullen**	February 2018	**COMPLETED** The Council is asked to consider this item closed. This subject has been added to the annual cycle of business for the Council of Governors.	
17/078 (November 2017) - Care Quality Commission inspection update (agenda item 12) The findings from the Deloittes governance review to be shared with the governors.	**Cath Hill**	February 2018	**COMPLETED** The Council is asked to consider this item closed.	
17/079 (November 2017) – Increasing employment opportunities for people with learning disability (agenda item 13) Further update on how the Trust will increase employment opportunities for people with a learning disability to be added to be presented at every future meeting of the Council of Governors.	**Susan Tyler**	February 2018	**COMPLETED** The Council is asked to consider this item closed. This subject has been added to the annual cycle of business for the Council of Governors.	

ACTION (INCLUDING THE TITLE OF THE PAPER THAT GENERATED THE ACTION)	PERSON LEADING	COUNCIL MEETING TO BE BROUGHT BACK TO / DATE TO BE COMPLETED BY	COMMENTS	STATUS
17/084 (November 2017) – Thematic report following The Big Conversation (agenda item 17.1) The actions following The Big Conversation event that took place on the 19 September 2017 to be incorporated into the Trust's new Quality Plan.	**Claire Kenwood and Paul Lumsdon**	February 2018	**COMPLETED** The Council is asked to consider this item closed. Scheduled on the agenda for the meeting on the 14 February 2018.	
17/038 (May 2017) - National guidance on learning from deaths (agenda item 12) – log 113 Care Services are developing the Trust's revised clinical risk assessment. As part of this, a patient safety plan and supporting policy will be created. Service users will be involved in the development of the revised clinical risk assessment. The patient safety plan will then be seen at a future Council of Governors meeting to allow governors to comment on it.	**Claire Kenwood and Paul Lumsdon**	Management action	The Patient Safety Plan and supporting policy has not been created yet.	

HISTORIC CLOSED 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
16/116 (November 2016) - Patient experience report (agenda item 13) The Friends and Family Test data triangulated with that of the Patient Reported Experience Measures to provide a fuller picture of patient experience.	**Paul Lumsdon**	Management Action	**ONGOING** This will be added to the work of the group to review performance reports

Leeds and York Partnership
NHS Foundation Trust

AGENDA ITEM
7

CHAIR'S REPORT

PUBLIC COUNCIL OF GOVERNORS' MEETING
HELD 14 FEBRUARY 2018

Title:	**Changes to the membership of the Council of Governors**
Contributor:	**Cath Hill**
Status of item:	**Standing item (for information)**

Since the November 2017 Council meeting there have been the following changes:

ELECTED GOVERNORS

There have been two changes to our elected governors. Ruth Grant stepped down on 1 December 2017 and Andrew Bright stepped down on 17 December 2017.

APPOINTED GOVERNORS

There has been one new appointed governor. Helen Kemp from Volition was appointed on 8 November 2017.

We would like to thank Ruth and Andrew for valuable contribution during their time as a governor. We would also like to welcome Helen Kemp to the Council and the valuable third sector perspective and input that she will bring to the discussions.

Title:	**Changes to the membership of the Board of Directors**
Contributor:	**Cath Hill**
Status of item:	**Standing item (for information)**

Executive Team

Since the Council of Governors met in November there has been one change to the executive team. Cathy Woffendin has been appointed as the Director of Nursing and Professions. Cathy is currently Deputy Director of Nursing, Children's and Specialist Services at Bradford District Care NHS Foundation Trust (BDCFT) and will join the Trust in March.

Non-executive Director Team

Since the last Council meeting there has been one change to the non-executive director team. Julie Tankard stepped down as a non-executive director and chair of the Audit Committee on 19 January 2018. Martin Wright, whom the Council appointed as a non-executive director on the 6 December, took up his post on 20 January 2018. Martin has joined the Trust not only as a NED, but will also be the Chair of the Audit Committee.

Title: **Attendance for directors at Board meetings (rolling 12 months)**
Contributor: **Cath Hill**
Status of item: **Standing item (for information)**

The Council of Governors is asked to note the attendance of directors at the Board of Directors' meetings, in particular attendance relating to the non-executive directors. This information will also be provided in the Trust's Annual Report. The shaded boxes show the meetings people were not eligible to be at due to either their start or finish date.

Non-executive Directors

Name	8 December 2016 (Extra Ordinary)	26 January 2017	9 February 2017 (Extra Ordinary)	30 March 2017	27 April 2017	25 May 2017	29 June 2017	27 July 2017	28 September 2017	26 October 2017	30 November 2017	6 December 2017 (Extra Ordinary)	25 January 2018
Sue Proctor (Chair)					✓	✓	✓	✓	✓	✓	✓	✓	✓
John Baker	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Helen Grantham											✓	-	✓
Margaret Sentamu	✓	✓	✓	✓	✓	-	✓	✓	✓	-	✓	✓	✓
Jacki Simpson				✓	-	✓	✓	✓					
Julie Tankard	✓	✓	✓	✓	-	✓	-	✓	✓	-	-	-	
Sue White	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	-	✓
Martin Wright													✓
Steven Wrigley-Howe	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓

Executive Directors

Name	8 December 2016 (Extra Ordinary)	26 January 2017	9 February 2017 (Extra Ordinary)	30 March 2017	27 April 2017	25 May 2017	29 June 2017	27 July 2017	28 September 2017	26 October 2017	30 November 2017	6 December 2017 (Extra Ordinary)	25 January 2018
Sara Munro	✓	✓	✓	✓	✓	✓	-	✓	✓	-	✓	✓	✓
Anthony Deery	✓	✓	✓	✓	✓	✓	-	✓	✓				
Joanna Forster Adams								✓	✓	✓	✓	✓	✓
Dawn Hanwell	✓	✓	✓	✓	-	✓	✓	✓	✓	✓	✓	✓	✓
Claire Kenwood				✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Paul Lumsdon										✓	✓	✓	✓
Lynn Parkinson	✓	✓	✓	✓	✓	✓	✓						
Susan Tyler	✓	✓	-	✓	✓	✓	-	✓	✓	✓	✓	✓	✓

Title: **Attendance by non-executive directors at Council of Governors' meetings (rolling 12 months)**
Contributor: **Cath Hill**
Status of item: **For information**

The Council of Governors is asked to note the attendance of non-executive directors at the Council of Governors' meetings. This information will also be provided in the Trust's Annual Report. Shaded boxes show those meetings that people were not eligible to be at due to their start or finish date.

Name	16 November 2016	16 February 2017	16 May 2017	18 July 2017	14 November 2017
Non-executive directors					
Sue Proctor (Chair)			✓	✓	✓
John Baker	-	✓	✓	✓	-
Helen Grantham					
Margaret Sentamu	✓	✓	✓	✓	✓
Jacki Simpson			-	✓	
Julie Tankard	-	-	✓	✓	-
Sue White	✓	✓	✓	✓	✓
Steven Wrigley-Howe	-	-	✓	-	-

Title: **Fit and proper person test**
Contributor: **Cath Hill**
Status of item: **For information**

All non-executive directors have been found to be fit and proper persons under the Constitution, Provider Licence and the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

		Sue Proctor	Margaret Sentamu	Helen Grantham	Sue White	John Baker	Steven Wrigley-Howe	Martin Wright
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	Still awaiting outcome of final checks	No	No	No	Still awaiting outcome of final checks
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	
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	
d)	Are they subject to an unexpired disqualification order made under the Company Directors' Disqualification Act 1986?	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	

Prof Sue Proctor
Chair of the Trust
February 2018

Leeds and York Partnership NHS Foundation Trust

AGENDA ITEM
8

MEETING OF THE COUNCIL OF GOVERNORS

NAME OF PAPER:	Chief Executive report
DATE OF MEETING:	14 February 2018
PRESENTED BY: (name and title)	Dr Sara Munro – Chief Executive
PREPARED BY: (name and title)	Dr Sara Munro – Chief Executive

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

EXECUTIVE SUMMARY

What we are talking about:

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

DETAIL

What this is about in detail:

This month's reports covers

1. Staff engagement; service visits; staff Santa and staff survey.
2. Strategy update.
3. Updates on the West Yorkshire and Harrogate STP, Leeds system; Leeds inclusive growth strategy; Mental health collaborative update and Humber coast and vale STP.
4. Regulatory matters: NHSI and CQC.
5. Reasons to be proud; Veterans mental health service contract, Inclusive employer, Positive practice in mental health update.

RECOMMENDATIONS

What we are asked to agree:

The Council of Governors is asked to note the content of the report.

CHIEF EXECUTIVE REPORT

Council of Governors

Author: Dr Sara Munro, Chief Executive

The purpose of this report is to update the board on the activities of the Chief Executive.

1. STAFF ENGAGEMENT

Service Visits

During the past two months I have spent a significant amount of time, as have executive colleagues, visiting services to meet with staff, service users and carers. Services I have visited is listed below

- Administration team coordinators
- Becklin Centre acute inpatient wards
- The Mount Older peoples wards
- Perinatal inpatient and community services
- Yorkshire Centre for Eating Disorders
- National Inpatient Centre for Psychological Medicine
- Inpatient forensic services at Clifton House and the Newsam Centre
- Mill Lodge Tier 4 CAMHS service
- Newsam Centre forensic Services
- Psychiatric Intensive Care Unit (Ward 1 Newsam)
- Inpatient specialist rehab (Ward 5 Newsam)
- Supported Living Services
- Parkside Lodge LD Unit

The visits have been especially important over the festive period recognising the work of our staff to provide 24/7 care for service users when lots of industries can close down and take time off. Staff I spoke with showed me lots of examples of local work they are doing to improve patient care and also to improve staff morale and support especially in areas of high acuity. Safe Wards is being applied very well to improve patient and staff safety on our acute wards. Services that have had peer review quality visits spoke very positively of those and the feedback being used to drive further improvements. Staff were very much ready and looking forward to visits from the CQC to share the work they have been doing. Services that had received a CQC visit also shared their experiences and learning being taken forward from the inspector's feedback.

Main issues that were raised with me for action related to estates matters in our PFI premises which have been resolved but reinforce the work being led by the Chief Financial Officer to develop a longer term estates strategy that will give us greater flexibility and control.

We cannot underestimate the importance of these visits both for staff morale (lots of positive feedback received) and ensuring we are well sighted on the day to day experiences of our staff. The schedule for all board visits for 2018 is now being finalised with board members and can then be shared through staff net.

Staff Santa

I want to thank Tracey Needham our staff engagement lead who also took on the title of staff Santa, visiting all teams both clinical and non-clinical to deliver chocolate and cards as a token of our appreciation for all the hard work of staff during 2017. For those on twitter there was lots of photos and messages from teams and staff about this initiative with a request already in for the Easter Bunny!

Staff Survey

The annual staff survey closed in December. We set out to improve our response rate from the previous year and achieved this exceeding 56% from a full staff census. We will get team level data in February that will be shared internally and expect the public reports to be available for March 2018. We have scheduled a session on our staff survey results in our senior leadership forum to hear about the work teams and services are doing in response to their findings. A board workshop is scheduled for us to consider what action we should focus on trust wide to improve staff experience on the organisation for the year ahead.

2. STRATEGY UPDATE

At the November board we approved our 5 year strategy which is now being communicated across the organisation. Our service user involvement team and communications department have developed an easy read version which is attached.

Work continues on the supporting strategic plans with the refresh of clinical services presented at the January Board meeting. The quality plan and estates plans are scheduled for the February board meeting to allow sufficient time for discussion and amendment by the sub committees. The executive team are working to ensure alignment across all the supporting strategic plans and will be identifying the resource requirements and priorities for the year ahead.

3. SYSTEM UPDATE

West Yorkshire and Harrogate STP

Work is progressing on the development of a memorandum of understanding for the STP that seeks to formalise the partnerships that have been developed through clearer governance and accountability arrangements. Original timescales for completion have been extended to account for local elections and the purdah period. Health and Wellbeing boards will be asked to sign off the MoU as will the boards of all organisations included. Whilst an MoU is not a legally binding agreement it is intended to formalise and strengthen the partnership working arrangements across the statutory health and social care agencies.

Leeds System

Key issues discussed at the Partnership Executive Group meeting which is responsible for the Leeds Plan has been workforce development; progressing the Leeds Health and care academy; update on population health management and in particular progressing frailty as the first focus of cross partnership working; update from the CCG as they finalise the process of integration from 3 to 1 and how they intend to develop a strategy for the new CCG going forward; progress on schemes funded through the better care fund.

Phil Corrigan has been formally appointed as the Accountable Officer and Dr Gordon Sinclair is the clinical chair. Finally the main focus has been on the winter plan, current performance and challenges which will be picked up further in the report from the Chief Operating Officer.

PEG approved a recommendation for me to take on the chair of the project board for the Leeds Health and care academy and our first meeting is being held on the 5th February 2018.

Leeds Inclusive Growth Strategy – LYPFT becoming An Anchor Institution

We have been asked by the chief executive of the council to become an ‘anchor institution’ for the city as part of their inclusive growth strategy which aims to deliver better outcomes for people and places that is inclusive, drawing on the talents of, and benefitting all our citizens and communities.

One of these ideas is centred on delivering better outcomes for people and places by ensuring that the city’s major ‘anchor’ institutions – organisations like ours - are embedded in and working for communities and the local economy.

The local authority have partnered with the Joseph Rowntree Foundation and the West Yorkshire Combined Authority to design a programme that will help to make this idea a reality.

I have accepted the invitation as I believe it is important we focus on the wider contribution we make to local communities and addressing disadvantage. I will be meeting with the project lead from the council and will bring further information to the governors in due course.

Mental Health Collaborative Update

Leadership of the Collaborative

Nicola Lees, CEO at Bradford District Care Trust has announced her retirement in April 2018. Nicola has been the CEO lead for the collaborative and therefore to ensure continuity and ongoing leadership I have agreed to take on this role within the STP. Susan Tyler has also agreed to take on the lead HR role for the collaborative.

Chairs and Chief Executives Meeting

We held the second joint meeting of the chairs and chief executives in December 2017 where we gave feedback on board discussions on the governance arrangements for the collaborative and the concept of committees in common. We agreed to schedule regular meetings and for the company secretaries to plan and hold an engagement session for non-executive directors and governors. This has been scheduled for the 5th February 2018.

New Care Models

I have now chaired the second programme board for new care models for eating disorders and CAMHS on behalf of all the provider organisations. This group is overseeing the development and delivery of the two schemes and has representation from providers, NHSE, CCGs and STP project team. Work is progressing as per plan and we continue to work with specialist commissioners to agree the financial baseline for the eating disorder NCM. The programme board is also being updated on the re provision of the new tier 4 CAMHS unit by LCH due to the interdependency with the CAMHS NCM.

Collaborative Update

NHSE is now consulting on a delivery plan for the 5 year forward view for mental health and each STP has been asked to comment, which we are doing. An updated communication on the work of the collaborative has been developed by our communications team and a dedicated web page on staff intranet is being established

Humber Coast and Vale STP

Our primary focus within this STP is on the development of our forensic services in line with the national review of forensic provision being led by specialist commissioners. The commissioners have asked us to lead on the development of a new service model for low secure forensic services and the step down pathway for

this footprint and to submit a business case at the end of February 2018. The underlying principle is to reinvest resources that have previously been fixed into inpatient units into alternative models of provision.

4. REGULATORY MATTERS

NHSI

We held our quarterly review meeting with NHSI on the 10th January 2018. There has been no change to our position under the single oversight framework and the meeting was an opportunity to update NHSI on our financial plans, performance against key indicators, and the good work we have done to continue to reduce agency usage for nurses and begin discussions about our financial plans and risks for 2018/19.

At the time of completing this report the planning guidance for 18/19 has not yet been issued but is expected within the next few weeks. Once received we can conclude our financial planning for next year and this will give us an opportunity to review our decision on the control total for 2018/2019 which was the subject of January's board development session.

CQC

On the 1st December I received written notification that the Trust will receive its well led inspection on the 30th and 31st January 2018. The inspection will have concluded by the time of the CoG meeting and reports expected in draft for Easter. The director of nursing will provide a separate report on the inspection however attached is a copy of the presentation I gave to the inspectors on the 30th January 2018.

5. REASONS TO BE PROUD

Veterans Mental Health Service Contract Success

We have been successful in our bid to deliver a newly commissioned mental health service for veterans in the north of England by NHSE. This is a service that has not previously existed and is focused on the providing core mental health support. The initial contract award is for 2 years with an option to extend for another 2 years. We are now meeting with NHSE to plan mobilisation of the new service.

Inclusive Employer

Our Trust was ranked 34 in the top 50 employers nationally for equality and inclusion which is a significant achievement for all concerned. We acknowledge that there is more we can do and a targeted programme of engagement work with BME staff is now being implemented for which I will be the executive sponsor. This is utilising

results from a number of audits we have undertaken including a survey of all BME staff in the organisation to identify areas where we need to improve their experience of working for the Trust.

Positive Practice in Mental Health Update

On line Guide launch at the Houses of Parliament

I attended an event hosted by MP Luciana Berger at the House of parliament to launch the new on line positive practice in mental health guide. This guide brings together all the outstanding work across mental health including non-statutory provision so it is accessible for others to use and learn from. Our trust has many example sin there of our prioritise practice initiatives. The target audience was MPs from across the parties to give them a greater understanding of the work we do in mental health and this was positively received.

First Annual Convention to be in Leeds

We will also be hosting the first annual convention on positive practice for mental health on the 10th May in Leeds and a small team are leading on this with the positive practice collaborative.

Dr Sara Munro
Chief Executive
February 2018

Leeds and York Partnership
NHS Foundation Trust

Welcome to our Trust

Dr Sara Munro
Chief Executive

30 January 2018

Format

1	A bit about us, our Trust values, our ambitions and our culture
2	Changes to how we lead
3	Our approach to regulatory compliance
4	Self Assessment against the KLOEs
5	What are our biggest challenges?
6	Where are we having an impact?
7	Questions

Our five year strategy for 2018 to 2023

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

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

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

Our Board of Directors

Executive Directors

Dr Sara Munro
Chief Executive

Dawn Hanwell
Chief Financial Officer and Deputy Chief Executive

Dr Claire Kenwood
Medical Director

Paul Lumsdon
Interim Director of Nursing, Professions and Quality

Joanna Forster Adams
Chief Operating Officer

Susan Tyler
Director of Workforce Development

Non-Executive Directors

Professor Sue Proctor
Chair

Professor John Baker
Non-executive Director and Chair of the Quality Committee

Martin Wright
Non-executive Director

Helen Grantham
Non-executive Director

Margaret Sentamu
Non-executive Director

Sue White
Non-executive Director and Chair of the Mental Health Legislation Committee

Steven Wrigley-Howe
Non-executive Director and Chair of the Finance and Business Committee

We have:

- **423** Beds
- **2,489** Substantive Staff
- **433** Bank Staff
- **68** Consultant Psychiatrists
- **109** Other Doctors
- **721** Qualified Nursing and Midwifery Staff
- **156** Allied Health Professionals
- **28** Pharmacists
- **28** Psychotherapists
- **75** Psychologists
- **651** Health Support Workers
- **48** Locations where we deliver health services from

Changes to how we lead….

- Board visibility led by CEO and Chair
- Development of the senior leadership team
- Focus on stronger staff engagement in all that we do
- Increased openness and transparency
- Celebrating success and facing up to our challenges
- Changes to our governance structures
- Improving relationships and reputation with stakeholders and partners

Living our values in all that we do

Our approach to regulatory compliance

- Established a CQC project group with Trust wide representation, senior and executive oversight
- Check and challenge, clearing the path to make things happen
- Creating the right conditions, a culture of learning & integrated support
- Staff engagement and collaboration in our KLoE self assessment:

	Safe	Effective	Caring	Responsive	Well-led
Provider wide self-assessment	Good	Good	Outstanding	Good	Good

Safe

What have we done since our last inspection?

- Restructured Datix – 100% of services now using it
- Incident review groups in place through to trust wide clinical governance group
- Evolving mortality review process

What are we proud of?

- Engagement with staff, service users and carers following incidents and complaints
- Shared learning

What is work in progress?

- Safety huddles – older people and forensics
- Violence and aggression

What are the key challenges?

- Physical healthcare
- Consistent use and application of electronic patient records

Effective

What have we done since our last inspection?

- Review of MHA legislation systems and processes – 100% compliance from Audit
- Staff access to supervision – now centrally recorded
- Invested in the leadership development of our staff

What are we proud of?

- Timeliness of assessments
- Excellent clinical outcomes in some of our services
- Improved and strengthened clinical governance through collaboration

What is work in progress

- Thoroughly embedding MCA/DoLs
- Widening scope of supervision recording in iLearn
- Consistency of Appraisal rates

What are the key challenges

- Recruitment and Retention – level of nursing vacancies
- Recording of capacity and consent
- Developing and embedding outcome measures across **all** services

Caring

What have we done since our last inspection?

- Embedding our values through meaningful engagement
- Embedded Your View's meetings and triangle of care work
- Sharing service user stories at board

What are we proud of?

- Our staff know our patients and their families
- Respect for personal, cultural and religious needs
- Peer support workers in Gender Service
- Outstanding care and compassion of staff (as seen at Trust Awards, Nov 2017)

What is work in progress?

- BAME staff network in development
- Enhancing our patient experience team

What are the key challenges?

- Embedding collective leadership
- Managing pressure and impact of capacity and demand on our staff

Responsive

What have we done since our last inspection?

- Improved our learning disability community services
- Increased our number of perinatal beds

What are we proud of?

- Staff make reasonable adjustments to meet service users needs
- Learning from complaints, compliments - comments discussed at team and service level
- Staff led initiative Rainbow Alliance for LGBT communities

What is work in progress,

- Implementing planned changes in community mental health services
- Investment in liaison psychiatry
- Review of our Forensic service

What are the key challenges

- Waiting lists in Gender Identity and Psychology services
- Delayed Transfers of Care and Out of Area Placements

Well-led

What have we done since our last inspection?

- External review of well led by Deloittes and all actions completed in agreed timescale
- Implemented Governance, Accountability, Assurance & Performance (GAAP) framework
- All services have a KLoE self assessment with a review plan

What are we proud of?

- Our trust values and ambition: Staff feel valued and invested in
- People who use our services are at the heart of what we do
- Improved board to front line visibility

What is work in progress

- Getting slicker in aligning our metrics and performance measures
- Finalising new quality and estates strategic plans (February 2018)
- Culture change reaching all parts of the organisation and workforce

What are the key challenges

- Capturing the impact across our services
- Strengthening our audit systems and processes
- Capacity to deliver our strategic plan in a complex, ever changing system

What are we proud of?

- Staff are caring and go the extra mile to deliver good and safe services

- Good patient and carer involvement at service level
- Our staff are living our values
- A willingness to learn and share best practice both locally and nationally
- A strong commitment to and evidence of multi-disciplinary team working across services
- Clear sense of purpose, ambition and vision for the organisation

Leeds and York Partnership
NHS Foundation Trust

Thank you - any questions?

Leeds and York Partnership NHS Foundation Trust

AGENDA ITEM
9

MEETING OF THE COUNCIL OF GOVERNORS

NAME OF PAPER:	CQC update
DATE OF MEETING:	14 February 2018
PRESENTED BY: (name and title)	Paul Lumsdon, Interim Director of Nursing, Professions and Quality
PREPARED BY: (name and title)	Paul Lumsdon, Interim 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

What we are talking about:

The purpose of this report is to outline the work involving the Care Quality Commission (CQC) and the inspections and interviews that have taken place throughout January 2018.

DETAIL

What this is about in detail:

This report summarises the itinerary for visits, both announced and unannounced, undertaken by the CQC and the individual interviews that have been undertaken by them with staff, Non-Executive Directors and Executive Directors.

It also highlights some of the themes that have arisen from the inspections across the Trust; these would be recording in care records, supervision and physical environment; all of which the Trust is aware of and are progressing

RECOMMENDATIONS

What we are asked to agree:

Governors as asked to note the work undertaken to date by the CQC and by our own staff who have supported all requests made by the CQC and provide their continued support to this ongoing process.

Care Quality Commission (CQC) - Well Led Inspection

Since the last meeting the CQC have conducted:

- A document review – 3,4 and 5 January and a mop up on 29 January
- Unannounced visits to core services
- A further Board observation January
- Scheduled for Executive and Non-Executive Directors interviews – 30 and 31 January and other staff and stakeholders 29 January.

The tone of the assessment from the CQC Leadership has continued to be professional, constructive and helpful.

The Trust and Project Group have responded in a timely manner to all requests for information and it is pleasing to note that from the unannounced visits the preparation of staff to be welcoming, helpful and transparent has been evident in all the unannounced visits. The unannounced visits included:

- Learning Disabilities at Parkside Lodge and 2 & 3 Woodlands – 8 and 10 January
- Mill Lodge, CAMHS - 9 January
- Crisis and Place of Safety - 10 and 11 January
- Acute and PICU services for adults of working age – 16, 17 and 18 January
- National Inpatient Centre for Psychological Medicine - 16 and 17 January
- Forensic Services, Clifton House, York and Newsam Centre, Leeds – 15, 16 and 17 January

These in depth service inspections were conducted by CQC staff with good knowledge of the services they were inspecting which was appreciated by our staff. Following each inspection verbal feedback was given followed by written feedback of preliminary findings highlighted during inspection.

This would not replace the draft report we will receive but gives the Trust an opportunity to reflect and if it wishes to respond in writing, which the Trust has done. The letters highlight areas which they consider are open to improvement and positive findings; the vast majority of which are service specific. Some themes have arisen across the inspections would be recording in care records, supervision and physical environment; all of which the Trust is aware of and are progressing. It is not anticipated there will be any further core service visits for the CQC.

They returned to the Learning Disability services on the 1 and 2 February to further consider how services have developed since the last inspection.

This report was completed on 1 February and a verbal update will be provided to fill the gap between then and the Council of Governors meeting.

Leeds and York Partnership NHS Foundation Trust

AGENDA ITEM
10

MEETING OF THE COUNCIL OF GOVERNORS

NAME OF PAPER:	Update on the reconfiguration of Community Services
DATE OF MEETING:	14 February 2018
PRESENTED BY: (name and title)	Tom Mullen – Clinical Director for the Leeds Mental Health Care Group
PREPARED BY: (name and title)	Rachel Dobbing and Louise Bergin - Implementation Leads for the Community Service Redesign

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

What we are talking about:

The Leeds Care Group Community Mental Health Services Redesign to re-establish separate Older People's and Working Age Adult services and pathways

DETAIL

What this is about in detail:

This paper offers an update on the proposed community service model for Leeds. This will see the development and delivery of:

- a dedicated Older Peoples service and pathway which will include CMHTs, a citywide Intensive Home Treatment Team and Memory Assessment Services
- a dedicated Working Age Adult service and pathway, consisting of CMHTs and a Crisis Resolution and Intensive Support Service (CRISS) which will gate-keep all potential admissions and provide intensive support, including home based treatment

The progress to date is outlined as well as next steps to the point of going live with the new services in June 2018

RECOMMENDATIONS

What we are asked to agree:

The Council of Governors are asked to discuss the content and share their views on the proposal at this stage.

Leeds and York Partnership
NHS Foundation Trust

Update on the reconfiguration of Community Services

Background

In October 2015 we started to review different options for the way we provide community services for older people. A series of consultation events with service users, carers and staff provided feedback that our ageless service did not reach the standards of care that we aspire to with our older service users. This included concerns that older people's needs were not recognised or prioritised compared to adults of working age and that there was decreasing expertise in older people's care. It became clear that we needed to re-establish specialist older people's mental health services in the community in a way that would lead to improved outcomes and higher quality care.

Since then we have been working on a new model of care that will work better for older people. We have followed a rigorous process to clearly define which services users we will be working with, what clinical work we will be carrying out and who will have the best skills in each staff group to deliver this. As this work progressed it became evident that the plan to move some staff into a dedicated older people's mental health service would impact on the services for adults of working age. This provided an opportunity to re-evaluate the working age adult services and remodel them.

There have been some consistent principles that we have adopted across both pieces of service redesign:

- Care will be based on a holistic assessment of each person's needs which recognises their strengths and life long learning. Assessments will recognise the interdependency of mental and physical health, social circumstance and where applicable, cognitive impairment
- Care will be recovery focused. For people with dementia this is about living well with the condition
- People will be directed to the service that best meets their needs by staff who are competent and knowledgeable about how mental health and cognitive difficulties present in different stages of life
- Each person will be seen by clinical staff who recognise their needs and are equipped with the necessary skills, values and attitudes to meet them
- Care will be delivered as far as possible in collaboration with other services so that the person's individual needs are always at the centre of the care plan and duplication is minimised. This includes an ambition to develop Psychosocial Treatment Hubs across the city, in partnership with our Social Care colleagues, to offer structured therapeutic interventions.
- Carers and people important to the service user will be included in the plans of care we develop collaboratively, where appropriate

New models of care delivery

There will be two new community services; one for Older People and one for Working Age Adults. Our new models of care are described below:

Older People's Community Services

This will see the establishment of dedicated, locality based teams specialising in the assessment and support of older people with mental health problems, dementia and complex frailty presentations. The teams will be made up of a range of staff from different professions (multi-disciplinary). The services will consist of the following:

Community Mental Health Teams for Older People: These 3 teams will work jointly with each service user and their carer(s) for specific episodes of care aimed at helping individuals reach their goals for recovery in terms of a valued, satisfying and meaningful life. This will be for people recovering from mental health problems with diagnostic labels such as severe depression and anxiety, schizophrenia, bi-polar disorder and severe disorders of personality as well as those aiming to live well with dementia. Teams will provide care co-coordination which will include risk assessment and positive risk management, regular monitoring of wellbeing and outcomes, and relapse prevention. Service users will be offered access to psychological and occupational therapy interventions to promote coping, activity, social support and meaningful occupation. The teams will also be responsible for starting and/or reviewing appropriate drug treatments.

Intensive Home Treatment Team for Older People: This citywide team will provide a service for people with complex and acute mental health needs in crisis who can be safely supported in the community. The aim of this team will be to prevent avoidable admissions and re-admissions to hospital care due to acute mental health and/or dementia needs. This includes preventing avoidable admission to Leeds Teaching Hospital Trust. They will also support timely transfer from inpatient services within Leeds, either back to their own homes or into other supported residence such as nursing homes. In order to be flexible with people's needs this team will work 7 days a week and longer days. Where out of hours care is required this will be provided by the working age Crisis Response Intensive Support Service.

Memory Assessment Services: These 3 teams will provide assessment, diagnosis and treatment for people with memory problems. They will support service users and carers through the diagnostic process in order to try to establish the cause of cognitive impairment. The teams will be responsible for initiating appropriate treatment to address the individual's needs and risk issues. They will provide brief post-diagnostic support for people diagnosed with dementia and MCI and help individuals develop a care plan that sets out how the needs identified by the assessment and diagnostic process may be met, including support provided outside of the service. The Younger People with Dementia Team will offer specific diagnosis and support for adults of working age with dementia and their carers/families.

Working Age Adult Community Services

The WAA community services will work with adults who have severe and enduring mental health problems with diagnostic labels such as schizophrenia, bi-polar disorder, severe depressive disorder and severe disorders of personality where the

levels of risk/complexity/engagement require treatment by a specialist mental health service. An emphasis on care which is 'wrapped around' the service user and their needs aims to greatly reduce transfers and transitions between parts of the service and maintain consistency of care. These Working Age Adult services will consist of:

Community Mental Health Teams for Working Age Adults: these 3 teams will have similar aims to those for older people but will be focused on and equipped for the needs of people of working age. Following initial assessment & formulation, an access period of up to 6 weeks will be offered based on need. Within this period the service user will be offered a range of options including include advice, liaison, and navigation towards appropriate support services, brief intervention and problem solving, and medical review. There will be an emphasis on drawing on the service user's internal and community resources. Service users who have more enduring difficulties will be offered longer episodes of care and purposeful, outcome driven and collaborative input.

Crisis Response Intensive Support Service (CRISS)
The key purpose of the CRISS service will be to provide 24 hour intensive support to people 7 days a week, 365 days a year. It will aim to prevent avoidable admissions and readmissions to hospital care as well as support timely transfer from inpatient/out of area services. The crisis assessment part of the service will work closely with colleagues across other services in order 'gate-keep' all acute admissions to hospital. This will help to provide consistency of care across the city. This service will provide intensive support to service users receiving CMHT input at times of crisis in order to promote safety, positive risk taking and access to a range of evidence based interventions. Support and interventions will be delivered where they live, to support their ongoing recovery.

Next steps
We are now at the point of making final refinements to both of the Older People's and Working Age Adult service models, with next steps planned as follows:

- Support staff to move to and work in these new services through a management of change process. This process will take 3 months, starting in February 2018
- In parallel we will do further consultation to wider stakeholders in the city so they have more opportunity to comment on the service and think about the implications for themselves and other areas of service provision in Leeds
- Continue the preparatory work to move to the new models of service delivery in June 2018. This work includes plans for our electronic systems and estates, which will allow a smooth transition to the new services.
- Continue to develop the training and organisational development plan that will enable our staff to be well equipped to deliver these new services. This will involve a programme of staff development that stretches over the first 6-12 months of operating.
- We will be providing regular updates to keep all stakeholders informed of the progress as we move towards starting our new models of care in June 2018

- Once we go live, we will be closely monitoring and evaluating how the new service is performing and how effectively and safely it is meeting the needs of people who use our services

We are committed to keep thinking about how to make any changes that our service users encounter as seamless and safe as possible, with least disruption to their care.

Rachel Dobbing & Louise Bergin

Implementation Leads for the Community Service Redesign

Leeds and York Partnership
NHS Foundation Trust

AGENDA ITEM
11

MEETING OF THE COUNCIL OF GOVERNORS

NAME OF PAPER:	Combined Quality and Performance Report
DATE OF MEETING:	14 February 2018
PRESENTED BY: (name and title)	Joanna Forster Adams - Chief Operating Officer
PREPARED BY: (name and title)	Joanna Forster Adams - Chief Operating Officer Fiona Coope - Business Support 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

What we are talking about:

The document brings together the high level metrics we agreed as a Board to report and use in the management process. The report is set out in respect of four key areas:

- Service Performance
- Quality Performance
- Workforce
- Finance.

Each of these is overseen by an Executive Director.
Where information is still under development this is highlighted in the report with indicative timescales.

DETAIL

What this is about in detail:

This report consolidates the detail which in future months will be considered by the Quality Committee and the Finance and Performance Committee as part of their routine monthly agenda. It is anticipated that highlight reports will be available for the Board in addition to a more summarised Board Performance report. The appointment of an experienced Performance Manager in early February will allow for further development of these reporting arrangements.

It should also be noted that the improvements signalled at the November Board in relation to our Governance, Accountability, Assurance and Performance Framework are now being established. In January 2018, the Executive team have undertaken Performance reviews in line with our framework for both the Leeds Care Group and Specialist Services Care Group.

RECOMMENDATIONS
What we are asked to agree: The report is provided for information and discussion on any areas of concern.

Leeds and York Partnership
NHS Foundation Trust

Combined Quality Performance Report

Lead Director: Joanna Forster Adams, Chief Operating Officer

Date: January 2018
Board Meeting
Version 1.0 (reporting December 2017 data)

Board Level Monthly Performance Report

December 2017 data – reported January 2018

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

In the main, where there have been exceptions or under-performance, those will have financial implications where there are quality impacts that are of significant concern. These are included in the narrative for board consideration.

Areas of notable improvement include:

- 7 day follow up
- Admissions to inpatient services that had access to crisis resolution/home treatment teams.
- Inclusion of the Single Oversight Framework Data Quality Maturity Index indicator.
- Crisis assessment summary and formulation plans in place.
- Levels of compulsory training.

Areas with ongoing concern include:

- Recording of Clinical Supervision
- Ethnicity
- Care Programme Approach Formal Reviews within 12 months
- Appraisals

Following the Board workshop held on 16th November 2017, the Board report has been reconfigured and strengthened with effect from January 2018. This revised report is currently in development with the Board sub-committees to receive a performance dashboard one month in arrears until we can make improvements to the data production and analysis timeline and process. The sub-committees will receive performance indicators relevant to their scope and will highlight issues for escalation to Board level.

At care group level the performance framework will be replicated across service level, with each service/team having their own relevant performance dashboard.

The Board report format provides details of our performance against our mandated NHSI, CCG and Standard NHS Contract requirements. These are categorised under 4 domains with narrative provided where we have material concerns or can highlight positive results which provide assurance to the Board. The 4 domains are as follows:

- Service Performance
- Quality Performance
- Workforce
- Finance

Further development in February will mean that key indicators will be selected and categorised under the CQC 5 domains towards the end of the document.

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

The Board, in their November workshop, requested kite marks to be used as a measure in which each KPI is assessed to provide assurance that the data quality meets dedicated standards. This request has been reviewed through the Performance, Information and Data Quality (PIDQ) group and the managers of these 3 teams will review and set the standards by which the metrics could be measured to provide an assurance to the Board.

Kite marks will be provided in the March Combined Quality & Performance report (CQPR). When reviewing this process it will be automated wherever possible.

For the purposes of this report, we have included all the Board and Sub-Committee performance indicators which are in development in order to give the Board an overview of the work undertaken and that which is still to be done.

Key:

Green

Position improved since last month

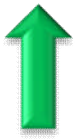
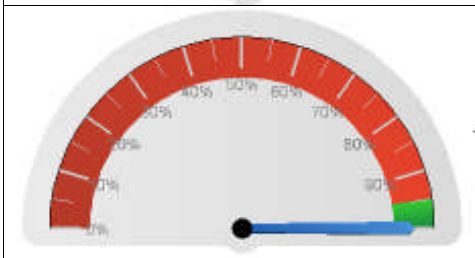
Blue

Position unchanged since last month

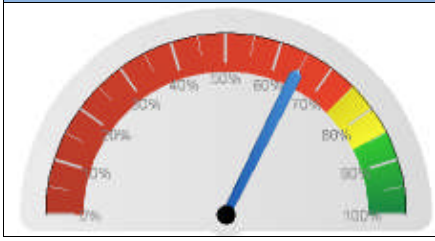
Red

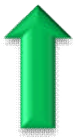
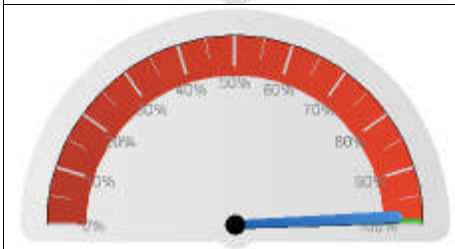
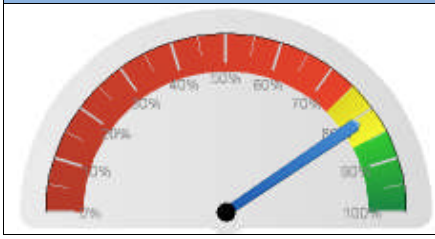
Position decreased since last month

In December our key performance highlights include:

TARGETS ACHIEVED			
Service Performance			
	• 7 Day follow up	**TREND** 	**TARGET** 95%
	• Admissions to inpatient services that had access to crisis resolution/home treatment teams.		95%
	• Inclusion of the Single Oversight Framework Data Quality Maturity Index indicator.		95%
	• Crisis assessment summary and formulation plans in place.		95%
Workforce Performance			
	• Levels of compulsory training.	**TREND** 	**TARGET** 85%

TARGETS NOT ACHIEVED			
Workforce Performance			
	• Recording of clinical supervision	**TREND** 	**TARGET** 85%

ON-GOING INPROVEMENT WORK			
Workforce Performance			
	• Improvement in recording clinical supervision although still below target.	**TREND** 	**TARGET** 85%

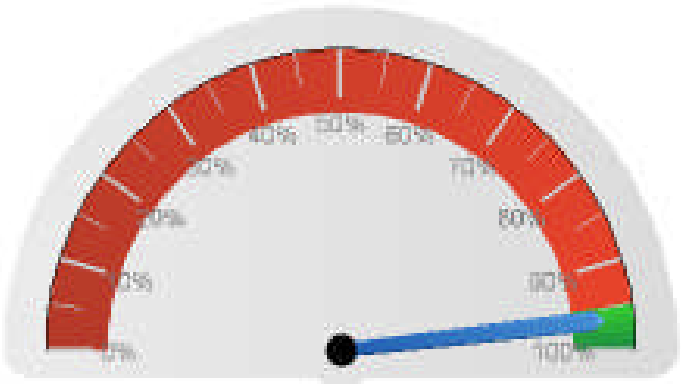
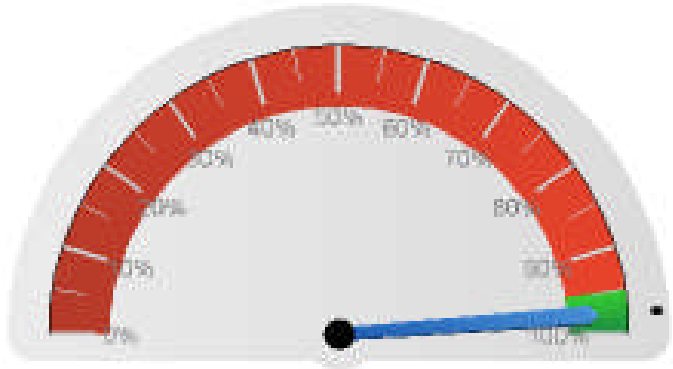
KEY AREAS OF ON-GOING CONCERN			
Service Performance			
	• Ethnicity	**TREND** 	**TARGET** 90%
	• Care Programme Approach Formal Reviews within 12 months		99%
Workforce Performance			
	• Appraisals	**TREND** 	**TARGET** 85%

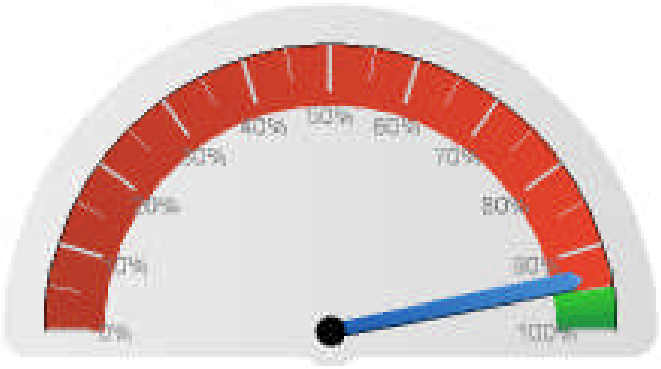
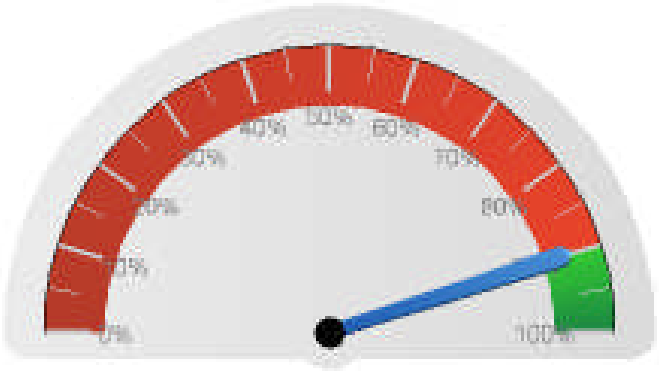
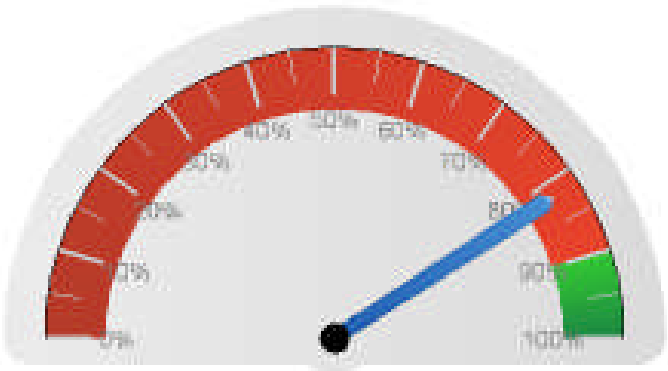
Service Performance – Chief Operating Officer

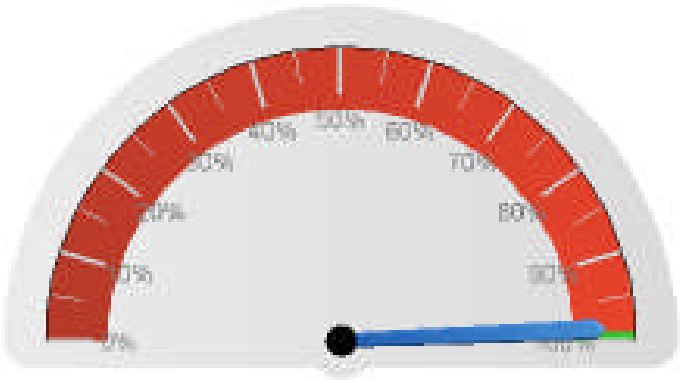
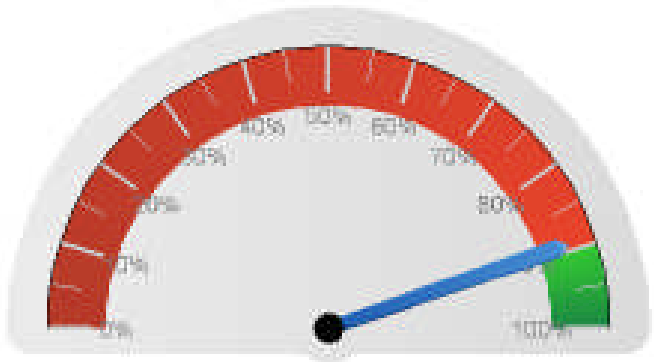
This report covers the service metrics and measures for the month of December 2017. The report identifies whether the metric is a local or national indicator. The change in performance since the previous month and identifies new metrics which were requested to be included at the Board workshop in November 2017.

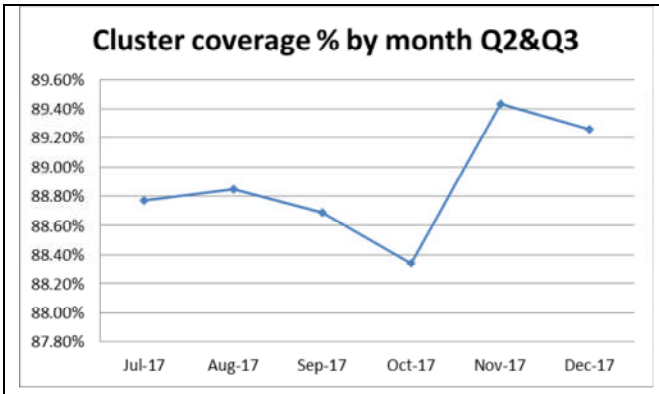
Some metrics and measures are work in progress and will be included in this report during February and March.

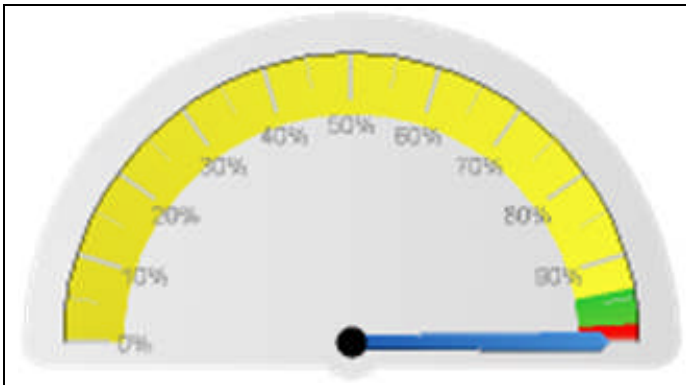
Service performance for December 2017

	**Data Quality Maturity Index (MHSDS)** Target met however need to eradicate data quality issues which can mean that information is not picked up e.g. correct entry of postcode. Need to ensure teams have access to reports and are aware of their current performance. To be monitored through team meetings. **Trust performance 96.6%** **National (SOF) Target 95%**
	**Crisis Plan within 24 hours (new indicator)** Achieving this target but further exploring data quality in order to achieve 100%. Audit to be conducted by Crisis/performance team into quality and timeliness of developing the plan. **Trust performance 97.5%** **Local Target 95%**
New indicator metrics, to be included from March	**Crisis response time to answer phone**
	Care Programme Approach Formal Reviews within 12 months Within CMHTs, focussed work continues within the West of the city with successful results. More focussed work is now taking place in the East of the city to move compliance from 87% to a minimum of 95% of service users have had a review in the last 12 months. Compliance against the target is monitored through the

	team management meetings. There remain some data quality issues which are being reviewed with data quality. Both care groups are achieving the 95% target for this indicator. However there are a small cohort of service users which accounts for 1.4% below the trust performance target who have not been allocated to either care group in the clinical records system. Further work is required on this. **Trust performance 93.6%** **Local Target 95%**
	**Ethnicity (seen)** We are very close to achieving the target as indicated below. Plans are in place across both Care Groups to ensure that managers can and are accessing local Cognos reports and taking appropriate action to address any issues identified. This is then monitored through performance meetings, with further improvement actions identified as required. An increase of 14 service users with recorded ethnicity would mean the target was met. This can be achieved by working with individual clinicians to ensure all demographic information is recorded on Paris. **Trust Performance 89.9%** **Local Target 90%**
	**Ethnicity (NHS Standard Contract)** Service users must be asked to give their ethnicity in order that it can be recorded on the information system. This can only happen when the service user has been seen face to face. There is always a proportion of service users who are referrals on our systems but yet to be seen by teams (for example, the service users waiting to be seen in the gender service, psychology services, CAS/SPA) therefore these service are unlikely to achieve the 90% target. Adult Acute Inpatients are 100% compliant on this target. With further work required within other services in order to move closer to the

	target. **Trust Performance 81.7%** **National Target 90%**
	**NHS Number** Service users seen in an unplanned way – such as by the crisis team or the ALPS team in the Emergency Departments of LTHT - often do not know their NHS number and therefore the team cannot record this on the system This is currently being addressed, and should result in the necessary improvement to address this. **Trust Performance 98.6%** **National Target 99%**
Metrics and measurement in development and to be monitored and overseen through care group governance and included in the report from March.	**Timely Communication with GPs notified in 10 days** Bighand reporting will be in place from February with a Bighand app also being rolled out which will be used by LYPFT staff and will increase the uptake. Metrics and measurement in development and to be monitored and overseen through care group governance and included in the report from March. **Trust Performance 68.4% (Q3)** **Local Target 80%**
	**Clustering** The mental health clustering target has not been achieved. At the end of quarter three, we are at 89.2% against a target of 90% for people in scope of mental health payments. A number of initiatives have been put in place around effective caseload management, purposeful interventions and a data cleansing exercise to resolve the data quality issues. Whilst there has been a decrease in month, there was a 1% overall increase in November due to this work and we look to see similar increases in Q4.

	**Performance 89.26%** **No Target Agreed – measured against 90%**
Metric and measure to be agreed in order to determine performance parameters, to be included from March.	**Admissions to Wards (inc transfers)** On latest benchmarking information. LYPFT continues to be on lower quartile within the country for acute adult admissions. Provision of alternatives to admission has been a key part of the review of the urgent care pathway. Clinical consideration of all possible alternatives to hospital admission occurs prior to admission. Improving the out of hospital care offer for older people is a key component of the recent review of the older peoples service and implementation will commence in February 2018. **Trust performance 167**
Metric and measure to be agreed in order to determine performance parameters, to be included from March.	**Bed Occupancy** The flow of patients through our acute inpatient facilities continued to pose challenges in December and therefore bed occupancy of acute beds remained high and contributed to the overall Trust bed occupancy position of 90.7% (see below for more detail). **Trust performance 90.7%**
	Bed Occupancy rates for inpatient services Bed occupancy of our acute adult and older adult beds exceeded our target of 94 – 98% This has resulted in service users continuing to be placed out of area, the number of patients whose discharge is delayed continues to contribute to high levels of bed occupancy. Our



Location of OAP	Number of service users placed
Harrogate	5
Bradford	10
Darlington	4
Cheadle	1
Preston	1
Cambridge	1

analysis continues to conclude that the key issue contributing to this position is the outflow from our acute beds and is not due to increase in demand that is outside expected variation. At the beginning of December there were 15 service users placed out of area, 12 of whom were repatriated or discharged to a local placement in the month. 3 service users remained out of area at the end of the month. A further 22 service users have been placed out of area in December (see table).

Work to reduce the DTOC position to increase the number of available beds continues to be our key area for focus in addressing our plan to eliminate out of area placements. The STP work continues to strengthen the approach to utilising out of area beds within the STP footprint and prevent service users and their carers needing to travel further and to address PICU out of area placements. Internal improvement work has taken place to ensure that routine approaches to manage patient flow are consistently in place and working. This was subject to in depth review at the Trust Board in quarter 3 and will be refreshed and reviewed at the quality committee in March 2018.

*NB the position in December has worsened with the figure increasing from November (99.21%)

Trust performance 99.9%
Local Target 94-98%

Monitoring trend for this metric to be included from February

Location of OAP	Number of service users placed
Harrogate	5
Bradford	10
Darlington	4
Cheadle	1
Preston	1
Cambridge	1

Out of Area Treatments

At the beginning of December there were 15 service users placed out of area 12 of whom were repatriated or discharged to a local placement in the month. 3 service users remained out of area for the whole month. A further 22 service users have been placed out of area in November and at the end of the month 15 service users remained placed out of area. The bed management team have continued to explore all alternatives to avoid out

<table>
<tr><td></td><td>of area admission and have worked with the wards and crisis team to keep these numbers as low as possible. During December a total of 400 out of area bed days were used.

At the end of December, 85% of service users in adult acute beds in Leeds were detained and the length of stay of current inpatients at the end of the month was increasing. Numbers of discharges in the month of December from the adult acute wards were 20% lower than the rest of the year.

Targets to be agreed with a trajectory to reach zero with plans to be agreed by April 18.</td></tr>
<tr><td>Monitoring trend for this metric to be included from February

<table><tr><th>Location of OAP</th><th>Number of service users placed</th></tr><tr><td>Harrogate</td><td>5</td></tr><tr><td>Bradford</td><td>10</td></tr><tr><td>Darlington</td><td>4</td></tr><tr><td>Cheadle</td><td>1</td></tr><tr><td>Preston</td><td>1</td></tr><tr><td>Cambridge</td><td>1</td></tr></table></td><td>Service users placed out of area by bed type and MHA status

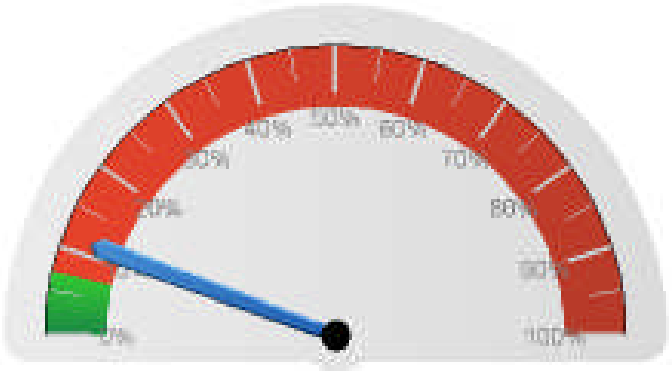
19 of the 22 (86.36%) service users requiring out of area placement were detained at admission and 4 service users required PICU out of area placement. The bed management team continue to work closely with ICS and CAS to use capacity flexibly to avoid out of area placement.</td></tr>
<tr><td>Monitoring trend for this metric to be included from February</td><td>Service users placed out of area by location of unit

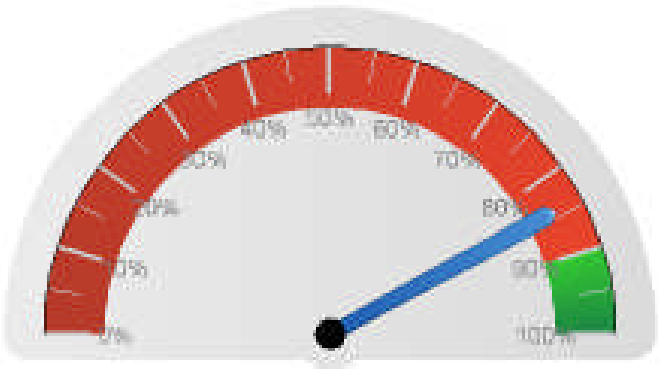
At the end of the month, 15 service users remained placed out of area.</td></tr>
<tr><td>Metric and measure to be agreed in order to determine performance parameters, to be included from March.</td><td>Discharges from ward

LCG - Discharge rate reduced in the last month. Acuity level has been high and 85% of adult acute service users detained at the end of December. Some challenges with medical cover/sickness have been identified and are being addressed.

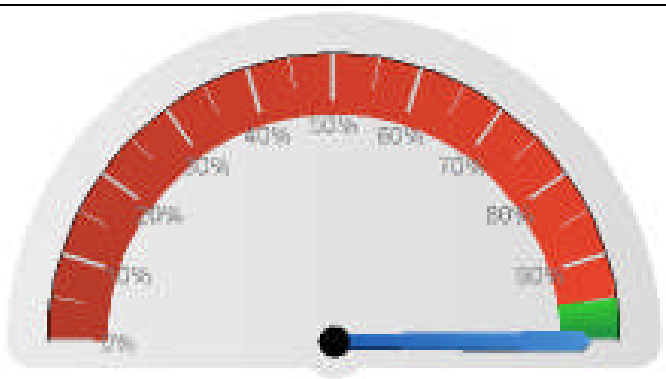
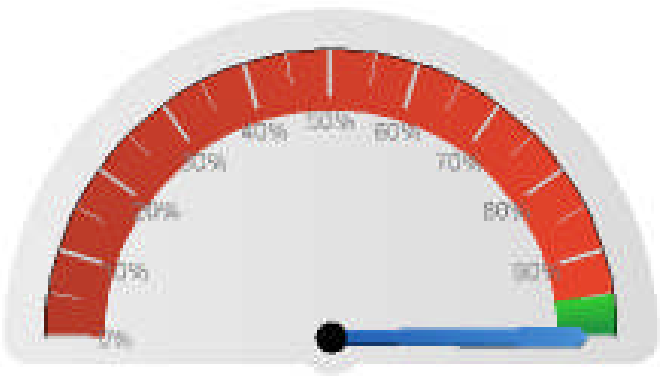
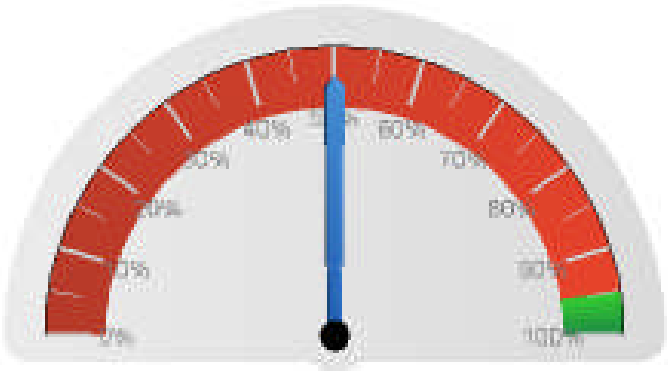
Trust Performance 167</td></tr>
<tr><td></td><td>Delayed Transfers of Care

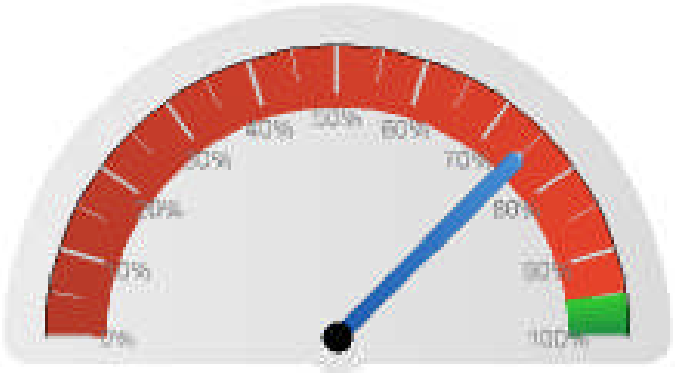
Weekly work is now underway with Adult social</td></tr>
</table>

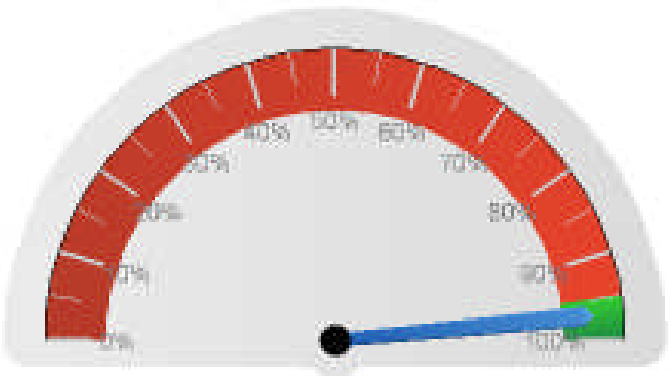
	care. Fortnightly DTOC planning meeting occurs with ASC and CCG commissioners and an action plan has been developed to address key reasons for our delays led by the CCG. Care services wide integrated discharge service working with partner agencies is in place. Business case approved for building EMI capacity by enhancing the offer to care/nursing homes to support discharge funded by winter pressures money. This is expected to commence by the end of Q2 in 18/19 and the impact should be fewer service users admitted to hospital and care/nursing homes supported intensively by us to manage more complex need and improve the timeliness of discharge from hospital. A Complex Housing Needs exploration meeting with commissioners and partners planned for 18/01 in order to identify the right solution for those service users with complex needs that exceed the current supported housing provision. *The performance has reduced moving closer toward the target of 7.5% **Trust Performance 11.3%** **Local Target 7.5%**
Metric and measure to be agreed in order to determine performance parameters, to be included from March.	**Caseload size** CMHT caseload size is currently 540 fewer than 12 months ago. Work is underway to consolidate this reduction in order that the CMHT focus is on delivering NICE compliant interventions for those service users with complex need. Current reporting of CMHT caseloads as part of the daily OPEL process remains within the agreed parameters for OPEL. Community redesign work will focus further on reduction of caseload size in order to improve the quality of CPA and outcomes. **Trust performance 12,414**
Metric and measure to be agreed in order to determine performance parameters, to be included from March.	**Clinical Contacts** LCG - The shadow contract does not include data on activity levels, only days on caseload by cluster are recorded. The Trust is just below

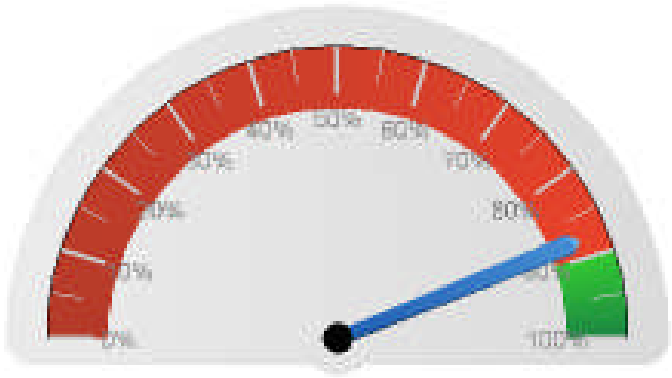
	the national average for CMHT contacts per 100,000 population however this is not a significant difference. The redesign of CMHT services has sought to set minimum standards for contact which will be monitored. **Trust performance 15,813**
Monitoring trend for this metric to be included from February in line with national benchmarking	**Waiting Times for Community MH Teams for face to face contact within 14 days** South CMHT has achieved the target with East and West CMHTs having further work to do. Daily work commenced in order to improve performance, ensuring access criteria is applied consistently across the full MDT in West and East teams. The CCG has asked for this target to be reviewed in line with relevant national benchmarking information. As part of the review of community services demand and capacity work has been undertaken, particularly looking at interventions to be delivered in the first 4 weeks and to ensure that we have sufficient assessment appointments to meet the 14 day target. Whilst there is always going to be some variation in demand the 80% target should be met through this work. **Trust Performance 75.8% (Q3)** **16/17 Target 80%** **17/18 No Target Agreed**
	**Waiting Times Access to Memory Services; Referral to first Face to Face Contact within 8 weeks** Work is being undertaken via an electronic system to identify when the appointments are made on Paris whether this is within the target 8 weeks and to flag up breaches. This will help services understand whether the next available appointments are within time limits and therefore whether sufficient capacity is available or additional diagnostic appointments are needed. Some work is being done with clinical teams/informatics team in understanding systems and process work. As part of the older people service redesign much work has been undertaken to map demand for

	memory services and to ensure that sufficient capacity is available. Following the implementation of the redesigned service the care group is therefore assured that the right levels of staff with the right skills and knowledge will be in place to meet this target. This will be monitored through the care group governance process. **Trust Performance 84.2% (Q3)** **Local Target 90%** 
Monitoring trend for this metric to be included from February	**Memory Services – Time from Referral to Diagnosis** A small improvement is required to meet the target equating to a low number of service users seen only 1 day earlier. Work is being undertaken via the electronic system to identify when the appointments are made on Paris whether this is within the target 12 weeks and to flag up breaches. This will help services understand whether the next available appointments are within time limits and therefore whether sufficient capacity is available or additional diagnostic appointments are needed. Some work is being done with clinical teams/informatics team in order to understand how systems and processes work. As part of the older people service redesign much work has been undertaken to map demand for memory services and to ensure that sufficient capacity is available. Following the implementation of the redesigned service the care group is therefore assured that the right levels of staff with the right skills and knowledge will be in place to meet this target. **Trust Performance 49.5% (Q3)** **Local Target 50%** 
	CAMHS use on Admission of HoNOSca and CGAS as effective tools for improving outcomes This clinical quality indicator relates to the timely completion of standardised clinical assessments on admission to the Tier 4

	CAMHS inpatient service (Mill Lodge). The clinical team have consistently achieved this standard (which is reported to NHS England quarterly) and in Quarter 3 achieved 100% **Trust performance 100% (Q3)** **NHS England Contract 95%**
	**CAMHS use on Discharge of HoNOSca and CGAS as effective tools for improving outcomes** This clinical quality indicator relates to the timely completion of standardised clinical assessments on discharge from the Tier 4 CAMHS inpatient service (Mill Lodge). The clinical team have consistently achieved this standard (which is reported to NHS England quarterly) and in Quarter 3 achieved 100%. **Trust performance 100% (Q3)** **NHS England Contract 95%**
	**NCR20 & HoNOS Secure within 3 months of Admission (new indicator)** This indicator relates to the completion of the national standardised clinical and risk assessments within our low secure forensic services within 3 months of admission. The current position (42.9% achievement) has been identified as a matter of significant concern within the forensic service, and is being addressed with the relevant clinical teams and monitored on a monthly basis. It is anticipated this will be achieved in Q4. **Trust Performance 42.9% (Q3)** **National Target 95%** *KPI not previously reported, no trend available

	**HCR20 & HoNOS Secure (LOS>9 months)** This indicator relates to the regular completion of the national standardised clinical and risk assessments within our low secure forensic services, for service users who have been in their current placement for longer than 9 months. The current position (75% achievement) has been identified as a matter of concern within the forensic service and is being addressed with the relevant clinical teams in order to achieve the required improvement. This will be monitored via the Care Group performance and governance structures, and we anticipate the target will be achieved in Q4. **Trust Performance 75%** **National Target 95%** *KPI not previously reported, no trend available
	**7 Day Follow Up** Process in place and now working well. Work still underway with teams to improve understanding of requirements within clinical teams. Reasons for each breach are understood and generally due to service user not engaging with community teams. In December, there was 1 service user breach. **Trust Performance 98.44%** **National (SOF) Target 95%**
	**Admissions to inpatient services had access to crisis resolution / home treatment teams** Further strengthening ability to meet this target through Emergency Duty Team being based with the Crisis Assessment Service and improving working relationships. Daily calls to ensure that both services are aware of the others demand. Focus of redesign work for Crisis service to ensure that face to face assessment takes place prior to admission. Demand for Crisis service continues to

	increase. **Trust performance 100%** **National Central Return 95%**
	**Percentage of people with a Crisis Assessment Summary and formulation plan in place** Whilst the target has been met we are currently exploring data quality issues in relation to achievement below 100%. The service are confident that all service users receive an agreed formulation and plan of care and this is agreed with the service user and where appropriate carers. This needs to be consistently recorded. **Trust performance 97.52%** **Local Target 95%**
Metric and measure to be agreed in order to determine performance parameters, to be included from March.	**Admissions to adult facilities of patients who are under 16 years old** We did not admit any service user under 16 years old during December. **Trust performance 0** **National (SOF), no Target**
Metric and measure to be agreed in order to determine performance parameters, to be included from March.	**Timely Access to a MH Assessment under S136: assessment completed within 3 hours** The law changed in December 2017 in relation to S136 imposing a 24hr requirement for service users to be assessed within. Prior to the beginning of December services had 72 hours to assess service users. The mental health act office have given guidance to teams and on call managers have been made aware in case escalation is required out of hours. The LTHT have been made aware of the change in law and have put in place their own processes. The detention may be extended for a further 12 hours for clinical reasons (eg if a service user is unfit to be assessed) however this does not include reasons such as identifying a bed. A risk has been raised by the S136 service related to potential delays in identifying beds once assessments are complete. The CAS

	team have reporting system in place to ensure times in the suite are being monitored. 1 breach in December currently under investigation. There is no target for the number of people seen within 3 hours and therefore unclear whether current performance represents good quality – Increasing demand year on year for S136 and this is being looked at by the partnership group. **Trust Performance 32.3%** **Leeds Contract, no target**
	**Timely Access to a MH Assessment by the ALPs team in the LTHT Emergency Dept** As previously reported, compliance with this local CCG target is likely to remain erratic based on increased activity and patient flow within the Emergency Departments. This is recognised by our commissioners, and the service produces a detailed report each month on all breaches and the reasons for this. **Trust Performance 87.88%** **Local Target 90%**
Metric and measure to be agreed in order to determine performance parameters, to be included from March.	**Gender Identity Service Average Waiting Time to First Offered Appointment** As a result of the additional staffing capacity and the on-going work that has been undertaken in the service to review the assessment process and care pathways, the average waiting time from referral to first assessment has reduced to 379 days. This does not include the initial screening assessment and peer support work that is undertaken whilst service users are waiting for the formal clinical assessment, both of which have been well received by service users. It is important to note that the rate of referral to the gender service continue to significantly grow, with a current average of 79 referrals per month (against a forecast rate of 26-28 referrals per month in 2016). **Trust Performance 378.86**

Metric and measure to be agreed in order to determine performance parameters, to be included from March.	**Gender Identity Service Waiting List** As above – the work that has been undertaken has reduced the number of people on the waiting list to 894. We are currently awaiting the publication of a revised national service specification for Gender services, which will indicate the future direction (and potential national re-procurement) of the service. **Trust Performance 894**
Barometer indicating performance to be included from February	**Referral and Receipt of a Diagnosis within LADs Service** The achievement of this local CCG target continues to present a significant challenge to the LADS service, primarily due to on-going difficulties with medical staffing and the recent departure of the Clinical Team Manager (CTM). Work will also be undertaken by the Operational Manager in partnership with new CTM and the Clinical Lead to review the processes within the service, to ensure that all possible steps are being taken to maximise our achievement of this target within the available resources. This will be overseen through the Care Group management and governance processes, and will be reported to the Operational Delivery Group. **Trust Performance 47.7% (Q3)** **Local Target 80%** 

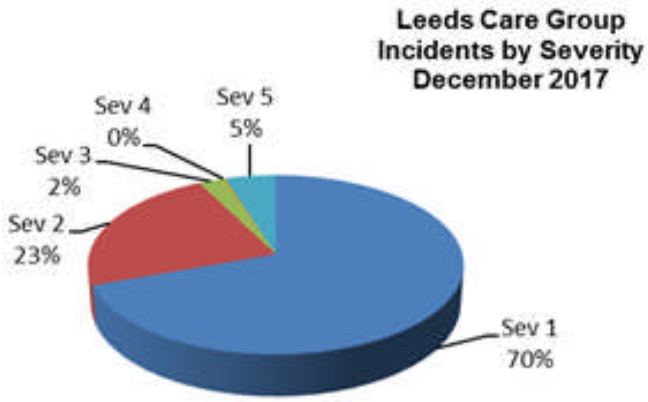
Quality Performance – Director of Nursing and Professions

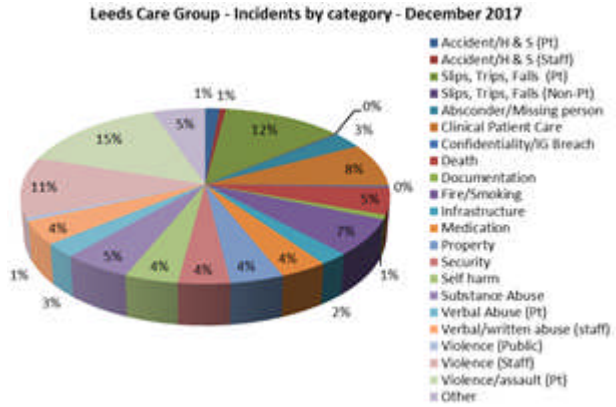
This report covers a quality perspective across the organisation for the month of December 2017.

The Nursing, Professions and Quality team is in the process of reviewing the quality, structure and governance of Patient Experience. This update has been introduced as an interim measure and in the future will replace the complaints paper with the aim of providing rigorous and meaningful evidence around patient experience.

Our performance areas of quality for December 2017

LCG





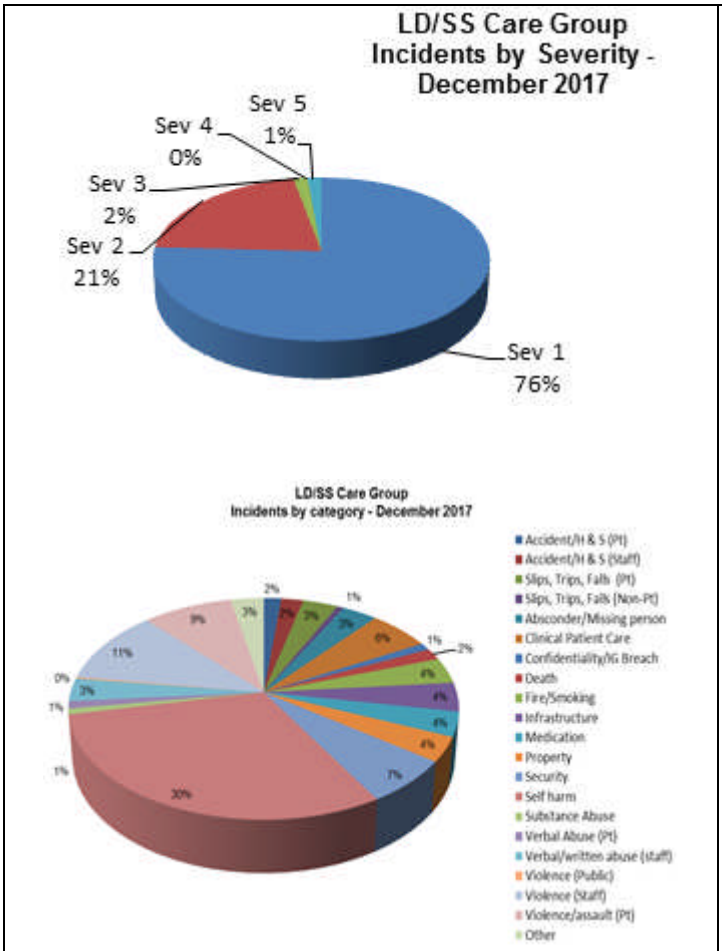
SS&LD

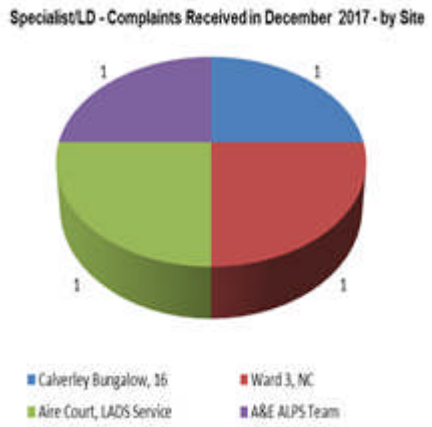
Incidents

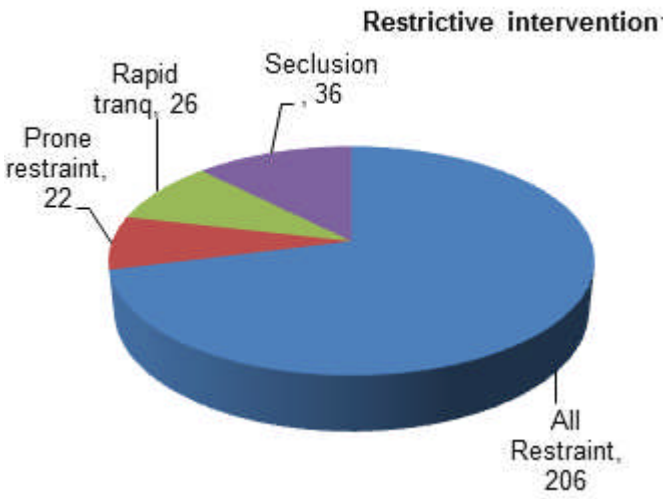
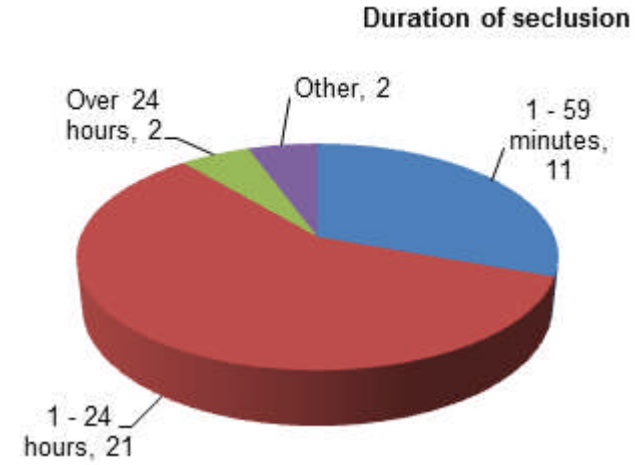
LCG - 70% of severity are "1" which indicate no harm. With 5% (31 deaths) severity "5" which indicate death. These deaths are being reviewed through our Learning From Incidents and Mortality Group, all of which don't fall within our reporting for SI's. The pie chart demonstrates a culture of positive incident reporting.
48% of all incidents were reported by The Mount (80 incident in total). Of those 80 incidents,1 patient was involved in 28 of those incidents. Most of these incidents will likely fall into severity category "1" no harm.

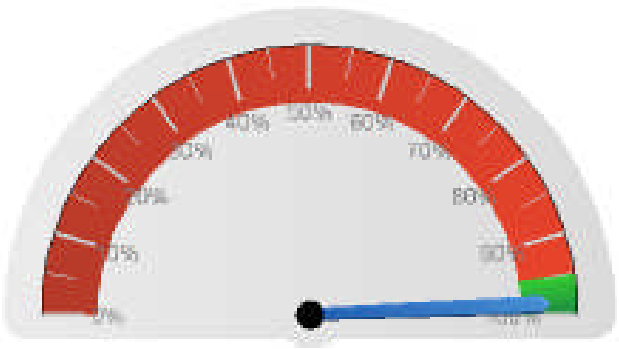
SS&LD – 76% are severity "1", no harm.
1% severity "5" which indicates death, this death was not STEIS reportable.
30% of all incidents were reported as self harm. 117 of the self harm incidents were reported by Mill Lodge, 1 patient was involved in 57 incidents and another patient 48 incidents. 84% were involved in ligature.

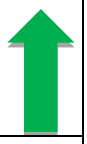
Trust Performance 1,111 (Dec)
*No of incidents increased from last month from 1,005

	
No chart to add as no SI's reported in December 17	**Incidents reported within 48 hours from incident identified as serious** The Trust did not report any incidents as serious in December 2017. **Trust Performance: N/A** **Local Target 100%**
Data and narrative to be included from February	**Mortality**
Data and narrative to be included from February	**Safeguarding Adults & Children**
Data and narrative in development, to be included from February	**Medication Errors**

Data and narrative in development, to be included from February	**Falls**
	Never Events We continue to report zero never events. **Trust Performance 0** **National Target 0**
LCG  **SS&LD**  	**Complaints** The quality, structure and governance of Patient experience have been under review for the last 3 months. An action plan was developed to manage complaints more robustly and is now monitored by the Quality Committee on a monthly basis. Whilst active complaints have reduced in number, through December 2017 (reduced from x73 at the start of December to x64), there remains a delay with the allocation of complaints particularly in Specialist services; in addition to both Care group delays in approval of completed complaint responses. To mitigate this, the complaints team have put a system in place which alerts the Director of Nursing, Professions and Quality and the Chief Operating Officer to overdue complaints. The recent appointment (January 2017) of a Whole time equivalent complaints administrator has ensured that we are now in a position to actively progress complaints through the system in a timely manner and will further focus on ensuring the key performance indicators are met. This support is likely to make a key difference to LYPFT's position on delayed complaint responses. In December 2017, there were x7 new complaints in the Leeds Care Group and x4 new complaints in SS&LD.

	Key performance indicator 1(sending an acknowledgment letter to the complainant within 3 working days), was met for all of these complaints. There were no reactivated complaints during this period. **Trust Performance 11 (Dec)** *No of complaints decreased since November
  Seclusion: Other = duration unclear	**Restraints and Restrictive Interventions** Decembers' data tells us that there were 206 episodes of restraint in December 2017 across the organisation and 10% of those incidents used prone restraint. Seclusion episodes count for 36 episodes and of those episodes the data tells us that where this restrictive intervention is being used, they are short term as the majority lasted for less than 24 hours. Two episodes of seclusion lasted over 24 hours. All episodes are subject to clinical challenge and scrutiny. The Reducing restrictive interventions working group has an overarching view of restrictive practices across the organisation (identified as restraint, prone restraint, seclusion, duration of seclusion, rapid tranquilisation and mechanical restraint). Data for mechanical restraint will be available from the end of January 2018. Restrictive intervention data allows us to see an upward or downward trend overall. Whilst this is useful, what is really required is an overall decrease and a quarterly report provides a better context to understanding the service user's experience. A deep dive of restraint will be presented to the Quality Committee in April 2018 to examine the data further. The outcome of the deep dive will provide us with the data to tell us what our future targets need to be in terms of a clear restrictive intervention reduction plan. The Nursing Strategy will also support services to reduce numbers of restraint and Safewards (an evidence based conflict and containment

	model) has been agreed as the model of choice for LYPFT to support the reduction plan; alongside working towards eliminating prone restraint. The newly created Service user experience governance forum will feature restrictive interventions as an agenda item to ensure improved organisational oversight, discussion and challenge of the qualitative aspects with a view to supporting safety, improvement and learning. **Trust Performance 209 (Dec)** *No of restraint incidents increased since November
Data and narrative to be included from February	**No. of patients detained under the MHA**
	Healthcare Associated Infections – C.difficile LYPFT have a locally agreed trajectory with the CCG not to exceed 6 cases of Clostridium difficile infections. **Trust Performance 0 (Dec)**
	Healthcare Associated Infections – MRSA The Trust has a robust, effective and proactive infection prevention and control programme in place that demonstrates compliance with the Health and Social Care Act 2008. LYPFT have a locally agreed trajectory with the CCG not to exceed 0 MRSA Bacteraemia. **Trust Performance 0 (Dec)**
	**NHS Safety Thermometer Harm Free Care** We are currently meeting the National Target. **Trust Performance 98.5% (Dec)** **National Target 95%**

	Friends and Family Test Uptake is low therefore a review is being undertaken to determine how we better capture this important information. **Trust Performance 100% (Oct)** **Nationally Published Indicator** 
Data and narrative in development, to be included from February	**Service Users In Employment** **Trust Performance 10.8%** **No Target**
Data and narrative in development, to be included from February	**Service Users In Settled Accommodation** **Trust Performance 62.6%** **National (SOF) Indicator – No Target**
Data and narrative in development, to be included from February	**Patient Advice and Liaison Service (PALs)**
Data and narrative in development, to be included from March	**Patient Outcomes**
Agreed reporting for CQUINs to be clarified and included in sub-committee reports from March	**CQUINs**

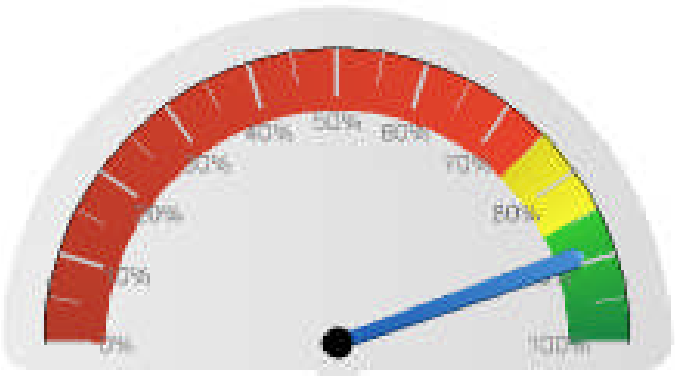
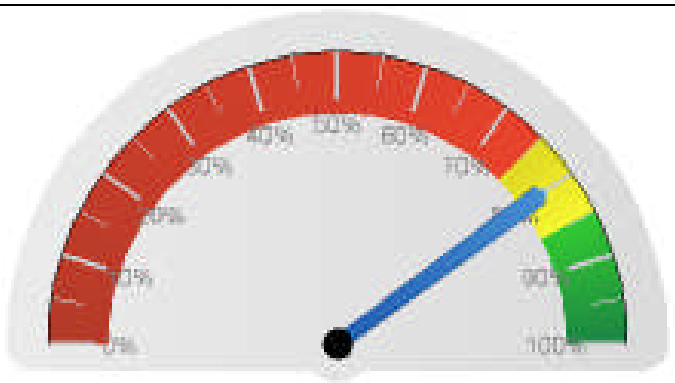
Workforce Report – Director of Workforce Development

The Compliance rates for clinical supervision continue to rise from 20% at the start of November 2017 to a current rate of 67.4%. There are a number of work streams supporting this, including the introduction of care group audit of compliance against the Trust clinical supervision policy and monitoring of performance both locally and at a care group management level. The transition from local records to using Ilearn as the central reporting system for clinical supervision continues to develop and this includes support for staff locally to use the system and system enhancements to ensure Ilearn meets local and organisational requirements.

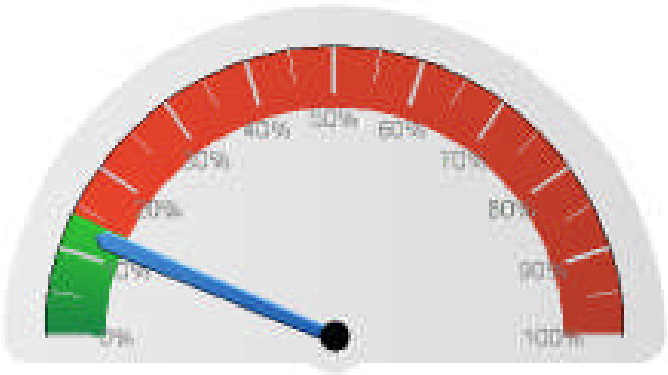
Trust wide compulsory training compliance continues to be maintained above the Trust target of 85%. The overall compliance for some specific topics had dipped below the target and these include level 3 safeguarding and level 2 mental health act legislation training. The Learning and Organisational Development Team are working with the subject matter experts to review the training needs analysis and associated training delivery models to support higher levels of compliance.

Work continues to support the transition from paper records to Ilearn recording for Trust appraisal. This includes a continued programme of training to support staff and managers.

Workforce highlights for December 2017

	**Compulsory Training** Throughout December 17 the Trust has maintained an overall compliance rate of 89% or above. Work continues to anticipate and identify any dips in compliance and work with subject matter experts and ward managers to address any issues identified. **Trust Performance 89.5%** **Local Target 85%**
	**Appraisals** Performance rates continue to increase as work continues to support staff through training and 121 support to utilise the new Trust systems. **Trust Performance 79.9%** **Local Target 85%**

	**Clinical Supervision** We have identified and acknowledged there is still a gap at what is reported at clinical service level and what is reported through i-Learn. Work continues to support staff through training and 121 support to utilise the new Trust systems alongside system development work to ensure systems are as user friendly as possible. **Trust Performance 67.4%** **Local Target 85%**
New metric - vacancy target to be agreed and included in February report.	**Vacancies** Monthly meetings are taking place between Associate Directors and HR to plan monthly recruitment events for nursing and HSW posts based on vacancies and hotspots. Vacancy hotspots include Clifton House and Forensics Services, The Mount and Specialised Supported Living Services. The Recruitment team is also working with the Medical Directorate to support Consultant appointments. The number of vacancies at 31st December was 332 wte: • Specialist Services had 168 wte • Leeds 55 wte • Corporate services 108 wte The main type of vacancies are: • Nursing 119 wte • Support worker 119 wte • Admin and Estates 84 wte • AHP vacancies - to be included from February **Trust Performance 12% (Dec)**

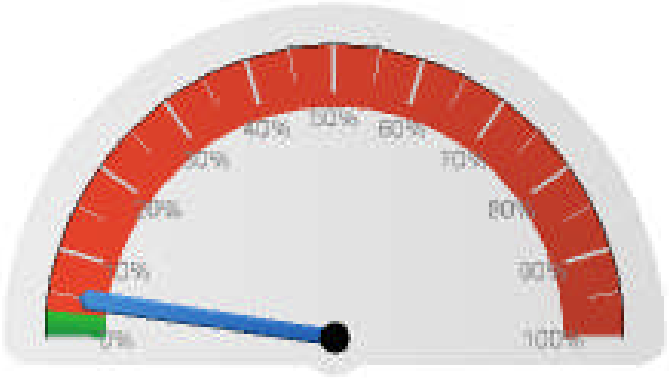


Staff Turnover

Our performance for the trust is currently 12.66% below the existing target. Some detailed analysis of turnover data will be shared in the January Board Workforce Report

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

Trust Performance 12.7% (Nov)
Local Target 15%
*% figure increased since October

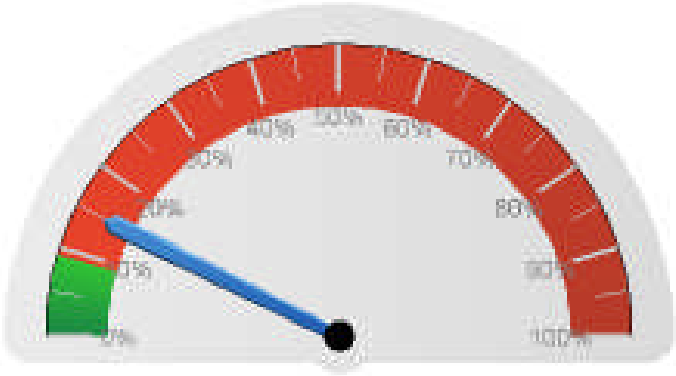


Sickness Absence Rate

Sickness absence is reported for November. The target of 3.70% is being reviewed and refreshed as a result of the new Workforce Strategic Plan, with a new target implemented from 1 April 2018.

Sickness absence has been decreasing with the trend showing a reduction over the last 6-7 months.

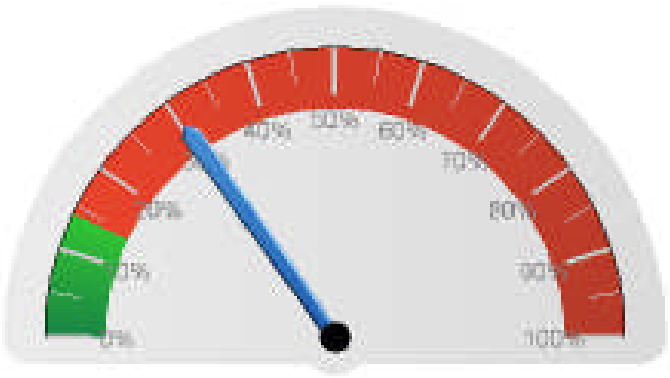
Trust Performance 4.80% (Nov)
Local Target 3.70%



Sickness due to MSK

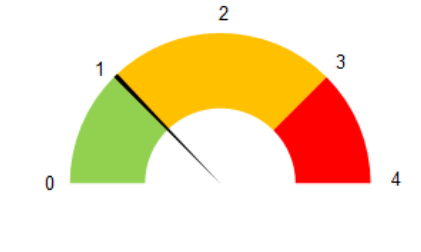
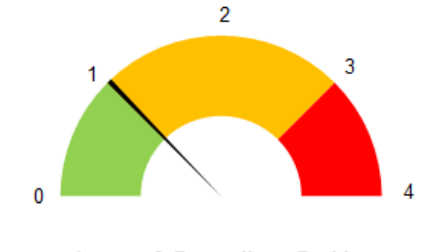
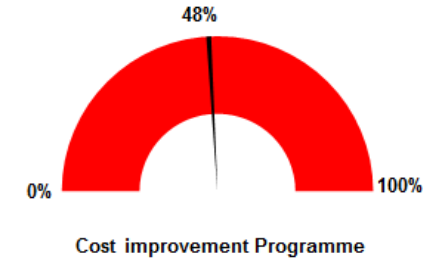
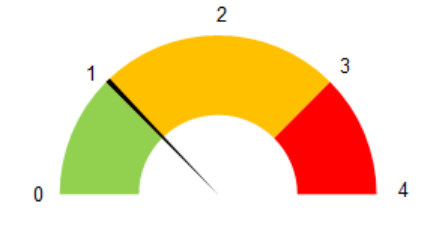
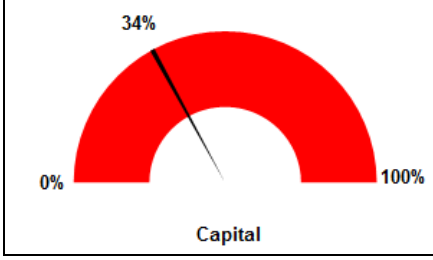
The Trust Physiotherapist continues to be very proactive around supporting staff with MSK conditions. Further Health and Well-being roadshows were delivered in October focusing on MSK, physical and mental well-being which have been well attended and received very positively by staff. We presented a good practice case study on our MSK initiatives via NHS Employers which received positive feedback.

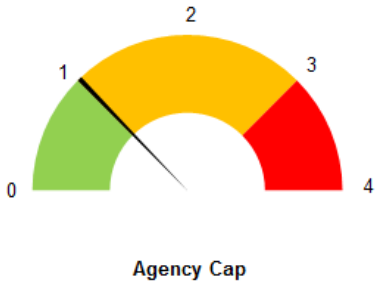
Trust Performance 14.8% (Nov)
Local Target 9.8%
*%age figure improved since October (15.3%)

	**Sickness due to Stress** The Occupational Health Well-being adviser continues to triage any work-related absences reported via First Care to provide early support to staff to reduce length of absence. We are starting to see a small reduction in overall absence with the length of absence also starting to reduce. The WB adviser is also working with HR to identify individuals and teams who are reporting high levels of absence or work-related stress to develop supportive action plans and interventions. Our stress pathway and the Employee Assistance Programme have also been part of the offer and showcased at the H&WB roadshows. We saw an increase in the uptake of our Employee Assistance Programme during November as a result of the roadshows. **Trust Performance 30.4% (Nov)** **Local Target 15%** *%age figure remains the same since October (30.16%)
Data and narrative to be included from February	**Safe Staffing**

Finance Performance - Chief Financial Officer

This section highlights performance against key financial metrics and details known financial risks as at December 2017. Further detailed financial analysis and actions taken to address risks are contained within the Chief Financial Officer report. The financial position as reported at month 9 is within plan tolerances, although this was achieved predominantly though non-recurrent measures.

 Single Oversight Framework Finance Score	**Single Oversight Framework – Finance Score** The Trust achieved the plan at month 9 with an overall Finance Score of 1 (highest rating).
 Income & Expenditure Position	**Income and Expenditure Position (£000s)** £2.246m surplus income and expenditure position at month 9. Overall net surplus £91k better than plan at month 9 and achieved a rating of 1(highest rating).
 Cost improvement Programme	**Cost Improvement Programme (£000s)** CIP performance at month 9 is £2.26m below plan. £2.062m CIP achieved (48%) compared to the planned position of £4.322m.
 Cash	**Cash (£000s)** The cash position of £53.23m is £3.81m above plan at the end of month 9 and achieved a liquidity rating of 1(highest rating).
 Capital	**Capital (£000s)** Capital expenditure is significantly behind plan at £935k to month 9 (34% of year to date plan). The main reason is the review of the tender process on the PFI refurbishment works.

	**Agency spend (£000s)** Compares actual agency spend (£3.37m at month 9) to the capped target set by the regulator (£4.29m at month 9). The Trust reported agency spending 21.5% below the capped level and achieved a rating of 1.

Areas of financial risk as at December 2017:

- On-going pressure on OAPs not sufficiently mitigated by non-recurrent CCG income.
- Contract “dispute” position with NHSE linked to low secure contract.
- Level of non-recurrent CIP measures still required in year.
- Further deterioration in underlying run rate.
- Significant slippage on in year and planned capital expenditure.

Our quality and performance on a page against the Care Quality Commission 5 Domains

This section is currently under development and will be included in the February and March Board reports.

Are we safe?

Are we effective?

Are we caring?

Are we responsive?

Are we well-led?

Lead coordinator Fiona Coope, Senior Performance Manager, with contributions from:

Paul Lumsden, Director of Nursing, Professions and Quality
Lynn Parkinson, Deputy Chief Operating Officer
Ian Bennett, Head of Operational Quality and Governance Development
Andy Weir, Associate Director Specialist & Learning Disability Services
Nichola Sanderson, Deputy Director of Nursing
Dave Brewin, Deputy Director of Finance
Lindsay Jensen, Deputy Director of Workforce Development
Linda Rose, Head of Nursing and Patient Experience
Ian Burgess, Senior Information Manager
Kerry Playle, Senior Information Manager
Samantha Marshall, Serious Incidents, Complaints, Claims & Inquest Manager
Jeanette Lawson, Community Operations Manager
Jim Woolhouse, Capacity Manager
Stanley Cutcliffe, Senior Nurse, Infection Control

Leeds and York Partnership
NHS Foundation Trust

AGENDA ITEM
12

MEETING OF THE COUNCIL OF GOVERNORS

NAME OF PAPER:	Finance report
DATE OF MEETING:	14 February 2018
PRESENTED BY: (name and title)	Dr Sara Munro – Chief Executive
PREPARED BY: (name and title)	Dawn Hanwell – Chief Financial Officer and Deputy Chief Executive Gerrard Enright – Senior Finance 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

What we are talking about:

This report provides an overview of the Trusts financial position as at 31st December 2017. This compliments the information provided in the Combined Quality and Performance report (agenda item 11).

DETAIL

What this is about in detail:

The financial position reported at month 9 delivered the overall planned surplus. However the position was achieved by reliance on non- recurrent measures (one off items and actions which were not in the original plan). Without the benefit of the non-recurrent items our underlying position would have actually been a marginal deficit.

The single biggest financial pressure is as a result of the high number of out of area placements, which have seen an escalation in recent months. We have negotiated a significant one off financial contribution towards this pressure (from Leeds CCG). We are now also in dialogue with NHS England around the potential financial implications of the temporary forensic ward closures at Clifton, however we do not think this will jeopardise our overall position in year, as we are also under-spending as a result of this.

The increasing pressure on a number of in-patient ward areas is also adversely impacting the financial position and is also only mitigated by the scale of vacancies in other areas (mainly corporate including junior doctors). A more comprehensive review of ward establishments is to be undertaken to identify the recurrent requirements.

Capital expenditure year to date and forecast position (as at quarter 3) is considerably below the initial plan, and we have reported the revised lower forecast to the regulator. This is mainly as a result of slight delay in the clinical information system re-procurement timetable, and the pause we took on the PFI ward upgrades whilst we considered the longer term impact, and logistics of how to deliver this safely (it will require decanting full wards).

The Board of Directors met (on 11th January 2018 Development Day) and considered the forecast outturn position of the Trust. After careful consideration of the assumptions underpinning the forecast position the Board of Directors agreed to continue to report achievement of the 2017/18 Control Total.

RECOMMENDATIONS

What we are asked to agree:

The report is provided for information, consideration and assurance regarding the Trusts financial position in 2017/18.

Leeds and York Partnership
NHS Foundation Trust

AGENDA ITEM
13

MEETING OF THE COUNCIL OF GOVERNORS

NAME OF PAPER:	Workforce report
DATE OF MEETING:	14 February 2018
PRESENTED BY: (name and title)	Susan Tyler - Director of Workforce Development
PREPARED BY: (name and title)	Susan Tyler - Director of Workforce Development

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

EXECUTIVE SUMMARY

What we are talking about:

The paper provides and update to the Council of Governors on current and ongoing workforce directorate activity.

DETAIL

What this is about in detail:

The report includes an update on the following**:-**

- Recruitment
- Disclosure & Barring Update Service
- Leavers information
- Learning and Development Update

RECOMMENDATIONS

What we are asked to agree:

The Council of Governors are asked to note the content of the report

Workforce Performance Report – Council of Governors Meeting – 14th February 2018

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

- Recruitment
- Disclosure & Barring Update Service
- Leavers information
- Learning and Development Update

1. Recruitment

The Recruitment team implemented the TRAC recruitment system from 1st November 2017 following a series of briefing sessions for recruitment managers. Feedback from both the recruitment team and managers has been in the main very positive. There is a small task and finish group looking at the further roll-out of the system ensuring we maximise the potential benefits.

The internal Recruitment Review is completed and a presentation of the recommendations was presented to Senior Leaders Team in January and to the care groups and the Recruitment and Retention steering group. Agreement on actions from this review will be taken forward by the Workforce & OD Group.

1.1 Citywide recruitment

As part of the citywide approach to the recruit to nursing and clinical vacancies, LYPFT have attended many recruitment fairs and conferences in quarter 3, the majority of which have been on a collaborative basis working in partnership with the Pan Leeds Citywide Recruitment Group which includes Leeds Teaching Hospital Trust, and Leeds Community Healthcare:-

- 5th September - RCN Recruitment event Liverpool
- 9th October - Mental Health Forum Recruitment Event 3rd year Student conference Birmingham
- 1st November - University of Bradford Careers Fair
- 6th November - RCN Recruitment event Nottingham

1.2 Preceptees and Preceptorship Programme

Throughout 2017 the Trust recruited **44** Student Nurses across various services in both Care Groups, at numerous recruitment events. The Trust has a bespoke induction program, separate from Trust Induction which is specifically designed with the support needs of preceptees in mind. This bespoke induction took place on 13th October 2017.

In 2018 we are planning a specific recruitment strategy aimed at Student Nurses working closely with local Universities and beyond. There will be a bespoke recruitment event which will take place in **February/March 2018**.

Our upcoming recruitment activity includes:

- AAC on 8th January – Consultant: Psychotherapy

- Recruitment event for multiple Nursing vacancies 23rd January 18 – currently 82 applications requiring shortlisting
- Recruitment Event for multiple HSW vacancies 16th January 18
- Monthly workforce planning meeting 11th January

1.3 Disclosure and Barring Service (DBS) Update service

As part of the actions arising out of the Workforce & OD Strategic Plan it is the intention to implement the DBS update service in the Trust on a phased basis from April 2018. The DBS update service enables those subscribed to it to have their DBS disclosure certificate kept up-to-date. The DBS update service is most beneficial to workers who are being appointed into highly mobile roles, e.g. doctors on rotational training programmes, nurses, agency workers or contractors/workers appointed to the Trust bank.

If used effectively the DBS update service can be used to strengthen pre-existing safeguarding measures; reduce the time and cost spent on recruitment and further supports the national streamlining programme to reduce administrative costs of DBS checks across the NHS system.

1.4 Leavers Information

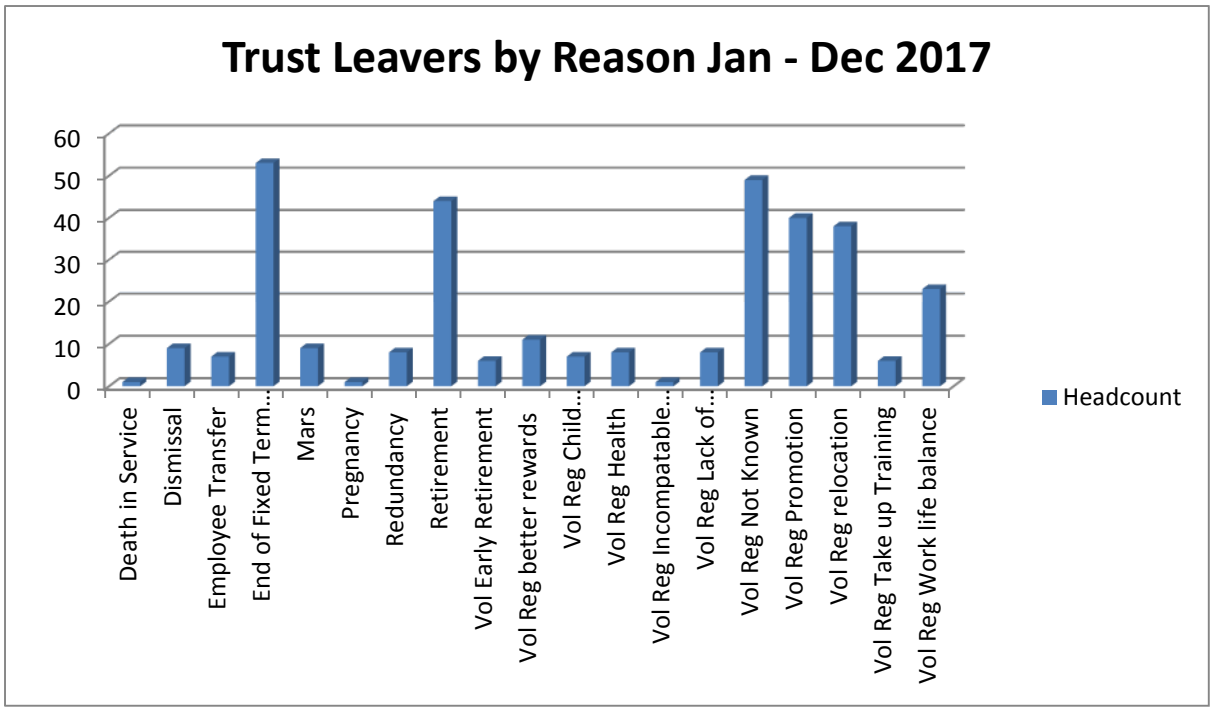
The tables in pages 4-7 provide information on the reasons staff have left the organisation with further analysis by care groups and corporate leavers and by nursing and support workers. At the present time leavers are asked to complete a voluntary exit questionnaire which is collated in the Workforce Information Team and in the last year we received only 39 returned questionnaires. Any areas of concern are fed back through to the HR Business partners. We do need to be mindful of the national data in relation to nurses, whereby the number of nurses either leaving or retiring from the NHS exceeds those joining. Our local data mirrors this fact.

Looking at the data and the reasons for leaving it seems that there may be missed opportunities to have early conversations about what the Trust can offer to encourage people to stay, for example a discussion about flexible working to support work life balance opportunities, for internal rotation, development opportunities and flexible retirement. These conversations need to be proactively led by managers.

We have tested recruitment and retention payments, for nursing staff in some areas however; this has not been very successful or made any great impact on overall numbers and the view from services was this had a negative impact on existing staff.

The Recruitment Manager is part of a cohort of recruitment specialists invited to support retention initiatives and best practice led by NHS Employers. The learning from this which will be brought back into the Trust. We recognise that retention of our staff is as equally important as recruitment, and whilst we have been focussed on recruitment over the last two years we have recently reviewed the terms of reference for the Recruitment Group to include retention in the remit and responsibilities of the group. This group meets on a bi-monthly meeting and reports into the Workforce and OD Group.

Table A



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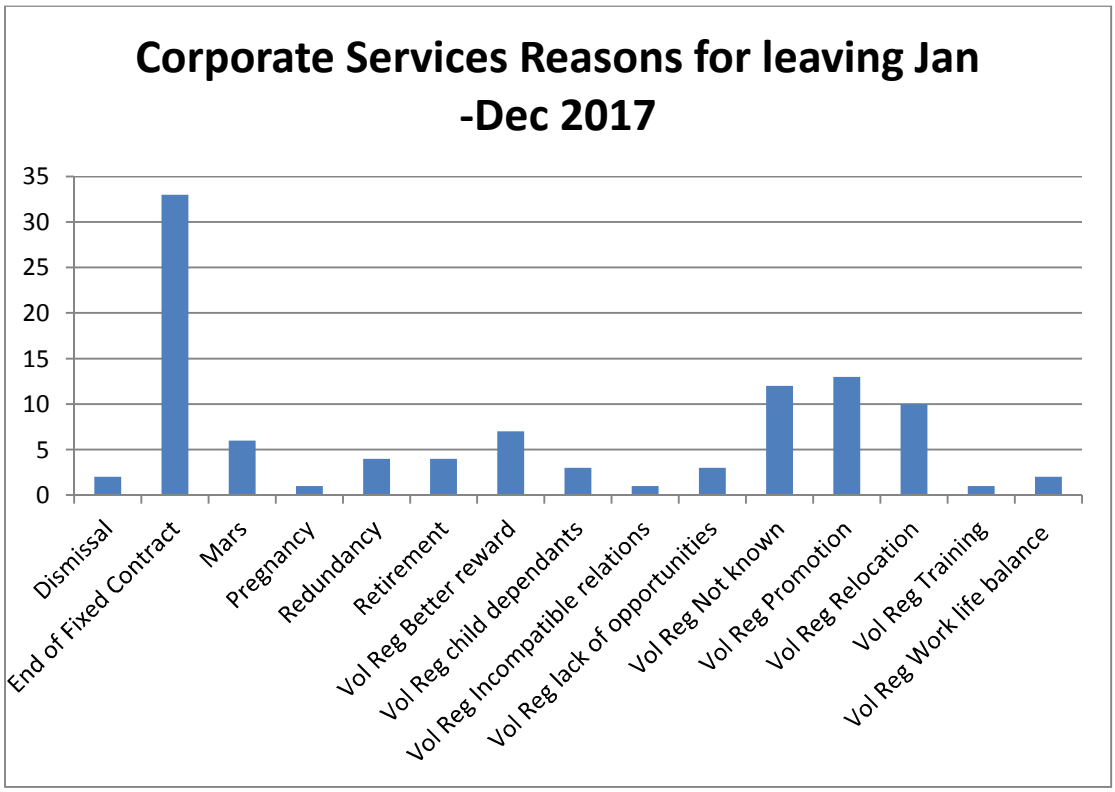

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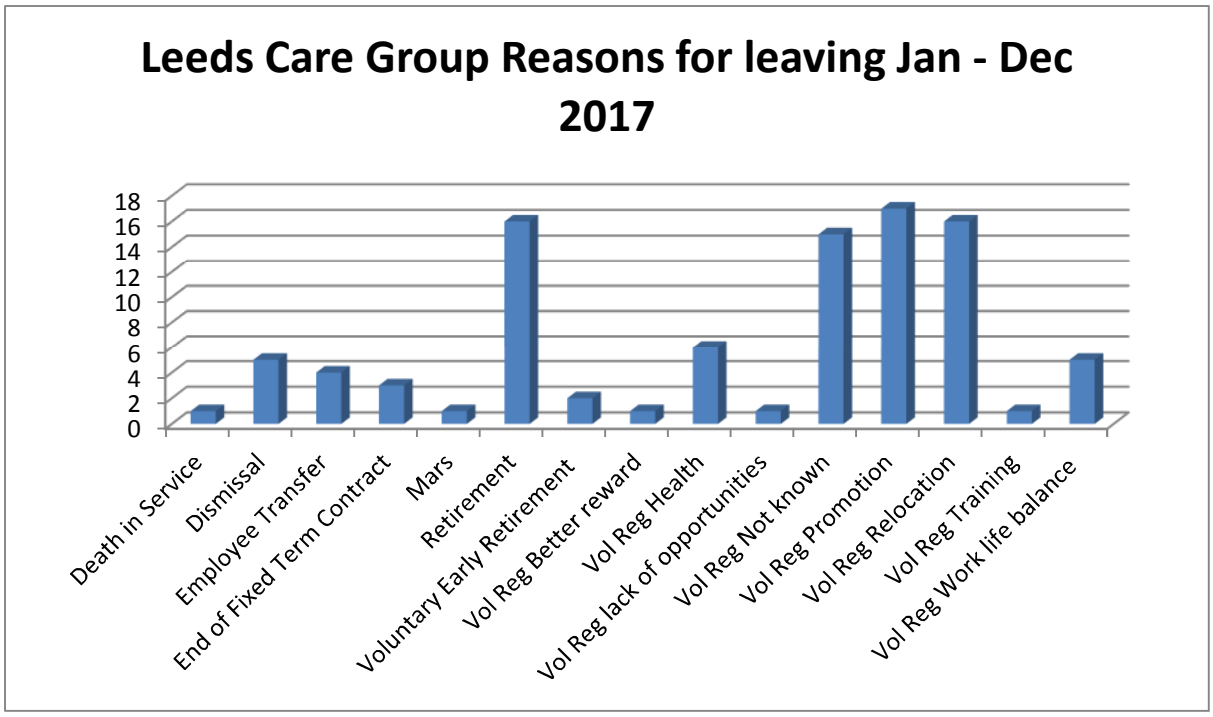

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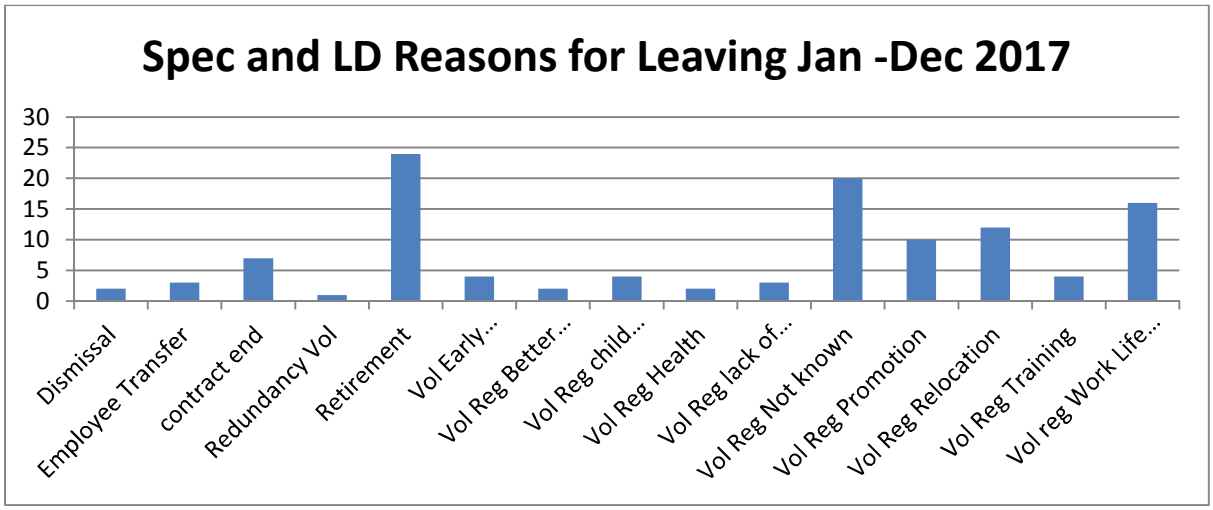

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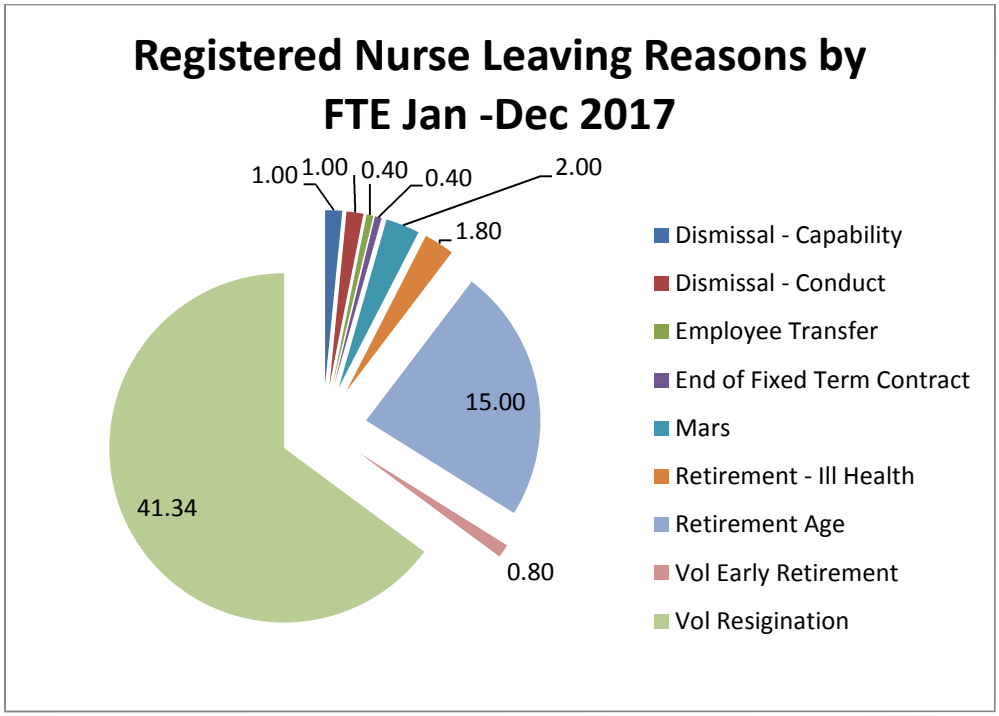

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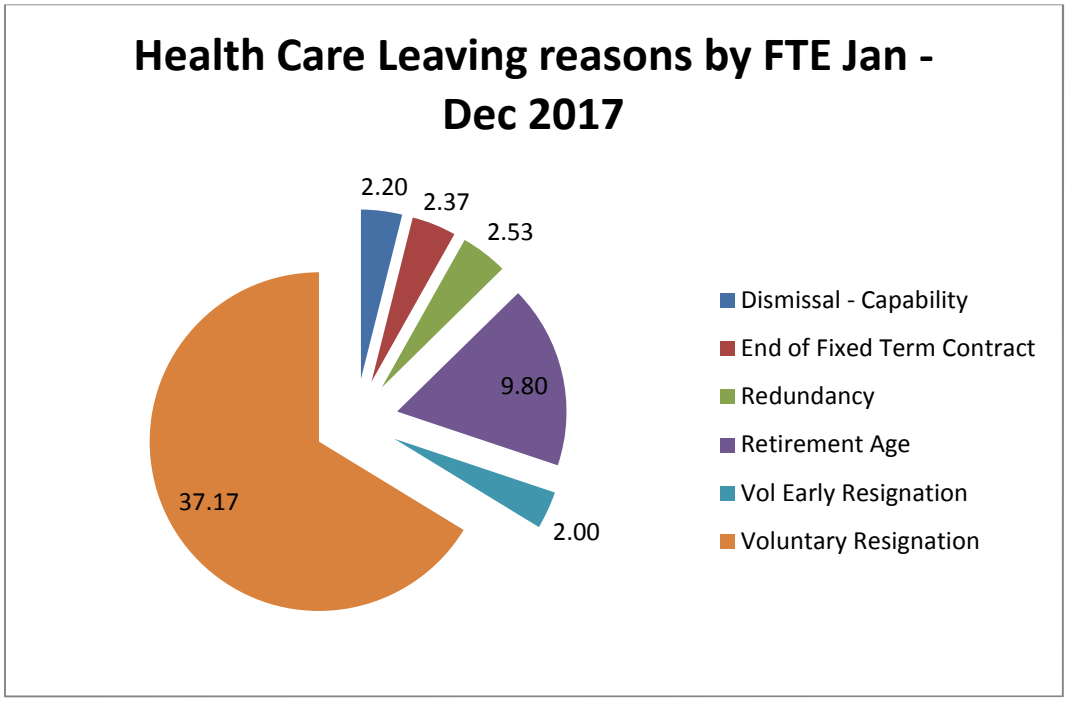
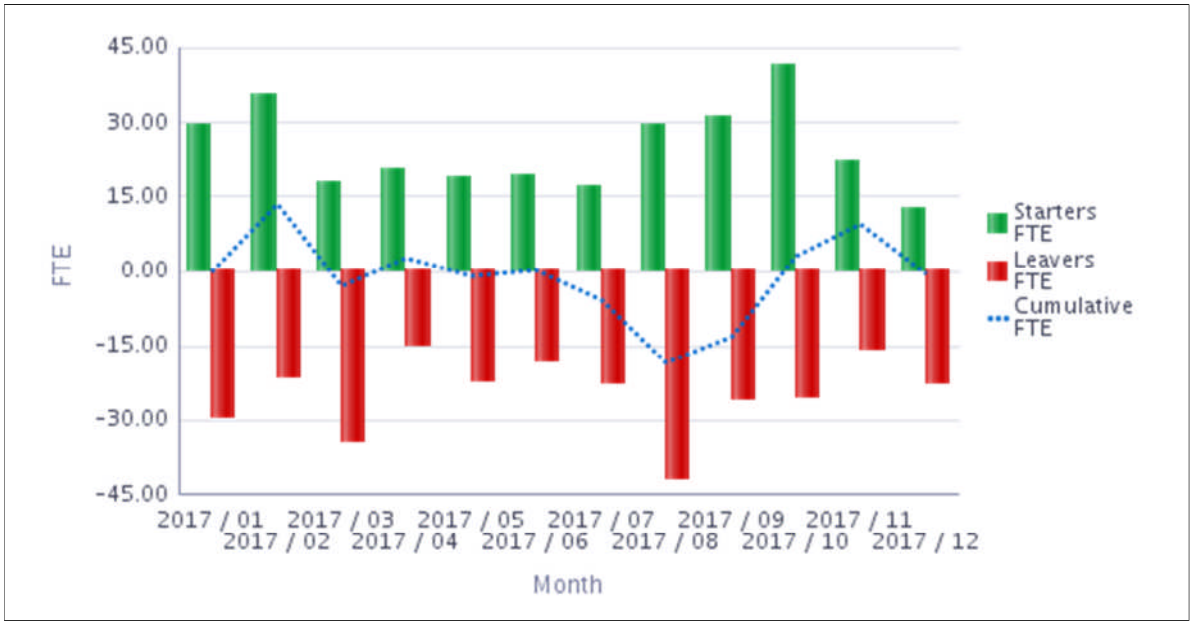


Starters Leavers Turnover Comparison Data Jan 2017 –Dec 2017

Table G



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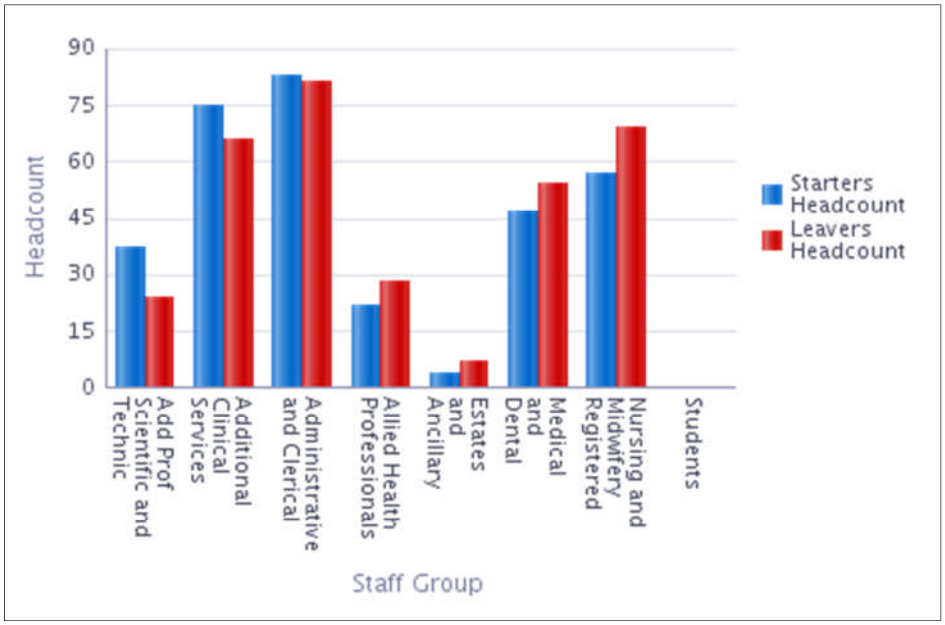


2. Learning and Organisational Development Update

2.1 Staff Engagement

Trust Awards

On 10 November 2017 we held our annual Trust Awards to recognise the high standards, innovation and commitment of our staff right across the Trust. These awards are an opportunity to celebrate those who have gone above and beyond the call of duty to make a real difference to service users, their families, their teams, services and the Trust. We had a record-breaking 127 nominations for these wards and judges found it extremely difficult to shortlist in the ten categories.
The evening ran extremely smoothly and we have received overwhelming positive feedback for the event:

- *"a great example of leadership and teamwork creating a great event"*
- *"I enjoyed the compere Justin and it was good to have humour and that broke the ice and everyone felt relaxed. I have been to nearly all the Staff Awards over the years and this was one of the best"*
- *"I really like how Sara Munro toasts those still working and not being able to attend the awards. We had people that could not attend because it fell on their shift. So it's lovely we think about those people as well"*

Staff Survey 2017

The 2017 LYPFT Staff Survey ran from 2 October-1 December 2017. The official sample size for the Trust was 2,393 which represented a full census of all substantive staff in post on 1 September 2017.

We deployed a Task & Finish Group and an extensive communications campaign including the use of incentives to encourage participation. Our response rate target for 2017 was 55%, and we successfully over-achieved this with a final response rate of 56.3% (1,347 staff), which was a +3.3% increase on 2016 (in total an extra 82 members of staff participated over 2016 numbers).

The National Staff Survey Co-Ordination Centre will provide the official results in early March 2018 when a comprehensive report will be presented to Board.

Your Voice Counts – Bullying and Harassment

As a result of 2016 Staff Survey results it was decided that the latest crowd sourcing conversation on the Voice Counts platform would take place on bullying and harassment and this happened between 21 August and 4 September 2017.

The Trust invited both substantive and bank staff (3023 staff) to take part in conversation where they could anonymously share ideas, suggest solutions and help to shape our next steps. A total of 525 members of staff engaged with the campaign, which equates to 17% of staff. These staff submitted 95 'ideas', made 388 comments and cast 1568 votes to share their views. This level of staff engagement was the highest achieved since we commenced using the platform.

The feedback was analysed during September 2017 and the results consolidated and reported and well received at the Workforce & OD Committee (W&ODC) on 5 October 2017.
The Workforce and OD Group have committed to the following next steps:

- That as a key priority to re-establish the dignity at work mediator support network, and
- To look to work with an external and specialist organisation such as ACAS to develop an action plan.

Communications have been issued to staff to update them on these next steps and a subgroup is meeting in January 2018 to take forward the agreed actions.

2.2 Apprenticeships

Over 200 applications were received for the new Healthcare support worker apprenticeship posts in Mental Health and Learning Disabilities and following a successful assessment centre held in December 2017, 20 candidates have been offered posts. The Apprenticeship programme will commence on 5 March 2018 with apprentices filling vacancies in acute, learning disability and specialist services across the Trust. We are working in partnership with Learn Direct to deliver the apprenticeship programme. The programme will take 14 months to complete and on successful completion, apprentices will be offered permanent healthcare support worker posts in the Trust. We will shortly be recruiting to 16 healthcare support worker apprenticeship vacancies in the Learning Disabilities Supported Living Service.

Health & Social Care and Business Administration Apprenticeships at Levels 2 and 3 are currently available for all existing support staff and provide the building blocks to enable staff to progress in their careers if they wish.

The Trust continues to keep abreast of new developments, working with partners across the city, these developments include nursing associate apprenticeships, nurse degree apprenticeships and specialist apprenticeships in human resources.

2.3 Aston OD Team Journey

The Council of Governors are aware that The Aston Team Journey forms part of the Trust's Workforce and OD strategic plan which offers an internet based resource to enable teams assess and develop team effectiveness. The resource is underpinned by research undertaken by Michael West and associates. The Trust recently approved a business case to deploy the resource over the next three years, and deployment will be prioritised to optimise delivery of Trust objectives. The team journey supports team leaders and members to learn and practice approaches to strengthen team working with the help of an accredited team coach. In this way the team journey develops team skills and effectiveness at scale.

Early implementation of the Aston Team journey is underway and the Liaison Psychiatry leadership team are using this as part of their planned team meeting events. The Forensic Services Leadership Team and a number of ward teams are also early adopters. Feedback on initial assessments of team effectiveness are positive because results identify team strengths and vulnerabilities in ways that help team members explore issues with a sense of safety and control to shape their

team development plan. In Forensic Services the Leadership Team have developed a collaborative approach to quarterly performance reviews where the Aston Team Journey will feature to ensure team development is sustained and team leaders are supported by the wider leadership team. This offers a helpful example of integrating organisational and service development.

Michael West was the guest speaker at the Trust Leadership Forum on the 23 January 2018 and the session gave Trust senior leaders an opportunity to explore the links between developing compassionate cultures, collective leadership and team effectiveness.

2.4 NHS70 Celebrations

The Trust Communications Team is playing a leading role in the planning and preparations for the NHS' 70th birthday celebrations in July 2018. The following is emerging as the main areas of potential involvement for the Trust:-

- Participation and involvement in the NHS 70 event at York Minster (Margaret Sentamu sitting on the planning committee)
- An range of sponsored NHS 7Tea events taking place across care services on 5 July
- A special weekend of activities at Leeds Museums in July to look back, look forward, celebrate achievement and challenge stigma
- A set of special volunteering challenges

3. Recommendation

The Council of Governors is asked to note the content of the Workforce & OD Report.

Leeds and York Partnership
NHS Foundation Trust

AGENDA ITEM
13.1

MEETING OF THE COUNCIL OF GOVERNORS

NAME OF PAPER:	Increasing employment opportunities for people with learning disabilities update
DATE OF MEETING:	14 February 2018
PRESENTED BY: (name and title)	Susan Tyler - Director of Workforce Development
PREPARED BY: (name and title)	Ruby Bansel - Diversity and Inclusion Project 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

What we are talking about:

Increasing employment opportunities for people with learning disabilities – Talent City, LYPFT Internship programme

DETAIL

What this is about in detail:

This briefing provides an update on the partnership pilot programme that LYPFT has engaged in with Lighthouse Futures Trust (LFT) whereby up to 3 students sourced by LFT will undertake internships within Trust departments from Easter 2018. This 12 month placement is designed to support interns to develop a range of skills and to access paid employment. The programme will be undertaken in partnership with external agencies (Northern Gas Networks and National Grid) to ensure that up to 8 interns can be supported during this placement period.

To raise awareness of the pilot programme and the profile of Lighthouse Futures Trust, a festive Enterprise stall was held at Trust HQ during December 2017 hosted by a number of staff and students from LFT and provided the opportunity for Trust staff to further enquire about the social enterprise and placements as well as purchase a range of festive goods.

Further discussions with LFT and department heads within the Trust have taken place during December 2017 in preparation to host student placements. Students will be hosted in the Communications Team, Finance Department and Chief Executives/Admin. Following this meeting, student profiles will be appropriately matched with the departments. The programme will commence in April 2018.

RECOMMENDATIONS
What we are asked to agree: For Information.

Leeds and York Partnership
NHS Foundation Trust

AGENDA ITEM
14

MEETING OF THE COUNCIL OF GOVERNORS

NAME OF PAPER:	Governance, Accountability, Assurance and Performance Framework
DATE OF MEETING:	14 February 2018
PRESENTED BY: (name and title)	Joanna Forster Adams - Chief Operating Officer
PREPARED BY: (name and title)	Ian Bennett - Head of Operational Governance and Quality Development

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

EXECUTIVE SUMMARY

What we are talking about:

The Governance, Accountability, Assurance and Performance Framework (GAAP) is one of the recommendations made by Deloitte in their recent 'well led' review of LYPFT. The framework has been developed based on the underpinning principles of the Trusts values and behaviours, the CQC Key Lines of Enquiry and the Single Oversight Framework.

DETAIL

What this is about in detail:

This framework includes clear definitions, clarity on roles and responsibilities and sets out the process operational services will follow in order to demonstrate that robust governance arrangement are in place.

The framework also sets out the role corporate services and the Board will play in order to ensure there is clear sight of the framework from front line services to the board. This will be achieved through board sub committees and the 8 executive led operational groups.

The framework sets out the risk management and escalation arrangements which will be followed, along with clarifying at which level risks are to be managed based on the risk scores.

Finally, the framework recognised the importance of organisational culture and learning, which is needed in order to embed the framework fully. This will be achieved through organisational development programmes which are underpinned by a culture of learning based on quality improvement methodology.

The GAAP has been launched at various professional, Clinical and Operational forums during December, January and February, with its implementation being audited as part of the 2018/19 audit cycle.

RECOMMENDATIONS

What we are asked to agree:

- Receive a copy of the GAAP
- Support the delivery of the summary presentation to various operational, clinical and professional meetings and forums during December, January and February 2018
- Support the implementation of the GAAP within their services
- Note that framework and supporting briefing documents are available on staff net via the following link http://staffnet/supportservices/Governance/Pages/GAAP.aspx

Leeds and York Partnership
NHS Foundation Trust

Our Governance, Accountability, Assurance and Performance Framework

Publish date: December 2017

Author: Ian Bennett, Head of Operational Quality and Governance Development

Version: 0.1

Governance, Accountability, Assurance and Performance Framework

Contents

1. Introduction

Our Governance, Accountability, Assurance and Performance Framework sets out the overarching principles and approach to delivering a quality service in a high performing organisation.

This framework aims to ensure that Leeds and York Partnership NHS Foundation Trust (LYPFT) successfully delivers national standards for governance and performance through clear lines of accountability.

It describes how the Trust will use improved information management alongside clear governance and accountability in order to deliver better performance. This will be achieved through the introduction of a tiered performance management process which demonstrates rigour, support, challenge, timely escalation and a consistent approach to clinical governance and performance management at all levels of the organisation, using the approach outlined in the Single Oversight Framework from NHS Improvement (November 2017).

The underpinning principles of the framework are also aligned with the Trust's strategy, values and behaviours and the Care Quality Commission's Key Lines of Enquiry (KLoE).

2. The role of the Care Quality Commission (CQC)

The CQC is the independent regulator of Health and Adult Social Care in England. From April 2010 all health and social care providers are required to register with them. The CQC conduct planned and unplanned inspections of all providers and produce reports and recommendations based on their inspections.

They now follow a well-led inspection regime which focuses on continuous engagement with service users and Trust staff on an annual basis. They continue to monitor data and evidence about the Trust, alongside information from partners and external stakeholders.

Through expert inspections the CQC consider the quality of care provided within the domains of Safe, Effective, Caring, Responsive and Well-Led. The judgment and publication of reports gives the Trust and services a rating of either: Outstanding, Good, Requires Improvement or Inadequate.

In addition to CQC, all professional groups of staff have to maintain their qualifications and professional registration with their regulatory body. For medical and nursing professions this involves revalidation in order to maintain their right to practice.

3. Definitions

Governance

Governance is based on a set of principles that has developed over time to meet new challenges in areas such as: risk, finance, quality, probity, commerce and reputation.

Governance is a word used to describe the ways that organisations ensure they run themselves efficiently and effectively. It also describes the ways organisations are open and accountable to the people they serve for the work they do.

All effective public and private sector organisations want to have good governance. For an NHS organisation like LYPFT, good governance is about creating a framework within which we:

- Provide our patients with good quality healthcare services
- Are transparent in the ways we are responsible and accountable for our work
- Ensure we continually improve the ways we work

Good governance is maintained by the structures, systems and processes we put in place to ensure the proper management of our work, and by the ways we expect our staff to work and behave.

What good governance means:

- Focusing on the organisation's purpose and on outcomes for service users and the public.
- Performing effectively in clearly defined functions and roles.
- Promoting values for the whole organisation and demonstrating the values of good governance through behaviour.
- Taking informed, transparent decisions and managing risk.
- Developing the capacity and capability of the workforce to be effective.
- Engaging stakeholders and making accountability real.

Governance should deliver a focus on:

- **Vision –** a shared understanding of what it is the organisation is trying to achieve and the difference it intends to create.
- **Strategy –** the planned achievement of the vision.
- **Leadership –** the means by which the organisation will take forward the strategy.
- **Assurance –** comfort and confirmation that the organisation is delivering the strategy to plan, manages risk to itself and others, works within the law, delivers safe, quality services and has proper control on resources of all kinds and for which it is accountable.
- **Probity –** that the organisation is behaving according to proper standards of conduct and acts in an open and transparent manner.
- **Stewardship –** that the organisation applies proper care to resources and opportunities belonging to others but for which it is responsible, or can affect.

Accountability

Accountability typically refers to a relationship involving answerability, an obligation to report, to give an account of actions and non-actions. This indicates that there is an assumed expectation of the need to report and explain, either in person or in writing.

Accountability implies that there may be consequences (or sanctions) if the 'account-giver' is not able to satisfy the 'account-holder' that he or she has fulfilled the objectives set or made effective use of the resources allocated (The Kings Fund 2011).

Assurance

There are many definitions of assurance, most definitions centre around common themes of confidence and certainty. In the NHS assurance is associated with the evidence that NHS Trusts are operating effectively, achieving desired outcomes, delivering on its strategic vision, meeting its strategic objectives through effective risk management, in a manner which is patient centred and is in accordance with all statutory requirements.

Conversely, reassurance is asking someone to be assured, but without backing this up with the evidence. Therefore evidence is an integral part of the assurance process.

Reasonable Assurance

It should be recognised that any assurance, whatever its source, will not be a guarantee that offers absolute certainty. As such NHS Trusts must look to gain *'reasonable'* assurance that their ways of working enables it to perform effectively across the full range of its activities *(the "breadth" of assurance)* in order to deliver its strategic vision and to manage risk.

Performance

The accomplishment of a given task measured against pre-set known standards of accuracy, completeness, cost, and speed (The Business Directory 2017).

Principles

The Governance, Accountability, Assurance and Performance Framework aims to define and align the delivery of clinical and non-clinical operational performance targets, quality indicators and outcome measures. The Framework will ensure that LYPFT places information at the heart of its decision making process in order to support the delivery of the Trust's strategic objectives and priorities, set against the organisation's strategy (see below).

Our five year strategy for 2018 to 2023

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

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

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

The development of this framework will be iterative and runs parallel to the Trust's Clinical and Quality Strategies, as well as identifying where improvements in our data quality and the development of greater access to data at a local level is needed. In doing this it will enable the organisation to create a quality and performance management culture.

Implementing the Governance, Accountability, Assurance and Performance Framework ensures that the Trust Board, management teams and individual staff are able to:

- Assess performance against clear targets and goals
- Inform strategic decisions and support continuous improvement
- Undertake exception-based performance delivery tracking
- Predict future performance and forecast outturn
- Identify key actions
- Put in place effective review meeting structures including intervention as necessary and appropriate
- Focus resources and improvement efforts in required areas
- Identify any systemic problems in the Trust
- Evaluate the impact of new schemes and initiatives

4. Quality and Governance

Everyone who uses the NHS expects to receive care of the highest standard. Quality Governance is the duty of each NHS body to put and keep in place arrangements for the purpose of monitoring and improving the quality of health care provided.

From 1997 and in part, in response to the Bristol Heart Inquiry, this ambition has been supported by the concept of Clinical Governance which Professor Liam Donaldson describes as a: “framework through which NHS organisations are accountable for continuously improving the quality of their services and safeguarding high standards of care by creating an environment in which excellence in clinical care will flourish.”

Professor Donaldson describes a general responsibility for all to contribute to Clinical Governance: "Every part of the NHS, and everyone who works in it, should take responsibility for working to improve quality.”

Metrics, Measures and Key Performance Indicators
Large volumes of data are available within the Trust. It is important that it is translated into useful information that can enhance decision making. Whilst having information readily available is essential for a rapidly changing service, too much data that is not converted into useful, usable information can actually stifle decision making.

The clear vision of the Governance, Accountability, Assurance and Performance Framework will support the Trust in making the most of the available information, improving services and delivering improved patient outcomes.

The Performance Management aspect of the Framework will incorporate a range of indicators across the Trust’s corporate and operational business as detailed in the domains below:

- Monitor regulatory indicators including the Key Lines of Enquiry (Safe, Effective, Caring Well Led, Responsive)
- Contractual Indicators:
  - operational standards indicators
  - national quality indicators
  - local quality indicators
  - Commissioning for Quality & Innovation (CQUINs)

  - service specification contracts

- local performance indicators
- quality development plan indicators
- quality governance and patient experience indicator
- business planning and service delivery indicators
- financial indicators
- workforce indicators

These Key Performance Indicators (KPIs) will vary from year to year as additional contracts are signed or withdrawn or the Trust identifies new priorities. A list of all current KPIs is contained within the Trust's Combined Quality Performance Report (CQPR) and reported to the relevant sub board committee.

The process for collecting, collating, reporting and analysing the agreed metrics and measures is described in detail in a Standard Operating Procedure (SOP), this includes how this data is shared at an operational care group and service level.

5. Roles and Responsibilities within the Framework

One of the aims of the Framework is to ensure that managing quality and performance becomes everyone's responsibility, using a supportive check and challenge approach. However, the Trust Board will drive a culture of quality and performance by providing a clear vision, objectives and priorities, and by holding the executives to account for delivery.

Effective performance management will require defined roles and responsibilities and clear ownership of outcome measures. A summary of these roles and responsibilities is detailed in this section.

Trust Board and Executive Directors

The Trust Board via the Executive Directors is responsible for approving the Governance, Accountability, Assurance and Performance Framework and ensuring it is implemented and maintained. The Trust Board is responsible for receiving, considering and challenging the executive on the performance as reported within the monthly Integrated Quality and Performance Report.

Council of Governors

Governors are appointed from partner (stakeholder) organisations or elected from the membership in accordance with our election rules. The overarching role of the Council of Governors is to make the Trust publically accountable for the services it provides.

It does this by representing the interests of members as a whole and those of the public; informing the Trust's forward plans; holding the non-executive directors (NEDs) to account, individually and collectively, for the performance of the Board; and appointing (or removing) the external auditors.

Finance and Performance Committee

On behalf of the Trust Board the Finance and Performance Committee will ensure robust scrutiny of operational performance, monitoring Key Performance Indicators and the Information Assurance Framework to drive improvements in performance oversight and the underpinning quality of data. The Finance and Performance Committee will monitor the implementation of the actions arising from performance and accountability reviews via updates from services.

Quality Committee

The Quality Committee has responsibility for providing assurance to the Board that the Trust is providing safe and high quality services to service users supported and informed by effective arrangements for monitoring and continually improving the safety and quality of care, escalating any areas of concern to the Board as appropriate.

Audit Committee

The purpose of the Audit Committee is to provide the Board of Directors with assurance that clinical and financial reporting, compliance, risk management and internal control principles and standards are being appropriately applied and are effective, reliable and robust.

This committee is also responsible for ensuring that an effective governance framework is in place for monitoring and continually improving the quality of health care provided to service users to enable the Trust's goals to be achieved.

Mental Health Legislation Committee

The Mental Health Legislation Committee provides a mechanism for assurance on the robustness of arrangements in place for the Trust to meet its duties in respect of the Mental Health Act 1983.

Reporting into the committee is the Mental Health Act Managers' Forum. This seeks to provide a forum for communication between the Mental Health Act Managers and officers of the Trust. The forum is also chaired by a non-executive director to ensure a direct link to the Board of Directors in accordance with the Mental Health Act Code of Practice.

Chief Executive Officer

The Chief Executive will hold operational, corporate and enabling services to account for their quality and performance as described within this framework document.

The Chief Executive will, on completion of performance and accountability reviews, write to the appropriate director outlining the overall oversight category the directorate has been placed within and the agreed priorities of focus as well as the actions the director is expected to take in response, along with timescales.

A copy of this summary will be presented to the next meeting of the Finance and

Performance Committee. The Chief Executive will, on a quarterly basis, monitor the implementation of actions from the preceding operational performance and delivery reviews and validate each directorate/care group's current oversight category within the Executive Team meeting, escalating oversight where necessary and reporting this into the finance and performance committee by exception.

Director of Finance and Deputy Chief Executive

The Director of Finance is accountable for what we can spend our resources on, including how to buy goods and services within the limits which we are set. Dealing with our commissioners to get the best possible income settlement to provide the services we deliver.

They are also accountable for maintaining the estate to the best possible standard for delivering safe care and providing a good environment for staff. This role also has responsibility for maintaining and continuously improving the technology, tools and infrastructure which support our work on a daily basis.

Chief Operating Officer

The Chief Operating Officer ensures the right systems and processes are in place to deliver the Trust's strategic objectives and meet relevant regulatory requirements. They are also a key leader and influencer within the wider health and social care economy with responsibility for overseeing strategic programs of work.

This post has responsibility for the delivery of the cost improvement programs performance management, the planning cycle, along with ensuring the Trust has business continuity and emergency preparedness processes in place.

Director of Nursing and Professions

The overall statutory responsibility for patient safety, governance and performance management is held by the Director of Nursing and Professions who is accountable to the Trust Board. The office of the Director of Nursing and Professions will ensure the Trust remains cognisant about safety and performance related regulatory targets, such as those imposed by NHS Improvement (NHSI), and will act as the coordinating link between the Trust, NHSI and the CQC on performance related matters.

Medical Director

The Medical Director, along with the Director of Nursing and Professions has responsibility for the quality of clinical services and positive outcomes for service users and carers. They will lead quality improvements and ensure the highest standards of professional practice.

The role is also to provide specific professional leadership for the medical workforce, including education. The Medical Director undertakes the role of Responsible Officer for the Trust, ensuring the Trust complies with revalidation requirements and has robust liaison with the General Medical Council (GMC).

The Medical Director is also the Trust's Caldicott Guardian, has accountability for the corporate clinical effectiveness resources including the Clinical Audit Support Team, research and development, and has professional responsibility for the Trust's pharmacy staff.

Director of Workforce

The Director of Workforce is responsible for operational human resources, learning and organisational development, communications and staff engagement, diversity and inclusion and workforce systems, planning and information. The workforce directorate leads on the staff we employ, including:

- how we recruit them
- how we train and develop them
- how we ensure we are accessible and represent all our communities
- the values and behaviours we expect of staff, and
- how we communicate and engage with staff – and engaged staff really do deliver better health care.

The Chief Information Officer and Head of Performance

The Chief Information Officer and Head of Performance will provide the accurate and timely delivery, analysis and interpretation of performance data for performance review and follow up purposes.

This will include ensuring the Combined Quality Performance Report (CQPR) highlights areas of exceptional performance to Trust Board. They will lead on the development and implementation of performance management delivery and governance arrangements as set out in the Framework.

This will include:

- Ensuring that robust systems are in place for the performance management of national, local and internal targets.
- Ensuring that plans to address inadequate performance are developed and monitored.
- Ensuring that governance arrangements to support performance management are in place, robust, effective and monitored.
- Ensure the Trust remains cognisant of contract related regulatory targets, such as those imposed by commissioners.
- Act as the coordinating link between the Trust and commissioners on performance related matters.

Associate Directors and Clinical Directors

Associate directors and clinical directors of care groups will be responsible and accountable for performance, quality and governance in their services and for complying with the requirements set out in this framework.

They are responsible for establishing and maintaining robust quality and performance management frameworks within their services in line with the requirements set out within this document. Governance, accountability, assurance and performance reviews will hold operational areas to account for the key quality, performance and financial indicators that they are responsible for.

Responsibilities for incorporating the Governance, Accountability, Assurance and Performance Framework into operational practice include ensuring:

- That the Framework is implemented within their own sphere of responsibility and care group.
- That managers and staff co-operate in applying the framework throughout their service and care group.
- Steps are taken to secure resources for the implementation of associated controls following performance, under performance and risk assessment.
- Targets for key performance indicators are agreed, communicated and delivered.
- That governance arrangements to underpin the framework are approved and in place.
- That actions arising from performance and accountability reviews are monitored within the care group clinical governance and performance arrangements and reported into the relevant board sub committees, executive led work streams or senior leadership team meetings.

Service Managers, Clinical/Professional Leads and Ward/Community Team Managers

Service Managers, Clinical/Professional Leads and Ward/Community Team Managers are responsible for the day to day implementation of the framework within their area of responsibility, including maintaining a management system where performance management reviews take place at area, locality, team or individual level.

Responsibilities for incorporating the Governance, Accountability, Assurance and Performance Framework into operational practice include:

- To ensure all staff understand the importance of data collection and analysis and its role within the organisation, and to support staff in this task, and role model the behaviors required themselves.
- To acknowledge and reward excellent performance.
- To ensure that accurate data is input to the Patient Information, HR, Finance and Governance systems within the appropriate timescales.
- To scrutinise the information to understand variances, trends, discrepancies and gaps.
- To identify the root cause of variances, trends, discrepancies or gaps and act upon this to eliminate continued performance issues.
- To escalate with supporting evidence to the appropriate manager issues that cannot be resolved locally and to ensure that the risk is appropriately captured on the risk register.
- To analyse the data and establish priorities for service development or business opportunities, escalating to the appropriate manager to enable the area to be highlighted as a potential service improvement project, or an opportunity for the organization.
- To ensure that their performance report is populated, reviewed and acted upon on a daily/weekly/monthly basis.
- To ensure the performance report is scrutinised and action plans for improvement are set on a daily/weekly or monthly basis.
- To ensure that performance reports are part of a set agenda for team/service meetings.
- To monitor compliance of action plans for underperforming teams/services.

All Staff

All staff contribute towards performance improvement and management by being encouraged and supported to identify improvement opportunities and to take the required action. It is important that staff own the data on their activity, and understand how that translates to the delivery of high quality patient care and corporate performance within the organisation. Staff should also consider a performance improvement objective as part of the appraisal process.

Freedom to Speak Up Guardian

As part of our commitment to supporting staff who raise concerns, the Trust has appointed a Freedom to Speak up Guardian. The appointment of a National Guardian for the NHS and local Freedom to Speak up Guardians was recommended by Sir Robert Francis, following his review and subsequent report into the failings at Mid-Staffordshire.

The Trust's Freedom to Speak up Guardian (FTSUG) provides confidential advice and support to staff in relation to any concerns they have about patient safety and/or the way their concern has been handled. The FTSUG does not get involved in investigations or complaints, but helps to facilitate these process where needed, and ensure that the Trust's Freedom to Speak Up: Raising Concerns (Whistleblowing) Procedure is followed correctly.

If you have a concern, or something at work is troubling you, you should raise it with your line manager, clinical supervisor or union representative in the first instance. Alternatively, you can contact the FTSUG by email: raisingconcerns.lypft@nhs.net

The Guardian of Safe Working Hours

This is a new role introduced as part of the implementation of the 2016 junior doctor contract. The purpose of the role is to oversee the process of ensuring safe working hours for junior doctors. An essential requirement of the contract is that the Guardian of Safe Working Hours should have no other management responsibilities at the Trust.

The guardian is a senior person, independent of the management structure within the Trust for whom the doctor in training is working and/or the organisation by whom the doctor in training is employed. The guardian is responsible for protecting the safeguards outlined in the 2016 terms and conditions of service (TCS) for Doctors and Dentists in Training.

The guardian ensures that issues of compliance with safe working hours are addressed, as they arise, with the doctor and /or employer, as appropriate; and provides assurance to the Trust Board that doctors' working hours are safe.

6. The Operational Clinical Governance and Performance Delivery Review Process

Operationally, this framework will be monitored and led through the following three groups:

1. Operational Delivery meetings
2. Clinical Governance meetings
3. Service Development Group meetings

On a monthly basis, data will be received by the Performance team who will validate and publish performance against plan via the Combined Quality Performance Report (IQPR).
The report is shared monthly at Directorates/Care Groups/Service/team level and the Trust Finance and Performance Committee.
The care group's performance will be rated Green, Amber or Red based upon performance within the month in the same way to the CQPR. A highlight report will be incorporated at the start of the CQPR to provide an 'at a glance' view of where performance is not being achieved.

Each Care Group and Service will holds the following meetings:

- Monthly Operational Delivery meeting – Chaired by the Associate Director/Service Manager
- Monthly Clinical Governance Meeting – Chaired by the Clinical Director/Clinical/Professional Lead
- Regular Service Development Group meetings – Chaired by a nominated Lead from within each of the care groups

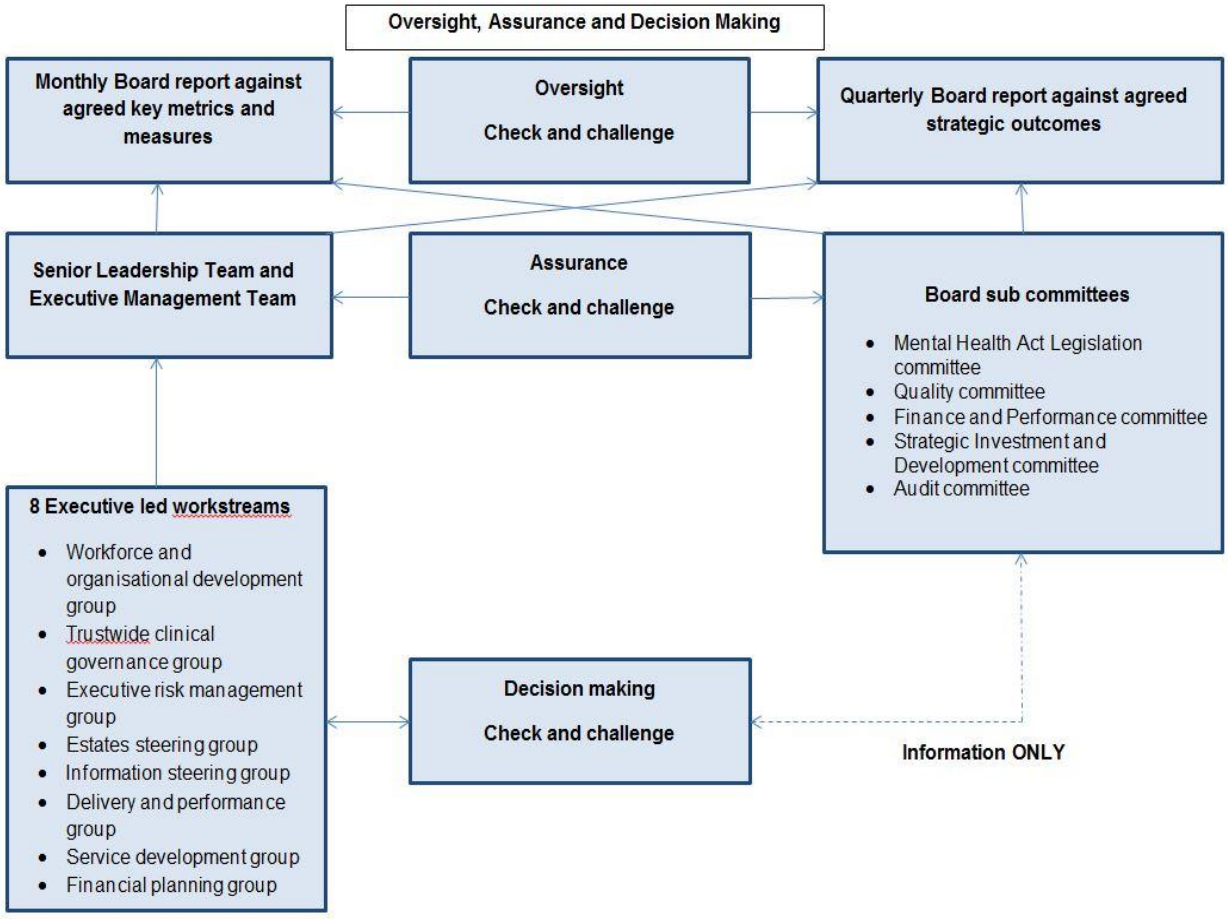
These meetings will discuss successes, any areas for concern and validate data as appropriate. This will be recorded using the Trust's standard meetings management templates which can be accessed on Staffnet: http://staffnet/supportservices/corporateGovernance/Pages/default.aspx

Terms of reference for these meetings should include relevant operational and clinical/professional leads and as a minimum, named corporate personal, using a business partner approach from HR/Workforce, Performance, Finance and Corporate Nursing.

Any issues and risks identified at the above meetings will be escalated via a chair's report, with specific papers or recovery plans where appropriate to the Monthly Operational Delivery meeting which will be chaired by the Chief Operating Office, the Trusts Wide Clinical Governance Meeting which is chaired by Medical Director or the Financial Planning Group which is chaired by the Director of Finance.

7. Corporate oversight of the Directorate / Care Groups Performance

At the highest level performance information is received monthly by the Trust Board through receipt of the CQPR, the Board Assurance Framework (BAF) and any associated exception reporting from the various committees or the Executive led operational groups. The diagram below shows the alignment of oversight and assurance.



The Trust Board delegates detailed scrutiny and review of performance to the Finance and Performance Committee (FPC). It provides the Board of Directors with guidance, assurance, and information. The Committee oversees the performance of the Trust in delivering national targets and objectives included in the local commissioning plan, ensuring the effective and efficient use of resources whilst delivering financial balance.

The FPC receives the CQPR each month ahead of Trust Board and will undertake a thorough examination of the retrospective performance information within the CQPR and associated performance reports (for example the waiting time report). The Care group's performance will be discussed at the monthly operational delivery meeting and the financial planning group.

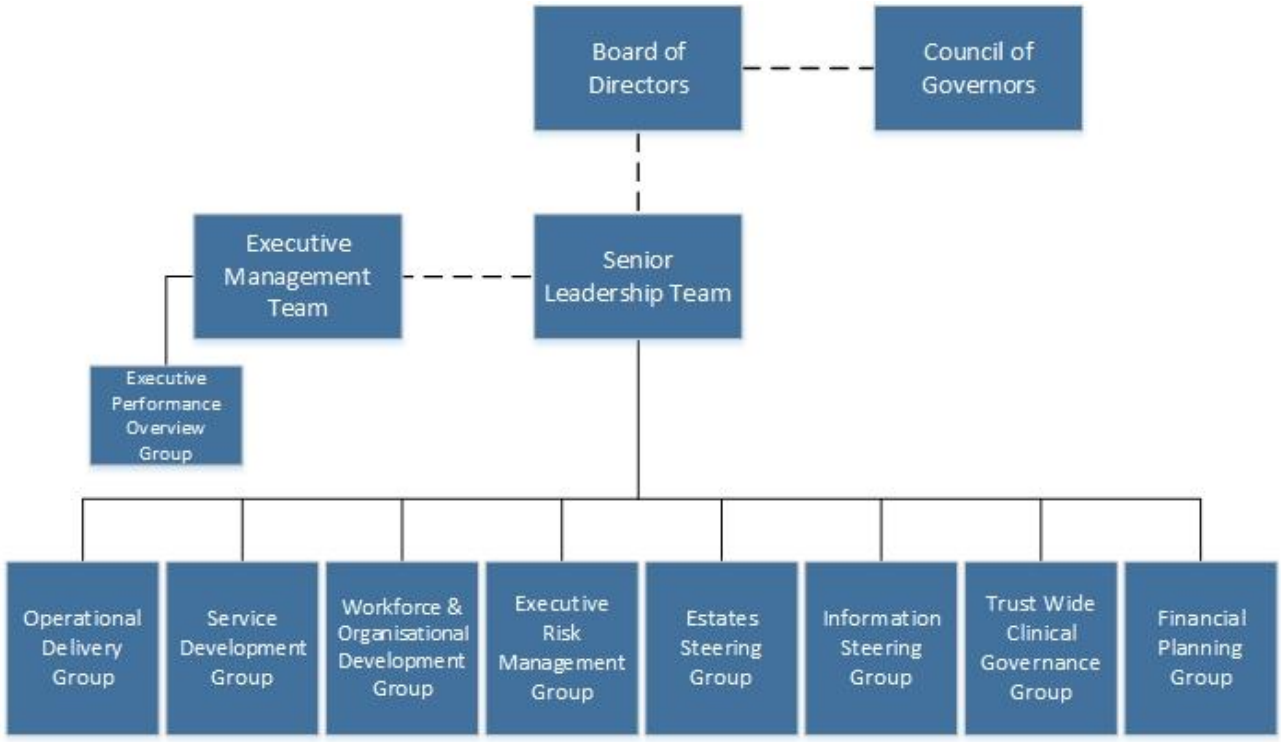
The overview and scrutiny for quality is delegated to the Quality Committee who have responsibility for providing assurance to the Board that the Trust is providing safe and high quality services to service users supported and informed by effective arrangements for monitoring and continually improving the safety and quality of care, escalating any areas of concern to the Board as appropriate. This committee receives any associated papers and highlight reports from the Trust wide clinical governance group which has oversight of operational quality and governance.

All of these Sub Board Committees and the eight Executive led groups (see below) have various underpinning operational, quality and finance meetings where detailed discussion, scrutiny and check and challenge occurs. This is carried out using the principles set out in the Single Oversight Framework and is a means in which to identify the level of additional support that may be required so that risks and issues are escalated and managed quickly at the right level.

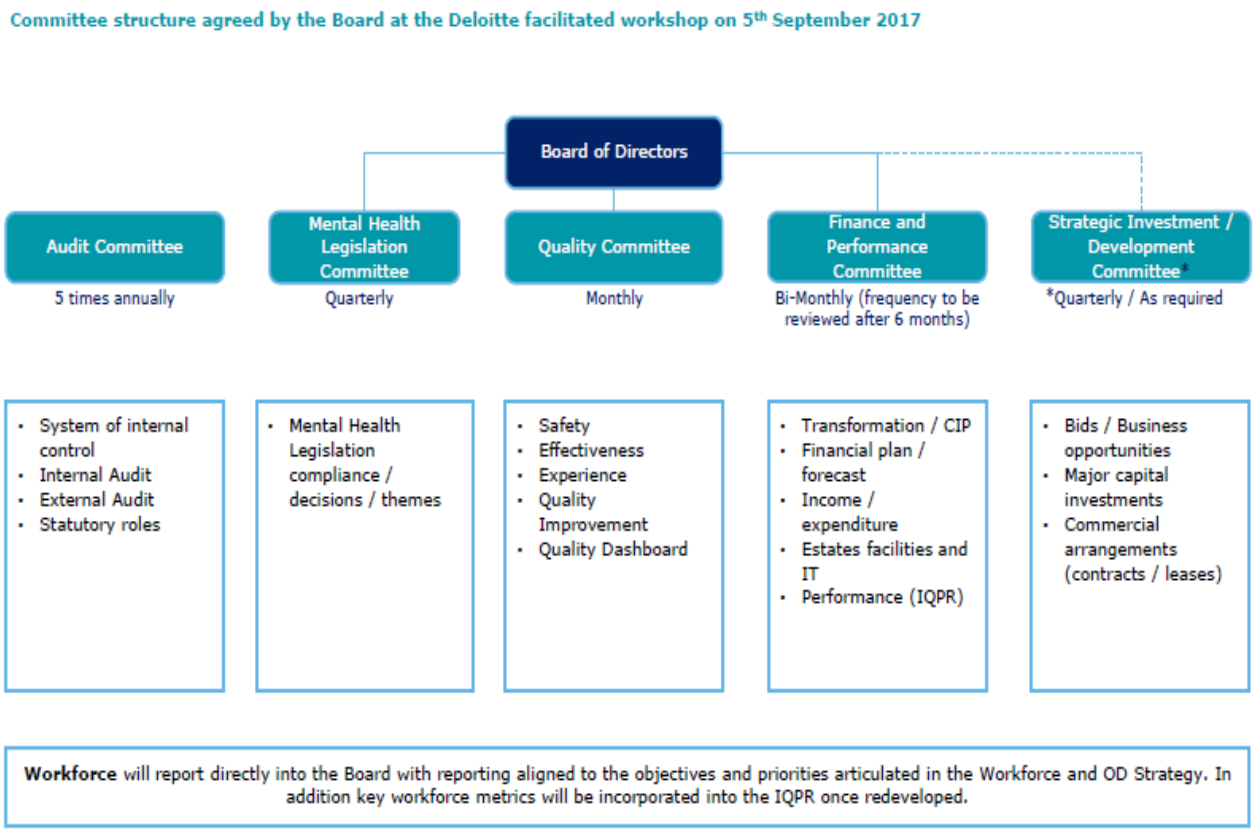
In parallel with the everyday operational management of quality and performance, an Executive Performance Overview group will be led by the Chief Executive on quarterly basis. The meeting will take the form of check and challenge and will be held with each Corporate Directorate/Care Group Senior Leadership Team and the Directors. Each Corporate Directorate and Care group will provide a summary report/plan on a page highlighting their current position based on their chairs reports. The Chief Operating Officer will prepare the agenda on behalf of the Chief Executive Officer.

The objective of the Executive led Performance Overview group is to review the performance of each Corporate Directorate / Care Group in relation to an agreed suite of KPIs, ensuring compliance and continual improvement and quality. The reviews will also provide a forum for Corporate Directorates/Care Groups to discuss issues and challenges facing services with Executive Directors, and agree solutions in partnership and also to share and celebrate success and good practice.

The quarterly Executive led Performance Overview Group and the eight Operational Executive Led groups



In order to support decision making, provide assurance and maintain oversight, all of the above will complement existing reporting flows to the Trust Board as set out in the diagram below:



8. Triggering a concern and identifying support needed

The 'Triggering a Concern' Procedure

The Triggering a Concern Procedure is a recovery planning and delivery procedure, to be deployed by the Chief Executive, on behalf of the Trust Board, using the powers of Prime Budget Holder set out in the Scheme of Delegation. This process will be implemented where specific aspects of clinical governance and performance are scored as red for three consecutive months or more and where no improvement is seen, despite implementation of a recovery plan.

The aim of this process is to maintain effective management across the organisation at all times, and to minimise the risks to patients, or the delivery of service or other Trust objectives. Application of the procedure is not a punishment but a necessary response by the Trust Board to mitigate an identified risk using a supportive check and challenge approach. It is anticipated that the application of this process will be exceptional, when all other actions, of which the organisation is fully briefed on, have not had the desired effective.

The procedure is a mechanism to direct additional management focus within the organisation at an identified area where the following issues may impact on the Trust's objectives:

- A unacceptable drop on quality indicators
- Contractual or operational underperformance / non-compliance
- Budgetary deficit or potential year-end deficit

The procedure is triggered if these issues are reported, where there is no immediate prospect of recovery from within the Care Group and where it is of sufficient concern that they will impact on delivery of the wider Trust's objectives. The procedure will also supply corporate support to the relevant management team to assist in the correction of the identified problem or problems.

Essential Attendance

It is expected that as a minimum, the Associate Director of Operations and Clinical Director for each Care Group and relevant Heads of Service and Matrons from within the care group attend the review meetings. Discussions should aim to consider improved quality and performance, as well as any issues and actions which are already in place to address variance in quality and performance:

Circumstances under which the procedure might be employed

The Triggering a Concern Procedure might be employed under the following circumstances:

- Where there is a persistent failure to meet agreed quality standards or indicators and where robust recovery plans are not achieving the desired outcome within agreed timescales

- Where a failure to operate within financial parameters has been identified, and where no sufficiently robust corrective plan has been put forward to recover the position within agreed timescales
- Where there is evidence of systemic lack of financial controls, or of adherence to Standing Orders or Standing Financial Instructions
- Where delivery levels against operational performance targets are inadequate, and where no robust corrective plan has been agreed
- Where there is evidence of operational failure which may lead to a threat to patient safety, or to the effective delivery of clinical services
- Any other circumstances where it is judged that a material risk exists which cannot be resolved via normal line management actions

The Triggering a Concern Procedure would not normally be enforced where the impact of the identified issues is not judged to pose a material risk. Neither would it normally be enforced without first exhausting standard management arrangements, through the production of recovery plans and initial corrective actions. This procedure is for use where material risks have not been addressed through normal line management processes. In short, there should be no surprises within the organisation where the procedure is considered being applied.

On certain occasions budgetary deficits could be associated with contract activity performance being at variance to commissioner predicted demand levels. Where there are signals that budgetary performance and demand pressures are linked the initial focus of the recovery process would able to assess how the budgetary deficit could be recovered through the standard contract negotiation process. The prospect of in-year contract income settlement would be taken into account before a decision is taken to deploy the Special Measures Procedure. Where there is no direct link between budgetary performance and demand then there will be an automatic default to the Triggering a Concern procedure where the criteria set out above applies.

The final judge and arbiter of the need to enforce the Triggering a Concern procedure is the Chief Executive. The Chief Executive may invoke the procedure at any time, in response to any evidence judged to indicate sufficient risk. The Procedure may be applied at Directorate level, sub-Directorate (Care Group or department) level or may be targeted at a specific project.

The Principle Components of the Triggering a Concern Procedure

The Triggering a Concern procedure will normally operate through the establishment of a ‘Confirm and Challenge’ Team, made up of the Chief Executive plus nominated Executive or Non-Executive Directors. This Confirm and Challenge Team will act as principle judges of delivery progress made by the team subjected to the Procedure.

The Confirm and Challenge Team will set out, as the initiating action for the specific enforcement action, a launch document. This will include the following basic components:

- An outline of the identified problem
- The key delivery objectives of the Triggering a Concern and support needed process
- Recovery Plan specifications, including any specific items that must be included
- Oversight and management arrangements for the process
- KPIs to be used for progress evaluation
- Anticipated timescales

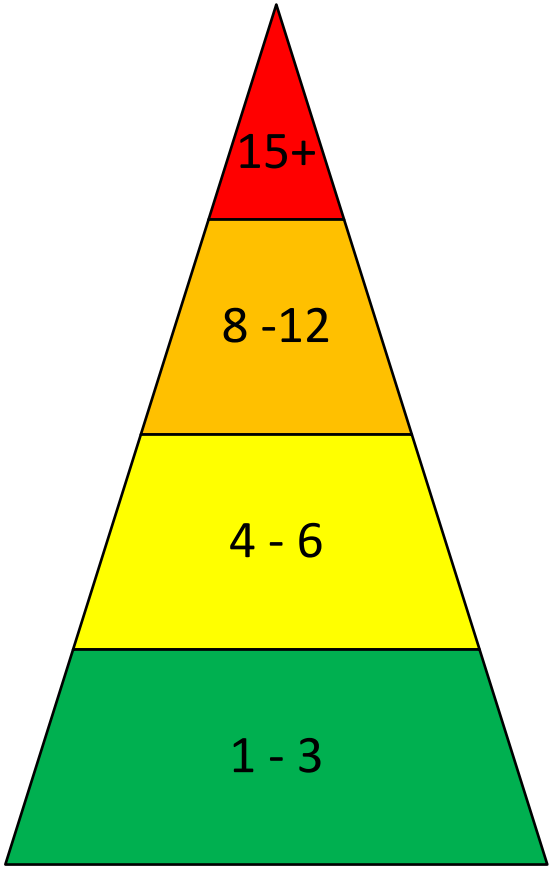
Ending the Triggering a Concern Procedure

Generally, the key delivery objectives will set out the objectives which have to be met in order for the Triggering a Concern process to be considered complete, and for normal line management arrangements to resume. The final arbiter remains the Chief Executive, working in consultation with the Confirm and Challenge Team. The process shall formally be ended only once this has been declared by the Chief Executive.

9. Risk Management and Escalation arrangements

Set out below are the key accountabilities for each aspect of the Trust's governance structure in relation to risk register review and escalation.

Risk Scores



Inform department manager immediately and add to the Datix Risk Register. The department manager must inform a member of the Care Group leadership team as soon as practicable. All 15+ risks will be reported to Executive Risk Management Group (ERMG) on a monthly basis by means of the 15+ Risk Register. If it is determined a risk cannot be managed by the Care Group, it should be escalated to ERMG.

Inform department/service manager as soon as practicable and add to the Datix Risk Register. Risks scoring 12 and above will be reported to the Care Group governance meeting where a Care Group Risk Register, capturing all risks scoring 12 and above, will be reviewed on a monthly basis. If it is determined a risk cannot be managed locally it should be escalated to the Care Group governance meeting.

Inform line manager and add risk to the Datix Risk Register. These risks can be managed locally by the ward, service of department without escalation unless it is determined they cannot be managed locally. These risks will form part of the departmental/service level risk register that will be reviewed at departmental governance meetings on a monthly basis.

Add to the Datix Risk Register if you are unable to mitigate the risk immediately. No escalation is required. This risk should be managed locally with all staff having the authority to manage these risks. These risks will form part of the departmental/ward/service risk register that will be reviewed on a monthly basis.

Accountability for risk

Set out below are the expected escalation and accountability points within the Trust dependent upon the risk score assigned.

	In receipt of...	Accountability for...
Audit Committee	• 15+ Risk Register • Board Assurance Framework • Risk Dashboard	• Seeking assurance on behalf of the Board that the processes in place for risk management are fit for purpose.
Board	• 15+ Risk Register • Board Assurance Framework	• Seeking assurance through committees that risk is being managed effectively at the trust.
Committees	• Board Assurance Framework (those risks assigned to the committee by the Board)	• Seeking assurance on behalf of the Board that strategic risks identified through the Board Assurance Framework are being appropriately managed.
Executive Risk Management Group	• 15+ Risk Register • Movement Log • Risk Dashboard • Board Assurance Framework	• Scrutiny and challenge of risks scoring 15+. • Holding Care Groups to account for timely and appropriate management of risk. • Recommending risks for addition to BAF.
Care Group	• 12+ Risk Register • Movement log • Risk Dashboard	• Scrutiny and challenge of risks scoring 12+ • Holding departments and services to account for effective and timely management of risk.
Department / Service / Ward	• Departmental/Ward Risk Register • Movement Log • Risk Dashboard	• Ensuring the effective and timely management of risks held by the Department/Service/Ward.

10. Behaviours, Systems and Supports

The Trust has been working for some time to develop the organisation to support strong internal clinical governance and performance management. This includes developing a culture that embeds our co-crated values and behaviours and where a real sense of collective leadership exists in all our services and teams.

Strengthening team working and ensuring our staff feel valued and continue to have a strong voice in decision making are key priorities for the coming years.

A team at any level is not simply a group of individuals. It needs to work together if not as a team as a group which is clear about roles and relationships. It will need support from individuals and systems which provide information, analysis, assurance and identification of risk.

Behaviours

Behaviours determine the actions of the organisation and are a vital element of good governance. Some behaviours are expected and prescribed, others reflect experience, styles and etiquettes adopted or learnt. Figure 1 below shows the importance of both Culture and Learning systems in any team.

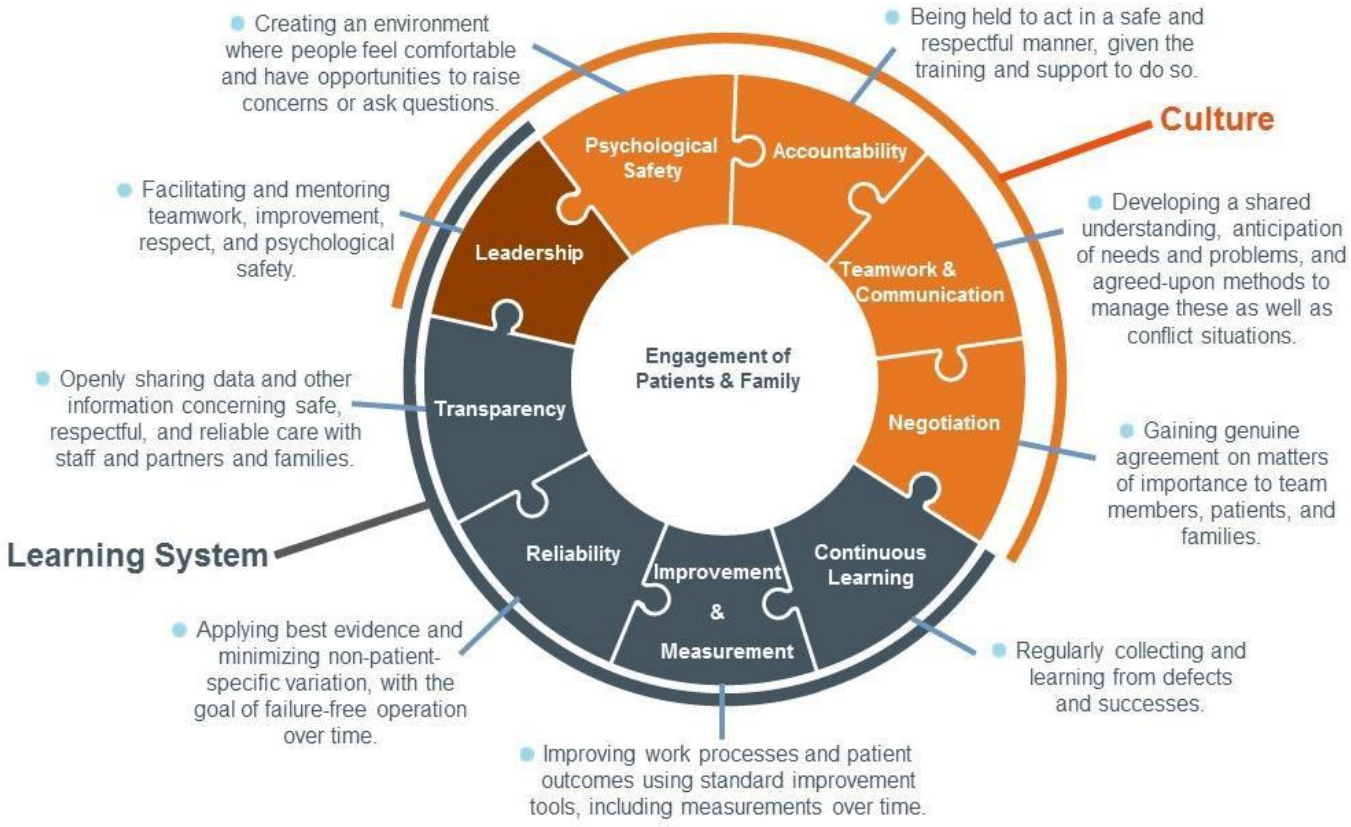


Figure 1: Taken from the Institute of Healthcare Improvement – A framework for Safe, Reliable and Effective Care

Underpinning the framework are two essential and interrelated domains: culture and the learning system. In this context, culture is the product of individual and group values, attitudes, competencies, and behaviours that form a strong foundation on which to build a learning system.

A learning system is characterised by its ability to self-reflect and identify strengths and defects, both in real time and in periodic review intervals. In health care, this entails leaders at all levels highlighting the importance of continuous reflection to assess performance. It entails consistently performing agreed-upon team behaviours like briefings and debriefings where the self-reflection occurs.

Learning systems identify defects and act on them; they reward proactivity rather than reactivity. Learning and a healthy culture reinforce one another by identifying and resolving clinical, cultural, and operational defects. By effectively applying improvement science, organisations can learn their way into many of the cultural components of the framework.

Figures 1 above depicts the framework as a circular model where each component locks together with the others. This reinforces the idea that all parts are interconnected and interdependent, and success in one area is predicated on success in another. The framework helps make sense of an organisation's prior work on safety, highlighting areas of strength as well as gaps.

At the core of the framework is the engagement of patients and their families — that is, all the effort involved in executing the framework should be in the service of realizing the best outcomes for patients and families across the continuum of care.

Model for Improvement

Once defects are identified, a systematic improvement approach like the Model for Improvement enables teams to redesign processes and achieve outcomes that matter to patients, families, and staff.

The Model for Improvement combines a systematic methodology with subject-matter knowledge to create the desired improvements.

The Model is made up of three questions and a Plan-Do-Study-Act (PDSA) cycle for testing changes to assess whether or not they lead to improvement. In order to use the PDSA cycle effectively the following questions needs to be asked:

Question 1: What are we trying to accomplish? (Aim)

Question 2: How will we know that a change is an improvement? (Measures)

Question 3: What change can we make that will result in improvement? (Change Ideas)

Working example:

Process Measure	Outcome Measure	Balancing Measure
Percent of patients assessed for risk of developing a blood clot	Percent of patients with blood clots	Percent of patients who experienced bleeding due to aggressive use of anti-clotting medication
Percent of patients who received pneumococcal pneumonia vaccine	Incidence of pneumococcal pneumonia	Percent of patients receiving the pneumococcal pneumonia vaccine who experienced an allergic reaction to the vaccine

Once the Model for Improvement's three questions are answered, there is clarity around the planned improvement and testing can begin. Using the change ideas generated from Question 3, the team begins testing those changes using PDSA:

- **Plan:** Plan the test or observation, including a plan for collecting data.
- **Do:** Try out the test of change on a small scale.
- **Study:** Set aside time to analyse the data and study the results.
- **Act:** Refine the change, based on what was learned from the test.

11. Summary

By combining the principles of the Governance, Accountability, Assurance and Performance Framework with improvement methodology and a focus on the culture and continues learning of everyone in the organisation, we will be able to evidence and articulate where we are delivering the best possible care and also those areas which are needing our focus and attention.

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Our Governance, Accountability, Assurance and Performance framework

Ian Bennett, Head of Operational Quality and Governance Development
Cath Hill, Head of Corporate Governance

Date of presentation goes here

What is the GAAP

- Governance
- Accountability
- Assurance
- Performance

Context

- Previous system not working
- Inconsistencies, duplication, inefficient, slow etc.
- Recommendations from review
- Clear line of sight from floor to Board

What will it do?

- Improve quality of care
- Better use of information and data
- More responsive and consistent
- Better management of risks in right place
- Better use of time and resources
- Improves the Trust as a place to work
- Delivers our five year strategy . . .

Our five year strategy for 2018 to 2023

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

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

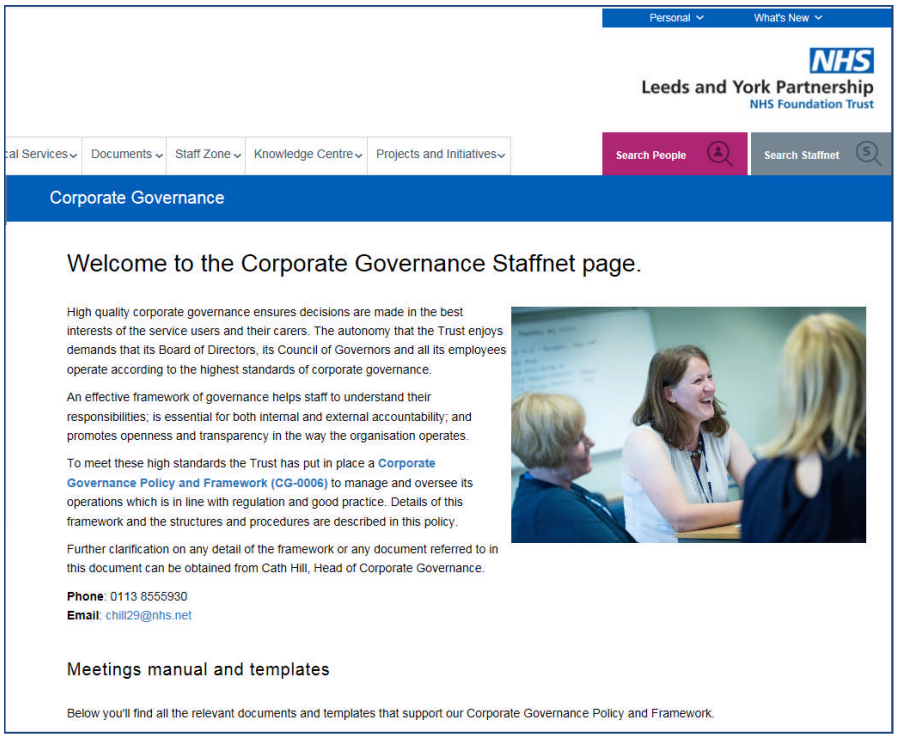
Our strategic objectives and priorities		
1. We deliver great care that is high quality and improves lives.	2. We provide a rewarding and supportive place to work.	3. We use our resources to deliver effective and sustainable services.

How it works in practice #1

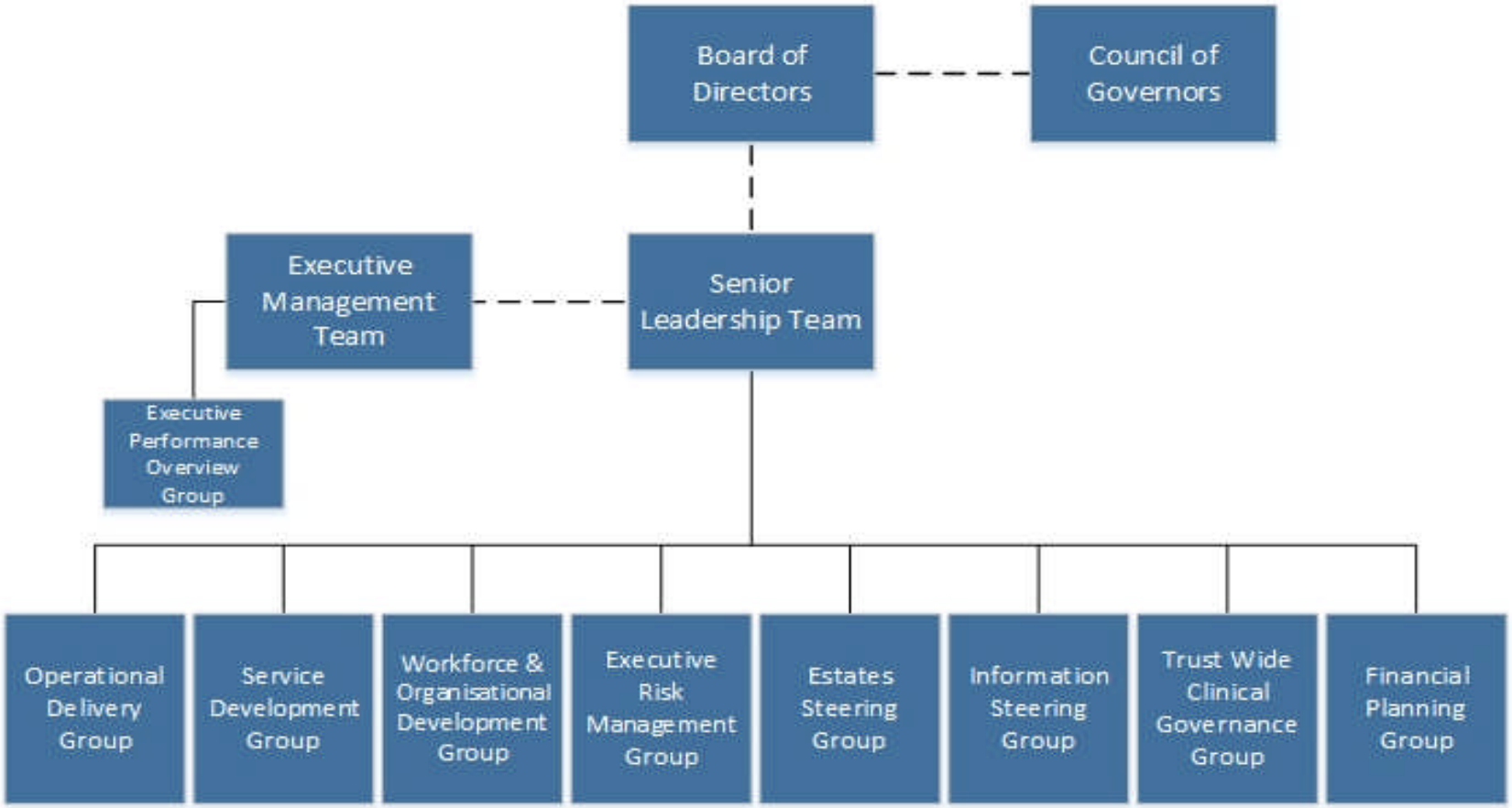
Standard meetings	Chaired by
Monthly Operational Delivery meeting	Associate Director/Service Manager
Monthly Clinical Governance meeting	Clinical Director/Clinical/Professional lead
Regular Service Development Group meetings	Nominated lead from each care group

How it works in practice #2

- Standardised format, membership, terms of reference etc.
- In line with corporate governance framework, meetings manual – see Staffnet.
- Issues escalated and assurance given via short chair's report.



Executive Performance Overview
8 Operational Executive Led groups



How we'll manage risk

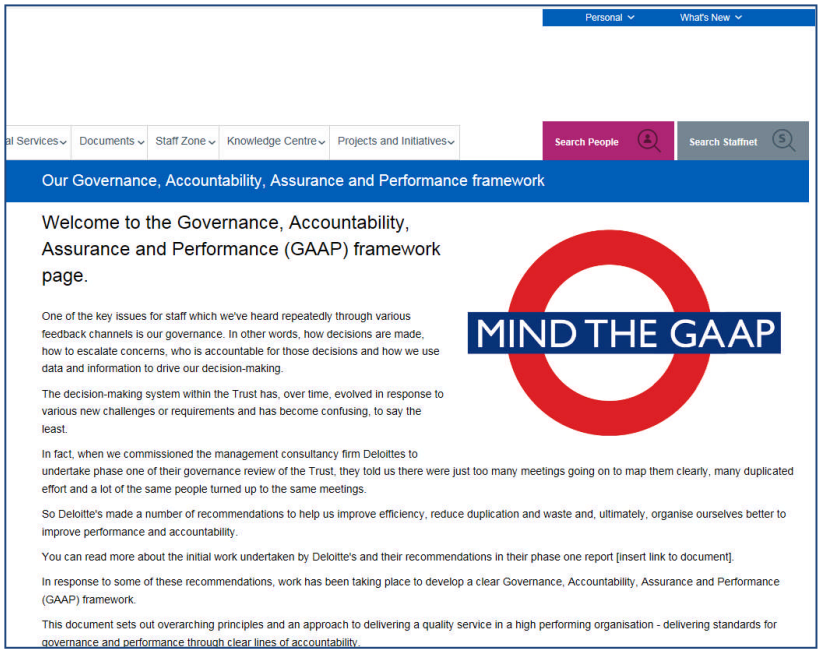
	In receipt of...	Accountability for...
Audit Committee	• 15+ Risk Register • Board Assurance Framework • Risk Dashboard	• Seeking assurance on behalf of the Board that the processes in place for risk management are fit for purpose.
Board	• 15+ Risk Register • Board Assurance Framework	• Seeking assurance through committees that risk is being managed effectively at the trust.
Committees	• Board Assurance Framework (those risks assigned to the committee by the Board)	• Seeking assurance on behalf of the Board that strategic risks identified through the Board Assurance Framework are being appropriately managed.
Executive Risk Management Group	• 15+ Risk Register • Movement Log • Risk Dashboard • Board Assurance Framework	• Scrutiny and challenge of risks scoring 15+. • Holding Care Groups to account for timely and appropriate management of risk. • Recommending risks for addition to BAF.
Care Group	• 12+ Risk Register • Movement log • Risk Dashboard	• Scrutiny and challenge of risks scoring 12+ • Holding departments and services to account for effective and timely management of risk.
Department / Service / Ward	• Departmental/Ward Risk Register • Movement Log • Risk Dashboard	• Ensuring the effective and timely management of risks held by the Department/Service/Ward.

Responsibilities

Groups	Responsibilities
All staff	Encouraged to get involved in service improvement and performance
Service managers, clinical and professional leads, ward and community team managers	Day to day implementation. Maintain management system. Performance management reviews take place at area, locality, team or individual level.
Directorate / care group management team	Accountable for performance, quality and governance in their services.
Board sub committees	Oversight of framework. Receive reports from directorates and care groups. Provide assurance to Board.
Board and Governors	Accountable for Trust performance. Non-executive and governors challenge executive.

Next steps

- Review governance arrangements in your team or service
- Align to GAAP framework – available on Staffnet
- Up and running for February 2018.



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Any questions?

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AGENDA ITEM
15

MEETING OF THE COUNCIL OF GOVERNORS

NAME OF PAPER:	Process for the appointment of the Deputy Char of the Trust
DATE OF MEETING:	14 February 2018
PRESENTED BY: (name and title)	Cath Hill – Head of Corporate Governance
PREPARED BY: (name and title)	Cath Hill – Head of Corporate Governance

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

EXECUTIVE SUMMARY

What we are talking about:

It is the responsibility of the Council of Governors to appoint the deputy chair of the Trust. Julie Tankard stepped down from this position on the 19 January 2018 and it is therefore necessary to appoint one of the NEDs to this role. The Council is also asked to agree that the appointment of a deputy chair should from now on be for a period of two years.

DETAIL

What this is about in detail:

The Council is reminded that it is responsible for appointing one of the non-executive directors to the role of Deputy Chair of the Trust. It is also advised that Julie Tankard was appointed to this position and left the organisation, and therefore the position on 19 January 2018. It is therefore necessary to appoint one of the other non-executive directors to this role.

To assist the Council in making this appointment the Chair of the Trust has considered which NED should be invited to take up this role and has approached Sue White to discuss the matter. Prof Proctor therefore proposes that Sue White be appointed as Deputy Chair with effect 15 February 2018.

In addition to this the Council is asked to consider making the period of this and all subsequent appointments as Deputy Chair two years rather than one. This is on the basis that this would allow non-executive directors a greater opportunity to experience the role of Deputy Chair and also allow better continuity when deputising for the Chair of the Trust.

RECOMMENDATIONS
What we are asked to agree: The Council of Governors is asked to appoint Sue White as Deputy Chair with effect from 15 February 2018 for a period of two years to end 14 February 2020.

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NHS Foundation Trust

AGENDA ITEM
16

MEETING OF THE COUNCIL OF GOVERNORS

NAME OF PAPER:	Process for the upcoming elections to the Council of Governors
DATE OF MEETING:	14 February 2018
PRESENTED BY: (name and title)	Cath Hill – Head of Corporate Governance
PREPARED BY: (name and title)	Cath Hill – Head of Corporate Governance

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

EXECUTIVE SUMMARY

What we are talking about:

This paper seeks approval to carry out an election to fill those seats that will become vacant in April 2018 and those currently vacant. It also sets out the timetable for this round of governor elections.

DETAIL

What this is about in detail:

The Council of Governors is advised that the following seats are currently vacant will be included in the next round of elections:

- Public: Leeds (1 seat)
- Carer: Leeds (1 seat)
- Service user: Leeds (2 seats)
- Service user: York and North Yorkshire (1 seat)
- Staff: non-clinical (1 seat)

The Council is also asked to note that the following seats currently have elected governors in office, but these governors will come to the end of their term of office in April 2018. Each one is eligible to stand for election again should they wish:

- Public: York and North Yorkshire (Jo Sharpe) (1 seat)
- Carer: York and North Yorkshire (Julia Raven) (1 seat)
- Service user: Leeds (Ann Shutter) (1 seat)

These two groups together make a total of 9 seats in all that will be included in the next round of elections.

In order to ensure that seats are filled as soon as possible and to ensure that the concluding date for all April elections is aligned to the end of April it is proposed that the next round of elections be held in accordance with the following timetable:

ELECTION STAGE	OPTION 1
Notice of Election / nomination open	Thursday, 1 Mar 2018
Nominations deadline	Friday, 16 Mar 2018
Summary of valid nominated candidates published	Monday, 19 Mar 2018
Final date for candidate withdrawal	Wednesday, 21 Mar 2018
Notice of Poll published	Friday, 6 Apr 2018
Voting packs despatched	Monday, 9 Apr 2018
Close of election	Friday, 27 Apr 2018
Declaration of results	**Monday, 30 Apr 2018**

The elections will be overseen by the Electoral Reform Services who will be the returning officer and the Corporate Governance Team Leader / Deputy Trust Board Secretary will be the Trust's co-ordinating officer working with the Corporate Governance Team and ERS to ensure the completion of the elections in accordance with the Trust's internal timetable and the Trust's Constitution (Annex 5) 'Election Rules'.

RECOMMENDATIONS

What we are asked to agree:

The Council of Governors is asked to agree the timetable for the forthcoming elections to the Council of Governors which will conclude at the end of April 2018.

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NHS Foundation Trust

AGENDA ITEM
17

MEETING OF THE COUNCIL OF GOVERNORS

NAME OF PAPER:	Annual cycle of business for 2018; 2018 and 2019 meeting dates for the Council of Governors
DATE OF MEETING:	14 February 2018
PRESENTED BY: (name and title)	Fran Limbert – Corporate Governance Team Leader and Deputy Trust Board Secretary
PREPARED BY: (name and title)	Fran Limbert – Corporate Governance Team Leader and Deputy Trust Board Secretary

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

What we are talking about:

The supporting papers are the proposed: annual cycle of business for 2018; meeting dates for 2018 and 2019 for the Council of Governors.

DETAIL

What this is about in detail:

The annual cycle of business includes: standing items; statutory and non-statutory duties; work involving the non-executive directors; and administrative business for the Council of Governors. These items have been captured from a review of the previous years' annual cycle of business, the duties as outlined in the Terms of Reference, and specific areas that governors have asked to be kept informed on. In addition to this, other topics will be captured through the Council of Governors cumulative action log and a bring forward system operated by the Corporate Governance Team. The meeting dates for 2018 and 2019 have also been provided. The governors should be assured that these follow the set planning pattern throughout the calendar year which allows for the duties of the Council of Governors to be carried out.

RECOMMENDATIONS

What we are asked to agree:

The Council of Governors is asked to:

- be assured that the areas which governors had asked to be kept informed on have been captured as part of the annual cycle of business
- note and approve the: annual cycle of business for 2018; meeting dates for 2018; and meeting dates for 2019.

Annual Cycle of Business 2018 – Council of Governors

	Lead	14 February 2018	15 May 2018	3 July 2018	Ann Members' Meeting – 31 July 2017	Board to Board – 5 September 2018	8 November 2018
Welcome, apologies and standing items							
Apologies	-	X	X	X	X	X	X
Governors' Declarations of Interests	-	X	X	X	X	X	X
Questions from the public	-				X		
Minutes of the last meeting	FL	X	X	X	X		X
Minutes of the Annual Members' Meeting	FL						X
Matters arising	-	X	X	X			X
Cumulative Action Log	FL	X	X	X			X
Chief Executive report	SM	X	X	X			X
Chair's report	CH	X	X	X			X
Lead Governor report	SH	X	X	X			X
Combined Quality and Performance report	JFA	X	X	X			X
Finance report	DH	X	X	X			X
Workforce Performance report	ST	X	X	X			X
Council of Governors' Statutory Duties (annual)							
Remuneration of the Chair of the Trust and the other non-executive directors (NED) (to ratify) Link to Appointments and Remuneration Committee (ARC) cycle	CH	As required					
Appointment of the Deputy Chair of the Trust (to ratify) Link to ARC cycle	CH	X					
Presentation of the annual report and accounts and any report on them (to receive) (auditors in attendance)	CH			X	X		
Agree the arrangements for the Annual Members' Meeting	OT		X				

	Lead	14 February 2018	15 May 2018	3 July 2018	Ann Members' Meeting – 31 July 2017	Board to Board – 5 September 2018	8 November 2018
Council of Governors' Statutory Duties (as and when)							
PRIVATE MEETING - Appointment/removal of the Chair of the Trust (to ratify) (Link to ARC cycle)	**CH**	As required					
Appointment/removal of the other non-executive directors (to ratify) (PRIVATE) (Link to ARC cycle)	**CH**	As required					
Approve the appointment of the Chief Executive (to approve – support)	**CH**	As required					
Appointment of the external auditor (to ratify)	**CH**	As required					
Amendments to the Constitution (to ratify)	**CH**	As required					
Approval of any significant transactions	**CH**	As required					
Approval of an application for a merger with or acquisition of another FT or NHS Trust	**CH**	As required					
Approval of an application for the dissolution of the FT	**CH**	As required					
Approval of a proposal to increase non-NHS income by 5% or more	**CH**	As required					
Council of Governors' non-statutory duties (scheduled)							
NED and Governor service visits	**CH**	X	X	X			X
Membership report	**CH**		X				X
Agree the process for the performance evaluation of the Chair of the Trust and the other NEDs	**CH**	As required					
Receive the Quality Accounts	**CW**			X			
Receive the Auditors reports on the Quality Accounts (both public and private)	**PwC**			X			
Receive the Strategic Plan priorities	**SM**	As scheduled with the guidance					
Receive the Trust's Draft Strategic Plan	**SM**	As scheduled with the guidance					
Receive the Membership Strategy	**CH**			X			
Staff Survey Results	**ST**		X				
Increasing employment opportunities for people with learning disabilities update	**ST**	X	X	X			X

	Lead	14 February 2018	15 May 2018	3 July 2018	Ann Members' Meeting – 31 July 2017	Board to Board – 5 September 2018	8 November 2018
Measuring outcomes across Trust services update	**TM**		X				X
CQC update	**CW**	X	X	X			X
Annual Members' Meeting – final arrangements	**OT**			X			
Annual Members' Meeting – thematic report and analysis	**OT**						X
PRIVATE MEETING – Council of Governors development - action tracker	**SP**	X	X	X			X
PRIVATE MEETING – Memorandum of Understanding update	**SM**	As required					
PRIVATE MEETING – Committee in Common	**SM**	As required					
Council of Governors' non-statutory duties (as and when)							
Ratify changes to the Terms of Reference of the Appointments and Remuneration Committee	**CH**	As required					
Agree with the Audit Committee the process for appointment/removal of the external auditor	**MW**	When appointment due					
Agree who should be appointed as the lead governor	**CH**	Next due February 2019					
Be consulted on the appointment of the Senior Independent Director	**CH**	As required					
Agree the process for the appointment of the Chair of the Trust and the other NEDs	**CH**	As required					
Ratify the removal of a governor from the Council of Governors	**CH**	As required					
Approve the establishment / disbanding of Council of Governors sub-committees	**CH**	As required					
Holding the Non-executive Directors to Account (monthly / annual)							
Receive the Audit Committee annual report	**MW**			X			
Receive a high-level report on the outcome of the NED and Chair appraisal (Link to ARC cycle)	**CH**		X				
Make a report to members on how they have carried out their duties	**CH**				X		
NEDs Annual Declaration of Interests, Fit and Proper Declarations and Independence (as reported to Board)	**CH**		X				

	Lead	14 February 2018	15 May 2018	3 July 2018	Ann Members' Meeting – 31 July 2017	Board to Board – 5 September 2018	8 November 2018
Council of Governors' Administrative Business							
Approval of the Council of Governors' Annual Cycle of Business	**CH**	X					
Receive future meeting dates	**CH**			X			
Review the Council of Governors' Terms of Reference	**CH**			X			
Effectiveness review	**FL**		X				
Review the Declarations of Interest and Register of Interests for governors	**CH**		X				
Governor non-attendance	**CH**	X	X	X			X
Review of Policies and Procedures and governance documents relating to the Council of Governors (as and when)							
Procedure for the Reimbursement of Expenses for Governors (CG-0000)	**CH**		Next due November 2020				
Code of Conduct and Standards of Behaviour for Governors (CG-0001)	**CH**		Next due May 2019				
Local Working Instructions for Council of Governors' Meeting Etiquette (OP-0023)	**CH**		To be refreshed				
Role Description for the Council of Governors and a Governor	**CH**		If refreshed				
Role Description for the Lead Governor	**CH**		If refreshed				

Related documents:

- Reservation of Powers to the Board of Directors and Council of Governors and Schedule of Decisions / Duties Delegated by the Board of Directors (known as "The Scheme of Delegation")
- Role description of a Governor
- Terms of Reference for the Council of Governors

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MEETINGS OF THE COUNCIL OF GOVERNORS

2018		
DATE	**START TIME OF PUBLIC COUNCIL OF GOVERNORS**	**VENUE FOR COUNCIL OF GOVERNORS MEETING**
Wednesday 14 February 2018	12.30pm	Cypress Room, Bridge Community Church, Rider Street, Leeds, LS9 7BQ
Tuesday 15 May 2018	12.30pm	Large Function Room, St George's Centre, Great George Street, Leeds, LS1 3DL
Tuesday 3 July 2018	12.30pm	Large Function Room, St George's Centre, Great George Street, Leeds, LS1 3DL
Thursday 8 November 2018	12.30pm	Large Function Room, St George's Centre, Great George Street, Leeds, LS1 3DL

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MEETINGS OF THE COUNCIL OF GOVERNORS

2019		
DATE	**START TIME OF PUBLIC COUNCIL OF GOVERNORS**	**VENUE FOR COUNCIL OF GOVERNORS MEETING**
Tuesday 5 February 2019	12.30pm	To be confirmed.
Thursday 9 May 2019	12.30pm	To be confirmed.
Tuesday 16 July 2019	12.30pm	To be confirmed.
Thursday 7 November 2019	12.30pm	To be confirmed.