

PUBLIC MEETING OF THE COUNCIL OF GOVERNORS
will be held at 1pm on Tuesday 2 July 2024
in the Cheer Room, The Studio, Riverside West,
Whitehall Road, Leeds LS1 4AW

A G E N D A

LEAD

1	Welcome and introductions (verbal)	Merran McRae
2	Apologies for absence (verbal)	Merran McRae
3	Sharing Stories: Red Kite View (presentation on the day)	Nick Mant & Nik Lee
4	Changes to any declaration of interests and declaration of any conflicts of interest in respect of agenda items (paper to read)	Merran McRae
5	Minutes	Merran McRae
5.1	Minutes of the public Council of Governors' meeting held on the 30 April 2024 (paper to read)	Merran McRae
6	Matters arising (verbal)	Merran McRae
7	Cumulative Action Log – actions outstanding from previous public meetings (paper to read)	Merran McRae
8	Report from the Chair of the Trust (paper to read)	Merran McRae
9	Report from the Chief Executive (slides to read)	Dr Sara Munro
10	Trust Strategy Refresh Consultation (paper to read)	Oliver Tipper
11	Report from the Lead Governor (verbal)	Les France
12	Finance Update (presentation)	Dawn Hanwell
13	Board Subcommittee Chair's Reports and performance data:	
13.1	Reports from the Chair of the Finance and Performance Committee: 23 April and 24 May 2024 (paper to read)	Cleveland Henry Mark Dodd
13.2	Report from the Chair of the Workforce Committee: 15 April 2024 (paper to read)	Zoe Burns-Shore Darren Skinner
13.3	Reports from the Chair of the Quality Committee: 11 April and 9 May 2024 (paper to read)	Dr Frances Healey Nichola Sanderson

13.4	Report from the Chair of the Audit Committee: 16 April 2024 (paper to read)	Martin Wright Dawn Hanwell
14	Auditors' Report on the Annual Accounts (paper and presentation)	Salma Younis
15	Update on the Patient and Carer Race Equality Framework and the work to address health inequalities (presentation on the day)	Dr Anna Ray
16	Process for the Nomination and Election of a Lead Governor (paper to read)	Clare Edwards

The next public meeting of the Council of Governors will be held on the 7 November 2024 at 1pm via Teams.

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

Name: Clare Edwards (Associate Director for Corporate Governance / Trust Board Secretary)
Email: clare.edwards34@nhs.net
Telephone: 07815 924 185

Name: Merran McRae (Chair of the Trust)
Email: merran.mcrae1@nhs.net
Telephone: 0113 8555913

Declaration of Interests for the Council of Governors

[illegible]

Name	Directorships, including Non-executive Directorships, held in other organisations (with the exception of those of dormant companies).	Ownership, or part-ownership, of private companies, businesses or consultancies likely or possibly seeking to do business with the NHS.	Majority or controlling shareholdings in organisations likely or possibly seeking to do business with the NHS.	A position of authority in a charity or voluntary organisation in the field of health and social care.	Any connection with a voluntary or other organisation contracting for NHS services.	Any substantial or influential connection with an organisation, entity or company considering entering into or having entered into a financial arrangement with the Trust, including but not limited to lenders or banks.	Any other commercial or other interests you wish to declare.	Declaration on behalf of Spouse / co-habiting partner / close family member
Matthew Knight	Chair Older Citizens Advocacy York Trustee York Centre for Voluntary Services Trustee York Samaritans	None.	None.	Chair Older Citizens Advocacy York Trustee York Centre for Voluntary Services Trustee York Samaritans	None.	None.	None.	None.
Nicola Lister	Finance Director NDL Software Ltd. Finance Director Reallflare Ltd.	None.	None.	None.	None.	None.	None.	None.
Carole Myers	None.	None.	None.	Co-chair Service User Network, Leeds and York Partnership NHS Foundation Trust	None.	None.	None.	None.
Ivan Nip	None.	None.	None.	Trustee Advonet	Trustee Advonet	Trustee Advonet	None.	None.
Peter Ongley	None.	None.	None.	None.	None.	None.	None.	None.
Becky Oxley	None.	None.	None.	None.	Leeds Way Welcome Volunteer Leeds Teaching Hospitals NHS Trust	None.	None.	None.

Name	Directorships, including Non-executive Directorships, held in other organisations (with the exception of those of dormant companies).	Ownership, or part-ownership, of private companies, businesses or consultancies likely or possibly seeking to do business with the NHS.	Majority or controlling shareholdings in organisations likely or possibly seeking to do business with the NHS.	A position of authority in a charity or voluntary organisation in the field of health and social care.	Any connection with a voluntary or other organisation contracting for NHS services.	Any substantial or influential connection with an organisation, entity or company considering entering into or having entered into a financial arrangement with the Trust, including but not limited to lenders or banks.	Any other commercial or other interests you wish to declare.	Declaration on behalf of Spouse / co-habiting partner / close family member
Amy Pratt	None.	None.	None.	None.	None.	None.	Committee member Food Services Specialist Group of the British Dietetic Association Clinical Leader British Dietetic Association	None.
Helen Pyne	None.	None.	None.	None.	None.	None.	None.	None.
Adam Redhead	None.	None.	None.	None.	None.	None.	None.	None.
Joseph Riach	None.	None.	None.	None.	None.	None.	None.	None.
Jon Salway	None.	None.	None.	None.	None.	None.	None.	None.
Madhulika Singh	Co-founder and Director Koru Foundation, India	None.	None.	Co-founder and Director Koru Foundation, India	None.	None.	None.	None.
Anne Toone	Trustee / Non-executive Director Disability Positive	None.	None.	None.	None.	None.	None.	Non-executive Director Northern Nuclear Alliance Ltd.

Name	Directorships, including Non-executive Directorships, held in private companies or PLCs (with the exception of those of dormant companies).	Ownership, or part-ownership, of private companies, businesses or consultancies likely or possibly seeking to do business with the NHS.	Majority or controlling shareholdings in organisations likely or possibly seeking to do business with the NHS.	A position of authority in a charity or voluntary organisation in the field of health and social care.	Any connection with a voluntary or other organisation contracting for NHS services.	Any substantial or influential connection with an organisation, entity or company considering entering into or having entered into a financial arrangement with the Trust, including but not limited to lenders or banks.	Any other commercial or other interests you wish to declare.	Declaration on behalf of Spouse / co-habiting partner / close family member
APPOINTED GOVERNORS								
Cllr Ian Cuthbertson	Non-executive Director City of York Trading Ltd.	None.	None.	Trustee St Wilfred's Eleemosynary Charity	None.	None.	Elected Member City of York Council	Elected Member City of York Council
Tessa Denham	None.	None.	None.	Chief Executive Officer Women's Counselling and Therapy Service	None.	None.	None.	None.
Gabriella Obeng Nyarko	None.	None.	None.	None.	None.	None.	None.	None.
Cllr Fiona Venner	None.	None.	None.	Trustee Leeds Rugby Foundation	None.	None.	Councillor Labour – Kirkstall Ward Executive Board Member Children's Social Care and Health Partnerships, Leeds City Council	None.

**Minutes of the Public Meeting of the Council of Governors
held on Tuesday 30 April 2024 at 1pm in the Cheer Room, The Studio,
Riverside West, Whitehall Road, Leeds, LS1 4AW**

PRESENT:

Merran McRae – Chair of the Trust (Chair of the meeting)

Public Governors

Oliver Beckett
Dr Ivan Nip

Service User Governors

Joseph Riach
Becky Oxley
Rachel Gibala

Carer Governors

Jon Salway
Peter Ongley

Executive Directors

Dr Chris Hosker
Dr Sara Munro
Nichola Sanderson

Staff Governors

Ian Andrews
Dr Gail Harrison
Amy Pratt
Nicola Binns

Appointed Governors

Ian Cuthbertson

Non-Executive Directors

Dr Frances Healey
Katy Wilburn
Martin Wright

IN ATTENDANCE:

Jennifer Bailey – Clinical Lead for the Learning Disability Services
Kieran Betts – Corporate Governance Officer
Rose Cooper – Deputy Head of Corporate Governance
Clare Edwards – Associate Director for Corporate Governance
Amy Harker – People Engagement Practitioner
Peter Johnstone – Head of Operations for the Learning Disability Services
Alison Kenyon - Deputy Director of Service Development
Kerry McMann – Head of Corporate Governance / Deputy Trust Board Secretary
Luke Shepherd – Head of Operations for Community and Wellbeing Services
Oliver Tipper – Head of Communications
Sarah Turner – People Engagement Lead
Carole Myers – Member of the public
Nicola Lister – Member of the public

24/018 Welcome and introductions (agenda item 1)

Merran McRae opened the meeting at 1pm and welcomed everyone.

24/019 Sharing Stories: Learning Disability Service (agenda item 2)

Peter Johnstone and Jennifer Bailey delivered a presentation on the Trust's Learning Disability Service. They explained that the service had three components (Community Services, Planned Care Respite Services, and the Specialist Supported Living Service) and provided further details on each. They went on to outline the challenges and risks faced by the service and the opportunities and future developments for the service.

The Council first discussed the Specialist Supported Living Service (SSLS), noting that the houses used were owned by private landlords. Jon Salway asked how the Trust monitored the quality of the accommodation and how the rising cost of rent was managed. Peter Johnstone explained that this service was commissioned by Leeds City Council (LCC) and the landlords were therefore accountable to LCC, noting that a Service-level Agreement was in place. He added that the SSLS was separately registered as a Social Care Service with the Care Quality Commission (CQC) so was subject to rigorous inspections. Jennifer Bailey reassured the Council that the properties were of a high standard and outlined the governance structures in place for the escalation of any issues.

Peter Ongley asked about the assessment process for the service. Peter Johnstone explained that individuals were nominated by a nominations panel led by LCC (Adult Social Care), noting that the service would then assess the individual to decide whether the service would be suitable for them. Joseph Riach asked what the waiting times were following a referral from primary care to the service and what support was in place for individuals while they waited. Jennifer Bailey explained that the majority of referrals to the service came from supported living homes or family homes, where an existing package of care would be in place with an allocated care manager. She went on to outline the systems in place to triage referrals based on risk and health needs, noting that urgent referrals would be immediately allocated.

The Council next discussed an issue around Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) decisions being made and recorded on the care plans of people with learning disabilities in acute hospitals without consent. Jennifer Bailey confirmed that she was working with Leeds Teaching Hospitals NHS Trust to ensure improvements were made to the quality of care for people with learning disabilities when they were admitted. She outlined that a standard operating procedure was being co-produced and governance structures were being implemented, with monthly and quarterly meetings taking place. She added that the Trust was reviewing and implementing the recommendations published within the 'Caring for adults with a learning disability in acute hospitals' report that was published by the Health Services Safety Investigations Body in November 2023.

The Council **received** a presentation on the Trust's Learning Disability Services and **thanked** Jennifer Bailey and Peter Johnstone for their presentation.

24/020 Apologies for absence (agenda item 3)

Apologies were noted from the following governors: Tessa Denham (Appointed Governor), Les France (Public Governor), Oliver Hanson (Clinical Staff Governor), Matthew Knight (Appointed Governor), Gabriella Obeng Nyarko (Appointed Governor) and Cllr Fiona Venner (Appointed Governor).

Apologies were received from the following executive directors: Joanna Forster Adams, Chief Operating Officer; Dawn Hanwell, Chief Financial Officer; and Darren Skinner, Director of People and Organisational Development. Apologies were also received from the following non-executive directors: Zoe Burns-Shore, Kaneez Khan and Cleveland Henry.

The meeting was quorate.

24/021 Changes to any declaration of interests and declaration of any conflicts of interest in respect of agenda items (agenda item 4)

No governor declared any conflict of interest in respect of agenda items.

24/022 Annual Declarations for Governors (agenda item 4.1)

The Council **noted** all interests declared by governors as at the 1 April 2024. Merran **reminded** any governors with an outstanding or incomplete declaration to submit their declaration as soon as possible.

24/023 Non-executive Directors' Annual Declarations of Interests, Independence, and Fit and Proper Person (agenda item 4.2)

The Council **noted** the declarations of interests as per the matrix; **noted** that all directors had been judged and declared themselves to be fit and proper; and **noted** that all NEDs had declared they are independent.

24/024 Minutes of the public Council of Governors' meeting held on the 1 February 2024 (agenda item 5.1)

The minutes of the public Council of Governors' meeting held on the 1 February 2024 were **approved** as a true record.

24/025 Matters arising (agenda item 6)

The Council **agreed** that there were no matters arising that were not either on the agenda or on the action log.

24/026 Cumulative action log – actions outstanding from previous public meetings (agenda item 7)

The Council **received** the cumulative action log, **noted** the updates provided, and **agreed** the actions reported as complete.

24/027 Chair's Report (agenda item 8)

Merran presented her Chair's Report. She informed the Council that Tessa Denham had been named as the new appointed governor representing Volition Leeds and would be attending her first meeting in July 2024. She provided an update on the governor election, announcing that nine individuals had been elected unopposed and confirmed that the final results would be available on 30 May 2024. She confirmed that there had been no changes to the Board of Directors since the last meeting.

Merran next informed the Council that as of 30 April 2024, Matthew Knight would no longer be the appointed governor representing York Centre for Voluntary Services (CVS), noting that York CVS had opted to no longer appoint a governor to the Council. The Council was pleased to hear, however, that Matthew Knight had been elected uncontested as a public governor representing York and North Yorkshire.

Merran went on to remind the Council that this would be the last meeting for Rachel Gibala and Oliver Hanson. She thanked them both for their contributions during their time on the Council and wished them the best for the future. She also thanked governors for their involvement in recent service visits.

The Council **noted** the report from the Chair of the Trust.

24/028 Report from the Chief Executive (agenda item 9)

Sara Munro presented her report. She highlighted the work being undertaken to deliver the Trust's People Plan and refresh the priorities for 2024-27, the publication of the Care Services Strategic Plan, and the award nominations received by services, teams and individuals in the Trust. She provided an update on industrial action, noting that the junior doctors had voted to extend their strike mandate to 19 September 2024. She confirmed that as of 30 April 2024, the Trust had not been notified of any dates for future industrial action by junior doctors.

Sara next highlighted the update provided on the Cass Review into gender identity services for children and young people, confirming that the Trust had contributed as fully as it could have with the review. She informed the Council that a review into gender identity services for adults was also planned, which was due to be discussed with the Clinical and Operational Leads from the Gender Identity Service at the private Board of Directors' meeting on 30 May 2024.

The Council thanked Sara for her report and noted the updates provided.

The Council **received** the report from the Chief Executive.

24/029 Refreshing the Trust's Brand Identity (agenda item 10)

Oliver Tipper delivered a presentation which provided an update on the work undertaken to review and refresh the Trust's brand identity. He outlined the main changes that had been made and informed the Council that feedback had been sought from lived experience partners, staff and system partners throughout the process.

The Council discussed the refreshed brand identity. It acknowledged the emotional associations attached to the NHS logo and noted that the Trust's logo had not changed. It welcomed the clear proposition statement that had been co-produced. Gail Harrison queried the language used in the Trust's strapline and suggested that the word 'neurodiversity' could be misleading as it included a number of conditions, such as dyslexia, that the Trust did not provide services for. Oliver acknowledged this and agreed to consider this. He noted the discussions that had taken place in focus groups as part of this project. The Council explored how the brand's success could be measured.

The Council asked about the ambition for the Trust's brand. Oliver explained that the Trust's brand supported the growth of the Trust's reputation to be recognised as a great place to receive care, a great place to work, and a great partner to work with across the communities it serves. He added that the Trust's values and behaviours were integral to how the Trust carried out its business.

The Council agreed that the Trust had a strong brand identity, acknowledging that the values had been embedded into the appraisals process and the ambition to move towards values-based recruitment. It thanked Oliver for the presentation.

The Council **received** a presentation which provided an update on the work undertaken to review and refresh the Trust's brand identity. It **agreed** that the Trust had a strong brand, acknowledging that the values had been embedded into the appraisals process and the ambition to move towards values-based recruitment.

24/030 Report from the Lead Governor (agenda item 11)

Amy Pratt fed back on a discussion that took place at the governor pre-meet about the new format of performance reporting to the Council and the introduction of chair's reports from Board subcommittees. She reported that governors noted and appreciated the changes made and would wait until another set of data had been presented to the July meeting before providing further comment and feedback. Ian Andrews also suggested that the non-executive directors provide feedback on how they find the new way of reporting to the Council.

The Council **thanked** Amy Pratt for the update provided on behalf of the Lead Governor.

24/031 Report from the Chair of the Finance and Performance Committee: 25 March 2024 (agenda item 12.1)

Katy Wilburn introduced the chair's report from the Finance and Performance Committee held on 25 March 2024 which had been presented to the March Board of Directors' meeting. She summarised the key points in the report.

The Council noted that there were a number of acronyms in the performance reports and asked if simpler language could be used. Merran suggested that a glossary for acronyms was provided to accompany the data and it was agreed that this would be noted as an action for future reports. The Council then highlighted the importance of governors understanding the Trust's finances at this point in the financial cycle. It was agreed that Dawn would provide a detailed update on the Trust's financial position at the July meeting. The Council also noted that it was due to receive the Auditors' Report on the Annual Accounts at the next meeting.

DH

DH

A staff governor on the Council referred to the update received by the Committee on the Trust's Procurement and Logistics function and mentioned the challenges experienced by some staff regarding delayed payments and asked if this was discussed at the Committee meeting. Katy Wilburn responded that the Committee had noted the improved position with regard to the Trust's Procurement function but recognised that there were some residual issues with transactional procurement which the team were still working through. Merran asked that Dawn provide some assurance to governors on this issue as part of her finance update at the next meeting.

DH

The Council also discussed the Mental Health Investment Standard, which is protected money for mental health provision, and heard how this functioned at Trust and system level.

The Council **thanked** Katy for the report and **noted** the information provided.

24/032 Report from the Chair of the Workforce Committee: 15 February 2024 (agenda item 12.2)

Merran presented the report on behalf of the Chair of the Workforce Committee. She noted that there was a presentation on the Staff Survey and Bank Staff Survey results later on the agenda which would cover some of the issues mentioned in the report. The Council did not have any questions on the report at this point in time.

The Council **noted** the information provided.

24/033 Reports from the Chair of the Quality Committee: 8 February and 14 March 2024 (agenda item 12.3)

Frances Healey introduced the chair's reports from recent Quality Committee meetings which had been presented to the March Board of Directors' meeting. She summarised the key points in the reports. She noted that the reports provided a summary of the monthly activity of the Committee and reassured the Council that it undertook 'deep dives' into areas such as patient safety and falls prevention at specific points in the year.

The Council **thanked** Frances for the report and **noted** the information provided.

24/034 Report from the Chair of the Mental Health Legislation Committee: 6 February 2024 (agenda item 12.4)

Katy Wilburn introduced the chair's report from the Mental Health Legislation Committee held on 6 February 2024 which had been presented to the March Board of Directors' meeting. She summarised the key points in the report. The Council noted that work was being conducted at Integrated Care Board level to examine the data on diverging health outcomes for Black and Minority Ethnic Groups and discussed the research associated with this.

The Council **thanked** Katy for the report and **noted** the information provided.

Sara Munro left the meeting.

24/035 Update on Community Mental Health Transformation (agenda item 13)

Alison Kenyon and Luke Shepherd delivered a detailed presentation on the community mental health transformation. They outlined the vision for a transformed mental health system and provided an overview of the new model of community care that had been developed with all partners across Leeds. They also outlined the benefits of the new approach, highlighted some potential risks, and discussed the next steps. The Council noted that a 'test and learn' approach was being used to soft

launch the transformation across Leeds which would be undertaken in three phases. Luke explained that the first wave had recently launched in March 2024 with a small number of primary care networks and the rest of the networks would come on board in the second and third waves by the end of this financial year. The Council thanked Alison and Luke for the informative presentation which would be circulated to governors after the meeting.

RC

The Council **thanked** Alison and Luke for the informative presentation and looked forward to receiving future updates.

24/036 2023 NHS Staff Survey and Bank Staff Survey Results (agenda item 14)

Amy Harker and Sarah Turner introduced the paper which summarised the results and outcomes of the 2023 Staff Survey, Bank Staff Survey and Volunteers Survey. They outlined how the Trust's results compared to previous years and highlighted emerging themes.

The Council noted that a higher percentage of bank staff than substantive staff experienced bullying, harassment or abuse from service users, their carers or other members of the public and asked if this was more common in some services than others. The Council also noted that more bank staff experienced bullying, harassment, and abuse from colleagues than substantive staff and asked what was being done to improve this. Amy Harker responded that the data for these questions was being analysed for trends and hot spot areas. She also talked about the organisational development and civility and respect work aimed at providing targeted improvements and support for managers in areas with high levels of bullying and harassment. The Council also heard about some of the other initiatives the Trust had implemented to support staff such as the 360 Manager programme and values-based recruitment.

The Council then highlighted that there was a noticeable difference in the experience between bank and substantive staff across the various People Promise Elements, with bank staff generally scoring lower. Amy Harker explained that bank staff often covered shifts in services that had higher levels of acuity which could impact on their experience. She reassured the Council that the results had been presented to the Bank Forum for feedback and that this group was developing its intention plan for the coming year. She added that in future years national benchmarking data would be available which would allow the Trust to compare its bank staff results with those of other trusts rather than to its own substantive staff, which might provide more helpful comparisons. The Council then highlighted the increased response rate for bank staff this year which indicated that this group of staff was more engaged than previous years and felt safe enough to provide honest feedback. The Council commended the team for their work on this.

The Council **thanked** Amy and Sarah for their presentation and **noted** the significant amount of work undertaken by the team to engage with staff and analyse the data.

24/037 Update on the arrangements for the 2024 Annual Members' Meeting (agenda item 15)

The Council **noted** the arrangements for the 2024 Annual Members' Meeting.

The Chair of the meeting closed the public meeting of the Council of Governors of Leeds and York Partnership NHS Foundation Trust at 3:51pm. She thanked governors and members of the public for their attendance.

Cumulative Action Report for the Public Council of Governors' Meeting

OPEN ACTIONS

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
<p>23/039 - Sharing Stories: Update on Synergi Leeds (July 2023 - agenda item 2)</p> <p>The Council noted that NHS England had developed a Patient and Carers Race Equalities Framework to support trusts to improve ethnic minority community experiences of care in mental health services and agreed to discuss this at a future meeting.</p>	<p>Sophie Valinakis</p>	<p>July 2024</p>	<p>A presentation on the Patient and Carer Race Equality Framework (PCREF) and the work to address health inequalities has been scheduled for the July meeting.</p>

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
<p>23/039 - Sharing Stories: Update on Synergi Leeds (July 2023 - agenda item 2)</p> <p>The Council noted that currently the performance report only included one metric relating to ethnicity which was about the recording of ethnicity data and agreed it would be useful to receive data on areas such as detention rates and restrictive interventions by ethnicity.</p>	<p>Sophie Valinakis</p>	<p>July 2024</p>	<p>This will be established as part of the implementation of the Patient and Carer Race Equality Framework (PCREF). Our newly appointed Head of Health Equity, Sophie Valinakis, commences in February so an update on progress and metrics has been scheduled for July 2024.</p>
<p>24/031 - Report from the Chair of the Finance and Performance Committee: 25 March 2024 (April 2024 - agenda item 12.1)</p> <p>It was agreed that Dawn would provide a detailed update on the Trust's financial position at the July meeting.</p>	<p>Dawn Hanwell</p>	<p>July 2024</p>	<p>This is on the agenda for the July meeting.</p>

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
<p>24/031 - Report from the Chair of the Finance and Performance Committee: 25 March 2024 (April 2024 - agenda item 12.1)</p> <p>A staff governor on the Council referred to the update on the Trust's Procurement and Logistics function in the Finance and Performance Committee Chair's Report and mentioned the challenges experienced by some staff regarding delayed payments. Merran asked that Dawn provide some assurance to governors on this issue as part of her finance update at the next meeting.</p>	Dawn Hanwell	July 2024	To be included in Dawn's finance update scheduled for the July meeting.
<p>23/054 - Sharing Stories: The Trust's Voluntary Services (November 2023 - agenda item 2)</p> <p>It was agreed that executive directors would look into whether the number of placements for volunteers could be increased across inpatient settings and if there were any barriers preventing volunteers being placed on wards.</p>	Alison Kenyon	November 2024	This item has been scheduled for the November meeting to allow time for Alison Kenyon to work with the Trust's lead for volunteers and heads of inpatient services to progress this work in line with the Care Services Delivery and Development Group.

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
<p>24/009 - Report from the Chief Executive (February 2024 - agenda item 9)</p> <p>The Council noted that Sara Munro had joined the Leeds Poverty Truth Commission, and it was agreed that a more detailed update on this would come to a future meeting.</p>	Sara Munro	Meeting in 2025	This has been added to the Council of Governors' forward plan for 2025.
<p>24/014 - Report from the Chair of the Quality Committee (February 2024 - agenda item 14)</p> <p>Sara informed the Council that an investigation was being done by the Health Services Safety Investigation Branch into the way trusts record and learn from instances where people have died in the care of mental health services and that the Trust had volunteered to contribute to this review which was expected next year. It was agreed that an update on the learning from the review would be provided at a future meeting.</p>	Sara Munro	Meeting in 2025	This has been added to the Council of Governors' forward plan for 2025.

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
<p>24/031 - Report from the Chair of the Finance and Performance Committee: 25 March 2024 (April 2024 - agenda item 12.1)</p> <p>The Council noted that there were a number of acronyms in the performance reports and asked if simpler language could be used. Merran suggested that a glossary for acronyms was provided to accompany the data and it was agreed that this would be noted as an action for future reports.</p>	Dawn Hanwell	Management action	<p><u>COMPLETE</u></p> <p>A glossary for acronyms and abbreviations has been appended to the Service Performance Report.</p>
<p>24/035 - Update on Community Mental Health Transformation (April 2024 - agenda item 13)</p> <p>It was agreed that the presentation on community mental health transformation would be circulated to governors after the meeting.</p>	Rose Cooper	Management action	<p><u>COMPLETE</u></p> <p>The presentation was circulated to governors via email on 2 May 2024.</p>

COMPLETED ACTIONS

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
<p>23/051 - Quarterly Quality and Performance Update Report and Non-clinical Dataset (July 2023 - agenda item 14)</p> <p>The Council asked if the commentary on key discussions, issues and actions could be situated at the beginning of the Quarterly Quality and Performance Update Report to provide context for the performance metrics later in the report.</p>	<p>Joanna Forster Adams</p>	<p>Management action</p>	<p>This action has been closed and superseded by a new action (24/012) for Les France and Joanna Forster Adams to review how performance data is presented to the Council.</p>
<p>23/066 - Quarterly Quality and Performance Update Report including Non-clinical Dataset (November 2023 - agenda item 14)</p> <p>It was agreed that Alison Kenyon would contact Becky Oxley outside of the meeting to discuss the issues she had raised in relation to accessing the Trust's Crisis Services in more detail.</p>	<p>Alison Kenyon</p>	<p>Management action</p>	<p>This meeting took place and Alison is involving Becky in the Crisis Transformation Programme.</p>

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
<p>23/066 - Quarterly Quality and Performance Update Report including Non-clinical Dataset (November 2023 - agenda item 14)</p> <p>It was agreed that the Council would receive an update on community transformation at a future meeting.</p>	Alison Kenyon	April 2024	This was received at the April meeting.
<p>24/012 - Quarterly Quality and Performance Update Report (February 2024 - agenda item 12)</p> <p>The Council discussed what performance information it would like to receive going forward. It was agreed that Les France would link with Joanna Forster Adams to inform the review of the report and consider how more timely performance data could be presented to governors going forward.</p>	Joanna Forster Adams	Management action	Meeting took place between the Lead Governor, LYPFT Chair, Company Secretary and Chief Operating Officer. We are trialling the inclusion of the metrics and information set pertinent and considered by Board subcommittees in Chair's Reports. We will be working with CoG members to evaluate this whilst the ongoing development of the STEEEP (Safe, Timely, Effective, Efficient, Equitable, and Patient-centred) dashboard continues.

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
<p>24/013 - Update from the Multi Agency Discharge Event (February 2024 - agenda item 13)</p> <p>The Council noted that some of the charts in the paper had not printed clearly and it was agreed that Alison Kenyon would recirculate the charts in another format.</p>	<p>Alison Kenyon</p>	<p>Management action</p>	<p>The charts from the Multi Agency Discharge Event paper that was presented to February CoG were recirculated to governors on a PowerPoint slide on 27 March 2024.</p>
<p>24/014 - Report from the Chair of the Quality Committee (February 2024 - agenda item 14)</p> <p>The Council discussed the publication of a report into learning from deaths at the Norfolk and Suffolk NHS Foundation Trust by Grant Thornton and noted that the Quality Committee had recently reviewed a paper on the findings of this report. It was suggested that the paper that went to the Quality Committee was shared with governors and executive directors on the Committee agreed to consider if this would be appropriate.</p>	<p>Chris Hosker / Nichola Sanderson</p>	<p>Management action</p>	<p>Given the content of the report and the sensitivities associated with this, it was felt the report should not be shared outside of the Part B Quality Committee meeting.</p>

REPORT FROM THE CHAIR OF THE TRUST

**PUBLIC COUNCIL OF GOVERNORS' MEETING
HELD 2 JULY 2024**

Changes to the membership of the Council of Governors

Governors are advised that the last round of elections finished on 30 May 2024, and I am very pleased to announce that the following seats were filled:

- Ian Andrews – Staff: Non-clinical (re-elected)
- Gail Harrison – Staff: Clinical (re-elected)
- Ivan Nip – Public: Leeds (re-elected)
- Joseph Riach – Service user: Leeds (re-elected)
- Matthew Knight – Public: York and North Yorkshire
- Leila Abadi-Bulmer – Carer: Leeds
- Miranda Arieah – Public: Leeds
- Nicola Lister – Public: Leeds
- Madhulika Singh – Public: Leeds
- Helen Pyne – Public: Rest of England and Wales
- Carole Myers – Service user: Leeds
- Martyn Sinclair – Service user: Leeds
- Adam Redhead – Staff: Clinical
- Anne Toone – Staff: Non-clinical

Soon after the election, we were advised that due to a sudden change in personal circumstances, Martyn Sinclair was unable to take up his seat on the Council and he stepped down.

On 18 June there was a Governor Induction session where I had the pleasure of meeting many of our new governors. I would like to congratulate all our new governors who have been elected and welcome them to the Council. I would also like to welcome Ian, Gail, Ivan and Joseph back to the Council as they were re-elected. I very much look forward to working with you all.

As of writing this report, I can advise the following seats are unfilled. These will go forward into the next round of elections which will start in 2025:

- 1 x Carer: York and North Yorkshire
- 1 x Service user: York and North Yorkshire
- 1 x Service user and carer: Rest of UK

Changes to the membership of the Board of Directors

There have been no changes to the membership of the Board of Directors since the last meeting on 30 April 2024.

Non-executive Directors' attendance at Board meetings (rolling 12 months)

Non-executive Directors

Name	27 July 2023	28 September 2023	30 November 2023	25 January 2024	28 March 2024	30 May 2024	20 June 2024 (Extraordinary)
Merran McRae (Chair)	✓	✓	✓	✓	✓	✓	✓
Helen Grantham	✓	✓					
Frances Healey	✓	✓	✓	✓	✓	✓	✓
Cleveland Henry	-	✓	✓	-	✓	✓	✓
Kaneez Khan	✓	✓	✓	✓	✓	✓	✓
Martin Wright	✓	✓	✓	✓	✓	✓	✓
Katy Wilburn	✓	✓	-	✓	✓	✓	✓
Zoe Burns-Shore			✓	✓	-	✓	✓

- ✓ Shows attendance
 - Indicates those non-executive directors who sent apologies
 Indicates when a non-executive director was not eligible to attend the meeting.

Executive Directors' attendance at Board meetings (rolling 12 months)

Name	27 July 2023	28 September 2023	30 November 2023	25 January 2024	28 March 2024	30 May 2024	20 June 2024 (Extraordinary)
Sara Munro	✓	✓	✓	✓	✓	✓	✓
Joanna Forster Adams	✓	✓	✓	✓	✓	✓	✓
Dawn Hanwell	✓	✓	✓	✓	✓	✓	✓
Chris Hosker	✓	✓	✓	✓	✓	✓	✓
Darren Skinner	✓	✓	✓	✓	✓	✓	✓
Nichola Sanderson	✓	✓	✓	✓	-	✓	✓

- ✓ Shows attendance
 - Indicates those executive directors who sent apologies
 Indicates when a executive director was not eligible to attend the meeting.

Attendance by non-executive directors at Council of Governors' meetings (rolling 12 months)

Name	4 July 2023	2 November 2023	1 February 2024	30 April 2024
Merran McRae (Chair)	✓	✓	✓	✓
Dr Frances Healey	-	✓	✓	✓
Helen Grantham	✓	✓		
Cleveland Henry	✓	✓	✓	-
Kaneez Khan	✓	✓	✓	-
Martin Wright	✓	✓	✓	✓
Katy Wilburn	-	-	-	✓
Zoe Burns-Shore		✓	-	-

- ✓ Shows attendance
 - Indicates those non-executive directors who sent apologies
 Indicates when a non-executive director was not eligible to attend the meeting.

Attendance by non-executive directors at Board sub-committee meetings (rolling 12 months)

- ✓ Shows attendance
 - Indicates those non-executive directors who sent apologies
 Indicates when a non-executive director was not eligible to attend the meeting.

Quality Committee	14 September 2023	10 October 2023	16 November 2023	11 January 2024	8 February 2024	14 March 2024	11 April 2024	9 May 2024	13 June 2024
Dr Frances Healey	✓	✓	✓	✓	✓	✓	✓	✓	✓
Helen Grantham	✓	✓							
Zoe Burns-Shore			-	-	✓	✓	✓	✓	✓

Audit Committee	18 July 2023	17 October 2023	17 November 2023 (Extraordinary)	16 January 2024	16 April 2024	18 June 2024 (Extraordinary)
Martin Wright	✓	✓	✓	✓	✓	✓
Dr Frances Healey	✓	✓	✓	✓	✓	✓
Cleveland Henry	✓	✓	✓	✓	✓	✓

Mental Health Legislation Committee	1 August 2023	7 November 2023	6 February 2024	13 June 2024
Kaneez Khan	✓	✓	✓	✓
Merran McRae	-	-		
Katy Wilburn			✓	✓

Finance and Performance Committee	26 September 2023	24 October 2023	28 November 2023	23 January 2024	25 March 2024	23 April 2024	24 May 2024
Cleveland Henry	✓	✓	✓	✓	✓	✓	✓
Martin Wright	✓	✓	✓	✓	-	✓	✓
Katy Wilburn	✓	✓	-	✓	✓	✓	✓

Workforce Committee	3 August 2023	5 October 2023	5 December 2023	15 February 2024	15 April 2024	6 June 2024
Helen Grantham	✓	✓				
Kaneez Khan	✓	✓	✓	✓	-	✓
Zoe Burns-Shore		✓	-	✓	✓	✓

Attendance by governors at Council of Governors' meetings (rolling 12 months)

Name	Appointed (A) or elected (E)	COUNCIL BUSINESS MEETINGS ATTENDED			
		4 July 2023	2 November 2023	1 February 2024	30 April 2024
Ian Andrews	E	✓	✓	✓	✓
Oliver Becket	E	-	✓	✓	✓
Caroline Bentham	E	-			
Nicola Binns	E	✓	-	✓	✓
Alex Cowman	E	-			
Ian Cuthbertson	A	✓	✓	-	✓
Tessa Denham	A				-
Les France	E	✓	✓	✓	-
Rachel Gibala	E	-	✓	-	✓
Oliver Hanson	E	-	-	-	-
Gail Harrison	E	✓	-	✓	✓
Matthew Knight	A	-	✓	✓	-
Rebecca Mitchell	E	-			
Sayma Mirza	A	✓			
Ivan Nip	E	✓	✓	✓	✓
Gabriella Obeng Nyarko	A	✓	✓	✓	-
Peter Ongley	E	✓	✓	✓	✓
Becky Oxley	E		✓	-	✓
Amy Pratt	E	✓	✓	✓	✓
Joseph Riach	E	✓	-	✓	✓
Jon Salway	E		✓	✓	✓
Fiona Venner	A	✓	-	-	-

The table above details the number of Council meetings that governors have attended.

Governors are expected to attend Council meetings wherever possible, however, it is recognised there may be legitimate reasons why this is not possible. Attendance by governors is recorded in the minutes by the Corporate Governance Team. Any instance where a governor has missed two or more meetings per *financial year* is discussed by the Chair of the Trust and the Associate Director for Corporate Governance and if needed with the governor concerned. There is an assessment of the reason/s for absence from meetings and any extenuating circumstances. If having reviewed attendance, there is a need for the Council to consider the matter of non-attendance for any governor a separate report will be made to the Council for consideration.

Governors are reminded of the importance of letting the Corporate Governance Team know if they are not going to be at any of the meetings. They must do this prior to the meeting taking place. That way we can be aware if we are not going to be quorate and then manage the business of the meeting accordingly.

Non-executive Director and Governor service visits

Governors are reminded they are invited to join our Non-executive Directors on their service visits. Attached is an update on the programme of learning visits which have been arranged so far.

Merran McRae
Chair of the Trust
20 June 2024

Learning visits undertaken by Non-Executive Directors and Governors

The following table lists the learning visits that have recently taken place and those scheduled for the near future.

Date of visit	Team / Service	Location	Organised with	Non-Exec Director	Governor(s)
Monday 15 January 2024	Red Kite View	Red Kite View, Green Hill Road, Armley, Leeds, LS12 3BY	Nik Lee, Operational Manager	Merran McRae	Gabi Obeng Nyarko
Tuesday 30 January 2024	Low Secure Forensic Service (Leeds)	The Newsam Centre, Seacroft Hospital, York Road, Leeds, LS14 6UH	Josef Faulkner, Head of Operations	Zoe Burns-Shore	Gabi Obeng Nyarko and Nicola Binns
Thursday 8 February 2024	<ul style="list-style-type: none"> - Gender Identity Service - Ward 4 Male Acute - Psychiatric Intensive Care Unit (PICU) - Low Secure Forensic Service 	The Newsam Centre, Seacroft Hospital, York Road, Leeds, LS14 6WB	Mark Dodd, Deputy Director of Operations	Merran McRae	Peter Ongley and Ivan Nip
Tuesday 27 February 2024	Pharmacy Team	The Mount, 44 Hyde Terrace, Woodhouse, Leeds, LS2 9LN	Jane Riley, Chief Pharmacist	Merran McRae	Joseph Riach and Amy Pratt

Learning visits undertaken by Non-Executive Directors and Governors

Date of visit	Team / Service	Location	Organised with	Non-Exec Director	Governor(s)
Tuesday 19 March 2024	Specialised Supported Living Service	Supported Living: Methley Lodge and Sledmere Lane	Debbie Dominy, Clinical Team Manager	Merran McRae	Peter Ongley (1 governor only)
Monday 22 April 2024	Finance Department	St Mary's House, St Mary's Road, Leeds, LS7 3JX	Jonathan Saxton, Deputy Director of Finance	Martin Wright	Joseph Riach
Wednesday 1 May 2024	Memory Assessment Service (East North East Locality)	St Mary's House, St Mary's Road, Leeds, LS7 3JX	Claire Parsons, Clinical Operational Manager	Dr Frances Healey	Nicola Binns
Tuesday 14 May 2024	York Low Secure Forensic Service	Clifton House, Bluebeck Drive, Shipton Road, Rawcliffe, York, YO30 5RA	Josef Faulkner, Head of Operations Dan Hunt, Modern Matron	Dr Frances Healey	Nicola Binns and Ian Cuthbertson
Wednesday 29 May 2024	Acute and Crisis Services	Becklin Centre, Alma Street, Leeds, LS9 7BE	Laura McDonagh, Head of Operations	Cleveland Henry	Gabi Obeng Nyarko

Learning visits undertaken by Non-Executive Directors and Governors

Date of visit	Team / Service	Location	Organised with	Non-Exec Director	Governor(s)
Wednesday 14 August 2024	Eating Disorders Service	The Newsam Centre, Seacroft Hospital, York Road, Leeds, LS14 6UH	Richard Carroll, Head of Operations	Kaneez Khan	TBC
Friday 23 August 2024	Leeds Recovery College	Jamyang Buddhist Centre, Holbeck, LS11 9RQ	Simon Burton, Recovery College Development Manager	Zoe Burns-Shore	TBC

CEO update to the Council of Governors

Dr Sara Munro CEO

2 July 2024

Key points

- Pre-election period with lots of comments on future plans for the NHS by the various political parties.
- Remains business as usual to deliver and improve our services and live within our means.
- At the same time significant work has been carried out in completing our annual reports and statutory declarations to submit to NHSE.
- Session later on the agenda to discuss future Trust Strategy.

Industrial action

Junior doctors

- Will take industrial action ahead of the General Election, beginning at 7am on 27 June 2024 and ending 7am on 2 July.

Consultants

- Consultants in England have accepted the latest Government offer on pay and Doctors' and Dentists' Pay Review Body reform.

Specialist, associate specialist and specialty doctors

- Specialist, Associate Specialist and Specialty (SAS) doctors in England have accepted a new offer from the Government which was put to BMA members via an online referendum.



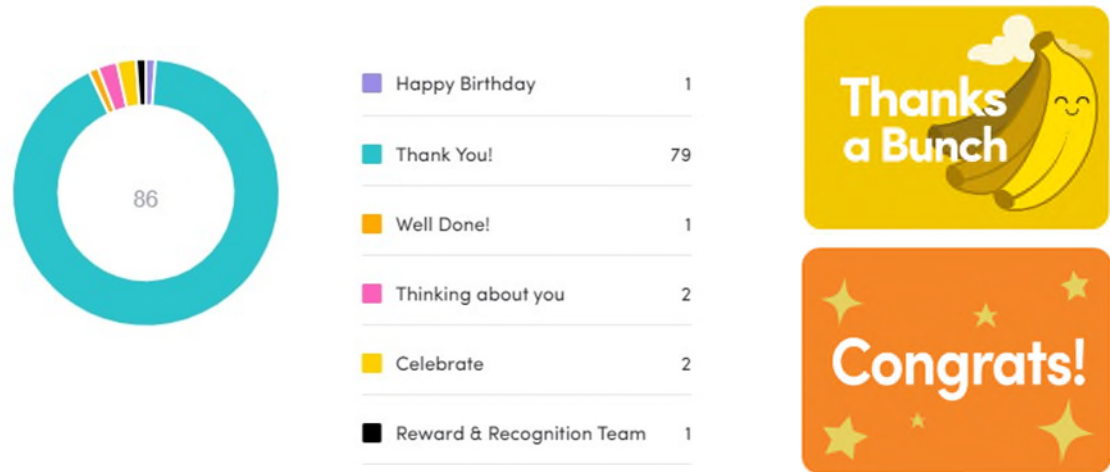
Our People Plan

Updates from People Engagement, Experience, Equality Diversity and Inclusion and Recruitment and Resourcing.

People Experience



A total of 86 Ecards sent in May 2024



- Staff can download the Each Person app to their phone to send Ecards and access exclusive offers from wherever they may be
- Earn cashback as Epoints on purchases, check out the Top Cashback section on the platform
- Access a range of deals and discounts



**Brighten someone's day
– send an ecard today!**

59 trees planted



Top 3 Departments to send Ecards – May 24
1. Becklin Ward 5
2. Yorkshire Centre for Eating Disorders Inpatients
3. Facilities Management

Health and Wellbeing

Health and Wellbeing Champions



June saw the re-launched our Health and Wellbeing Champion network, training took place at St Mary's House and the session covered:

- The role of a Health and Wellbeing Champion
- The four pillars of health and wellbeing
- Feeling confident to promote campaigns
- Awareness of how and where to signpost colleagues for further support

We aim to have a Health and Wellbeing Champion in each team within the Trust – if you are interested in finding out more please email:

healthwellbeing.lypft@nhs.net

Health and Wellbeing



Launching the Mindfulness VR Headsets in LYPFT

- On 12 June we launched with pilot sites starting July – December. Offering teams a unique and immersive experience designed to help support managing mental wellbeing. Delivering a series of relaxation sessions of a full two-month course based on the practices of MBCT.
- The headsets are helping staff at:
 - Red Kite View
 - Don Valley House
 - Newsam Centre
 - Aire Court View



Equality, Diversity and Inclusion



Celebrating Pride Month

This month Charlotte Blunn talked about whether lived equality being as important as legal equality, and why we still have pride celebrations.

“Realistically, does it matter if your rights are ‘legally protected’ if you don’t feel safe enough to access that legal protection?”

Rainbow Alliance

- Rainbow Alliance is a network for all LYPFT colleagues who identify as part of, or as an ally to, the LGBTQ+ community.
- We want to support our members in raising awareness, challenging barriers and championing equality, diversity and inclusion for everyone.
- They plan to hold a meeting every quarter, alternating in-person meetings with online Teams/Zoom calls.
- You can find our discussion group on Teams, and we are on both Twitter @RainbowLYPFT and have recently created a private Facebook Group.

Care Services

Updates from around the Trust, our partners and the ICB

Care Services

Our Priorities

- Deliver our in-patient flow programme
- Deliver, evaluate progress and realise the benefits of the Transformed Community Mental Health Service
- Develop a care services led Health inequalities strategy
- Strengthen and firmly embed the co-production approach within care services
- Improve access to services for patients
- Maximise quality and financial effectiveness

Let's celebrate some of our success...

Care Services

An update on the Improving Flow Programme

- Dr Jamie Pick, Clinical Director, has joined the team and is actively working within Capacity and Flow, both Jamie and Laura McDonagh have made significant progress on Improving Patient Flow, along with everyone involved across our Organisation, clinical, operational and support staff. We want to thank everyone who are improving the quality of care for people in reducing the need for people to receive care and treatment outside of Leeds.
- We continue to work with our partners to support a pilot focused Multi-Agency Discharge Events (MADE) across our working age adult inpatient wards. Also exploring the feasibility of developing a System Visibility Dashboard for Mental Health with colleagues in the ICB.

Care Services

Community Mental Health Transformation (CMHT)

- In March the CMHT model was introduced in three areas of Leeds: West Leeds, HATCH (a partnership serving people in Chapeltown, Burmantofts, Harehills and Richmond Hill), and Leeds Student Medical Practice.
- We want to thank our Multidisciplinary teams from all different services who are working together, and fantastic recruitment work which has brought new roles supporting services across Leeds which include social prescribers, community wellbeing connectors and peer support workers.

Care Services

Child and Adolescent Mental Health Services (CAMHS) in York

- In April of this year, we proudly introduced a new day service for children with eating disorders based at Mill Lodge. The day service at Willow View has seen early success in what is a new innovative service that changes the way we provide care for children with eating disorders. We want to celebrate this success and the work of the teams based here, and eager to study the impact and share our findings.
- We are also excited to welcome back Dr Clare Fenton to Mill Lodge who is working with the fantastic team there.

Care Services

Big changes at our Older Adult and Perinatal Services

- We want to thank staff in our Older Adult services who are working hard alongside Estates colleagues on plans to improve the environment, particularly in our women's service.
- Similarly to our Perinatal team for the work they are doing with colleagues to look at how we expand the Perinatal inpatient services. All of this is hard work but will be great for service users.
- More to come as plans develop further.

Spotlight on Sara

This month I am...

- Focusing on appraisals for all the executive directors over the next few weeks.
- Council of governors meeting early July where we will be discussing our future trust strategy.
- Service visits planned to Deaf CAMHS and Clifton House in York.
- Also on the 5 July, we will be celebrating the NHS's 76th birthday. We'd love to know if any services are planning any celebrations with staff and service users so we can share it in the next Huddle. Please get in touch with the Communication Team.



Reasons to be Proud

Celebrating the achievements of our staff and services and the good things that happen!

Celebrating our Trust Volunteers

A look back at Volunteers Week

- Sports volunteering initiative - Service users in our Forensic Services at the Newsam Centre in Leeds have been enjoying taking part in sports sessions in collaboration with The Edge at Leeds University.
- Our Voluntary Services colleagues are urging staff in Care Services to embrace the power of volunteering. Contact our Volunteer Services team today and unlock the potential of volunteering on your ward.
- Christine Heath, our Volunteering Services manager added:
“There is much to celebrate with our volunteers and the work they do. Our celebrations on Volunteers’ Week are a reminder to us all of the achievements of volunteers both as individuals and as groups supporting our Trust and the NHS.

Learning Disability event

On Friday, June 14, LD service held a celebration event at the Bridge Community Centre for carers, service users, and their families. The day was to celebrate our services and all the good work they do and provide for service users, their carers, and their families. With 80-100 people in attendance, the day consisted of Pods of different services within LD, games, and activities for all attendees to join in.

One of the service users, Ollie, DJ'd on the day and did a fantastic job!





Reward and recognition

Team of the month
Research Hero

Team of the Month

Care Home Team

The care home team (CHT) have recently suffered with significant staffing issues, over 50% of the rostered staff were unavailable for a prolonged period which in such a small resource is massive. This is alongside the unsettling nature of having to move their staff base due to displacement plans from the Mount.

However, in the face of adversity during this difficult period, the team have pulled together, to support each other both clinically and their wellbeing and have continued to deliver an excellent services to their vulnerable client group.

The CHT during this period have seen huge successes and improvements in all aspects of their work. They have shown the true meaning of collaborative team working to ensure that the client group continue to receive a high quality service.



Individual of the Month

Julie Gray OT Assistant Becklin Centre, Ward 4

Julie is constantly making the ward a better place for our service users. She marks every single occasion in the calendar engaging service users in all sorts of creative activities. She is so thoughtful to be inclusive of all the religious festivals and include all the individual patients, so that everyone feels special.

Judges' comments included:

There is a clear impact this colleague has on service users and their experience whilst an inpatient. She clearly goes above, and beyond which is recognised and valued by colleagues. Well organised and inclusive practitioner who impacts positively upon those around her. Approachable, friendly and inclusive.





Research and Development

This month, we would like to celebrate **Navjeet Chhagira** and all her colleagues in the clozapine clinic.



We want to thank Nav, particularly for her contribution to DIAMONDS, a study assessing the clinical and cost-effectiveness of a self-management programme for people with type 2 diabetes and SMI.

Nav has gone out of her way to help our team deliver research studies countless times, including the support she gave our team with the National Centre for Mental Health study. We value her approach to teamwork and her dedication to facilitating opportunities for service users beyond her usual remit. We think she's a fantastic colleague and an asset to the trust.

Nav says: "I enjoy supporting the research team. I am always looking for any opportunity to help everyone. We all work as a team and our main aim is to support the patient in any way. I think it is beneficial for them, I think you all are doing amazing work!!"

**THANK YOU
QUESTIONS?**

**AGENDA
ITEM**

10

**LEEDS AND YORK PARTNERSHIP NHS
FOUNDATION TRUST**

MEETING OF THE COUNCIL OF GOVERNORS

PAPER TITLE:	Trust Strategy Refresh Consultation
DATE OF MEETING:	2 July 2024
PRESENTED BY: (name and title)	Dr Sara Munro, Chief Executive
PREPARED BY: (name and title)	Oliver Tipper, Head of Communications

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		
<p>This paper gives a brief outline of how we are refreshing our five-year Trust Strategy document.</p> <p>This document intends to be an accessible overarching narrative that summarises our five-year organisational vision and our core strategic plans. Its purpose is to communicate our vision, mission and objectives for the next five years to a broad audience.</p> <p>As part of this we are offering the Council of Governors an opportunity to provide feedback on a draft version appended to this paper.</p>		
Do the recommendations in this paper have any impact upon the requirements of the protected groups identified by the Equality Act?	State below 'Yes' or 'No'	If yes please set out what action has been taken to address this in your paper
	No	

RECOMMENDATION
<p>The Council of Governors is asked to:</p> <ul style="list-style-type: none"> • Read the draft version of the appended Five-Year Trust Strategy Document ahead of the meeting, • Participate in a 20-minute tabletop exercise during the meeting to discuss and capture feedback. Any members who wish to contribute further feedback after the meeting can do so via this online survey www.smartsurvey.co.uk/s/LYPFTstrategy, • Note that the document will be professionally designed once all feedback has been received and consultation has concluded, • Submit all feedback before 9am on Friday 2 August 2024.

MEETING OF THE COUNCIL OF GOVERNORS

2 July 2024

Consultation on our draft Five-Year Trust Strategy

1 Executive Summary

This paper gives a brief outline of how we are refreshing our five-year Trust Strategy document. As part of this we are offering the Council of Governors an opportunity to provide feedback on a draft version appended to this paper.

This document intends to be an accessible overarching narrative that summarises our five-year organisational vision and our core strategic plans. Its purpose is to communicate our vision, mission and objectives for the next five years to a broad audience.

2 Strategy refresh outline

The Trust is refreshing its five-year strategy document. This will succeed the previous version: Living our values to improve health and lives 2018 – 2023. It is the right time to do this for three reasons.

Firstly, the previous plan was published in 2018 following an extensive co-production exercise where we refreshed our vision, values and strategic objectives. It broadly set out our strategic position at that point in time. A lot has changed since 2018 and it expired in 2023.

Secondly, over the past two years we've been in the process of refreshing our brand identity. As part of this work we engaged staff, lived experience partners and stakeholders, receiving hundreds of survey responses and holding focus groups. The new brand identity was launched earlier this year and includes elements such as a new organisational strapline and proposition statement, a refreshed vision and mission statements, a new tone of voice guide and a bold new visual identity. This needs to be reflected in our new strategy document.

Finally, we have refreshed (or are in the process of refreshing) our core strategic plans and enabling plans. These are our:

- Care Services Strategic Plan,
- People Plan,
- Strategic Estates Plan (due to be refreshed this year),
- Quality Strategic Plan, and
- Digital Plan

These can be found on the [strategy page of our website](#).

These plans set out in detail our strategic direction within each of the core areas they represent over the next few years. These documents provide a high level of detail on the actions we'll be taking to achieve our goals. The appended five year strategy document aims to communicate their intentions in a more accessible way to a wider audience.

2.1 Strategy refresh process and timeline

We aim to present the new strategy document to Trust Board for ratification on 26 September 2024. To get to this point, we will take the following steps:

- Consultation on a draft version with our Council of Governors, non-executive directors, and a range of critical friends including our staff networks, our Service User Network members, and key stakeholders within the local health and care system (who will also contribute to our well-led review),
- Consolidation of feedback from the consultation phase outlined above,
- Designing the document in the Trust's new brand style,
- Presentation to Trust Board on 26 September 2024 for ratification.

At this point we will socialise the document and its key messages with staff, stakeholders and the public via internal and external communications and engagement.

3 Recommendation

The Council of Governors is asked to:

- Read the draft version of the appended Five-Year Trust Strategy Document ahead of the meeting,
- Participate in a 20-minute tabletop exercise during the meeting to discuss and capture feedback. Any members who wish to contribute further feedback after the meeting can do so via this online survey www.smartsurvey.co.uk/s/LYPFTstrategy,
- Note that the document will be professionally designed once all feedback has been received and consultation has concluded,
- Submit all feedback before 9am on Friday 2 August 2024.

Authors

Oliver Tipper
Head of Communications

14 June 2024

APPENDIX 1: Draft Five Year Trust Strategy document for review

Our logo goes here

Leeds and York Partnership NHS Foundation Trust

(working title)
Here for:
Improving the health and lives of the
communities we serve.

Our five-year strategy 2024 - 2029

Front cover image goes here

Strapline and values go in the footer

Contents

1. [Introduction](#)

2. [Delivering what matters and living our values](#)

3. [Our three core strategic objectives](#)

3.1 Through our care services: we deliver great care that is high quality and improves lives.

3.2 For our people: we provide a rewarding and supportive place to work.

3.2.1 Our clinical professions.

3.3 Using our resources wisely: we deliver effective and sustainable services.

Efficiency and productivity

Estates and capital planning

Sustainability – our Green Plan

Procurement and contracting.

4. [Our strategic enablers](#)

4.1 Quality

4.2 Digital technology

5. [How we'll hold ourselves to account for delivery](#)

6. [Get in touch and know us better](#)

1. Introduction

A quick word from our Chief Executive

Welcome to our Trust strategy for 2024-2029. The purpose of this document is to provide a simple explanation of who we are, what we're here for, what we're going to do to improve the health and lives of the communities we serve, and how we're going to get there.

This strategy builds on the success of and learning from 'Living our values to improve health and lives: Our Strategy 2018 – 2023'.

I hope you find it interesting, informative and motivating. For those who like more detail, you can find this in our strategic plans [on our website](#).

Sara

[picture of Dr Sara Munro goes here]

Who we are

Leeds and York Partnership NHS Foundation Trust is the main provider of mental health, learning disability and adult neurodiversity services in Leeds. We also provide some specialised services across West Yorkshire, across Humber and North Yorkshire, and a few across the whole country.

Map graphic goes here.

If you want to find out more about the 39 care services we provide, check out the [care services directory on our website](#).

We employ around 3,000 staff. These are a mix of clinical roles like psychiatrists, nurses, psychologists, allied health professionals and health support workers; and professional support service staff in areas such as digital technology, finance, human resources, estates and research and development (to name only a few).

On page **xx** you'll find some visual key facts about us.

The word 'partnership' is in our name for a reason. We can only succeed by working effectively with our partners across our health and care systems. They include other NHS trusts, local authorities, third sector organisations, independent and private sector bodies and larger health authorities such as integrated care boards and NHS England.

Key facts about us

Infographic with key facts about us goes here.

What we are ‘here for’

Our vision and mission statements are the building blocks of our identity. Our vision is our aspiration, and our mission is how we want to achieve it.

Our vision is . . .

To lead the way in mental health, learning disability and neurodiversity care so the communities we serve can live healthy and fulfilling lives, our people can achieve their personal and professional goals, and everyone can live their lives free from stigma and discrimination.

Our mission is . . .

To improve the health and lives of the communities we serve by providing outstanding mental health, learning disability and neurodiversity services; to be a great place to work and a great partner to work with.

Our values are

integrity,
simplicity, and
caring.

In 2016, we co-created our values with staff, partners, and service users and carers. Since then, they have been adopted and embedded into the culture of our organisation. They are unique to us and are integral to how we go about our business – and our staff go above and beyond to live up to them every day.

You can read more about our [values and our behaviours on our website](#).

Our promise

We see over a million service users and carers every year. Our promise to them is that we are dedicated to people-centred care and are proud of the high-quality, specialist mental health, learning disability and neurodiversity services we provide. We actively involve people in their care to empower them to achieve their personal goals and enjoy fulfilling lives.

Our three core strategic objectives

Our core strategic objectives are a highly simplified break down of our strategic priority areas.

1. **Through our care services:** we deliver great care that is high quality and improves lives.
2. **For our people:** we provide a rewarding and supportive place to work.
3. **Using our resources wisely:** we deliver effective and sustainable services.

These three core strategic objectives are underpinned by a range of delivery plans.

We have a huge range of professional support services that enable us to deliver the great care we aspire to. There are too many to describe here. However, we will highlight two in this strategy document which are:

- Digital Technology, and
- Quality.

Read more about them and how we'll be delivering them on page **xx**.

2. Delivering what matters and living our values

We know that the populations we serve are changing. In future, there will be more older people and fewer working age people living in Leeds. This means we can expect higher demand for our older people's mental health services, such as care and support for dementia.

We expect that more people, across all ages, will experience mental health and wellbeing challenges over the next five to ten years due to the impact of the Covid-19 pandemic, cost of living crisis and a reduction in local authority and community services. This will mean more people requiring our support.

We also must consider potential unknown demand for our services and unmet need. For example, the mental health needs of more vulnerable people and communities who may experience poorer access to healthcare than others (known as health inequalities).

We have an opportunity to shape demand by changing and improving health and care services for people, so that fewer people require crisis or inpatient care and more people get what they need close to where they live.

Involving people

To understand what matters to the communities we serve, we are and must remain committed to co-creating and co-delivering care services with people who have lived experience.

We must also collaborate with our partners to understand our populations – how they are changing and what they need from us, so that we can provide joined up care that is high quality today and fit for the future as well.

Delivering on long term national and regional objectives

If we are going to be a great partner to work with, we must work in partnership with system partners to support the delivery of our local, regional and national strategies for mental health, learning disabilities and neurodiversity services.

The [NHS Long Term Plan](#) was published in 2019. It sets out a ten-year vision for health services in England; showing how it will use the NHS long-term funding settlement that was agreed by the Government in July 2018. The Plan includes proposals that are relevant specifically to us and the partnerships we work in. It guarantees investment in community services, promoting greater partnership working between primary and community care.

The Plan continues the focus on the priorities within the Five Year Forward View for Mental Health and outlines further work on community mental health teams and

other aspects of core services, including child and young peoples' mental health services. It also sets out priorities for learning disability services, autism and neuro-developmental conditions, dementia and frailty and outlines work to support digital developments and the use of data, a focus on health inequalities and an emphasis on system working.

Our local 'place' is Leeds as this is where we provide most of our services. In 2023 the Leeds Health and Care Partnership published its own longer-term [Health and Wellbeing Strategy](#). We are an active partner and committed to supporting its delivery.

The Integrated Care System (ICS) that we provide most of our regional services within is the West Yorkshire Health and Care Partnership. An ICS is a partnership of NHS organisations, councils, Healthwatch organisations, hospices, charities and the voluntary community and social enterprise sector. Collectively they aim to improve the health and wellbeing of local people in a particular region. We are actively engaged in this partnership and we're playing a leading role in the delivery of the [West Yorkshire Integrated Care Strategy](#) published in March 2023.

Working together offers greater opportunities to deliver the West Yorkshire Integrated Care Strategy and Joint Forward Plan - which aims to make sure that all people are given the best start in life and can remain healthy and age well.

The immediate future

At the time of writing, we were expecting a refreshed NHS Long Term Plan to be published. A lot has changed since it was first published in 2019 including the impact of the Covid-19 pandemic on both the mental and physical health of the nation, as well as on health and care providers like us. Whatever it says we must work with our partners in how we respond to the challenges it lays out.

In early 2024 NHS England set out its short to medium term priorities for Trusts like us, which include:

- Improve the working lives of all staff and increase staff wellbeing, retention and attendance by living up to the promises in the national [NHS Long Term Workforce Plan](#),
- Improve mental health care through measures such as improving access to care and firming up waiting time standards, reducing out of area placements, and continue to transform community mental health services,
- Implementing and embedding the Patient Safety Incident Response Framework (PSIRF) which will deliver effective systems and learning response tools for patient safety events,
- Improve care for people with a learning disability and/or autism by reducing the use of inpatient facilities for care that can be delivered in, or close to home,
- Embed digital technology to transform mental health care pathways, and

Draft v05

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- Improve timeliness and quality of mental health activity, outcomes and equality data.

3. Our three core strategic objectives

At LYPFT we like to keep it simple. Therefore, we've got three clear strategic objectives. They are:

1. **Through our care services:** we deliver great care that is high quality and improves lives.
2. **For our people:** we provide a rewarding and supportive place to work.
3. **Using our resources wisely:** we deliver effective and sustainable services.

3.1 Core Strategic Objective 1

Through our care services: we deliver great care that is high quality and improves lives.

We are the main provider of mental health and learning disabilities services in Leeds. We also provide specialist services for broader regional and national populations. In total we deliver 39 clinical services organised into what we call 'service lines'. The table below gives a summary of those service lines:

Service Line	Short description
Acute Services	Our crisis services, inpatient wards and psychiatric intensive care unit for adults experiencing acute mental ill-health.
Older People's Services	Includes inpatient and community mental health services for people over 65.
Perinatal and Liaison Services	<p>Perinatal services include inpatient and community services for mothers with acute mental ill-health.</p> <p>Liaison services refer to teams working with partners to support people with serious mental illness in hospitals and in the community.</p>
Regional Eating Disorders, Complex Rehabilitation and Gender Identity Services.	<p>This includes:</p> <p>Our inpatient and community eating disorders services for adults.</p> <p>Rehabilitation and Recovery Services that help people with enduring mental illness rehabilitate back into the community from locked wards, including the Leeds Recovery College.</p> <p>The Leeds Gender Identity Service which offers assessment and support to people aged 17 and above with Gender Dysphoria.</p>
Forensics Services	This includes secure inpatient and community services in Leeds and York for people with acute mental ill-health also at risk of offending.

Service Line	Short description
Children and Young People Services	This includes our inpatient mental health services in Leeds and York for those aged 13-18, and our national Deaf Child and Adolescent Mental Health Service
Learning Disabilities Services	This includes our inpatient, respite and community services for people with a severe learning disability and/or autism. It also includes our Health Facilitation team who support people with learning disabilities to live healthier lives, and our Specialised Supported Living Service which provides in home care to enable people to live independently.
Community and Wellbeing	This includes our working age community mental health teams and our Healthy Living Service.
Regional and Specialist	This includes our adult neurodiversity services, our emotional complex needs team, our veterans' mental health and gambling addiction services. It also includes our partnership with Forward Leeds to provide drug and alcohol addiction services.

You can find out more about them in the [Care Services Directory on our website](#).

Our Care Services Strategic Plan

In 2024 the Trust published a five-year plan to deliver its ten-year vision for our care services. This bold and exciting vision for improving the care we provide to the communities we serve, and sets out our objectives and priorities for the next five years to allow us to make significant progress towards achieving that vision.

People are at the heart of everything we do. That includes our service users, our staff and our partners who we deliver care alongside. We've worked with many of them to produce this five-year plan.

We've aligned it to many relevant commitments within the NHS Long Term Plan. A key commitment is that more mental health care should be offered in the community – either within or as close to people's homes as possible, and and less care provided in hospital settings. Our plan sets out how the future of our care services should be developed in line with this.

The plan also has a focus on tackling wider health inequalities, improving access to those who find it harder to engage, improve people's experiences of LYPFT and their physical health too.

As well as setting out how we want to change and improve, it also sets out scenarios if we 'do nothing' or just continue what we're doing now. This will mean we may need more inpatient beds to cope with people who are not getting the services they need close to home, poorer outcomes for service users, and represent a poor use of precious NHS resources.

For example, at the time of writing we have 407 inpatient beds. If we 'do nothing' we anticipate we'll need between 518 and 536 beds by the year 2036 to cope with demand. But it doesn't have to be this way. We know that our service users want the services they need, be they NHS or otherwise, where its most convenient for them to access. That tends to be close to home, and sometimes within their homes.

Our three priorities for Care Services

The plan sets out three priorities for our care services.

Priority 1: We co-create and co-deliver care services with people who have lived experience

What this means is:

Our care services are led together with people who have experience of using our services, working in partnership,

We contribute to our local economy through wider skills development and employment opportunities for people who use our services,

We lead continuous co-production of care services with our communities and citizens.

Priority 2: We collaborate with our partners to understand our populations and provide proactive integrated care

What this means is:

We understand who our partners are, both locally and regionally, and create the right environments to work with them,

We stay informed about our populations and their holistic care needs and proactively support people,

We co-design and co-deliver proactive integrated care and support with our partners.

Priority 3: We provide high quality, equitable and sustainable care services.

What this means is:

Our care services have the appropriate conditions where high quality care can flourish,

Our care services deliver equitable access, experience and outcomes,

Our care services are clinically, financially and environmentally sustainable, supported by digital technology and the buildings in which they operate,

We have a sustainable, healthy and engaged workforce whose wellbeing is supported.

Four focus areas for positive change

1. We want to co-create and co-deliver care services with people who have lived experience. Our care services should be led together with people who have experience of using our services. We want to contribute to our local economy through wider skills development and employment opportunities for people and we want to lead continuous co-production of care services with our communities and citizens.
2. We want to collaborate with our partners to understand our populations and provide proactive integrated care. We need to fully understand who our partners are and create the right environments to work with them. We want to stay informed about our populations and their holistic care needs so we can proactively support people. And we want to co-design and co-deliver proactive integrated care and support with our partners.
3. We want to provide high quality, equitable and sustainable care services. Our care services should have the appropriate conditions to allow for the consistent delivery of safe, reliable and effective care. They should deliver equitable access, experience and outcomes. And they should be clinically, financially and environmentally sustainable, supported by modern digital technology and good quality estates.
4. Our staff are our greatest asset and without them we could not deliver anything. Therefore, we must have a sustainable, healthy and engaged workforce who we fully support to be happy and healthy at work. And we know happy and healthy staff deliver better patient care.

Getting into the detail - read the full [Care Services Strategic Plan on our website](#).

Keeping it simple - our Care Services publish their own annual Plans on a Page which you can [find on our website](#).

3.2 Core Strategic Objective 2

For our people we provide a rewarding and supportive place to work.

Great care is delivered by great people, and we know that to continue to provide high-quality healthcare services, we need to support our colleagues to be the best they can be at work.

In early 2024 the Trust published a refreshed three-year People Plan which outlines what current and future staff can expect from us and each other. It's our commitment to help improve working lives and experience to enable staff to be prepared and feel supported for whatever lies ahead.

The Plan sets out what we want to achieve under each of the four NHS People Plan ambitions. These are:

- Looking after our people,
- Belonging in the NHS,
- New ways of working and delivering care, and
- Growing for the future.

Ambition 1: Looking after our People

The wellbeing of our people is important to us, so they can deliver high quality care. We want our people to be safe, healthy, and well both physically and psychologically.

As part of our commitments to look after our people, we will:

- Ensure that our workforce health and wellbeing plan is evidence based and planned strategically,
- Ensure our people have equal access to and use a full range of well-being support – physical, psychological, financial and social,
- Promote a psychologically safe culture and environment which challenges stigma and values the lived experience,
- Develop proactive and local health and wellbeing support for all our people,
- Ensure our leaders will have the knowledge, skill and expertise to support wellbeing in the workplace.

We think we'll have been successful if we are:

- In the top 25% of Trusts for our Health and Wellbeing staff survey scores,
- Maintaining 85% compliance rate with Personal Development Reviews (PDRs),
- A menopause accredited Trust.

Ambition 2: Belonging in the NHS

We will foster a culture of belonging and inclusion, where all our people have a voice, and we will tackle discrimination and inequality gaps. As part of our commitments to help staff feel they belong, we will:

- Give our people a voice, listening, acting on feedback and involvement in decision making,
- Embed Equality, Diversity, and Inclusion (EDI) into the culture of our Trust,
- Grow collective leaders that reflect Trust values,
- Provide a working environment of civility and respect for our people,
- Improve the experience of those people with a protected characteristic as identified by the Equality Act 2010,
- Embed reward and recognition in our Trust to create a culture of our staff feeling valued.

We think we'll have been successful if we are:

- In the top 25% of national staff survey results for being compassionate and inclusive (People Promise 1),
- Increasing leadership programme participation,
- Ensuring our people reflect the communities we serve through widening participation programmes.

Ambition 3: New ways of working and delivering care

This means engaging our people in innovation and improvement to deliver the best possible patient care.

As part of our commitments we will:

- Grow our Trust and its people through a focused approach to leadership, management and culture development,
- Adopt a collaborative and inclusive People and Organisational Development working approach to Trust projects, aligning ourselves to other change drivers e.g. collective leadership and civility and respect,
- Develop Organisational Development (OD) and change management support for the Trust and its staff to facilitate new ways of working and delivering care,
- Continue to build a culture of innovation and improvement in our approach to people development, systems and processes,
- Provide accessible and intuitive software solutions to support People and OD initiatives.

We think we'll have been successful if we are:

- Increasing the opportunity for flexible and agile working,
- Providing service management training effectively,
- Engaging clinical services on the Team Rostering methodology to encourage flexible working options.

Ambition 4: Growing for the future

This means fostering and nurturing talent in health and care careers, expanding and develop our workforce, while embracing new and emerging roles alongside our traditional roles.

Our commitments include:

- Ensuring the Trust's recruitment processes are safe, effective and reflect best practice,
- Increasing the number of apprenticeships,
- Implementing an innovative approach to talent development, embedding the right culture and improving retention through delivery of our retention strategy,
- Increase the opportunities for flexible working across the Trust, including flexible retirement options,
- Deliver effective workforce planning processes which focus on recruitment and retention, new roles, skills mixing and future supply pathways to ensure a fit for purpose workforce for now and the future.

We think we'll have been successful if we:

- Have launched and embedded our Values Based Recruitment programme,
- See at least 75% of staff recommending the Trust as a place to work,
- Increase the number of people undertaking apprenticeships as part of new recruitment or Continuous Professional Development (CPD).

Want more detail?

Read our [People Plan 2024-2027 on our website](#).

3.2.1 Our clinical professions

In addition to our People Plan, we have specific plans in place to develop and nurture our key clinical professions. These are nursing (which is our largest professional group), the medical workforce (our doctors), psychology, allied health professionals and social workers, and pharmacy.

We've included some brief details on their plans here.

Our Nursing Workforce

Nursing is our largest professional group with around 1,400 nursing staff. National and local nursing workforce pressures has meant that the recruitment and retention of nursing staff will remain central to our strategy. We will expand career pathways and introduce innovative new roles to successfully grow and develop our nursing staff.

As a professional group, we will focus on establishing our core standards of nursing practice so that we can hold ourselves to account for the care we provide. We will actively support our nursing staff to challenge care where it falls below standards, and improve consistency of nursing practice in all our services which will be integral to the development of the nursing profession over the next few years.

The quality and safety of the care we deliver will also remain central to our nursing priorities and will include:

- Our suicide prevention plan and the introduction of a self-harm strategy,
- Risk assessment and safety planning and the move away from risk stratification,
- Reducing restrictive practices aimed at enhancing service user safety and autonomy, and
- The introduction of digital nursing enabling digital technologies to enhance patient care and improve workflows for clinical staff.

Our Medical Workforce

The medical workforce's long-term ambition is to provide outstanding mental health services so our patients feel safe, and that they're receiving the latest, high quality, evidence-based care.

This will be delivered by motivated, engaged consultants, specialty, and specialist (SAS) doctors, Trust doctors, and doctors in training, who in turn feel supported and enabled to grow in the workplace and within the health and care systems we operate in.

We aspire to train, recruit and develop the very best doctors within a framework of wellbeing and regulatory support. We must ensure we have sufficient medical

capacity, working alongside other professional groups, to provide safe, reliable and effective care, now and for the future.

Allied Health Professionals (AHPs) and Social Workers

AHPs are the third largest professional group in the NHS, but there is often a lack of knowledge about who they are and what they do.

The collective term AHP includes job roles such as dietitians, occupational therapists and physiotherapists.

We also directly employ over 50 social workers who play a critical role in improving overall wellbeing and mental health for NHS service users.

Both groups can often work in isolation, or their roles are not well understood. Our AHP and Social Worker plan for the next five years will focus on the following to support the well-being of this highly valued group of staff.

- Establishing and strengthening profession-specific forums to support both individuals and their practice,
- Ensure access to a peer from the same profession at each stage of the career journey, from recruitment to retirement, and
- Providing clarity about the roles and potential they offer within diverse teams.

Psychological Professions

This is the second largest professional group working in mental health services within England. There is a national drive to expand psychological professions - increasing access to psychological therapies, especially for those identified with severe mental ill-health.

This significant and ambitious expansion can only be delivered by Trusts working with education providers, our workforce colleagues and NHS England - developing good working relationships and robust systems of governance.

We will continue to grow and develop our psychological professions workforce, with a focus on both existing and new roles, and increasing diversity.

We are keen to continue influencing service developments and clinical models. Examples of where we have psychology clinical leadership locally include the NHS Northern Gambling Service, the West Yorkshire Staff Mental Health and Wellbeing Hub, and Emerge Leeds Complex Emotional Needs Service.

Over the next five years we also intend to focus on health and racial inequalities, in terms of access, experience and outcome of psychological services. We commit to report on both our challenges and successes.

And finally, at the centre of everything we do is the importance of co-production with service users in informing and improving our service delivery.

Pharmacy

Our pharmacy team is made up of over 60 staff in a variety of different roles, all committed to providing high quality pharmacy services to our patients, carers and colleagues.

This includes providing expertise on the safe, legal, and evidenced-based use of medicines and supporting patients to get the best outcome from their medicines.

They will continue to support the development of their entire team through training, mentorship, workplace-based development opportunities, apprenticeships, and support to gain further qualifications.

From 2024 they will start to provide undergraduate pharmacy student placements, and over the next few years will continue to expand their training capacity and further strengthen career pathways to enable all staff to develop in their roles.

3.3 Core Strategic Objective 3

Using our resources wisely: we deliver effective and sustainable services.

The Trust has a duty to deliver high quality care whilst providing excellent value for the taxpayer's pound. We receive around £220million a year to deliver services that improve the health and lives of the communities we serve, which comes with a high level of responsibility.

We have a statutory duty to deliver a break-even financial plan every year. Any surplus we generate is used to support our partners across the West Yorkshire health and care system who may be struggling with their financial positions.

From April 2024, we started to forecast a significant year end deficit which has put the need for greater efficiency and productivity ever higher up the agenda for the foreseeable future. Our Chief Financial Officer is the custodian of our efficiency and productivity duties, and they are subject to rigorous internal and external audits.

The Trust operates within a well-defined corporate governance framework which includes explicit arrangements for:

- setting and monitoring financial budgets,
- delegation of authority for committing resources,
- performance management, and
- achieving value for money.

In April 2024 the Trust's senior leadership team agreed four key areas of focus for its efficiency and productivity measures. They aim to balance patient safety, experience and outcomes, whilst providing the best opportunities for us to achieve our break-even target. They are:

1. Reducing our overspends on staffing – also called our pay run-rate,
2. Reducing use of additional temporary staff including reliance on agency staff and locum doctors,
3. Improving flow for patients - which is focused on reducing our use of out of area placements (OAPs), and
4. Non-pay actions – which relates to the money we spend on everything other than staffing costs.

Estates and capital planning

The Trust operates out of around 65 sites, most of which are in Leeds with the others in York and across the North of England. The quality of our estate is critical to the quality of care we provide, as well as the experiences of service users and carers, and the wellbeing and productivity of staff.

Our estates colleagues have set out their planning principles for the next five years.

Their vision is:

to make best use of our most modern fit for purpose estate in line with the One Public Estate* principle.

Their objectives are as follows:

- Our estate should always be led by the needs of our care services,
- We always comply with statutory standards,
- We are economic, efficient and effective,
- We support new ways of working (such as agile, hybrid and flexible working), and
- We support the principle of One Public Estate* working with our public sector partners.

Box in design

*The One Public Estate programme supports locally led partnerships of public sector bodies to collaborate around their public service delivery strategies and estate needs. This helps organisations repurpose surplus public estate for housing, regeneration, and other locally determined uses. Local Government Association.

Plans to do this over the next five years include:

- Ensure our estate is compliant with safety regulations, is secure and therapeutic, that designs meet the needs of services and are co-produced with clinical services,
- Ensure designs fully consider and address the needs of our service users including those with disabilities, long term conditions or other needs e.g. dementia, gender identity, autism etc.
- Reviewing all existing leases to ensure they are efficient and fit for purpose, exiting leases at earliest breakage point where asset is deemed not suitable,
- Release any estate we own where it is not deemed suitable and has large backlog maintenance requirements and cannot be easily adapted,
- Prioritise and maximise inpatient accommodation for inpatient services,
- Deliver fit for purpose estate working with our partners that meets both in-patient, outpatient, community care and non-clinical requirements,

- Work closely with partners principally through the Leeds Strategic Estate Group to plan and deliver estate solutions across the city, co-locating services in shared city-wide estate where appropriate,
- Participate in the Mental Health Collaborative work streams to review use of wider estate footprint across West Yorkshire,
- Support modern agile working, by making all our estate accessible, easy to book and fit for purpose,
- Work closely with our Digital Team to ensure our estate has the right digital technology e.g. that staff can use their work devices on site and at home to access all necessary systems.

Our Private Finance Initiative (PFI) estate

The Trust currently operates out of seven buildings in Leeds that were procured through PFI arrangements around 20 years ago. These buildings host most of our inpatient services, and have contracts linked to them including service user catering, maintenance, security and cleaning. These contracts and arrangements are set to expire in 2028.

PFI is a financing approach where we partner with private companies to fund and manage those buildings, and we effectively lease these buildings back over a long period of time.

Our plan is to secure the future of our PFI buildings by acquiring some of them, potentially all of them depending on clinical needs, to bring them into our control in 2028.

Environmental sustainability – our Green Plan

The NHS has an ambition to be the first net zero health system in the world, and the NHS 2040 and 2045 targets set by Government have provided greater focus on sustainability.

Our own Green Plan will ensure we are well placed to adapt to the future challenges of healthcare delivery brought about by the effects of climate change. It considers the three core principles of sustainable development:

1. financial,
2. social, and
3. environmental

These core principles will help the Trust deliver positive benefits to the environment, reduce long term expenditure, and build a supportive base in our communities and wider society.

Our goal is to deliver efficient care services that meet the needs of the present but don't compromise the ability of future generations to meet their own needs.

The Trust already incorporates sustainability in many aspects of its activities. However, we also recognise that more can be done. Realising the potential for sustainable development will help the Trust meet its Clinical Strategy objectives. The financial benefits from increasingly sustainable activities will allow the Trust to invest further in its clinical services. We are confident that we can work with our partners in the local health and care system to achieve a more sustainable way of working.

Our ten sustainability priorities

1. Setting ambitious carbon targets,
2. Leadership from Board to Floor,
3. Behaviour change through effective engagement with staff, service users and stakeholders,
4. Changing operational practice – including new agile ways of working, buying goods and services, and better uses of technology,
5. Reducing our energy consumption, ensuring it is from a renewable source, and investing in self-generation of electricity and decarbonised heating,
6. Tackling waste – including recycling and reducing waste at the source,
7. Adapting to climate change and considering these impacts on staff and service users,
8. Travel – reducing frequency of journeys and reducing carbon emissions e.g. through electric vehicles or public transport,
9. Transport – including investing in our Trust vehicles to be more sustainable,
10. Hybrid working – continuing to pursue agile working practices and better uses of technology to enable this.

[Read our full Green Plan on our website.](#)

Procurement

Procurement involves every activity involved in obtaining the goods and services we need for our daily operations, including sourcing, negotiating terms, purchasing items, receiving and inspecting goods and keeping records of all the steps in the process. This could be anything from pens to computer systems.

It plays a strategic role in ensuring we get value for money and improving our financial, environmental, and social impact to support the delivery of high-quality patient care.

Our current priority is the delivery of cost improvements but at the same time ensuring we receive goods and services that are good quality, sustainable, ethical, and legally compliant.

We will continue to work proactively with our local, regional and national system partners to maximise procurement opportunities to achieve our aims. This enables continuous improvement in commercial practices, and supports the development of our staffing resources, at the same time as responding to the changing public-sector procurement environment.

As an 'anchor institution', we will continue to promote the use of local suppliers who are based in Leeds and across the communities we serve. This promotes inward investment, boosts the local economy and improves employment opportunities, which in turn contributes to reducing health inequalities.

4. Our strategic enablers

We have a huge array of professional support services within the Trust that create the conditions for us to provide safe, reliable and effective care. They all do an incredible job to support our front-line colleagues.

There are too many to list here. Our strategy focuses on what we call two 'strategic enablers'. In other words, two specific areas that will improve and enhance the quality of care for service users. They are Quality, and Digital Technology.

4.1 Providing Outstanding Quality Care

We believe that quality care should be experienced at the point of contact between our clinicians and those using our services. We know that to achieve this we need to have an approach that acknowledges:

- The work that we do is often complex,
- Successful outcomes depend on the knowledge of many people being brought together in the right way, and
- The wider work of the organisation needs to create the conditions where quality can flourish.

At the heart of our quality ambitions is our Quality Strategic Plan. It provides us with a framework for delivering the right care, in the right way, every time.

We must start by placing our service users, carers and families at the heart of what we do. We will learn how best to build our services through our relationships with individuals and their support networks.

To help us fulfil our ambitions and provide a consistent approach, we've adopted the STEEEP definition of quality which is:

- | | |
|---|---|
| S | Safe – avoiding harm or injury to services users and staff, |
| T | Timely – reducing waits and harmful delays, |
| E | Effective – based on scientific knowledge for the benefit of all, |
| E | Efficient – making best use of ideas and energy, and avoiding wastes of time and resources, |
| E | Equitable – Consistent and does not vary because of location or characteristics, |
| P | Patient-Centred – Respective of individual needs and preferences |

To enable us to deliver outstanding quality, we have developed a five-point model (illustrated below) which:

1. Uses the evidence to build conditions for quality care to flourish (pro-quality conditions),
2. Establishes a system that helps us know how we are doing from floor to Board,
3. Provides help and support where it is needed and does this in a joined-up way,
4. Develops systems to ensure that we can set and deliver priorities with clarity and equity, and
5. Uses our integration skills to work across boundaries and systems with partners to make sure that we deliver joined-up high quality care.

Insert model diagram here.

You can read our [Quality Strategic Plan in full on our website](#).

Quality care starts with Research and Development (R&D)

We are proud of our R&D team who are dedicated to generating high-quality, innovative research into mental health, learning disabilities and neurodiversity which improves care and changes lives across the UK.

In October 2022 our R&D Team published a new three-year strategy to develop and deliver high quality research for the communities we serve. Their objective will be delivered by:

- developing a skilled research workforce,
- creating a culture of research being core business,
- actively engaging a network of key stakeholders,
- influencing national and regional agendas, and
- effectively disseminating outputs and impacts of research.

Read the full [R&D strategy on our website](#).

4.2 Digital Technology

Digital technology has become ever more important in health care. We want our service users to access our services in a way that best suits them, so we must empower them to get the best out of digital technology – recognising that different people have different levels of access and confidence to digital technology.

We want our staff to be able to access the right information, in the right place, at the right time, all the time.

We want to be able to make the best use of the data we collect to inform and increase our understanding of the communities we serve and provide insight into the best way to care for them.

We also want to minimise the intrusion of data-collection into care provision.

Our current long term Digital Plan aims to use innovative technology and intelligence to enable safer, inclusive, and more effective care. This means:

- Delivering safe and secure systems,
- Delivering digital solutions that are inclusive, and
- Encouraging and promoting digital innovation.

Our Digital Plan sets out a range of ambitions from the perspective of service users, staff and ‘digital practitioners’. We’ve included some highlights from each perspective below.

Our digital ambitions from a service users’ perspective include:

- Connecting to a health professional via video,
- Interacting with systems to amend appointments or complete forms,
- Easily finding accessible information about services, conditions, and self-help.

Our digital ambitions from a staff perspective include:

- Seeing what interventions have worked in the past,
- Having an up-to-date directory of staff,
- Viewing all information about the patient electronically, even if this is from old, archived records.

Our digital ambitions from a digital practitioner’s perspective include:

- Embracing innovations such as artificial intelligence and connected devices,
- Seeing real time information about capacity in the system,
- Access to joined up data from multiple sources, spot problems and unexpected trends.

You can read our [Digital Plan in full on our website](#).

Draft v05

Last updated 14 June 2024

5. How we're accountable for delivery

Our Board of Directors is responsible for the day-to-day management of the Trust and is accountable for the operational delivery of services, targets and performance, as well as the definition and implementation of our strategy.

The Board meets in public every two months and their reports and papers are published on our website.

The Board has a sub-committee structure beneath it, with a network of governance structures beneath that, to ensure members are connected to the operational front line of delivery. The Board's sub-committee structure is made up of the:

- Audit Committee,
- Quality Committee,
- Finance and Performance Committee,
- Workforce Committee,
- Mental Health Legislation Committee,
- Remuneration Committee, and
- Nominations Committee.

The Board is held to account by our Council of Governors (CoG) which gives staff, service users and the public a voice in helping to shape and influence services provided by our Trust, and for the delivery of our strategic plans.

The CoG is elected from and by our membership. It also includes people appointed from a range of partner organisations. The CoG is chaired by the Chair of the Trust, who ensures a link between the Council and the Board of Directors; the Deputy Chair of the Trust is also the Deputy Chair of the Council of Governors.

The Trust is independently regulated and inspected by the Care Quality Commission (CQC). They make sure the services we provide are safe, effective, compassionate, high-quality and are encouraged to improve.

The Trust also produces an Annual Report and a yearly Quality Account which gives a summary of our work and how we have performed. The latest copies of which can be found on our website, or printed copies can be provided on request.

Working collaboratively with our partners

We actively engage in strategic work at a regional and local level. We collaborate with other organisations across a range of systems, networks and partnerships to deliver better care.

Many of our services are provided in partnership with local third sector organisations, GPs and primary care, and other statutory organisations such as NHS healthcare providers, local authorities and the police.

As most of our services are delivered in Leeds, this is referred to as our local 'place'. We are an active partner within [the Leeds Health and Care Partnership](#), and are represented on the Leeds Integrated Care Board and the Leeds Health and Wellbeing Board.

At a regional level, a lot of our work also takes place within the West Yorkshire Health and Care Partnership Integrated Care System (ICS). [Find out more about them on their website](#).

The West Yorkshire Mental health, learning disability and autism collaborative

This work is part of the West Yorkshire Health and Care Partnership's commitment to improving lives and addressing inequalities of our population by working in collaboration across the system. At the core of this work is our aim to achieve a 10% reduction in the gap in life expectancy between people with mental ill-health, learning disabilities and autism, and the general population by 2024.

Find out more about the Collaborative [on this web page](#).

Humber and North Yorkshire

Our services in York are part of the [Humber and North Yorkshire Integrated Care Board](#) provider collaboratives for adult secure and inpatient (tier 4) children and young people's services.

6. Get in touch and know us better

If you'd like to find out more about the Trust, you can:

Visit our website at www.leedsandyorkpft.nhs.uk.

Get our news on X (formerly Twitter) [@LeedsandYorkPFT](https://twitter.com/LeedsandYorkPFT).

Follow our [Facebook](#) and our [Instagram](#) pages for interesting stories.

Connect and network with us on [LinkedIn](#).

Watch and subscribe to our videos on [YouTube](#).

If you're interested in working for us

Visit our Careers website at www.leedsandyorkpft.nhs.uk/careers

Or contact our Recruitment Team

By phone: 0113 85 59900

By e-mail: recruitmentlypft@nhs.net

Getting involved

If you're interested in opportunities to get involved with the Trust, as a service user, a Governor, or a volunteer for example, have a look at the Get Involved section of our website at www.leedsandyorkpft.nhs.uk/get-involved

Speak to our PALS

If you'd like to speak to us, then our Patient Advice and Liaison Service (PALS) is a good place to start. They offer a free and confidential service to the public.

You can call PALS on 0113 85 55000 or email then at pals.lypft@nhs.net.

Our Headquarters

The address for our Trust Headquarters is:

St Mary's House, Main House

St Mary's Road

Potternewton

Leeds LS7 3JX

Requesting information in a different format

Please let us know if you would like this information, or any resources highlighted in this document, provided in:

A different language if English isn't your first language.

Easy read format

Braille

Via an advocate

British Sign Language (BSL)

Large print

Please contact our Interpretation and Translation Support Team and let them know what format you would like it in.

Tel: 0113 85 56418

Email: translation2.lypft@nhs.net

**AGENDA
ITEM**

12

MEETING OF THE COUNCIL OF GOVERNORS

PAPER TITLE:	Finance Update
DATE OF MEETING:	2 nd July 2024
PRESENTED BY: (name and title)	Dawn Hanwell – Chief Financial Officer/Deputy Chief Executive
PREPARED BY: (name and title)	Dawn Hanwell – Chief Financial Officer/Deputy Chief Executive

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

EXECUTIVE SUMMARY

A presentation is provided which will be talked through at the meeting. This is aimed at sharing some information and insight into how the Trusts finances are governed and managed in the context of the wider NHS finance regime. The aim is to give a broad oversight to the Council and enable questioning to deepen understanding.

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

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

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

RECOMMENDATION

The Council of Governor are requested to receive the presentation (which will be talked through at the meeting) and open up to discussion and questions.

Finance Update

Council of Governors
2 July 2024

**Dawn Hanwell – Chief Financial Officer and
Deputy Chief Executive Officer**

What we will cover

- Recap on NHS funding processes and how this works within Integrated Care Systems
- The overall position of West Yorkshire Integrated Care System financial plans for 2024/25
- What this means for LYPFT's financial plans (our challenges and pressures) and the work we are doing to achieve financial balance in 2024/25 and recurrently.

NHS Finances

- NHS England receives annual funding from the Secretary of State/Department of Health – revenue (revenue resource limit) and capital (capital resource limit). The majority is revenue for daily operational activity to deliver NHS objectives. We refer to revenue as “Income and Expenditure”. Capital is infrastructure spend (mainly buildings and digital).
- NHS England allocate the majority of resources to the 42 Integrated Care Boards (ICBs) which act as the commissioner. They also retain a proportion for things they directly commission and for national programmes of work.
- ICBs and partner organisations (NHS Trusts) have a statutory duty to live within revenue and capital resource limits on an annual basis. Every NHS Trust is linked to a single ICB. This is the Integrated Care System (ICS).
- Each ICS is one unit of planning for performance management, collective financial positions assessed for statutory duty but Trusts maintain sovereign accountability.

NHS Revenue

- Revenue allocations are determined on a national funding formula which takes account various factors including deprivation index to determine the “fair share” per head of population which each ICB should spend.
- Based on current spend, uplifted for inflation assumptions and “growth”, then adjusted to try to bring each ICB in line with its fair share over time.
- Done by calculating a “distance from target” and imposing a convergence adjustment - either additional allocation if an ICB is below its target or a reduced allocation if an ICB is above its target.
- West Yorkshire ICB overall is above its fair share national allocation, although Leeds place is below its target. The convergence reduction this year was 0.97% taken off the ICB resource limit.

NHS Revenue

- ICBs distribute the revenue through contracts with NHS providers, and others e.g. Voluntary sector.
- Managed at place but is based on a set of agreed “business rules”, which ensure a level of consistency.
- Main feature of contracts - broadly reflect historic spend, NOT real current service demand (except for Acute Elective activity)
- Place has discretion to adjust contracts to reflect specific local priorities but must operate within the planning rules.
- For example, places must comply with the Mental Health Investment Standard but have local discretion on where it is spent.
- There is also specific targeted service development funding e.g. Community Mental Health Transformation.
- In Leeds, the process for agreeing the revenue contracts for 2024/25 has been managed through the Strategic Finance Executive Group (SFEG).

Basis for Calculating Contracts

Cost	Estimate	Cost weight	Weighted	LYPFT	
Pay	2.10%	69.3%	1.50%	80.9%	1.7%
Drugs	0.30%	2.4%	0.0%	0.9%	0.0%
Capital	0.80%	7.6%	0.1%	3.1%	0.0%
Unallocated CNST	0.60%	2.2%	0.0%	0.3%	0.0%
Other	0.80%	18.4%	0.2%	14.8%	0.1%
Total			1.70%	1.85%	
Efficiency				-1.1%	
Convergence				-0.97%	
Total				-0.37%	

The Challenge!

- Contracts uplifted on national assumptions for inflation - they do not reflect the profile of our organisational expenditure. Mental Health traditionally have more pay spend.
- Some expenditure increases are predetermined and fixed for things like our Private Finance Initiative (PFI)
- Overall, after accounting for inflation we have less resource even before the additional national efficiency calculations
- We have not made recurrent cost improvements since they were reintroduced post Covid so playing “catch up” on savings targets.
- We have a “run rate” which overall is higher than our budgets – mainly on ward areas and the premium cost of agency to cover medical and nursing vacancies
- Out of Area placements are not funded in our contract .

Efficiency

- We have a growing gap between income and expenditure, this is the efficiency challenge.
- As some budgets are overspent and others underspent, the actual “run-rate” gap is higher than the budget gap.
- We need to address the run rate gap and bring budgets into line, and we also need to identify recurrent budget savings. This is how we will achieve recurrent balance

Efficiency Challenge 2024/25

	BUDGET £000	RUN RATE PLAN £000	VARIANCE £000
INCOME	247,857	247,857	0
Budget Holder A	156,730	167,130	10,400
Budget Holder B	101,927	97,677	-4,250
TOTAL EXPENDITURE	258,657	264,807	6,150
CIP REQUIRED	10,800	16,950	6,150
Percentage savings	4.4%	6.8%	

Our Approach

- Reducing Pay Run-Rate
 - o Reviewing use of Overtime and additional shift usage
 - o Pausing Corporate Recruitment and reviewing benchmarking
 - o Reviewing all roles that have been vacant for more than 12 months
 - o Reducing the reliance of agency
- Rostering Review
 - o Ensure rosters and establishment are correct
 - o Develop enhanced training package for ward managers
 - o Medic Job planning
- Non-pay actions
 - o OAPs – Establish dedicated resource to reduce the number
 - o Develop process to ensure all expenditure over £10k has CFO approval
- IN ADDITION TO ALL OF THE ABOVE WE NEED TO AGREE THE PERMANENT CHANGES TO ENSURE WE CAN LIVE WITHIN BUDGET.

Anticipated Run-rate Improvements

Financial Trajectory (£000)	Where the run-rate reduction will occur
1,753	Bank Expenditure
253	Corporate Benchmarking
4,025	Agency
6,100	Out of Area Placements
1,416	12 Month Vacancies
1,111	Overtime
1,000	1% Sickness Reduction
1,292	Other / Non-Pay Reductions
16,950	Total

West Yorkshire Revenue Plans 2024/25

Organisation	£000
Airedale NHS Foundation Trust	-17,777
Bradford District Care NHS Foundation Trust	0
Bradford Teaching Hospitals NHS Foundation Trust	-14,032
Calderdale And Huddersfield NHS Foundation Trust	-26,255
Leeds And York Partnership NHS Foundation Trust	995
Leeds Community Healthcare NHS Trust	1,005
Leeds Teaching Hospitals NHS Trust	2,133
Mid Yorkshire Teaching NHS Trust	-17,500
South West Yorkshire Partnership NHS Foundation Trust	0
Yorkshire Ambulance Service NHS Trust	0
ERF additional income not confirmed	0
Provider Total	-71,431

ICB Place	£000
Bradford	-7,767
Calderdale	0
Kirklees	0
Leeds	-12,298
Wakefield	0
WY	41,457
ICB Total	21,392
ICS Total	-50,039

ICB Summary

- Planned deficit for 2024/25 is £50m (0.9% of allocation)
- Two of five ICB places with deficits (Leeds is one), others at break-even
- Six NHS providers at break-even or better
- All Leeds providers planning surplus due to one off technical additional funding
- Efficiency plans of £434m (7.7% of allocation)
- Additional non recurrent funding is being negotiated to cover the £50m deficit.

LYPFT Month 1 Position

Income & Expenditure	Plan Annual (£000)	Plan YTD (£000)	Actual YTD (£000)	Variance YTD (£000)
Income:				
Patient Care Income	217,758	18,073	18,057	(16)
Other Income	30,099	3,961	4,104	143
Total Income	247,857	22,034	22,161	127
Expenditure:				
Pay	(175,166)	(14,729)	(15,387)	(658)
Non-Pay	(71,696)	(7,985)	(7,792)	192
Total Expenditure	(246,862)	(22,714)	(23,179)	(466)
Surplus / (Deficit)	995	(680)	(1,018)	(339)

NHS Capital

- The majority of Capital funding is allocated to ICBs. This is called “Operational Capital” for use on small investment to maintain/upgrade/replace existing capital assets.
- Other specific funding is available to bid for and is held nationally for use on specific schemes e.g. new hospitals programme, digital transformation.
- A separate allocation is available for long term leases.
- Operational capital is based on a national methodology which takes into account number/size/age of buildings, the level of assumed backlog maintenance and an average replacement cycle for digital and medical equipment. It excludes Public Finance Initiative (PFI) estate.
- Operational capital is distributed to the 10 NHS providers, it does not allow for strategic investment. It follows the formula and is for “owned” estate only.

The Challenge

- Operational capital funding is insufficient and is not needs based (the methodology is limited)
- LYPFT gets a very small allocation because it has a small estate (excluding PFI)
- Our cash balances are irrelevant as the Capital resource limit is fixed at ICB level – no freedom for trusts with healthy cash balance to invest (Foundation Trust principle)
- Bidding for additional capital through national programmes is a lengthy process and highly competitive given limited resource.
- LYPFT is bidding for some national funding in 2024/25 but not yet agreed so proceeding at some risk as capital must be spent in the year it is received.

ICB Operational Capital Plan

Organisation	Submission 12 June (£'000)
Airedale NHS Foundation Trust	22,710
Bradford District Care NHS Foundation Trust	6,706
Bradford Teaching Hospitals NHS Foundation Trust	25,600
Calderdale And Huddersfield NHS Foundation Trust	26,969
Leeds And York Partnership NHS Foundation Trust	4,233
Leeds Community Healthcare NHS Trust	2,605
Leeds Teaching Hospitals NHS Trust	50,695
Mid Yorkshire Teaching NHS Trust	15,619
South West Yorkshire Partnership NHS Foundation Trust	8,082
Yorkshire Ambulance Service NHS Trust	15,317
Provider Total	178,536

*This excludes Nationally Funded Schemes and leases

QUESTIONS

LEEDS AND YORK PARTNERSHIP NHS
FOUNDATION TRUST

AGENDA
ITEM

13.1

MEETING OF THE COUNCIL OF GOVERNORS

PAPER TITLE:	Report from the Chair of the Finance and Performance Committee for the meeting held on 23 April 2024
DATE OF MEETING:	2 July 2024
PRESENTED BY: (name and title)	Cleveland Henry, Non-executive Director and Chair of the Committee
PREPARED BY: (name and title)	Rose Cooper, Deputy 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.	✓

THIS PAPER RELATES TO THE TRUST'S STRATEGIC RISK/S (please tick relevant box/s)		✓
SR1	Quality including safety assurance processes	
SR2	Delivery of the Quality Strategic Plan	
SR3	Culture and environment for the wellbeing of staff	
SR4	Financial sustainability	✓
SR5	Adequate working and care environments	✓
SR6	Digital technologies	✓
SR7	Plan and deliver services that meet the health needs of the population we serve.	✓

COMMITTEE DETAILS:	
Name of Committee:	Finance and Performance Committee
Date of Committee:	23 April 2024
Chaired by:	Cleveland Henry, Non-executive Director

KEY DISCUSSION POINTS:
ALERT - Issues to alert the Board to:
No issues to which the Board needs to be alerted.
ADVISE - Issues to advise the Board on:
<ul style="list-style-type: none"> The Committee received an overview of the draft 2023/24 financial outturn performance (subject to external audit) and noted that the Trust had achieved a surplus broadly in line with its planned forecast and had met its objective from the Integrated Care Board (ICB); however, it was mindful that the Trust had technically posted a deficit as a consequence

of fixed asset impairments which were excluded from the financial performance measurement and did not count toward the ICB control total.

- The Committee received a report on the work being undertaken by the Digital Service and was concerned to note the delays in the delivery of work by Advanced, the Trust's supplier of healthcare systems, and that further delays were expected which could impact on the Trust's ability to complete key projects. The Committee was reassured to note that the team planned to undertake a dependency mapping and risk assessment exercise against Advanced and other key suppliers in order to better understand the risks and impacts for the Trust. The Committee also discussed the need to utilise existing technology better and more efficiently in the Trust in order to realise the benefits of technology that was already enabled but may not be being transacted fully. The Committee supported this approach, noting the shift in culture that would be required to achieve this. The Committee asked what the Trust could learn from other organisations in terms of how we could improve our own use of technology, systems, and data reporting. Mr Hogan confirmed that he was looking into this and planned to bring a report to a future Board of Directors' meeting.
- The Committee received key updates from the Clinical Environments Group and the Estates Steering Group and noted that the Private Finance Initiative (PFI) benchmarking exercise undertaken by Equitix had identified that catering services would fall outside the benchmark meaning that an increase in costs would be necessary. The Committee heard that negotiations were ongoing with the facilities management provider and that nursing and dietetics teams had been involved in the discussions to minimise the impact on quality and patient choice.

ASSURE - Items to provide assurance to the Board on:

- The Committee received the debrief report following the cyber exercise that took place on the 25 October 2023. The Committee heard that the event had been successful and that an action plan had been developed following the exercise which was being monitored by the Emergency Preparedness, Resilience and Response Group, and that there were no issues of concern to be alert to.

Items to be referred to other Committees:

The Committee did not refer any items to other Board sub-committees.

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

RECOMMENDATION

The Council of Governors is asked to note the contents of the Chair's Report which summarises the discussions held at the Finance and Performance Committee meeting on 23 April 2024, as reported to the Board of Director's meeting on 30 May 2024.

LEEDS AND YORK PARTNERSHIP NHS
FOUNDATION TRUST

AGENDA
ITEM

13.1

MEETING OF THE COUNCIL OF GOVERNORS

PAPER TITLE:	Report from the Chair of the Finance and Performance Committee for the meeting held on 24 May 2024
DATE OF MEETING:	2 July 2024
PRESENTED BY: (name and title)	Cleveland Henry, Non-executive Director and Chair of the Committee
PREPARED BY: (name and title)	Rose Cooper, Deputy 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.	✓

THIS PAPER RELATES TO THE TRUST'S STRATEGIC RISK/S (please tick relevant box/s)		
SR1	Quality including safety assurance processes	
SR2	Delivery of the Quality Strategic Plan	
SR3	Culture and environment for the wellbeing of staff	
SR4	Financial sustainability	✓
SR5	Adequate working and care environments	✓
SR6	Digital technologies	✓
SR7	Plan and deliver services that meet the health needs of the population we serve.	✓

COMMITTEE DETAILS:	
Name of Committee:	Finance and Performance Committee
Date of Committee:	24 May 2024
Chaired by:	Cleveland Henry, Non-executive Director

KEY DISCUSSION POINTS:
ALERT - Issues to alert the Board to: No issues to which the Board needs to be alerted.
ADVISE - Issues to advise the Board on: <ul style="list-style-type: none"> The Committee received the report from the Chief Operating Officer and discussed the following areas:

- Staffing at Red Kite View, noting that the position had deteriorated further since the report was circulated. The Committee received reassurance on the interventions being taken in response to this and noted that a further update would be provided at the May Board meeting.
 - Contract negotiations with the local authority in respect of the Specialist Supported Living Service and the ongoing work to recover voids in the service.
 - Out of area placements (OAPs) which, although still behind trajectory, were improving. The Committee discussed the quality implications of OAPs, heard what measures were in place to monitor the quality of the placements and noted that this was overseen by the Quality Committee.
 - Variations in average length of stay across wards and the reasons for increased lengths of stay which were being looked at via the improving flow work.
- The Committee received an update on the Trust's final financial plan submission for 2024/25 and an update on the approach to internal budget setting within the Trust. A summary of this discussion has been included in the Part B chair's report. The Committee also received an overview of financial performance at month one and noted the Trust's deficit position against a balanced budget.
 - The Committee received an update on NHS England's Core standards for Emergency Preparedness, Resilience and Response (EPRR) and the proposed changes to the process for 2025. The Committee noted that the changes for 2025 were mostly positive; however, the 2024 process was still subject to uncertainty at the current time. The Committee recognised the challenges associated with this and heard how the team were managing the current situation.
 - The Committee reviewed the latest version of the Board Assurance Framework (BAF) and agreed to upgrade Strategic Risk 4 from a level 8 to a level 12 risk, and to upgrade Strategic Risk 6 from a level 8 to a level 12 risk given the Trust's financial position and future arrangements for CareDirector. It was also agreed that a further review of the controls and actions for both risks would be undertaken to ensure all mitigation was reflected in the BAF.
 - The Committee reviewed the 2023/24 Organisational Priorities Quarter 4 Progress Report and noted that a more streamlined set of priorities were being developed for 2024/25 which would be reported on from Quarter 1. The Committee supported there being a more refined list of priorities to monitor this financial year.

ASSURE - Items to provide assurance to the Board on:

- The Committee reviewed and approved its Annual Report ahead of submission to the Board of Directors in June 2024. The Committee also received the following annual reports and was assured by the information provided:
 - Annual Report from the Information Governance Group Annual Report
 - Emergency Preparedness, Resilience and Response Annual Report
 - Care Services Delivery and Development Group Annual Report

Items to be referred to other Committees:

The Committee did not refer any items to other Board sub-committees.

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

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

No

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

RECOMMENDATION

The Council of Governors is asked to note the contents of the Chair's Report which summarises the discussions held at the Finance and Performance Committee meeting on 24 May 2024, as reported to the Board of Director's meeting on 30 May 2024.

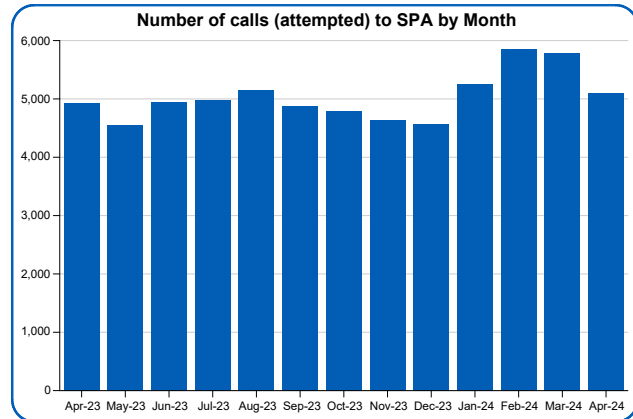
Service Performance - Chief Operating Officer

Services: Access & Responsiveness: Our response in a crisis	Target	Feb 2024	Mar 2024	Apr 2024
Percentage of crisis calls (via the single point of access) answered within 1 minute	-	38.8%	34.5%	32.3%
Percentage of ALPS referrals responded to within 1 hour	-	76.9%	78.9%	82.1%
Percentage of S136 referrals assessed within 3 hours of arrival	-	8.6%	10.3%	14.0%
Number of S136 referrals assessed	-	35	39	43
Number of S136 detentions over 24 hours	0	0	0	0
Percentage of appropriate crisis referrals seen face to face for assessment within 4 hours of referral	90.0%	77.8%	66.7%	60.7%
Percentage of service users who stayed on CRISS caseload for less than 6 weeks	70.0%	90.4%	84.8%	89.1%
Percentage of service users seen or visited at least 5 times within first week of receiving CRISS support	50.0%	46.5%	43.9%	36.8%
Percentage of CRISS caseload where source of referral was acute inpatients	-	6.8%	11.8%	9.3%
Services: Access & Responsiveness to Learning Disabilities, Regional & Specialist Services	Target	Feb 2024	Mar 2024	Apr 2024
Gender Identity Service: Number on waiting list	-	5,626	5,745	5,821
Deaf CAMHS: average wait from referral to first face to face (inc. telemedicine) contact in days	-	212.08	140.44	143.85
Community LD: Percentage of referrals seen within 4 weeks of receipt of referral	90.0%	75.0%	51.4%	60.5%
Leeds Autism Diagnostic Service (LADS): Percentage starting assessment within 13 weeks (quarterly)	-	-	24.4%	-
CAMHS inpatients: Proportion of people assessed within 7 days of admission (HoNOSCA / GBO) (quarterly)	100.0%	-	40.0%	-
Perinatal Community: Percentage waiting less than 48 hours for first contact (urgent/emergency) (quarterly)	-	-	90.3%	-
Perinatal Community: Percentage of routine referrals waiting less than 2 weeks for assessment (quarterly)	-	-	93.5%	-
Perinatal Community: Total number of distinct women seen in rolling 12 months (quarterly)	863	-	966	-
Perinatal Community: Face to Face DNA Rate (quarterly)	-	-	7.9%	-
Services: Our acute patient journey	Target	Feb 2024	Mar 2024	Apr 2024
Number of admissions to adult facilities of patients who are under 16 years old	-	0	0	0
Crisis Assessment Unit (CAU) bed occupancy	-	96.0%	100.0%	94.4%
Crisis Assessment Unit (CAU) length of stay at discharge	-	45.14	26	27
Liaison In-Reach: attempted assessment within 24 hours	90.0%	81.6%	80.6%	86.7%
Bed Occupancy rates for (adult acute excluding PICU) inpatient services:	94.0% - 98.0%	99.2%	100.2%	100.4%
Becklin Ward 1 (Female)	-	100.6%	99.9%	102.6%
Becklin Ward 3 (Male)	-	100.0%	100.7%	99.2%
Becklin Ward 4 (Male)	-	100.2%	101.8%	99.7%
Becklin Ward 5 (Female)	-	97.2%	98.8%	99.8%
Newsam Ward 4 (Male)	-	98.2%	99.8%	100.5%
Older adult (total)	-	99.8%	96.3%	98.5%
The Mount Ward 1 (Male Dementia)	-	99.3%	98.9%	101.4%
The Mount Ward 2 (Female Dementia)	-	106.4%	99.6%	100.2%

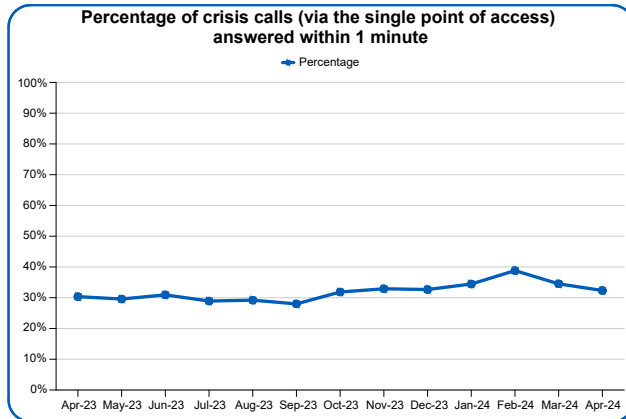
Service Performance - Chief Operating Officer

Services: Our acute patient journey	Target	Feb 2024	Mar 2024	Apr 2024
The Mount Ward 3 (Male)	-	94.5%	87.7%	91.0%
The Mount Ward 4 (Female)	-	100.5%	100.5%	102.4%
Percentage of delayed transfers of care	-	19.2%	15.9%	17.3%
Out of Area Trajectory Active Placements at Month End	34	-	-	38
Total: Number of out of area placements beginning in month	-	29	17	20
Total: Total number of bed days out of area (new and existing placements from previous months)	-	1,124	1,250	1,156
Acute: Active Placements at Month End	-	-	-	31
Acute: Number of out of area placements beginning in month	-	22	10	12
Acute: Total number of bed days out of area (new and existing placements from previous months)	-	933	998	927
PICU: Active Placements at Month End	-	-	-	5
PICU: Number of out of area placements beginning in month	-	7	6	6
PICU: Total number of bed days out of area (new and existing placements from previous months)	-	191	250	204
Older people: Active Placements at Month End	-	-	-	2
Older people: Number of out of area placements beginning in month	-	0	1	2
Older people: Total number of bed days out of area (new & existing placements from previous months)	-	0	2	25
Cardiometabolic (physical health) assessments completed: Inpatients (quarterly)	80.0%	-	69.4%	-
Services: Our Community Care	Target	Feb 2024	Mar 2024	Apr 2024
Percentage of inpatients followed up within 3 days of discharge (Trust Level monthly local tracking)	80.0%	68.1%	75.3%	87.2%
Percentage of inpatients followed up within 3 days of discharge (HCP commissioned services only)	80.0%	77.6%	75.7%	86.3%
Number of service users in community mental health team care (caseload)	-	3,284	3,231	3,225
Percentage of referrals to memory services seen within 8 weeks (quarter to date)	70.0%	71.6%	74.9%	75.6%
Percentage of referrals to memory services with a diagnosis recorded within 12 weeks (quarter to date)	50.0%	39.6%	42.1%	41.1%
Early intervention in psychosis (EIP) or at risk mental state (ARMS): Percentage starting treatment within 2 weeks	60.0%	63.6%	69.6%	41.2%
Early intervention in psychosis (EIP) : Percentage of people discharged to primary care (quarterly)	-	-	66.2%	-
Cardiometabolic (physical health) assessments completed: Early Intervention in Psychosis Service (quarterly)	90.0%	-	77.1%	-
Services: Clinical Record Keeping	Target	Feb 2024	Mar 2024	Apr 2024
Percentage of service users with NHS Number recorded	-	99.3%	99.3%	99.3%
Percentage of service users with ethnicity recorded	-	81.7%	81.7%	81.6%
Percentage of service users with sexual orientation recorded	-	47.6%	47.6%	47.4%
Services: Clinical Record Keeping - DQMI	Target	Nov 2023	Dec 2023	Jan 2024
DQMI (MHSDS) % Quality %	95.0%	92.4%	92.4%	92.3%

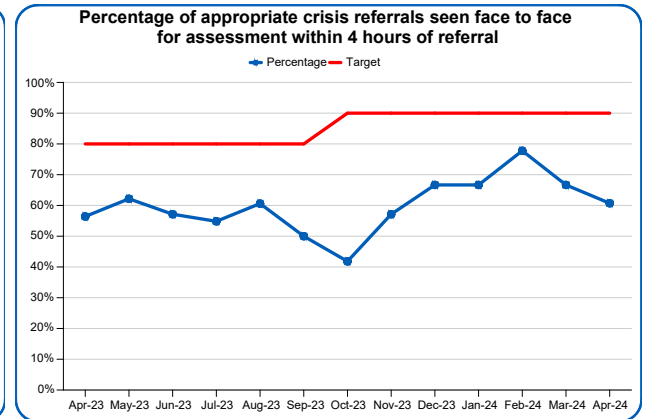
Services: Access & Responsiveness: Our Response in a crisis



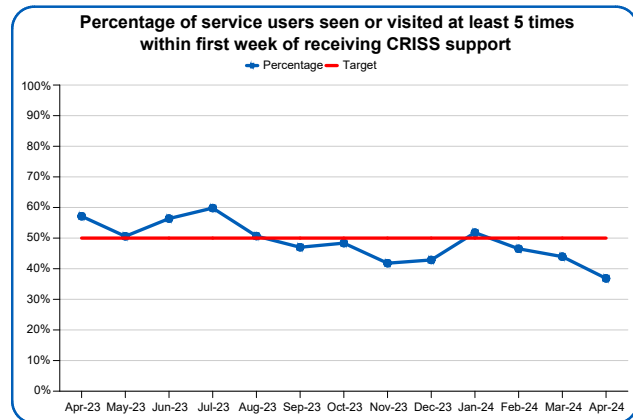
Number of calls : April 5,112



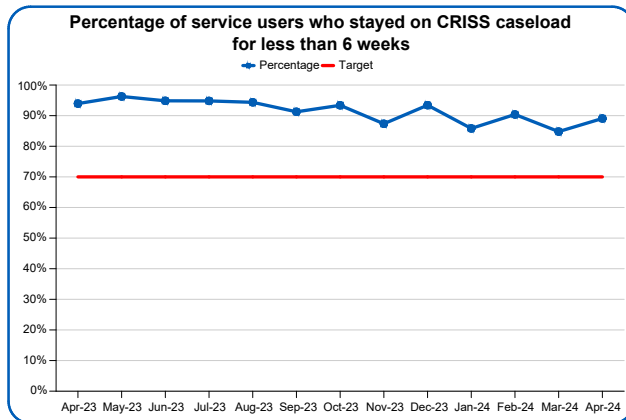
Local target - within 1 minute: April 32.3%



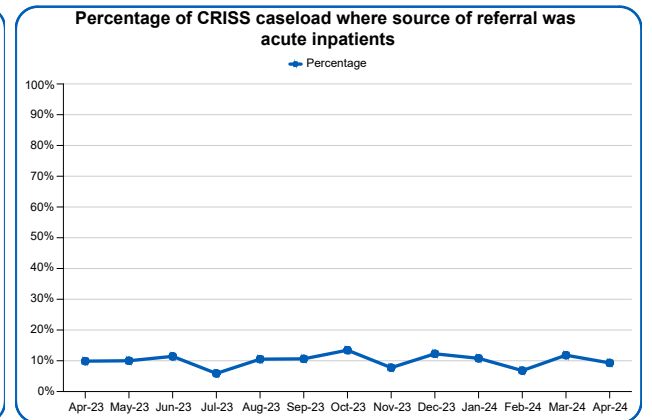
Contactual Target 90%: April 60.7%



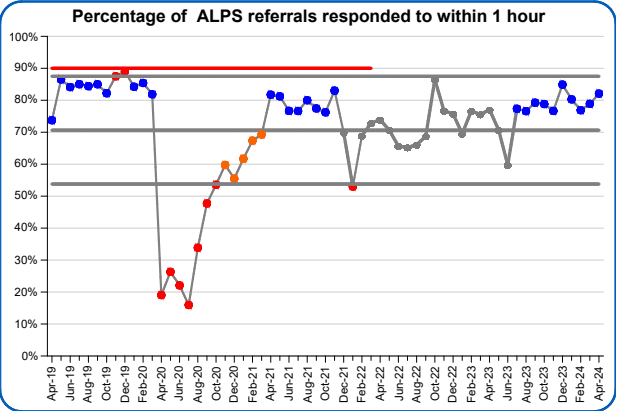
Contractual Target 50%: April 36.8%



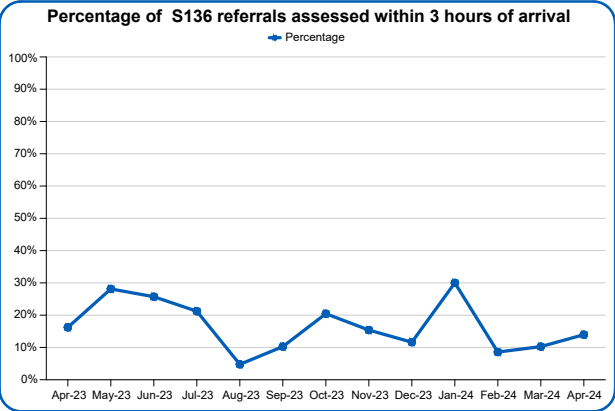
Contractual Target 70%: April 89.1%



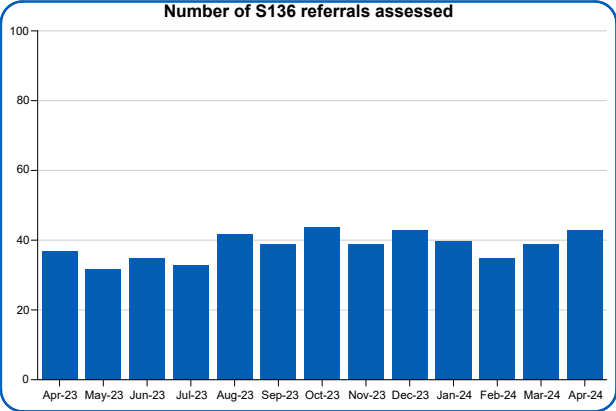
Contractual Target tba: April 9.3%



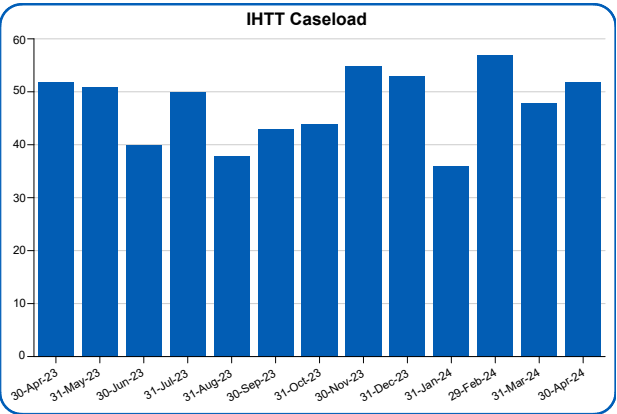
Contractual Target : April 82.1%



Contractual Target : April 14.0%

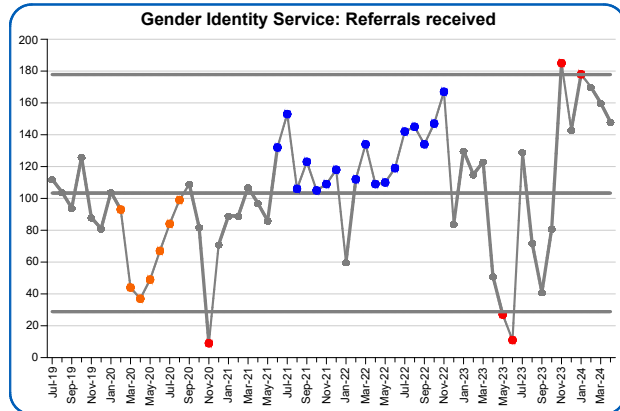


Total referrals assessed: April 43

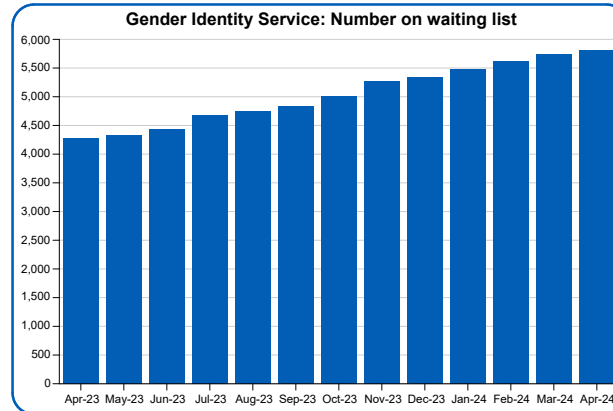


Caseload: April 52

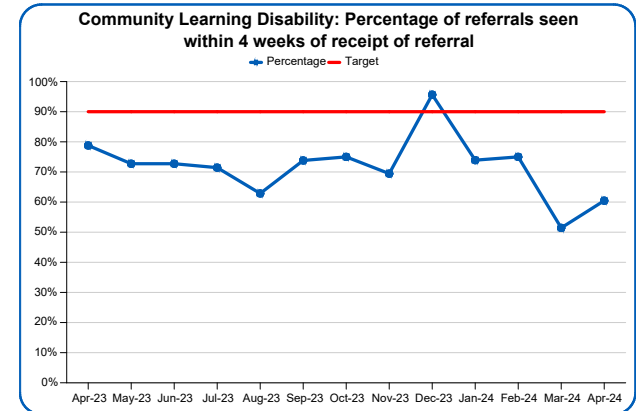
Services: Access & Responsiveness to Learning Disabilities, Regional & Specialist Services



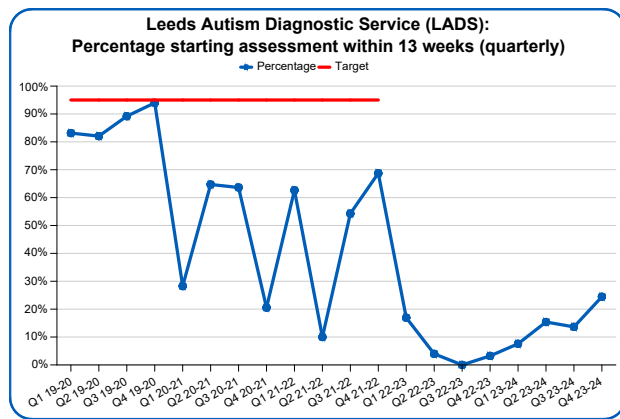
Total referrals: April 148



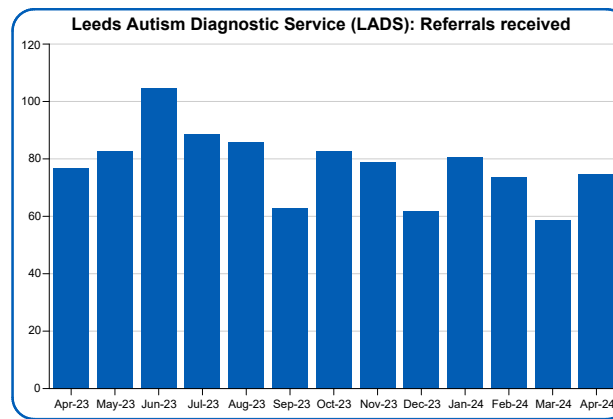
Number on waiting list: April 5,821



Contractual Target 90%: April 60.5%



Contractual Target : Q4 24.4%

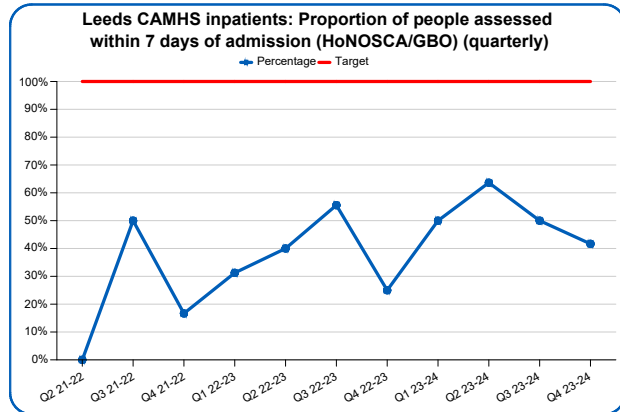


Local measure: April 75

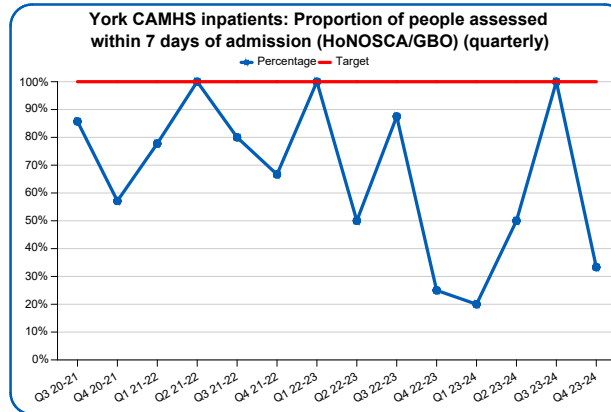
SPC Chart Key



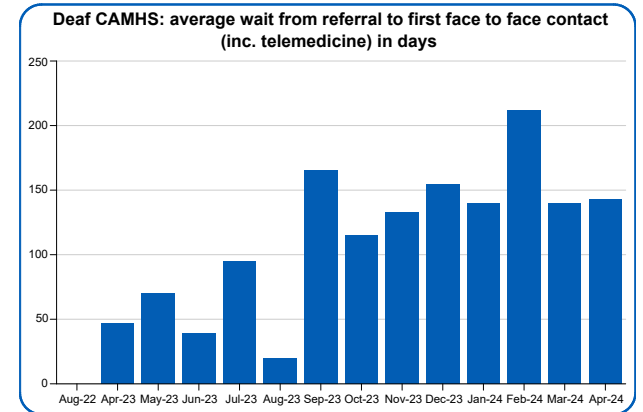
Services: Access & Responsiveness to Learning Disabilities, Regional & Specialist Services (continued)



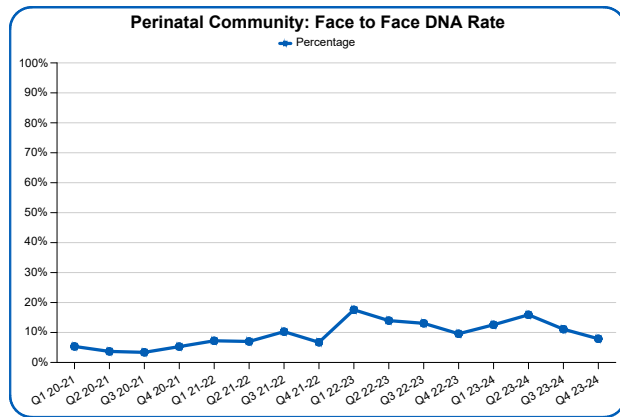
Contractual Target 100%: Q4 **41.7%**



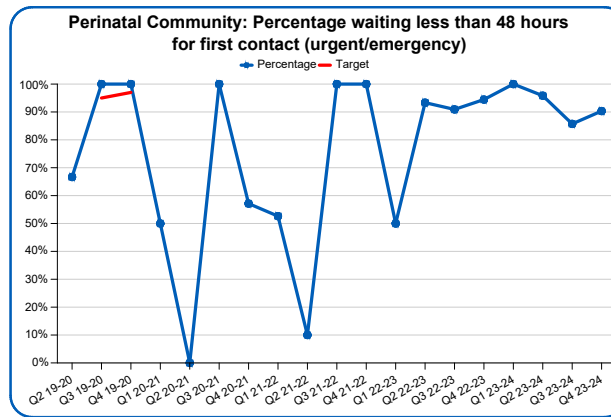
Contractual Target 100%: Q4 **33.3%**



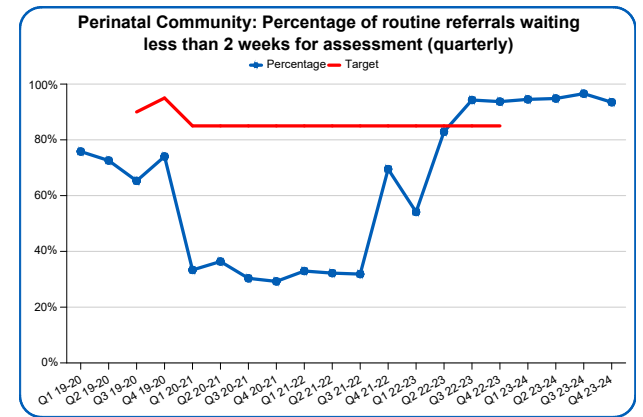
Local measure: April **144**



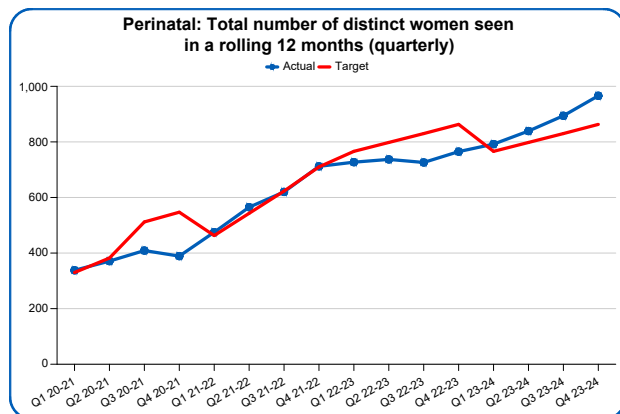
Contractual measure: Q4 **7.9%**



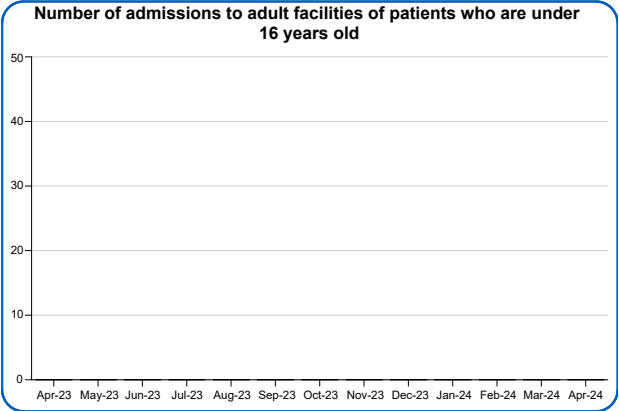
Contractual Target tba: Q4 **90.3%**



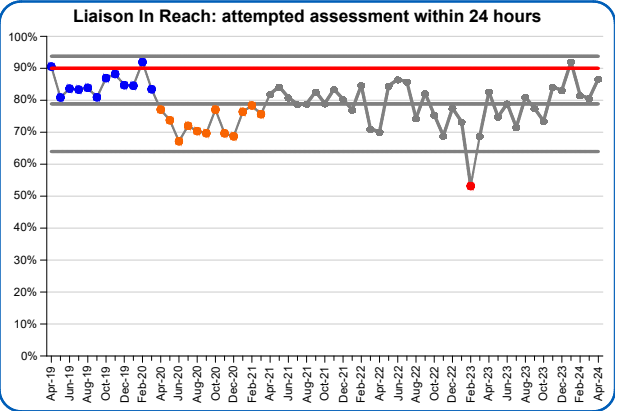
Contractual Target : Q4 **93.5%**



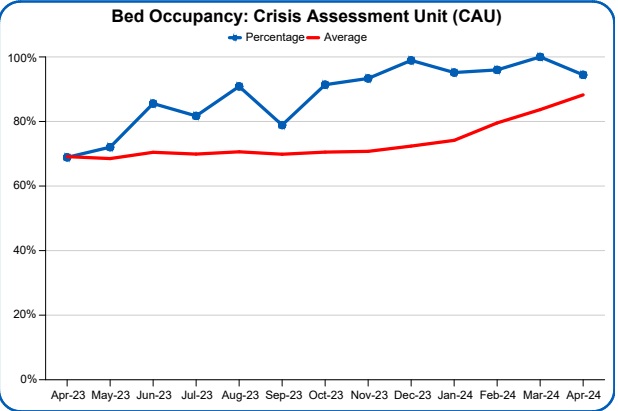
Local measure 863: Q4 **966**



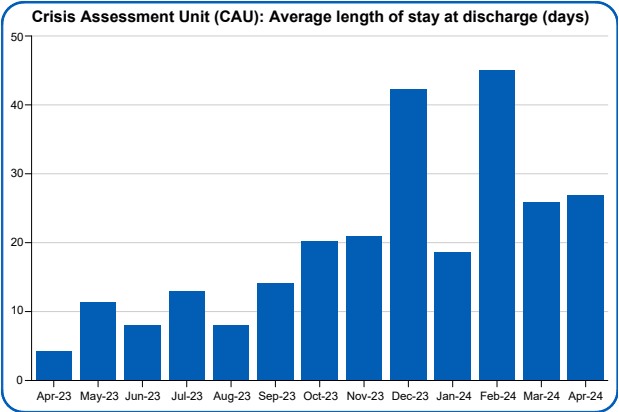
National (NOF) No target : April 0



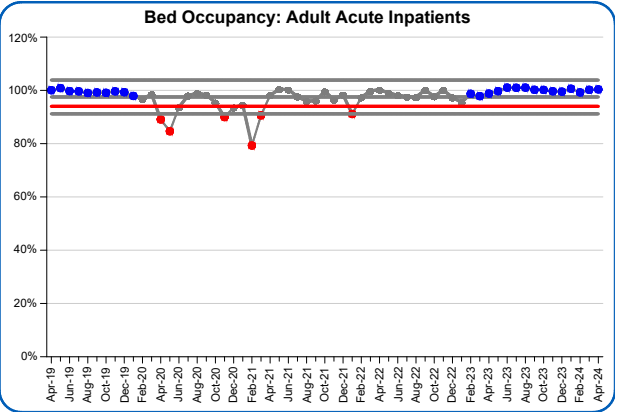
Contractual Target 90%: April 86.7%



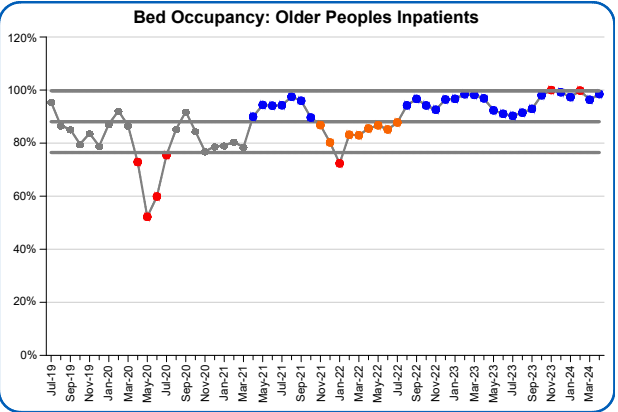
Local measure: April 94.4%



Local measure: April 27 days



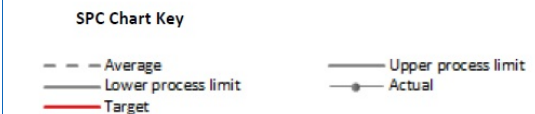
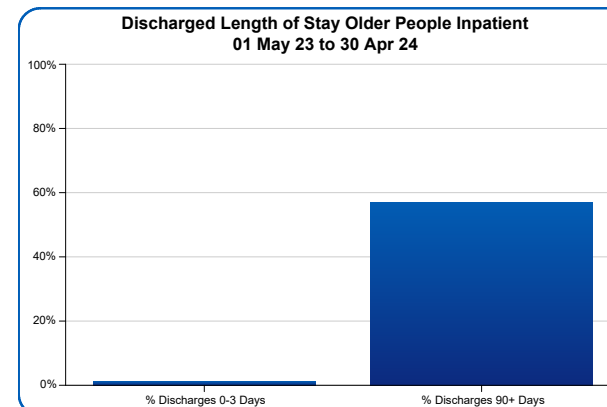
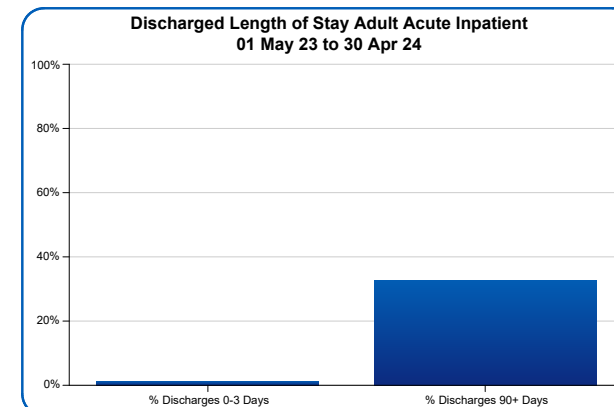
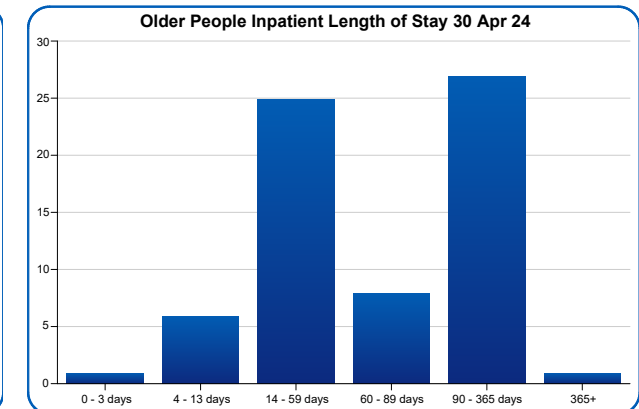
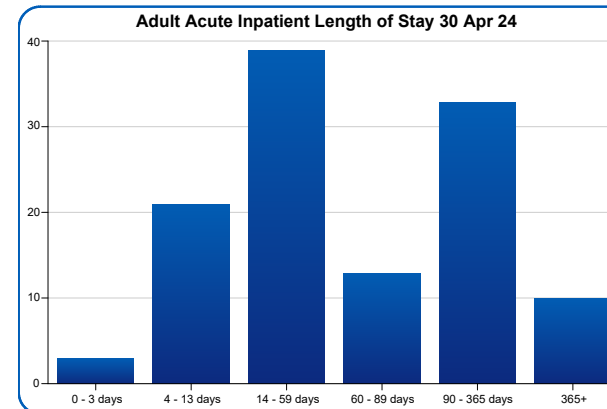
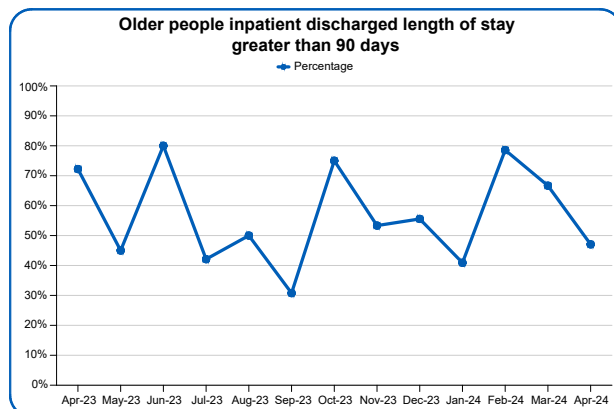
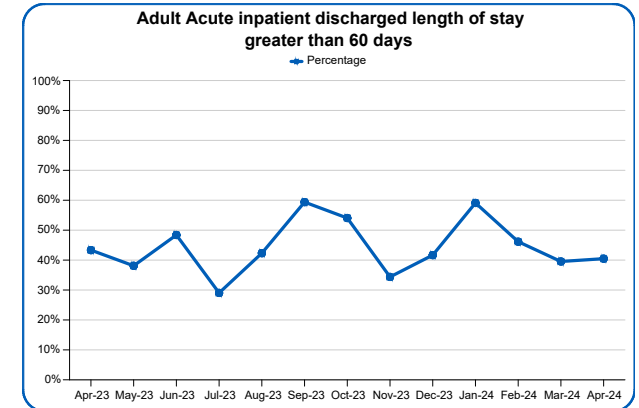
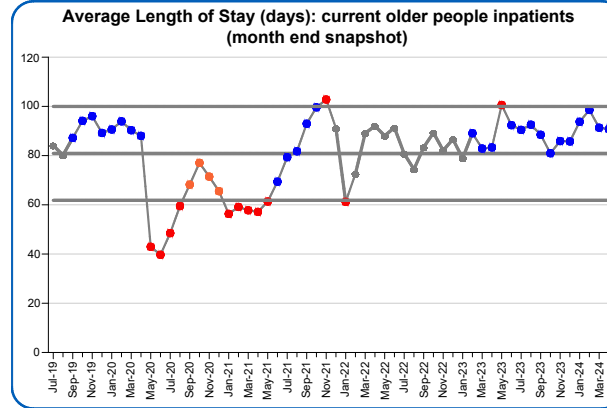
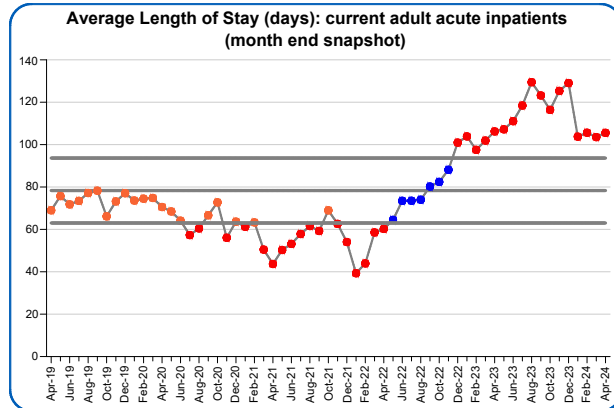
Contractual Target 94%: April 100.4%



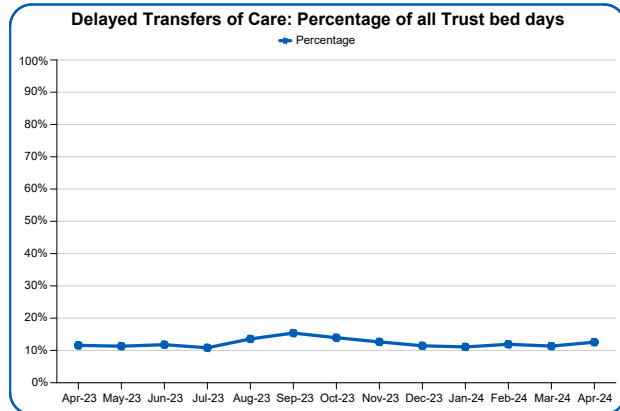
Local measure and target : April 98.5%



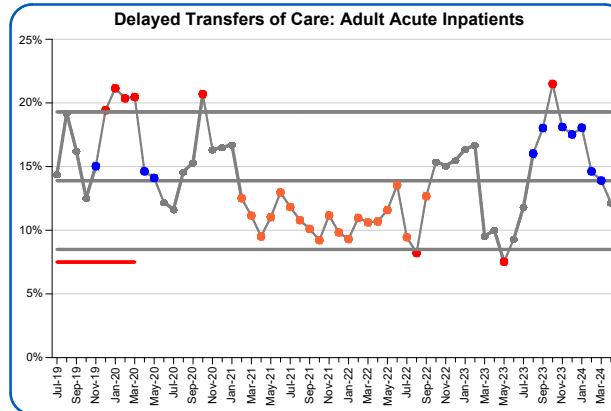
Services: Our acute patient journey (continued)



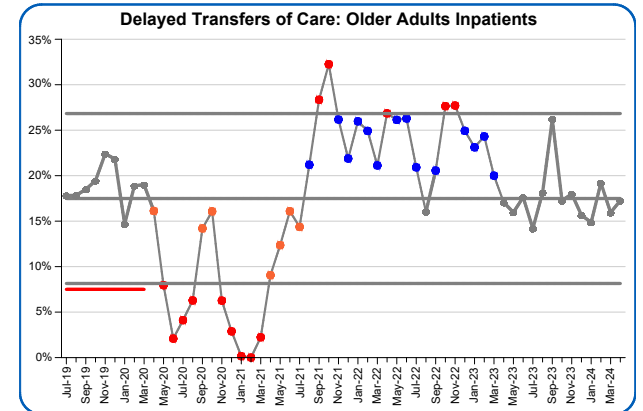
Services: Our acute patient journey (continued)



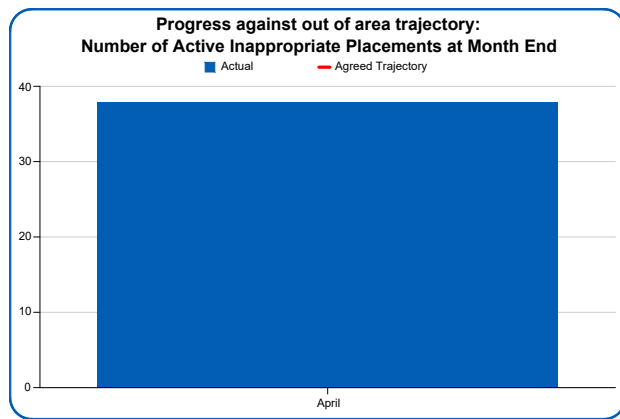
Local tracking measure: April 12.6%



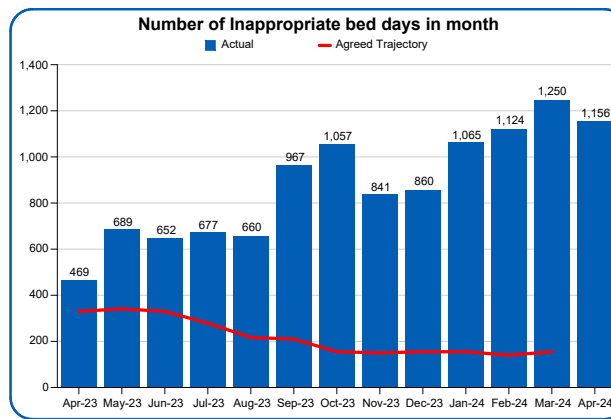
Local tracking measure: April 12.1%



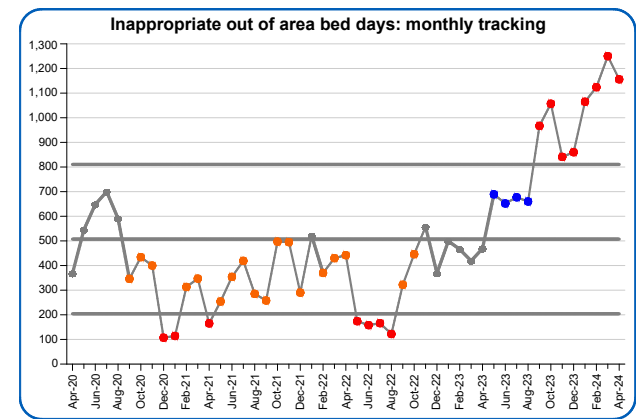
Local tracking measure: April 17.3%



Nationally agreed trajectory (April: 34): April 38 active placements



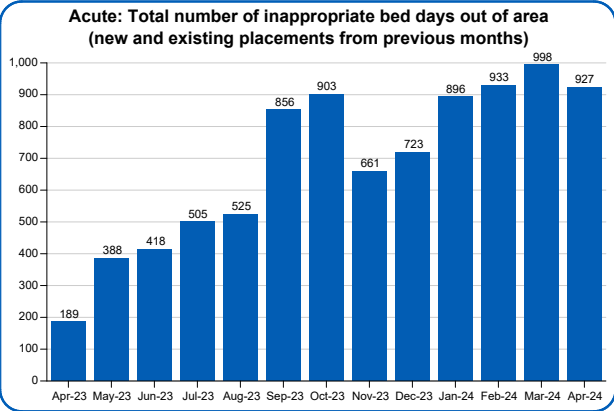
Local tracking measure: April 1,156 bed days



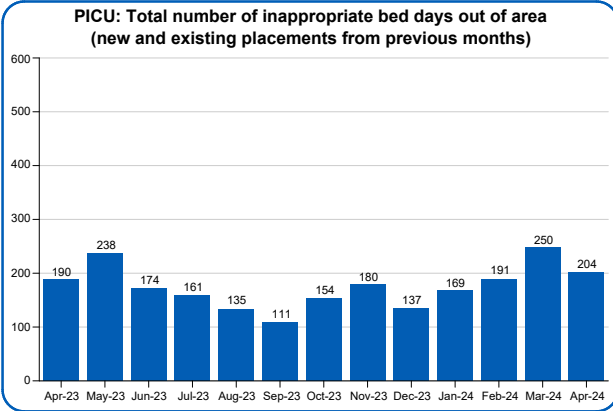
Local tracking measure: April 1,156 bed days

SPC Chart Key

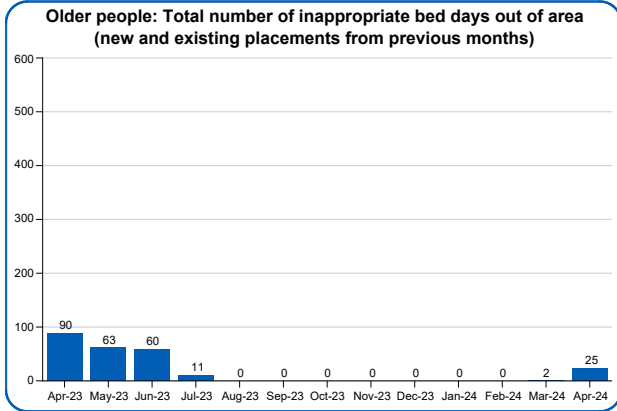
- Average
- Upper process limit
- Lower process limit
- Actual
- Target



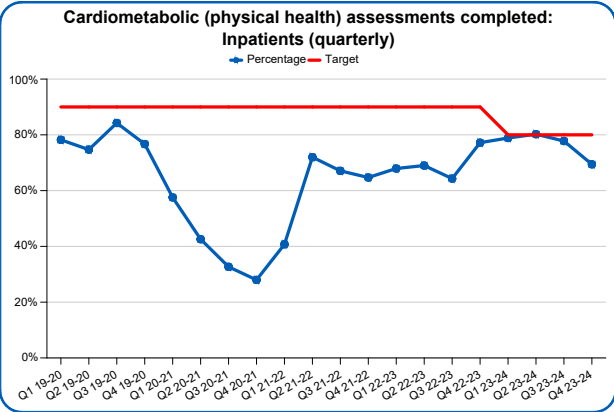
Nationally agreed trajectory (>): April 927 days



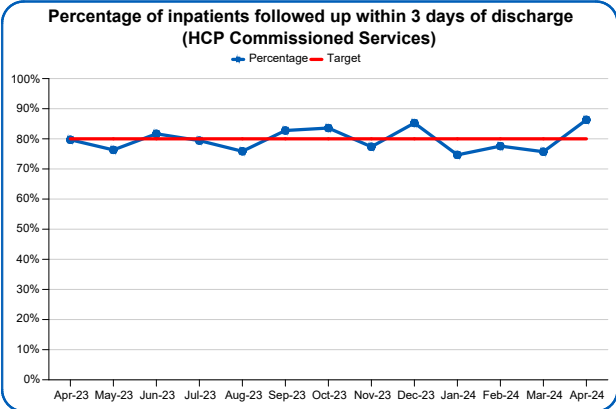
Nationally agreed trajectory (>): April 204 days



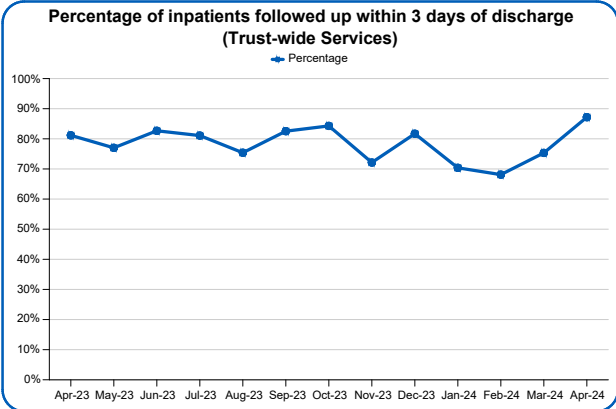
Local measure : April 25 days



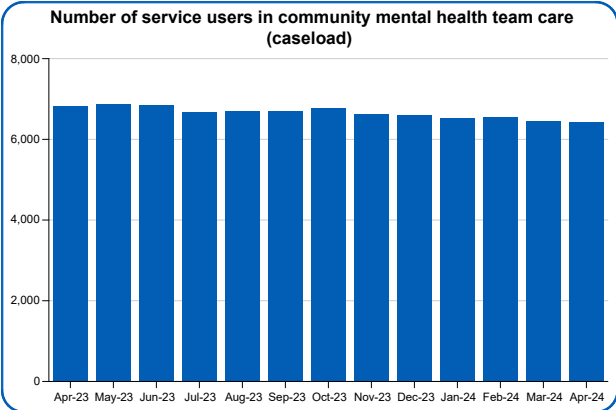
Contractual target 80%: Q4 69.4%



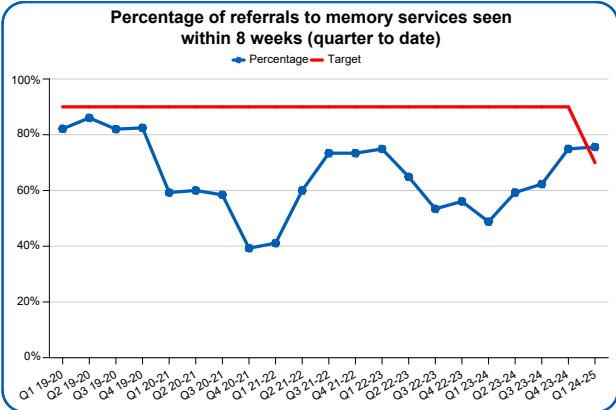
Contractual target 80%: April 86.3%



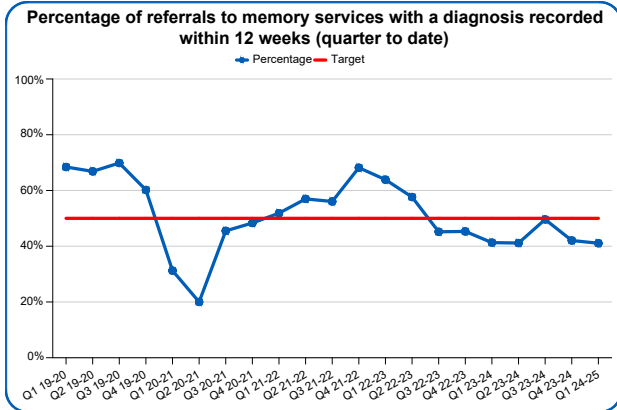
Local Tracking Measure 80%: April 87.2%



Local measure : April 3,225



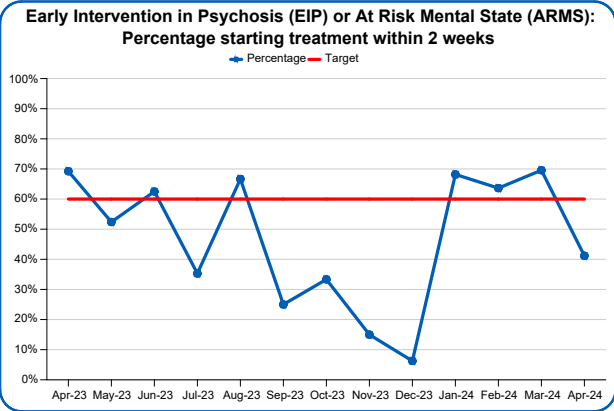
Contractual target 70%: Q1 24-25 75.6%



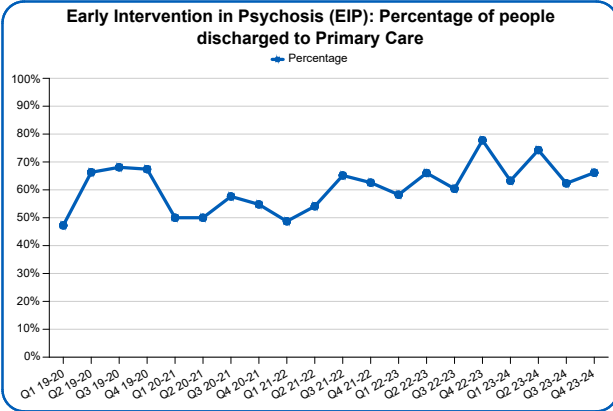
Contractual target 50%: Q1 24-25 41.1%

SPC Chart Key

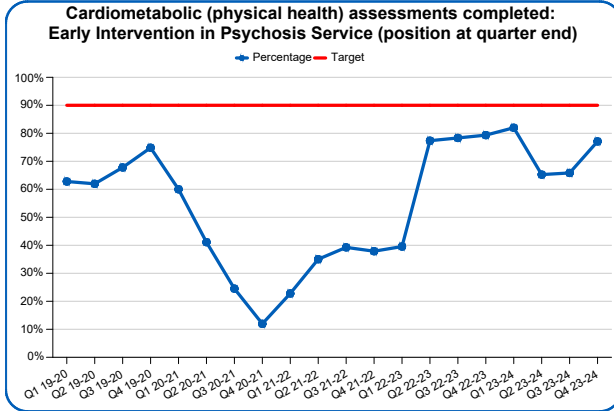
- Average
- Lower process limit
- Upper process limit
- Target
- Actual



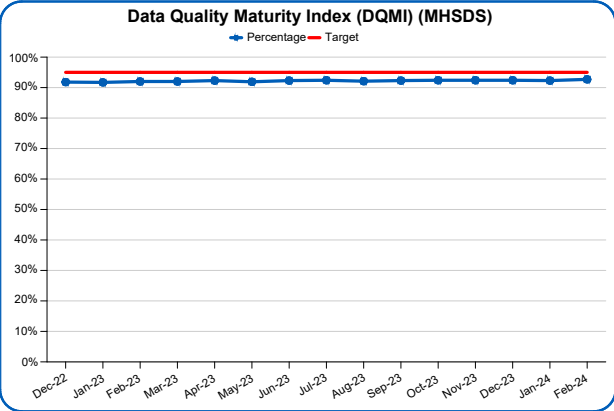
Contractual target 60%: April 41.2%



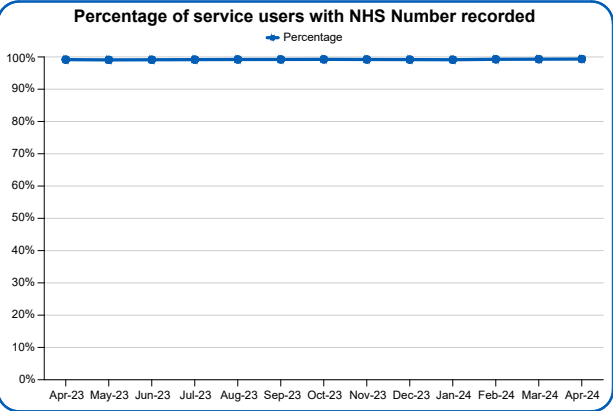
Contractual target tbc: Q4 66.2%



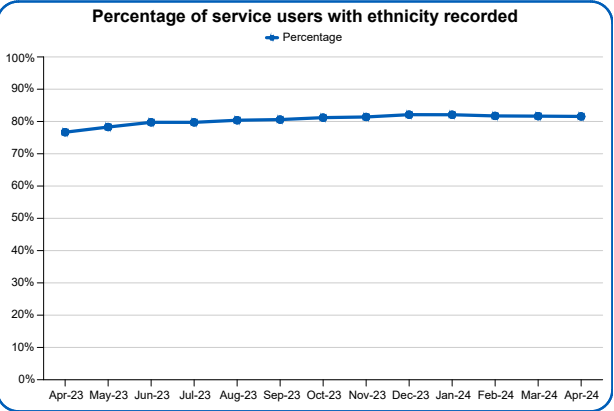
Contractual target 90%: Q4 77.1%



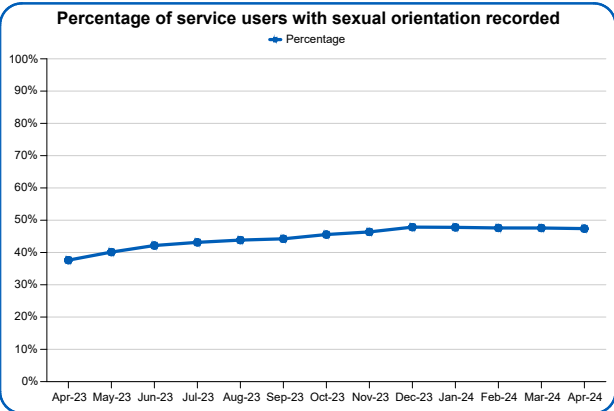
CQUIN / NHSOF Target 95%: February 92.7%



Local measure: April 99.3%



Local measure: April 81.6%



Local measure: April 47.4%

Glossary

Services: Access & Responsiveness: Our response in a crisis

Percentage of crisis calls (via the single point of access) answered within 1 minute	Of all the telephone calls made to our crisis line that were answered, the proportion that were answered within 1 minute.
Percentage of ALPS referrals responded to within 1 hour	Of all the referrals from Accident & Emergency, to the Acute Liaison Psychiatry Service (ALPS) that were assessed, the proportion that were assessed within 1-hour.
Percentage of S136 referrals assessed within 3 hours of arrival	Of all the Section 136 (S136) referrals assessed, the proportion that were assessed within 3-hours of arrival at the Place of Safety
Number of S136 referrals assessed	The number of Section 136 (S136) referrals receiving their first face-to-face mental health assessment after they were detained under S136.
Number of S136 detentions over 24 hours	Number of Section 136 (S136) detentions that exceeded the 24-hour review period.
Percentage of appropriate crisis referrals seen face to face for assessment within 4 hours of referral	Of all the referrals receiving a face-to-face assessment following referral to the crisis service, the proportion that were assessed within 4-hours of referral.
Percentage of service users who stayed on CRISS caseload for less than 6 weeks	Of all the referrals discharged from Crisis Resolution or Intensive Support Service (CRISS), the proportion that had a length of referral of 6-weeks or less at the time of discharge.
Percentage of service users seen or visited at least 5 times within first week of receiving CRISS support	Of all the referrals discharged from Crisis Resolution or Intensive Support Service (CRISS) that were open for at least 7-days, the proportion that had at least 5 successful face-to-face contacts during the first 7-days of service involvement.
Percentage of CRISS caseload where source of referral was acute inpatients	Of all the referrals open to the Intensive Support Service (ISS) at the end of the period, the proportion that were an inpatient at the time of referral.

Services: Access & Responsiveness to Learning Disabilities, Regional & Specialist Services

Gender Identity Service: Number on waiting list	The number of referrals open at the end of the period where the service user was waiting for an assessment
Deaf CAMHS: average wait from referral to first face to face (inc. telemedicine) contact in days	For all the referrals in Deaf Child and Adolescent Mental Health Services (CAMHS) receiving their first face-to-face or video contact during the period, the average number of days between referral and the first contact.
Community LD: Percentage of referrals seen within 4 weeks of receipt of referral	Of all the referrals to a Community Learning Disability Team that received their first attended, direct contact in the period, the proportion where the contact took place within 28-days of referral.
Leeds Autism Diagnostic Service (LADS): Percentage starting assessment within 13 weeks (quarterly)	Of all the Leeds Autism Diagnostic Service (LADS) referrals receiving their first direct, attended assessment taking place face-to-face or by video, with an 'Autism Assessment' intervention recorded as part of the contact in the period, the proportion where the assessment took place within 91-days of referral.
CAMHS inpatients: Proportion of people assessed within 7 days of admission (HoNOSCA / GBO) (quarterly)	Of all the admissions to a Child and Adolescent Mental Health Services (CAMHS) ward that received either a Health of the Nation Outcome Scales for Children and Adolescents (HoNOSCA) or Goal Based Outcomes (GBO) assessment, the proportion where either assessment took place within 7-days of admission.
Perinatal Community: Percentage waiting less than 48 hours for first contact (urgent/emergency) (quarterly)	Of all the referrals to the Perinatal Community service with an 'Emergency' or 'Urgent' referral priority that received a first direct, attended contact in the period, the proportion where the contact took place within 48-hours of referral.
Perinatal Community: Percentage of routine referrals waiting less than 2 weeks for assessment (quarterly)	Of all the referrals to the Perinatal Community service with a 'Routine' referral priority that received a first direct, attended face-to-face or video contact in the period, the proportion where the contact took place within 14-days of referral.
Perinatal Community: Total number of distinct women seen in rolling 12 months (quarterly)	The total number of women with a direct, attended, face-to-face or video contact, during the 12-months ending in the period; women seen multiple times are counted once.
Perinatal Community: Face to Face DNA Rate (quarterly)	Of all the face-to-face, attended and did not attend (DNA), contacts with the Perinatal Community Team in the period, the proportion of face-to-face contacts that the service user did not attend.

Services: Our acute patient journey

Number of admissions to adult facilities of patients who are under 16 years old	Number of admissions to inpatient services, excluding Child and Adolescent Mental Health Services (CAMHS), where the service user was aged under 16 on the day of admission.
Crisis Assessment Unit (CAU) bed occupancy	Of the total number of available beds on the ward and the number of days each bed was available, the proportion of those days where a bed was occupied. For example, on a 10-bed ward in the month of April where no beds were unavailable due to maintenance/repairs, etc., there are 300 available bed days. Where there were service users in beds for 150 of those days, this would result in 50% occupancy.
Crisis Assessment Unit (CAU) length of stay at discharge	For all the discharges from the Crisis Assessment Unit in the period, the average number of days each service user stayed on the ward.
Liaison In-Reach: attempted assessment within 24 hours	Of all the service users assessed by Hospital Mental Health Inreach following referral from Leeds Teaching Hospitals Trust (LTHT), the proportion that were assessed within 24-hours of referral.
Bed Occupancy rates for (adult acute excluding PICU) inpatient services:	Of the total number of beds available in the period on Adult Acute wards, excluding Psychiatric Intensive Care Unit (PICU), the proportion where a service user was occupying the bed.
Bed Occupancy rates for individual wards (multiple measures)	Of the total number of beds available in the period on the ward, the proportion where a service user was occupying the bed, including any leave days.
Percentage of delayed transfers of care	Of the total number of occupied bed days in the period, the proportion where the service user's transfer of care was delayed.
Out of Area Trajectory Active Placements at Month End (multiple measures)	The total number of out of area placements active at the end of the period, where the placement was not the result of patient choice e.g. where a staff member needed inpatient care.
Total: Number of out of area placements beginning in month (multiple measures)	The total number of all out of area placements that begin during the period.
Total: Total number of bed days out of area (new and existing placements from previous months) (multiple measures)	The total number of occupied bed days that take place as part of an out of area placement during the period, regardless of whether the placement started during or before the period.
Cardiomatabolic (physical health) assessments completed: Inpatients (quarterly)	Of the number of service user on a ward at the end of the period, the proportion with all elements of the cardiomatabolic assessment completed within the same admission, and during the previous 12-months.

Services: Our Community Care

Percentage of inpatients followed up within 3 days of discharge (Trust Level monthly local tracking)	Of all discharges from Trust inpatient services, the proportion where the service user received a direct, attended, face-to-face, video or telephone contact within 3-days of discharge (excluding day of discharge).
Percentage of inpatients followed up within 3 days of discharge (HCP commissioned services only)	Of all discharges from Trust Leeds Healthcare Partnership (HCP) commissioned inpatient services, the proportion where the service user received a direct, attended, face-to-face, video or telephone contact within 3-days of discharge (excluding day of discharge).
Number of service users in community mental health team care (caseload)	Number of service users allocated to a named member of staff in an Adult or Older People's community team at the end of the period (waiting list allocations are excluded).
Percentage of referrals to memory services seen within 8 weeks (quarter to date)	Of the number of service users referred to the Memory Assessment Service (MAS) from an external source that do not have a prior Dementia diagnosis, that receive a first direct, attended face-to-face or video contact, the proportion that receive the first contact within 8-weeks of referral.
Percentage of referrals to memory services with a diagnosis recorded within 12 weeks (quarter to date)	Of all the referrals where the service user receives a Dementia diagnosis in the period, the proportion where the diagnosis was given within 12-weeks of referral.
Early intervention in psychosis (EIP) or at risk mental state (ARMS): Percentage starting treatment within 2 weeks	Of the referrals where a care coordinator allocation starts in the period, or the first direct, attended, face-to-face, video or telephone contact in the referral took place in the period, the proportion where the latest of these two events, took place within 14-days of referral.
Early intervention in psychosis (EIP) : Percentage of people discharged to primary care (quarterly)	Of all the referrals discharged from the Early Intervention in Psychosis service in the period, the proportion where the service user was referred back to Primary Care.
Cardiomatabolic (physical health) assessments completed: Early Intervention in Psychosis Service (quarterly)	Of the total number of referrals open to the Early Intervention in Psychosis (EIP) service with a care coordinator allocation active at the end of the period, the proportion with all elements of the cardiomatabolic assessment completed during the previous 12-months.

Services: Clinical Record Keeping

Percentage of service users with NHS Number recorded	Of all the referrals open during the period, the proportion where the service user's NHS number is recorded on their CareDirector record.
Percentage of service users with ethnicity recorded	Of all the referrals open during the period, the proportion where the service user's ethnicity is recorded on their CareDirector record. Where a service user declines to provide an answer, this is counted as complete; however, any ethnicity recorded as 'Unknown' is not counted as complete.
Percentage of service users with sexual orientation recorded	Of all the referrals open during the period, the proportion where the service user's sexual orientation is recorded on their CareDirector record. Where a service user declines to provide an answer or their sexual orientation is recorded as 'Unknown', this is counted as incomplete.

Services: Clinical Record Keeping - DQMI

DQMI (MHSDS) % Quality %	The Data Quality Maturity Index (DQMI), is a weighted score based on the completeness and quality of several fields in the Trust's Mental Health Services Dataset (MHSDS) submissions to NHS Digital. The score is derived by NHS Digital from the MHSDS submission and published on their website 3-4 months later.
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LEEDS AND YORK PARTNERSHIP NHS
FOUNDATION TRUST

AGENDA
ITEM

13.2

MEETING OF THE COUNCIL OF GOVERNORS

PAPER TITLE:	Report from the Chair of the Workforce Committee
DATE OF MEETING:	2 July 2024
PRESENTED BY: (name and title)	Zoe Burns-Shore, Non-executive Director and Chair of the Committee
PREPARED BY: (name and title)	Rose Cooper, Deputy 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.	

THIS PAPER RELATES TO THE TRUST'S STRATEGIC RISK/S (please tick relevant box/s)		✓
SR1	Quality including safety assurance processes	
SR2	Delivery of the Quality Strategic Plan	
SR3	Culture and environment for the wellbeing of staff	✓
SR4	Financial sustainability	
SR5	Adequate working and care environments	
SR6	Digital technologies	
SR7	Plan and deliver services that meet the health needs of the population we serve.	

COMMITTEE DETAILS:	
Name of Committee:	Workforce Committee
Date of Committee:	15 April 2024
Chaired by:	Zoe Burns-Shore, Non-executive Director

KEY DISCUSSION POINTS:
ALERT - Issues to alert the Board to:
No issues to which the Board needs to be alerted.
ADVISE - Issues to advise the Board on:
<ul style="list-style-type: none"> The Committee reviewed a statement of reassurance issued by Health Assured, the Trust's Employee Assistance Programme (EAP), confirmed that no further clarifications or reassurance was needed and supported the Head of Wellbeing exploring ways to gain staff feedback on EAP and Occupational Health services. The Committee discussed the

results of the Staff Survey questions on sexual safety, noted the Trust's benchmark position and agreed that the priority going forward was to track internal data over time to see reductions.

- The Committee received an update on the current workstreams of the Health and Safety Team, noted that the report provided an interim position but felt there was a lot of work still to do and agreed to review a further update on health and safety in six months' time.
- The Committee discussed the requirement for the Trust to reduce its agency spend to 3.2% of establishment and understood that agency usage was now overseen by the Workforce and Agency Group which would be developing a trajectory to achieve the target reduction in spend. The Committee agreed to monitor this on an ongoing basis.

ASSURE - Items to provide assurance to the Board on:

- The Committee received the Workforce Performance Report and was pleased to see an improved position in relation to nursing vacancies, personal development reviews and mandatory training compliance and recognised the efforts that had gone into making these improvements.
- The Committee received an update on the Trust's People Plan for 2021-24, highlighted the positive feedback detailed in the case studies and the progress reflected in the key performance indicator dashboard and thanked those colleagues involved in delivering the plan. The Committee agreed to review data on how the new Spotlight staff reward platform was being used across the Trust on a bi-annual basis going forward, noting that this was to become the main reward and recognition mechanism for staff.
- The Committee received a six-monthly update on phase two of the work to support Collective Leadership across the Trust and agreed to monitor the impact of the programme via a set of metrics which would be included in future reports.
- The Committee received an overview of the leaver data for the Trust over the last 12 months drawn from the national Electronic Staff Record system and the findings of the six month Exit Interview Pilot. The Committee reviewed the Trust's leaver data and noted that overall, it was consistent with national NHS leaver data trends in terms of when and why staff were leaving the organisation. The Committee also noted there had been good engagement with the Exit Interview Pilot, reviewed the data provided and supported the next steps which included cross referencing the information with other datasets and ensuring that the issues identified were already covered by existing action plans.
- The Committee reviewed Strategic Risk 3 on the Board Assurance Framework so that it could be mindful of its responsibility to assure that the risk was being adequately controlled through the course of the meeting. The Committee also reviewed and approved its Annual Report ahead of submission to the Board of Directors in June 2024.

Items to be referred to other Committees:

The Committee did not refer any items to other Board sub-committees.

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

RECOMMENDATION
<p>The Council of Governors is asked to note the contents of the Chair's Report which summarises the discussions held at the Workforce Committee meeting on 15 April 2024, as reported to the Board of Director's meeting on 30 May 2024.</p>

Workforce Committee: Quarterly Workforce Update Report



This report is intended as a quick reference report for use by Workforce Committee alongside the more indepth topic based reporting schedule at each meeting. It contains:

- Workforce metrics: Tabular overview.
- Workforce metrics: 13 month trends.
- Local intelligence.

Quality and Workforce metrics: Tabular overview

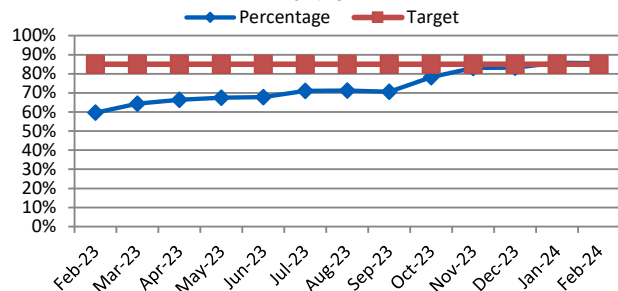
Our Workforce	Target	Dec-23	Jan-24	Feb-24
Percentage of staff with an appraisal in the last 12 months	85%	83.2%	85.8%	85.5%
Percentage of staff with a wellbeing assessment completed	-	86.0%	86.8%	85.8%
Percentage of mandatory training completed	85%	85.6%	86.0%	86.9%
Safeguarding Level 3 training compliance (quarter end snapshot) *	85%	81.4%	-	-
Percentage of staff receiving clinical supervision	85%	69.6%	71.3%	75.4%
Staff Turnover (Rolling 12 months)	8-10%	8.4%	8.3%	8.3%
Sickness absence rate in month	-	6.1%	6.9%	5.6%
Sickness absence rate (Rolling 12 months)	6.0%	5.9%	6.0%	6.0%
Percentage of sickness due to musculoskeletal issues (MSK; rolling 12 months)	-	12.4%	12.4%	12.5%
Percentage of sickness due to Mental Health & Stress (rolling 12 months)	-	35.3%	35.5%	36.1%
Number of Covid19 related absences of staff, either through sickness or self-isolation (staff days)	-	240	445	169
Medical Consultant Vacancies as a percentage of funded Medical Consultant Posts (percentage)	-	24.4%	24.3%	24.0%
Medical Consultant Vacancies (number)	-	22.4	22.4	22.1
Medical Career Grade Vacancies as a percentage of funded Medical Career Grade Posts (percentage)	-	16.6%	18.7%	16.6%
Medical Career Grade Vacancies (number)	-	8.0	9.0	8.0
Medical Trainee Grade Vacancies as a percentage of funded Medical Trainee Grade Posts (percentage)	-	5.9%	5.1%	0.0%
Medical Trainee Grade Vacancies (number)	-	6.6	5.8	0.0
Band 5 inpatient nursing vacancies as a percentage of funded B5 inpatient nursing posts (percentage)	-	32.0%	33.0%	29.0%
Band 5 inpatient nursing vacancies (number)	-	74.6	77.0	69.1
Band 6 inpatient nursing vacancies as a percentage of funded B6 inpatient nursing posts (percentage)	-	18.0%	17.0%	16.0%
Band 6 inpatient nursing vacancies (number)	-	21.8	20.8	19.8
Band 5 other nursing vacancies as a percentage of funded B5 non-inpatient nursing posts (percentage)	-	33.6%	37.3%	39.28%
Band 5 other nursing vacancies (number)	-	27.4	30.5	32.1
Band 6 other nursing vacancies as a percentage of funded B6 non-inpatient nursing posts (percentage)	-	17.6%	17.4%	18.1%
Band 6 other nursing vacancies (number)	-	60.4	59.4	62.0
Percentage of vacant posts (Trustwide; all posts)	-	13.6%	13.1%	12.5%
Bank Agency Spend YTD (Cost)	-	19,429,104	24,324,638	23,666,299
Bank Agency Spend YTD (%)	-	15%	15%	15%

Nursing vacancy measures exclude nursing posts working in corporate/development roles

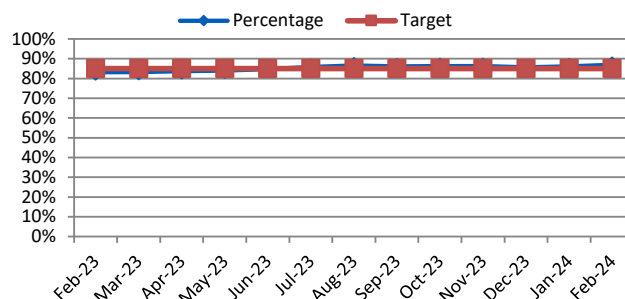
* New measure for Q3 23/24

13 month trend: Our Workforce

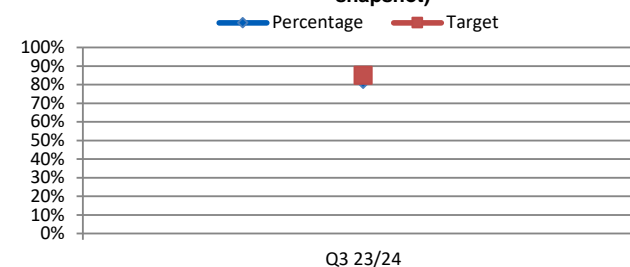
Percentage of staff with an appraisal in the last 12 months



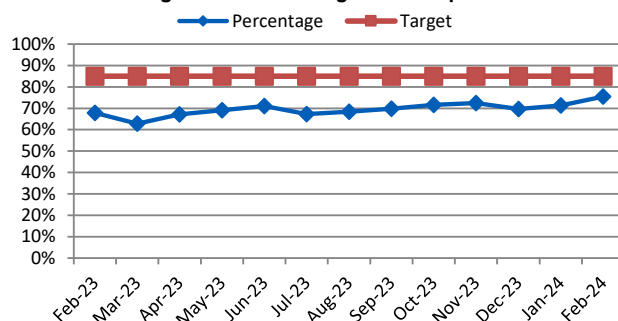
Percentage of mandatory training completed



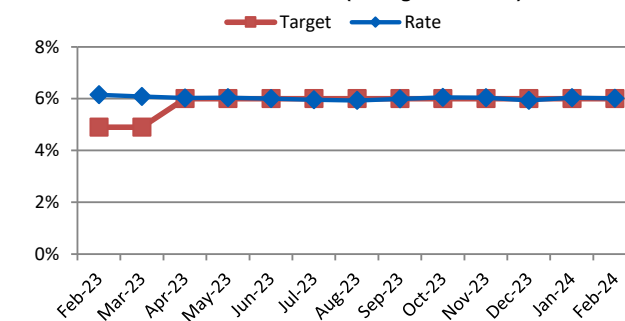
Safeguarding Level 3 training compliance (quarter end snapshot)



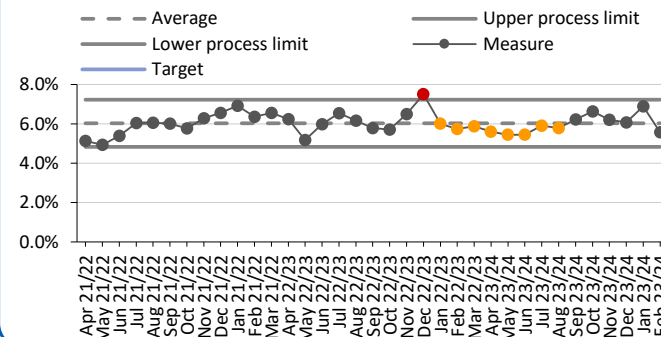
Percentage of staff receiving clinical supervision



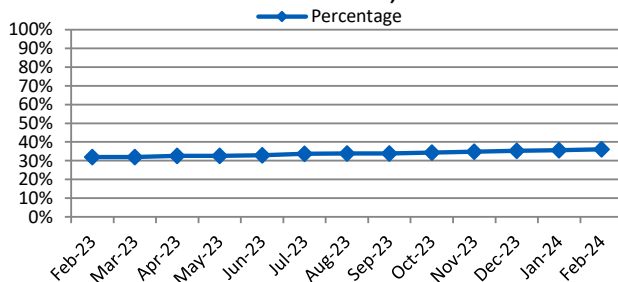
Sickness absence rate (rolling 12 months)



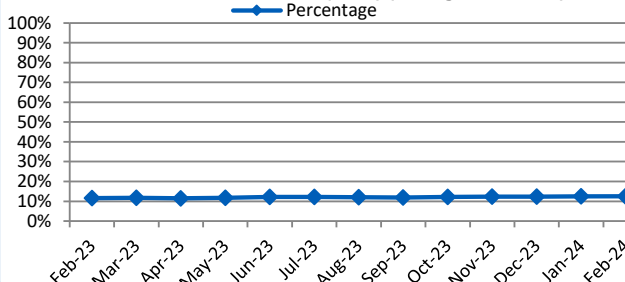
Sickness Absence Monthly %



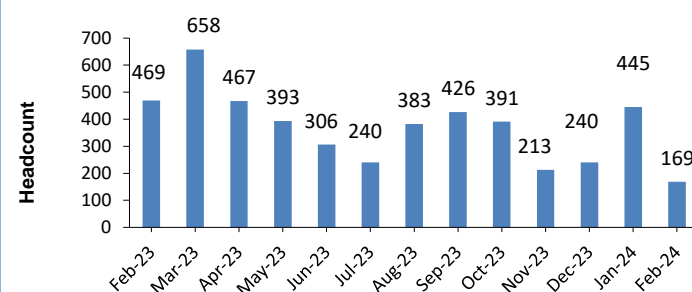
Percentage of sickness absence due to stress (rolling 12 months)



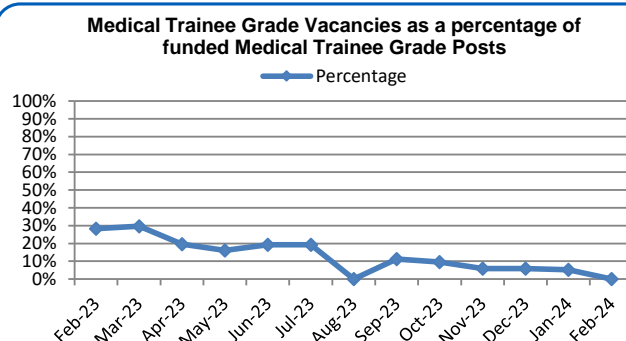
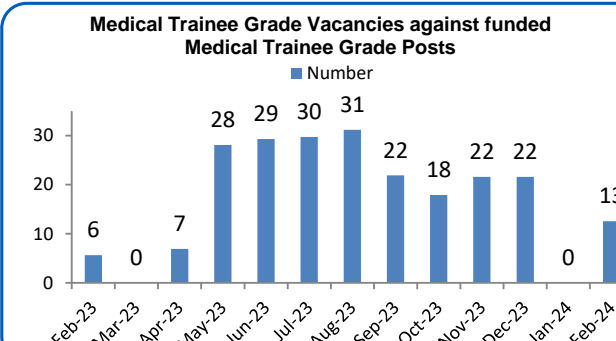
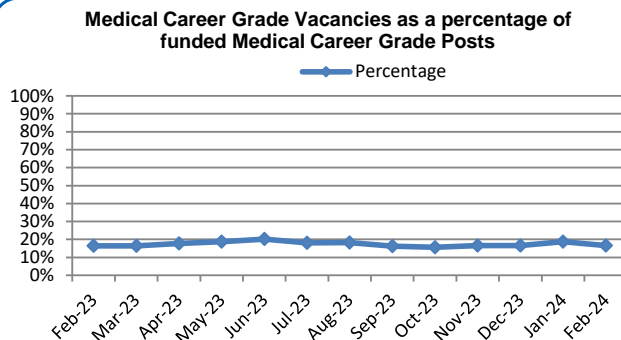
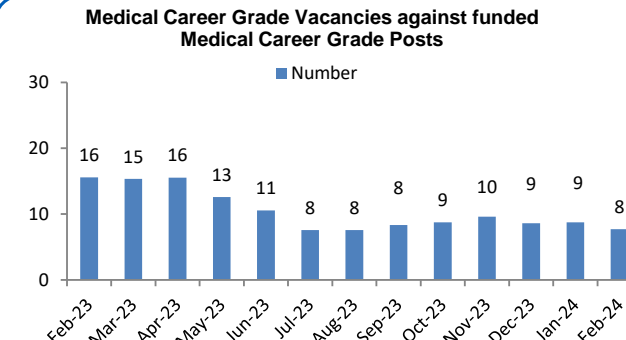
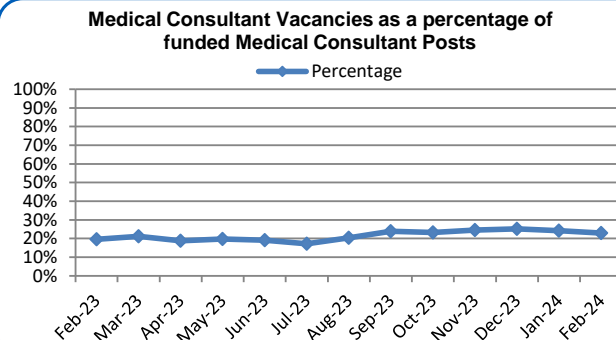
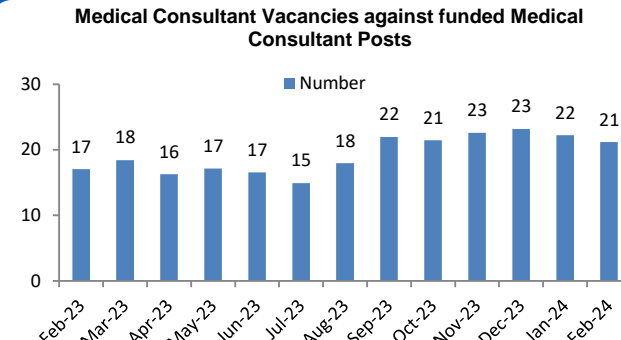
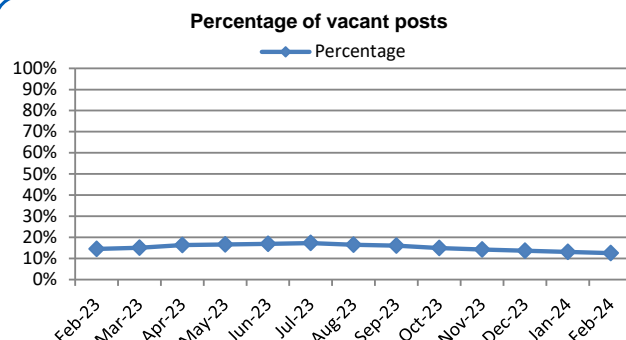
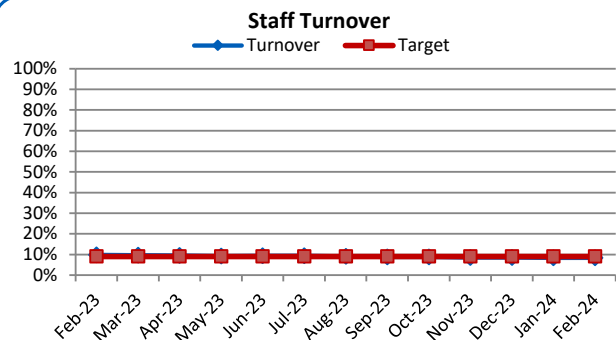
Percentage of sickness absence due to musculoskeletal issues (MSK) (rolling 12 months)



Number of COVID-19 related absences of staff, either through sickness or self-isolation

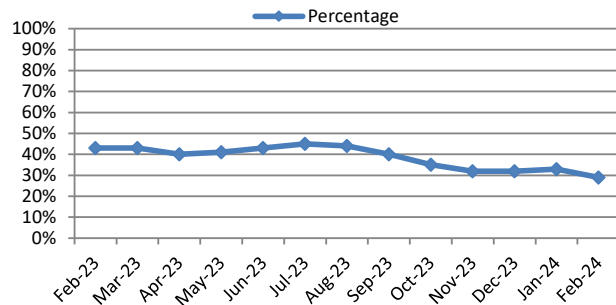


13 month trend: Our Workforce - continued

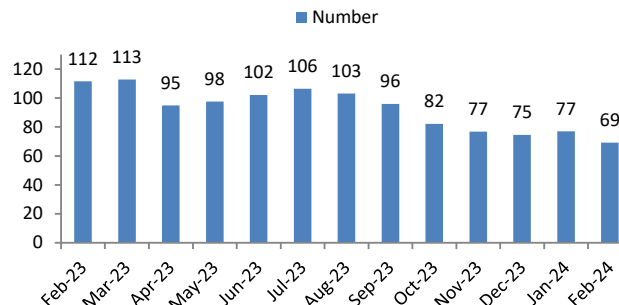


13 month trend: Our Workforce - continued

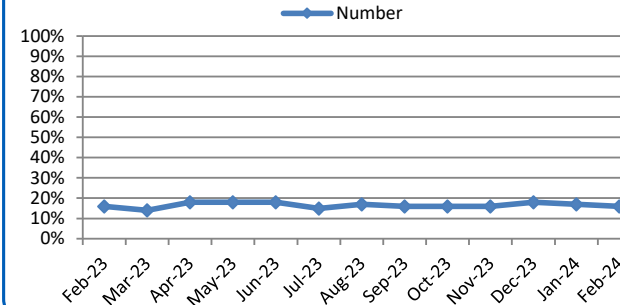
Percentage of Band 5 inpatient nursing vacancies



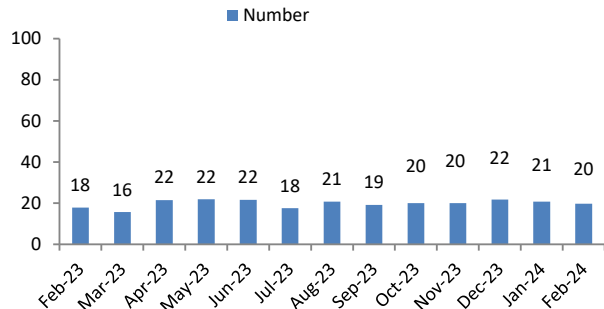
Number of Band 5 inpatient nursing vacancies



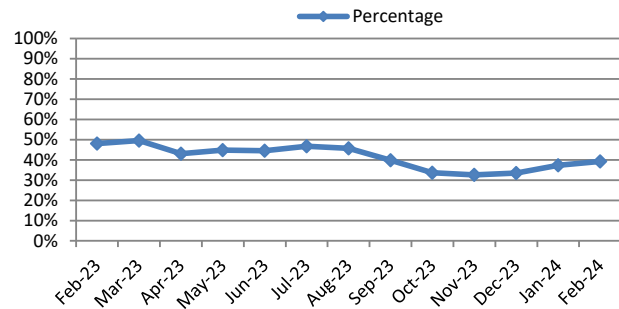
Percentage of Band 6 inpatient nursing vacancies



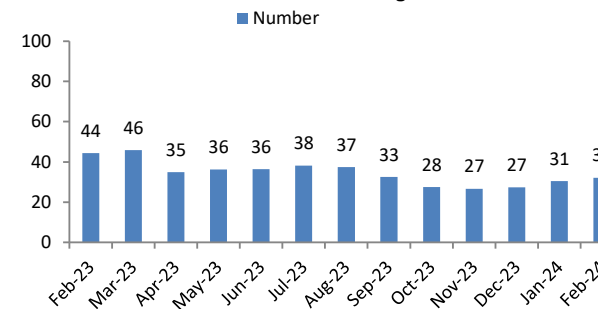
Number of Band 6 inpatient nursing vacancies



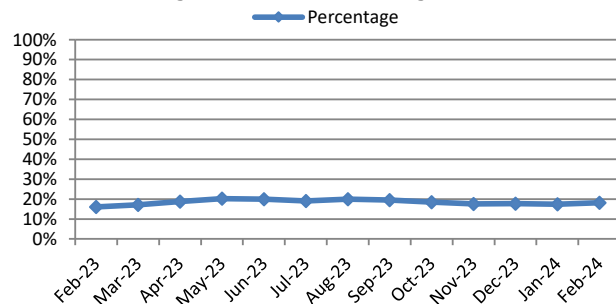
Percentage of Band 5 other nursing vacancies



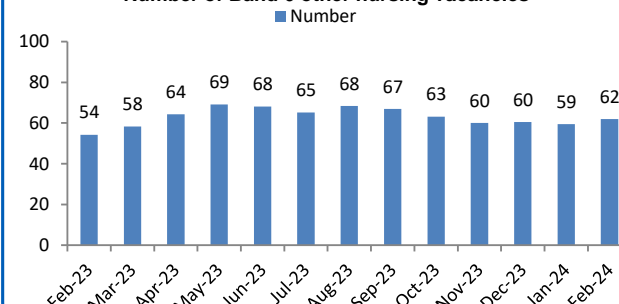
Number of Band 5 other nursing vacancies



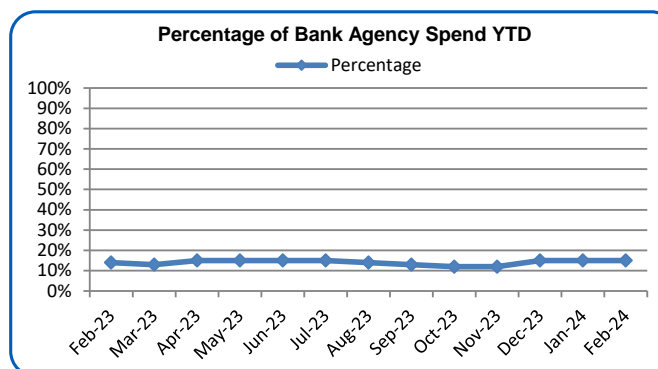
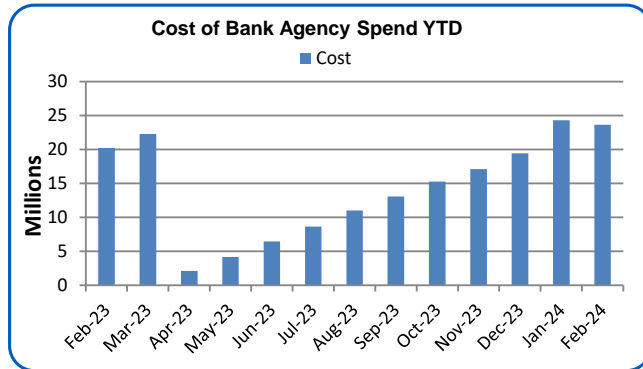
Percentage of Band 6 other nursing vacancies



Number of Band 6 other nursing vacancies



13 month trend: Our Workforce - continued



PREVIOUS MONTH: JANUARY

Workforce

Workforce Personal Development Reviews (PDR): The rate of PDR compliance has increased further in January, exceeding the 85% target, with 85.8% of staff receiving an appraisal within the previous 12 months - the highest level reported in the 13-month period. Recent feedback from Perform users has been extremely positive and the system is seen as intuitive and easy to use, meaning more time can be spent focussing on the important aspects of a meaningful PDR which include reflecting on objectives, career conversations, learning needs and recognition. The People Analytics team are now preparing a case study for the People Plan review based on the success of the new PDR process.

At the end of January 86.8% of staff had received a recent wellbeing assessment through our Staff Wellbeing Framework, broadly consistent with previous months.

Mandatory Training: Compliance has been stable over the 13-month period averaging 85.0%. Small but successive increases were seen between February and August, with a small decrease in performance in September linked to a new element of training being added. Compliance was broadly recovered in October and November and maintained into January with 86.0% of staff having in-date mandatory training, exceeding the 85% target for the seventh month running. The Trust is currently preparing for the Oliver McGowan training and will be expanding the requirement for the broader Learning Disability and Autism training in the coming weeks.

Clinical Supervision: Clinical supervision in January (71.3%) is above average (68.7%) and the third-highest level of compliance for any month during the 13-month period.

Sickness Absence: The in-month sickness absence rate in January remains within normal levels of variation at 6.9%, above the average for the period starting April 2021 (6.0%). In January, 445 staff days were lost to Covid-19 related absences through sickness or isolation, above the average number of days for the 13-month period (388).

Vacancies: The level of vacancies in January (13.1%), is the lowest seen in the 13-month period and the sixth month running where successive improvement has been seen. The average level of vacancies over the 13-month period was 15.4%.

CURRENT MONTH: FEBRUARY

Workforce

Workforce Personal Development Reviews (PDR): The rate of PDR compliance has been maintained in February, exceeding the 85% target, with 85.5% of staff receiving an appraisal within the previous 12 months - the second highest level reported in the 13-month period. Recent feedback from Perform users has been extremely positive and the system is seen as intuitive and easy to use, meaning more time can be spent focussing on the important aspects of a meaningful PDR which include reflecting on objectives, career conversations, learning needs and recognition. The People Analytics team are now preparing a case study for the People Plan review based on the success of the new PDR process.

At the end of January 85.8% of staff had received a recent wellbeing assessment through our Staff Wellbeing Framework, broadly consistent with previous months.

Mandatory Training: Compliance has been stable over the 13-month period averaging 85.3%. Small but successive increases were seen between February and August, with a small decrease in performance in September linked to a new element of training being added. Compliance was broadly recovered in October and November and maintained into January with a further increase in February to 86.9% of staff having in-date mandatory training, exceeding the 85% target for the eighth month running and the highest level of compliance in the 13-month period. The Trust is currently preparing for the Oliver McGowan training and will be expanding the requirement for the broader Learning Disability and Autism training in the coming weeks.

Clinical Supervision: Clinical supervision in February (75.4%) is above average (69.5%) and the highest level of compliance for any month during the 13-month period.

Sickness Absence: The in-month sickness absence rate in February remains within normal levels of variation at 5.6%, a noticeable improvement and below the average for the period starting April 2021 (6.0%). In February, 169 staff days were lost to Covid-19 related absences through sickness or isolation, below the average number of days for the 13-month period (369).

Vacancies: The level of vacancies in January (12.5%), is the lowest seen in the 13-month period and the seventh month running where successive improvement has been seen. The average level of vacancies over the 13-month period was 15.2%.

Our Workforce	
Percentage of staff with an appraisal in the last 12 months	The number of staff with an appraisal review recorded on LYPFT's Personal Development Review platform, Learn, as of the end of the reporting month / The number of staff who have been in post for at least 12 months as of the end of the reporting month
Percentage of staff with a wellbeing assessment completed	The number of staff with a wellbeing assessment review recorded on LYPFT's Personal Development Review platform, Learn, as of the end of the reporting month / The total number of staff in post for at least 3 months as of the end of the reporting month
Percentage of mandatory training completed	The total number of training requirements where the member of staff has completed them within the timescales, as of the end of the reporting month / The total number of training requirements for staff in post as of the end of the reporting month
Safeguarding Level 3 training compliance (quarter end snapshot)	The total number of Safeguarding Adults/Children Level 3 training requirements completed within the Trust's agreed review period, as of the end of the quarter / The total number of Safeguarding Adult/Children Level 3 training requirements as of the end of the quarter
Percentage of staff receiving clinical supervision	The total number of clinical staff that have received clinical supervision within the Trust's agreed review period, as of the end of the reporting period / The total number of clinical staff in post as of the end of the reporting period
Staff Turnover (Rolling 12 months)	Total number of FTE leavers in the 12 months up to and including the last reporting month / Total number of FTE staff in post across the 12 months up to and including the latest reporting month
Sickness absence rate in month	Total number of FTE sickness days in the reporting month / Total number of available FTE days for staff in post
Sickness absence rate (Rolling 12 months)	Total number of FTE sickness days in the 12 months up to and including the last reporting month / Total number of available FTE days for staff in post in the 12 months up to and including the last reporting month
Percentage of sickness due to musculoskeletal issues (MSK; rolling 12 months)	Total number of FTE sickness days in the 12 months up to and including the last reporting month, that were due to musculoskeletal issues / Total number of FTE sickness days in the 12 months up to and including the last reporting month
Percentage of sickness due to Mental Health & Stress (rolling 12 months)	Total number of FTE sickness days in the 12 months up to and including the last reporting month, that were due to reasons of mental wellbeing and stress / Total number of FTE sickness days in the 12 months up to and including the last reporting month
Number of Covid19 related absences of staff, either through sickness or self-isolation (staff days)	Total number of FTE sickness days in the reporting month due to sickness related to Covid19 or self-isolation

Glossary

Our Workforce

Medical Consultant Vacancies as a percentage of funded Medical Consultant Posts (percentage)	Number of vacant FTE Medical Consultant posts as of the end of the reporting month / Total Number of funded FTE Medical consultant posts as of the end of the reporting month
Medical Consultant Vacancies (number)	Total number of vacant FTE Medical Consultant posts as of the end of the reporting month
Medical Career Grade Vacancies as a percentage of funded Medical Career Grade Posts (percentage)	Number of vacant FTE Medical Career Grade posts as of the end of the reporting month / Total number of funded FTE Medical Career Grade posts as of the end of the reporting month
Medical Career Grade Vacancies (number)	Total number of vacant FTE Medical Career Grade posts as of the end of the reporting month
Medical Trainee Grade Vacancies as a percentage of funded Medical Trainee Grade Posts (percentage)	Number of vacant FTE Medical Trainee Grade posts as of the end of the reporting month / Total number of funded FTE Medical Trainee Grade posts as of the end of the reporting month
Medical Trainee Grade Vacancies (number)	Total number of vacant FTE Medical Trainee Grade posts as of the end of the reporting month
Band 5 inpatient nursing vacancies as a percentage of funded B5 inpatient nursing posts (percentage)	Number of vacant FTE Band 5 inpatient nursing posts as of the end of the reporting month / Total Number of funded FTE Band 5 inpatient nursing posts as of the end of the reporting month
Band 5 inpatient nursing vacancies (number)	Total number of vacant FTE Band 5 inpatient nursing posts as of the end of the reporting month
Band 6 inpatient nursing vacancies as a percentage of funded B6 inpatient nursing posts (percentage)	Number of vacant FTE Band 6 inpatient nursing posts as of the end of the reporting month / Total Number of funded FTE Band 6 inpatient nursing posts as of the end of the reporting month
Band 6 inpatient nursing vacancies (number)	Total number of vacant FTE Band 6 inpatient nursing posts as of the end of the reporting month
Band 5 other nursing vacancies as a percentage of funded B5 non-inpatient nursing posts (percentage)	Number of vacant FTE Band 5 non-inpatient nursing posts as of the end of the reporting month / Total Number of funded FTE Band 5 non-inpatient nursing posts as of the end of the reporting month
Band 5 other nursing vacancies (number)	Total number of vacant FTE Band 5 non-inpatient nursing posts as of the end of the reporting month
Band 6 other nursing vacancies as a percentage of funded B6 non-inpatient nursing posts (percentage)	Number of vacant FTE Band 6 non-inpatient nursing posts as of the end of the reporting month / Total Number of funded FTE Band 6 non-inpatient nursing posts as of the end of the reporting month
Band 6 other nursing vacancies (number)	Total number of vacant FTE Band 6 non-inpatient nursing posts as of the end of the reporting month
Percentage of vacant posts (Trustwide; all posts)	Number of vacant FTE posts for the whole Trust as of the end of the reporting month / Total number of funded FTE posts for the whole Trust as of the end of the reporting month
Bank Agency Spend YTD (Cost)	Total financial spend for the whole Trust on Bank and Agency staffing from the start of the current financial year to the end of the reporting month
Bank Agency Spend YTD (%)	Total financial spend for the whole Trust on Bank and Agency staffing from the start of the current financial year to the end of the reporting month / Total financial spend for the whole Trust from the start of the current financial year to the end of the reporting month

LYPFT Non-Clinical Dataset - Council of Governors

July 2024

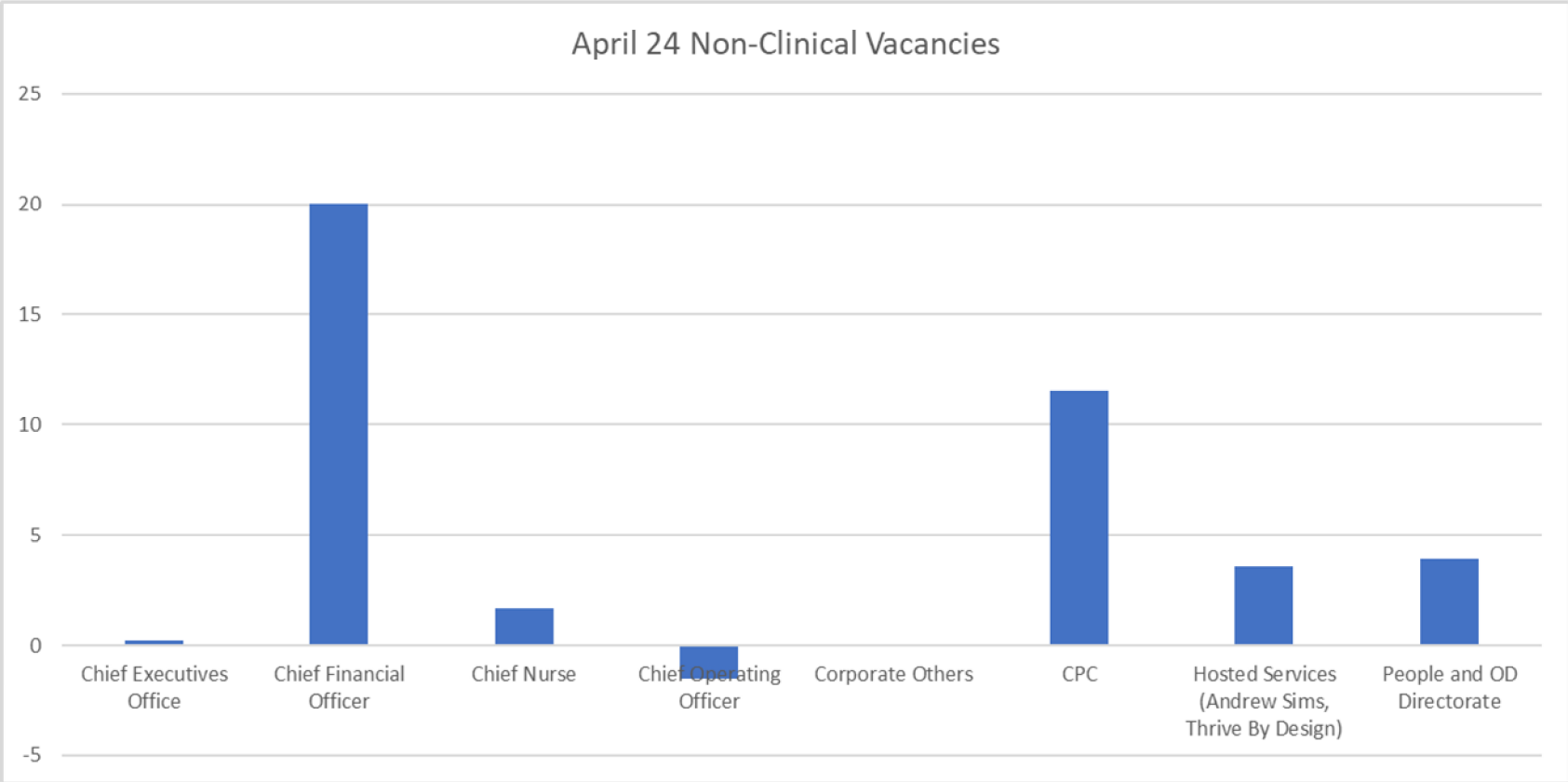
Darren Skinner, People and OD Director

Andrew McNichol, Head of People Analytics

Non-Clinical Workforce Data Overview – Staff in Post/Distribution

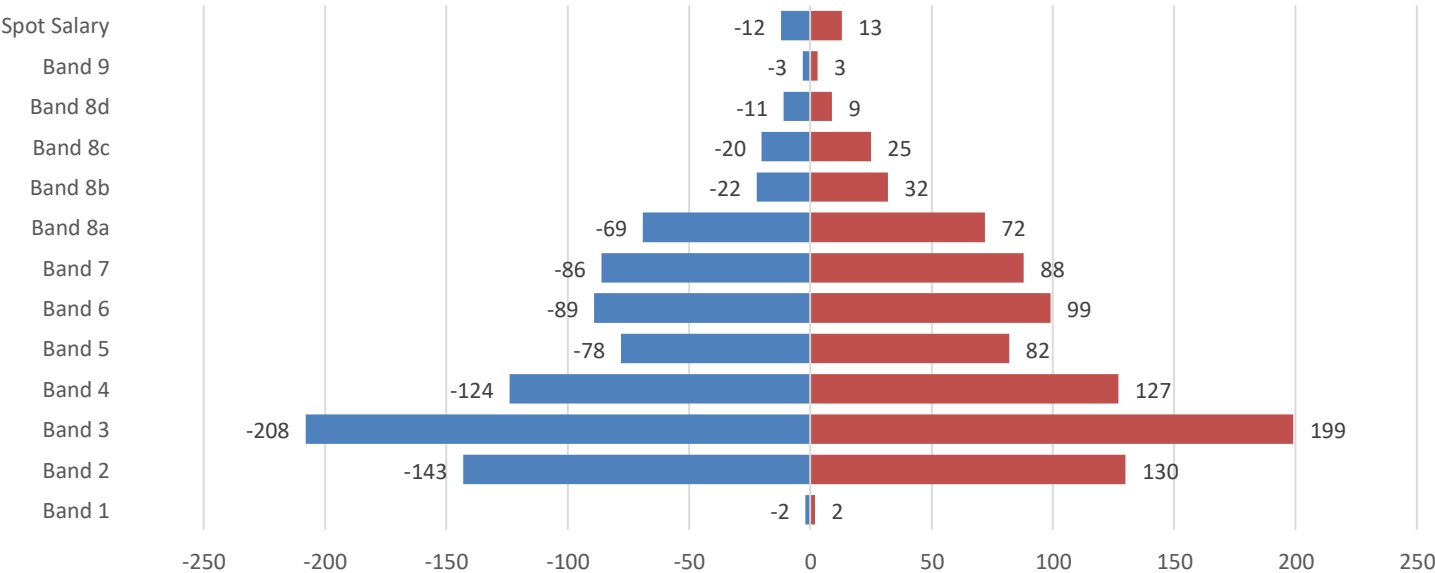
Care Group	2023 / 05	2023 / 06	2023 / 07	2023 / 08	2023 / 09	2023 / 10	2023 / 11	2023 / 12	2024 / 01	2024 / 02	2024 / 03	2024 / 04
Adult Acute Services	34.71	32.71	29.99	28.99	28.87	30.87	33.47	33.47	34.47	34.47	35.47	35.71
Care Services Other	17.20	17.20	17.20	18.80	18.80	18.80	18.00	18.00	18.00	19.00	19.00	19.80
Chief Operating Officer	3.00	3.00	3.00	3.60	2.60	2.60	2.60	2.60	3.60	4.40	4.40	4.40
Children and Young People's Services	13.57	13.35	12.69	11.69	11.69	12.69	13.69	13.69	15.09	15.09	16.09	16.47
Community and Wellbeing Services	50.59	50.99	49.99	49.79	50.29	51.29	46.49	47.42	48.42	49.42	49.62	48.42
Corporate Services	459.75	459.41	468.57	468.33	473.84	480.16	486.67	486.46	490.77	494.53	492.11	496.38
Eating Disorders and Rehabilitation and Gender Services	29.07	29.37	28.33	27.53	27.53	30.73	30.73	32.22	32.42	32.42	31.92	30.72
Forensic Services	16.79	17.79	17.79	17.79	17.79	17.79	16.79	15.79	16.79	15.79	15.79	16.79
Learning Disability Services	17.39	15.99	16.65	16.65	16.65	17.85	17.85	17.85	17.85	18.41	18.41	18.28
Liaison and Perinatal Services	19.70	18.70	19.20	18.40	17.60	16.60	17.10	19.10	18.60	18.60	18.60	19.20
Northern School Of C & A Psychotherapy	10.82	10.82	10.82	10.82	5.82	4.82	4.90	4.90	4.90	4.90	4.43	4.43
Older Peoples Services	37.51	38.31	38.11	38.31	37.31	36.81	40.00	40.97	41.77	41.77	41.77	40.69
Regional and Specialist Services	18.35	21.15	21.15	21.15	22.15	22.15	23.15	22.95	23.19	23.99	23.99	24.99
WY MHLDA Programme Team	9.47	9.47	9.47	9.47	8.65	8.65	9.65	9.65	9.76	9.76	9.76	9.61
Grand Total	737.90	738.26	742.95	741.31	739.58	751.80	761.09	765.08	775.63	782.55	781.37	785.90

Non-Clinical Workforce Data Overview – Staff in Post/Distribution

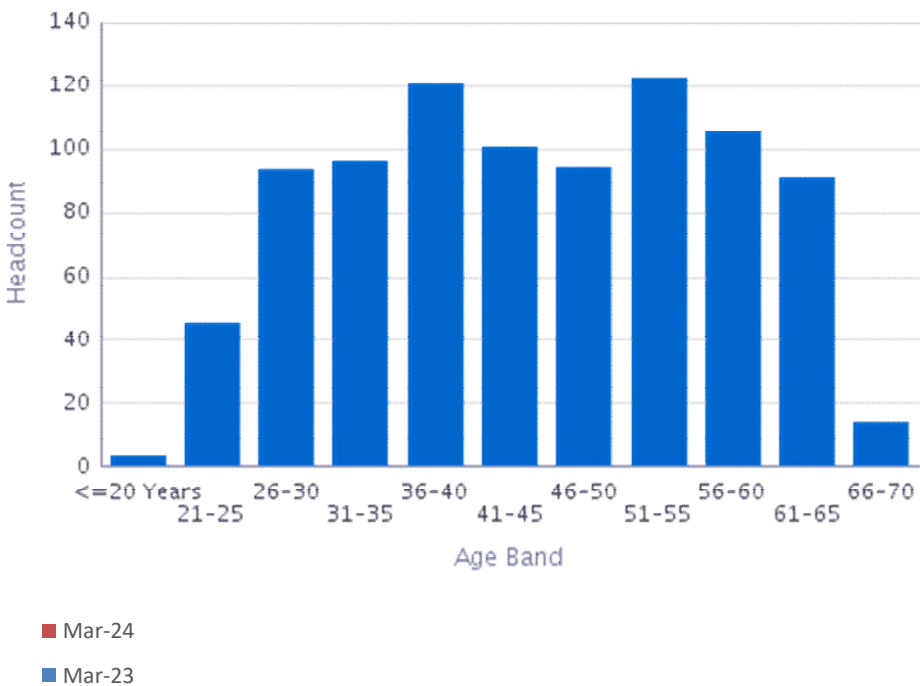


Non-Clinical Workforce Data – Population Pyramid and Age Band Distribution

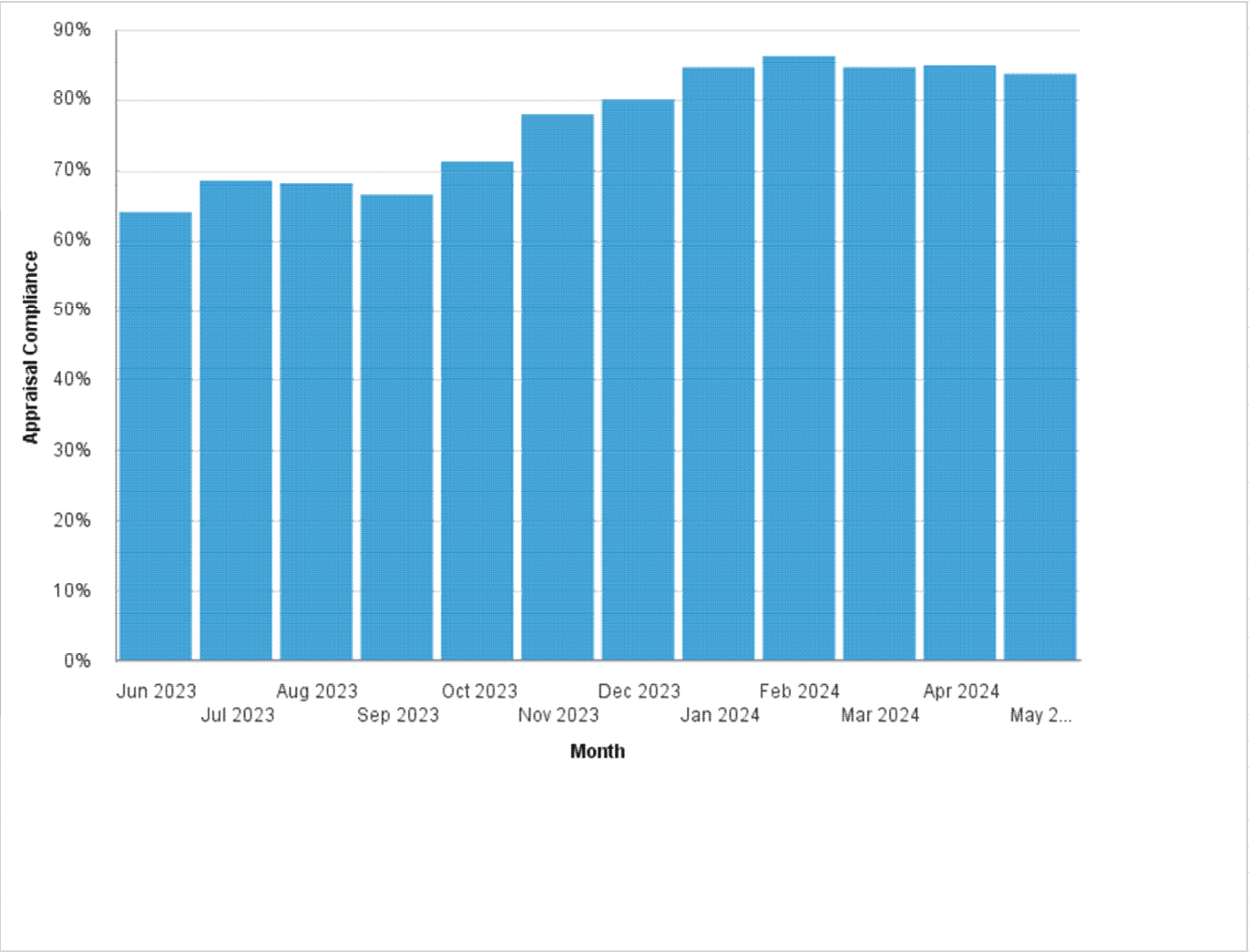
Population Pyramid March23 - March24



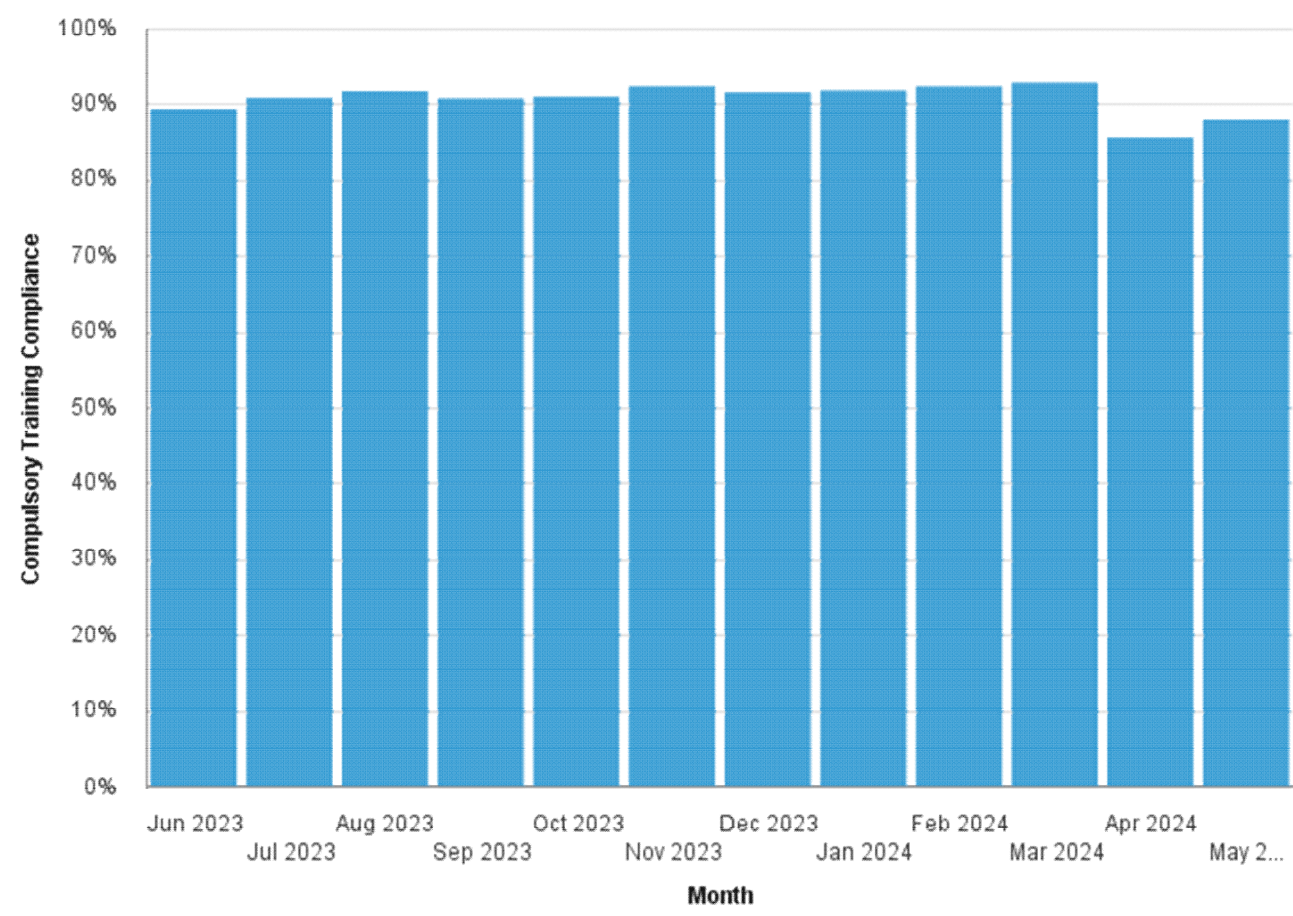
Non-Clinical Staff by Age Band



Non-Clinical Workforce Data Overview – Appraisal Compliance

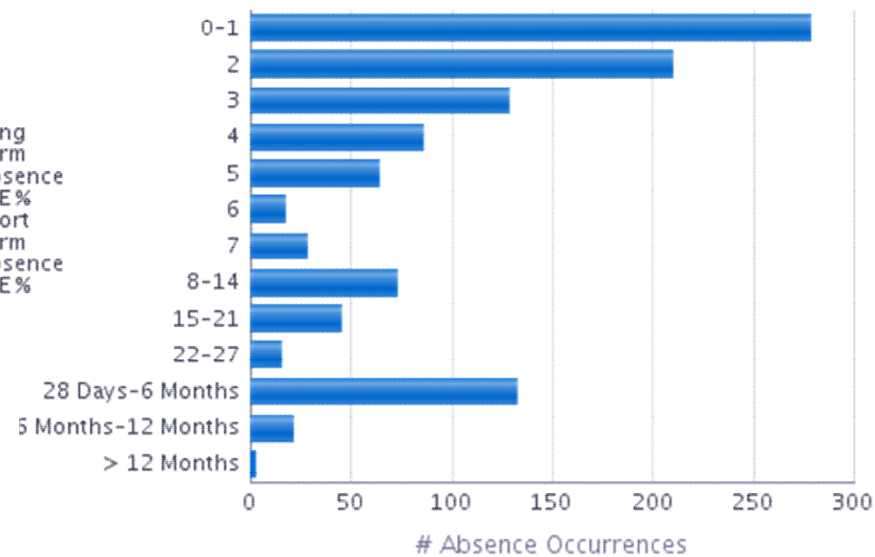
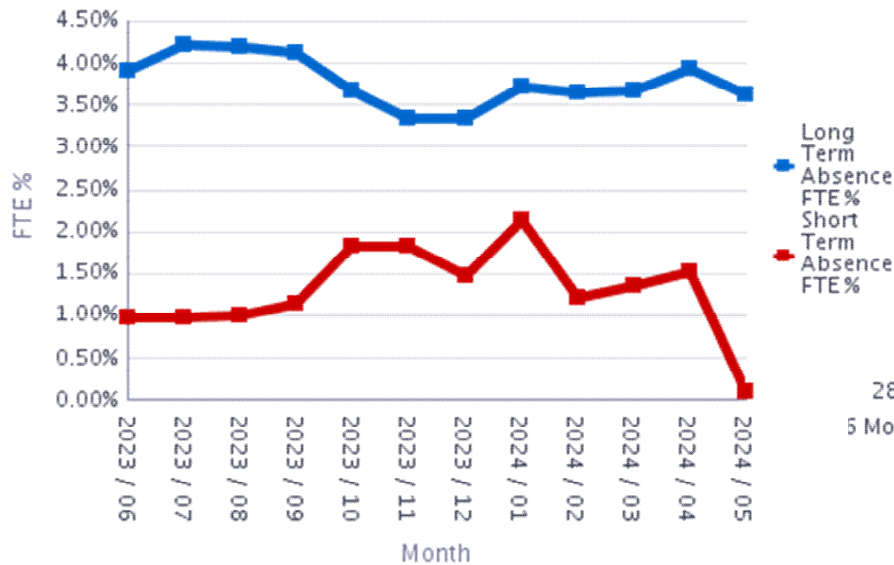
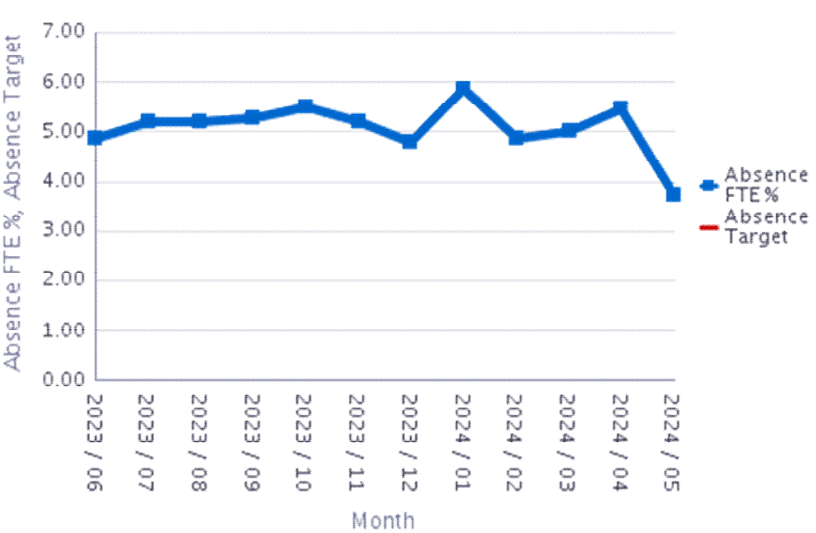


Non-Clinical Workforce Data Overview – Compulsory Training Compliance



Non-Clinical Workforce Data Overview – Sickness Absence

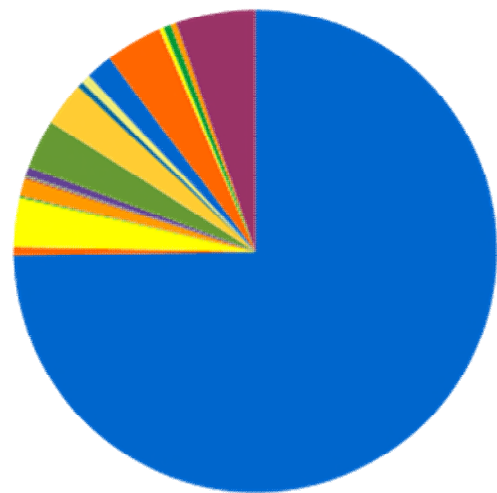
Absence FTE %	Absence Days	Absence FTE	Available FTE
5.08%	16,887	14,369.02	283,110.00



Absence Reason	Headcount	Abs Occurrences	Abs Days	%
S10 Anxiety/stress/depression/other psychiatric illnesses	100	124	5,695	33.7
S15 Chest & respiratory problems	57	66	1,638	9.7
S25 Gastrointestinal problems	147	183	1,364	8.1
S13 Cold, Cough, Flu - Influenza	252	325	1,243	7.4
S12 Other musculoskeletal problems	44	51	1,073	6.4
S26 Genitourinary & gynaecological disorders	32	37	1,019	6.0
S17 Benign and malignant tumours, cancers	9	12	814	4.8
S27 Infectious diseases	59	63	711	4.2

Non-Clinical Workforce Data Overview – EDI Profile and Gender Pay Distribution

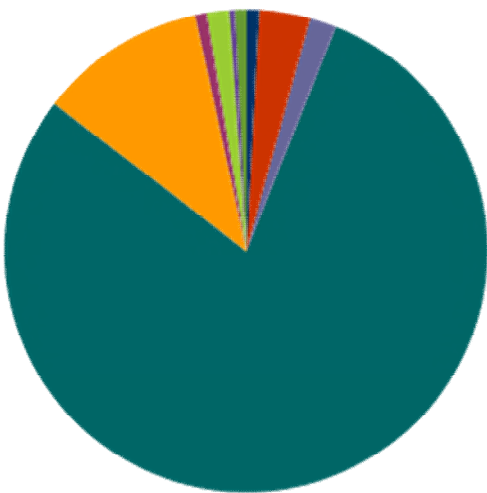
Ethnicity Profile



Measure

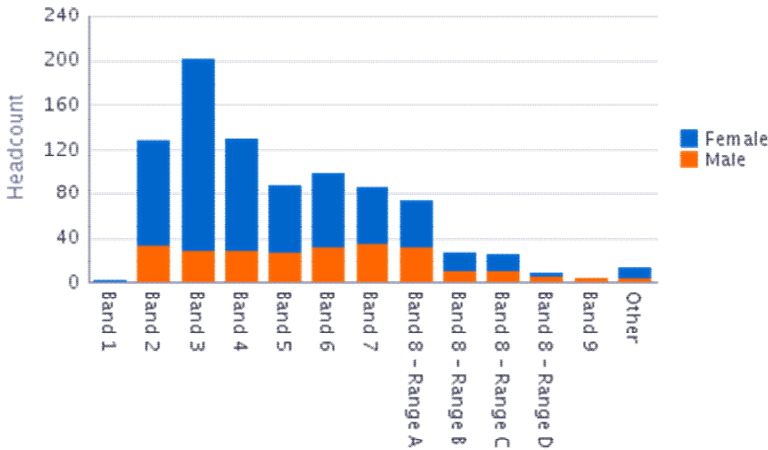
- A White - British
- B White - Irish
- C White - Any other White backgr...
- CK White Italian
- D Mixed - White & Black Caribbean
- E Mixed - White & Black African
- F Mixed - White & Asian
- G Mixed - Any other mixed backg...
- H Asian or Asian British - Indian
- J Asian or Asian British - Pakistani
- K Asian or Asian British - Banglad...
- L Asian or Asian British - Any oth...
- M Black or Black British - Caribbean
- N Black or Black British - African
- P Black or Black British - Any othe...
- R Chinese
- S Any Other Ethnic Group
- Z Not Stated

Disability Profile



- Learning disability/difficulty
- Long-standing illness
- Mental Health Condition
- No
- Not Declared
- Other
- Physical Impairment
- Sensory Impairment
- Yes - Unspecified

Measure



PayScale

Thank you

**AGENDA
ITEM**

13.3

**LEEDS AND YORK PARTNERSHIP NHS
FOUNDATION TRUST**

MEETING OF THE COUNCIL OF GOVERNORS

PAPER TITLE:	Report from the Chair of the Quality Committee
DATE OF MEETING:	2 July 2024
PRESENTED BY: (name and title)	Dr Frances Healey, Non-executive Director and Chair of the Committee Nichola Sanderson, Director of Nursing and Professions
PREPARED BY: (name and title)	Kerry McMann, 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.	✓

THIS PAPER RELATES TO THE TRUST'S STRATEGIC RISK/S (please tick relevant box/s)		✓
SR1	Quality including safety assurance processes	✓
SR2	Delivery of the Quality Strategic Plan	✓
SR3	Culture and environment for the wellbeing of staff	
SR4	Financial sustainability	
SR5	Adequate working and care environments	
SR6	Digital technologies	
SR7	Plan and deliver services that meet the health needs of the population we serve.	

COMMITTEE DETAILS:	
Name of Committee:	Quality Committee
Date of Committee:	11 April 2024
Chaired by:	Dr Frances Healey, Non-executive Director

KEY DISCUSSION POINTS:
ALERT - Issues to alert the Board to:
No issues to which the Board needs to be alerted.

ADVISE - Issues to advise the Board on:

No issues to advise the Board on.

ASSURE – Items to provide assurance to the Board on:

- The committee had sight of strategic risks one and two on the Board Assurance Framework so that it could be mindful of its responsibilities to assure that these risks were being adequately controlled through the course of the meeting.
- The Committee reviewed the draft Quality Account for 2023/24 and was assured on the progress made with the production of the document.
- The committee reviewed a report which set out the amendments made to the quality impact assessment scoring of the Trust's Efficiency and Productivity Programme. The committee noted that the scores for a number of schemes had changed due to a prior misunderstanding of the scoring framework and was reassured that the lower scores included in this report reflected the original discussion by the Quality Impact Assessment (QIA) Panel on 19 January 2024. The committee welcomed the report and praised the thoroughness of the quality impact assessment that had been undertaken.
- The committee reviewed and approved its annual report for 2023/24.

Items to be referred to other Committees:

The committee did not refer any items to other Board sub-committees.

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

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

No

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

RECOMMENDATION

The Council of Governors is asked to note the contents of the Chair's Report which summarises the discussions held at the Quality Committee meeting on 11 April 2024, as reported to the Board of Director's meeting on 30 May 2024.

LEEDS AND YORK PARTNERSHIP NHS
FOUNDATION TRUST

AGENDA
ITEM

13.3

MEETING OF THE COUNCIL OF GOVERNORS

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DATE OF MEETING:	2 July 2024
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THIS PAPER RELATES TO THE TRUST'S STRATEGIC RISK/S (please tick relevant box/s)		✓
SR1	Quality including safety assurance processes	✓
SR2	Delivery of the Quality Strategic Plan	✓
SR3	Culture and environment for the wellbeing of staff	
SR4	Financial sustainability	
SR5	Adequate working and care environments	
SR6	Digital technologies	
SR7	Plan and deliver services that meet the health needs of the population we serve.	

COMMITTEE DETAILS:	
Name of Committee:	Quality Committee
Date of Committee:	9 May 2024
Chaired by:	Dr Frances Healey, Non-executive Director

KEY DISCUSSION POINTS:
ALERT - Issues to alert the Board to:
No issues to which the Board needs to be alerted.
ADVISE - Issues to advise the Board on:
No issues to advise the Board on.

ASSURE – Items to provide assurance to the Board on:

- The committee had sight of strategic risks one and two on the Board Assurance Framework so that it could be mindful of its responsibilities to assure that these risks were being adequately controlled through the course of the meeting.
- The Committee received an update on the work being undertaken to review the Trust's approach to clinical risk assessment, and the expected timelines in relation to approval and implementation. A further progress update will be provided at a future meeting.
- The committee reviewed a presentation which provided the highlights of the Acute Service Line's Annual Quality Reports, focusing on how the service had defined and scored itself against the Learning, Culture and Leadership Framework and the STEEEP (Safe, Timely, Effective, Efficient, Equitable and Patient Centred) dimensions of quality to enable the conditions for high quality care to flourish. It was assured that the service had good systems in place for understanding its quality issues and to drive improvements, the service had good knowledge of its strengths and weaknesses in relation to learning, culture and leadership and the Executive Team had a clear understanding of the service's strengths, weaknesses, challenges and blind spots and how issues were being managed.
- The committee received a report which provided data from Q4 for PALS (Patient Advice and Liaison Service) and activity, the concerns and complaints handling process, compliments, claims, central alert system, incidents, serious incidents and inquests. It agreed that the Trust had good systems for understanding quality issues raised through these sources and working to improve them and discussed further potential improvements to the report.
- The committee reviewed and approved the Quality Account. It noted that the sections on learning from deaths and the CQUIN (Commissioning for Quality and Innovation) scheme were incomplete and would be approved by the Board of Directors on 20 June 2024.
- The committee discussed the current arrangements established to ensure the quality of out of area placements and supported a proposal to move to arrangements where key quality surveillance metrics for out of area placements are reported as a matter of routine through the Trust's clinical governance arrangements, including to Quality Committee where that is the case for in-trust patients.
- The committee received a paper which provided an update on the progress made against the priorities and aims identified in the Patient and Carer Experience and Involvement Strategy. It was assured on the systems and processes in place to involve, and collect feedback from, the Trust's service users and carers.
- The committee received and discussed a report which contained a high-level summary of the metrics from the 2023 National Staff Survey that were relevant to quality, to enable an understanding of the Trust's culture, processes and the impact on the quality of care.

Items to be referred to other Committees:

The committee did not refer any items to other Board sub-committees.

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

RECOMMENDATION
<p>The Council of Governors is asked to note the contents of the Chair's Report which summarises the discussions held at the Quality Committee meeting on 9 May 2024, as reported to the Board of Director's meeting on 30 May 2024.</p>

Quality Committee: Monthly Quality and Workforce Update Report



This report is intended as a quick reference report for use by Quality Committee alongside the more indepth topic based reporting schedule at each monthly meeting. It contains:

- Quality and Workforce metrics: Tabular overview.
- Quality and Workforce metrics: 13 month trends.
- Local intelligence.

Quality and Workforce metrics: Tabular overview

Services: Clinical Record Keeping	Target	Jan-24	Feb-24	Mar-24
Data Quality Maturity Index for the Mental Health Services Dataset (MHSDS)	95%	Oct	Nov	Dec
		92.4%	92.4%	92.4%
Percentage of service users with ethnicity recorded	-	82.1%	81.7%	81.7%
Percentage of service users with sexual orientation recorded	-	47.8%	47.6%	47.6%
Quality: Our effectiveness	Target	Jan-24	Feb-24	Mar-24
Number of healthcare associated infections: C difficile	<8	0	0	0
Number of healthcare associated infections: MRSA	0	0	0	0
Number of inpatients diagnosed positive with Covid19	-	11	1	0
Quality: Caring / Patient Experience	Target	Jan-24	Feb-24	Mar-24
Friends & Family Test: Positive experience of care (total responses received)	-	86%(165)	92%(161)	87%(137)
Mortality:				
· Number of deaths reviewed (incidents recorded on Datix)*	Quarterly	-	-	65
· Number of deaths reported to StEIS	Quarterly	-	-	3
· Number of deaths reported to LeDeR	Quarterly	-	-	10
Number of complaints received	-	17	15	20
Percentage of complaints acknowledged within 3 working days	-	100%	100%	100%
Percentage of complaints completed within timescale agreed with complainant	-	65%	76%	64%
Number of enquiries to the Patient Advice and Liaison Service (PALs)	-	160	175	179

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

* All deaths reported via staff on the Trust's incident system, Datix, are reviewed; in addition to this any death for someone who has been a service user with us previously, identified via the NHS SPINE, is given a tabletop review and followed up in more detail if required. Deaths of former service users are reviewed, where the death is reported within 6 months of discharge from the Trust.

Quality and Workforce metrics: Tabular overview

Quality: Safety	Target	Jan-24	Feb-24	Mar-24
Number of patient/staff/visitor incidents reported on Datix	-	1,312	1,158	1,338
Number of Self Harm Incidents	-	140	119	157
Number of Violent or Aggressive Incidents	-	143	113	116
Number of never events	-	0	0	0
Number of physical restraints *	-	457	370	321
Number of ended seclusion incidents lasting 24+ hours	-	7	3	5
Number of Rapid Tranquilisation administered	-	229	143	122
No. of patients detained under the MHA (includes CTOs/conditional discharges)	-	560	546	562
Adult acute including PICU: % detained on admission	-	66.7%	73.8%	71.2%
Adult acute including PICU: % of occupied bed days detained	-	86.0%	88.3%	87.4%
Number of medication errors reported on Datix	Quarterly	-	-	172
Percentage of medication errors resulting in no harm	Quarterly	-	-	91%
Safeguarding Adults: Number of advice calls received by the team	Quarterly	-	-	213
Safeguarding Adults: Percentage of advice calls to safeguarding that resulted in a referral to social care	Quarterly	-	-	26%
Safeguarding Children: Number of advice calls received by the team	Quarterly	-	-	68
Safeguarding Children: Percentage of advice calls to safeguarding that resulted in a referral to social care	Quarterly	-	-	13%
Number of falls related to patients reported on Datix	-	51	42	63
Number of Pressure Ulcers occurring or deteriorating within inpatient or SSL services	-	0	0	2

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

* Physical restraints only, excludes mechanical restraint, rapid tranquilisation and seclusion.

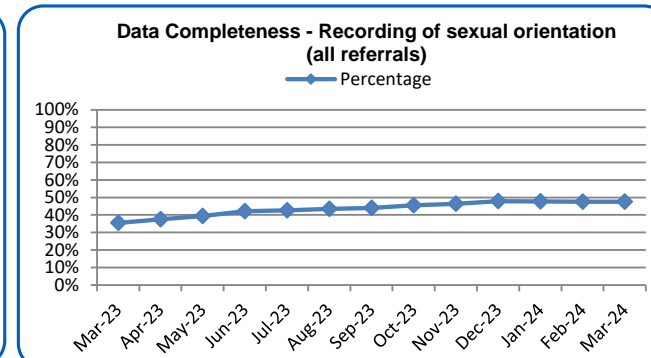
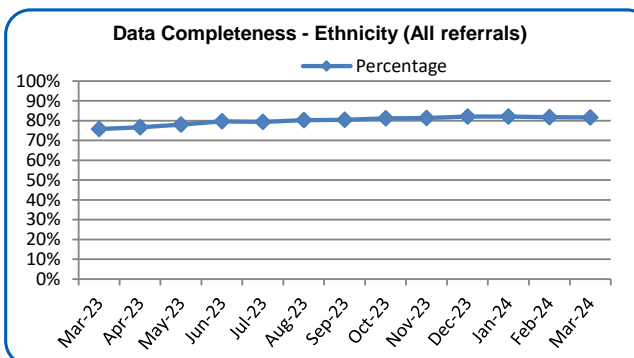
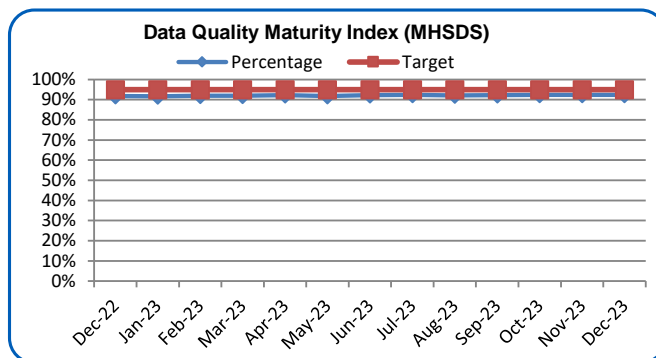
Quality and Workforce metrics: Tabular overview

Our Workforce	Target	Jan-24	Feb-24	Mar-24
Percentage of staff with an appraisal in the last 12 months	85%	85.8%	85.5%	85.2%
Percentage of staff with a wellbeing assessment completed	-	86.8%	85.8%	85.8%
Percentage of mandatory training completed	85%	86.0%	86.9%	87.6%
Safeguarding Level 3 training compliance (quarter end snapshot) *	85%	-	-	84.4%
Percentage of staff receiving clinical supervision	85%	71.3%	75.4%	70.3%
Staff Turnover (Rolling 12 months)	8-10%	8.3%	8.3%	8.1%
Sickness absence rate in month	-	6.9%	5.6%	5.4%
Sickness absence rate (Rolling 12 months)	6.0%	6.0%	6.0%	6.0%
Percentage of sickness due to musculoskeletal issues (MSK; rolling 12 months)	-	12.4%	12.5%	12.6%
Percentage of sickness due to Mental Health & Stress (rolling 12 months)	-	35.5%	36.1%	36.8%
Number of Covid19 related absences of staff, either through sickness or self-isolation (staff days)	-	445	169	131
Medical Consultant Vacancies as a percentage of funded Medical Consultant Posts (percentage)	-	24.3%	24.0%	24.0%
Medical Consultant Vacancies (number)	-	22.4	22.1	22.1
Medical Career Grade Vacancies as a percentage of funded Medical Career Grade Posts (percentage)	-	18.7%	16.6%	16.6%
Medical Career Grade Vacancies (number)	-	9.0	8.0	8.0
Medical Trainee Grade Vacancies as a percentage of funded Medical Trainee Grade Posts (percentage)	-	5.1%	0.0%	0.0%
Medical Trainee Grade Vacancies (number)	-	5.8	0.0	0.0
Band 5 inpatient nursing vacancies as a percentage of funded B5 inpatient nursing posts (percentage)	-	33.0%	29.0%	29.0%
Band 5 inpatient nursing vacancies (number)	-	77.0	69.1	69.1
Band 6 inpatient nursing vacancies as a percentage of funded B6 inpatient nursing posts (percentage)	-	17.0%	16.0%	16.0%
Band 6 inpatient nursing vacancies (number)	-	20.8	19.8	19.8
Band 5 other nursing vacancies as a percentage of funded B5 non-inpatient nursing posts (percentage)	-	37.3%	39.3%	39.28%
Band 5 other nursing vacancies (number)	-	30.5	32.1	32.1
Band 6 other nursing vacancies as a percentage of funded B6 non-inpatient nursing posts (percentage)	-	17.4%	18.1%	18.1%
Band 6 other nursing vacancies (number)	-	59.4	62.0	62.0
Percentage of vacant posts (Trustwide; all posts)	-	13.1%	12.5%	12.5%
Bank Agency Spend YTD (Cost)	-	24,324,638	23,666,299	25,066,722
Bank Agency Spend YTD (%)	-	15%	15%	14%

Nursing vacancy measures exclude nursing posts working in corporate/development roles

* New measure for Q3 23/24

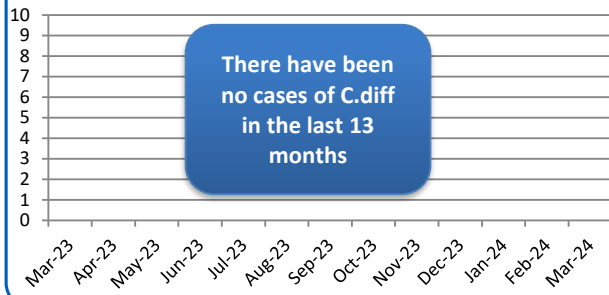
13 month trend: Clinical Record Keeping



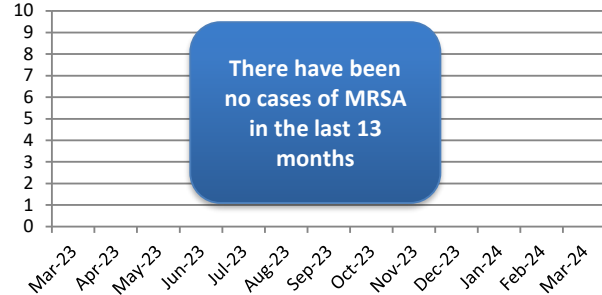
Please note that new metrics are only reported from the month of introduction onwards.

13 month trend: Quality: Effectiveness

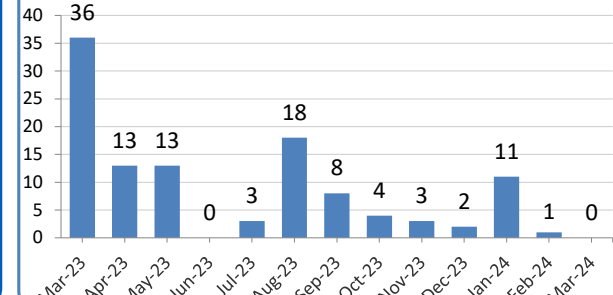
Number of Healthcare Associated Infections –
C.difficile



Number of Healthcare Associated Infections –
MRSA

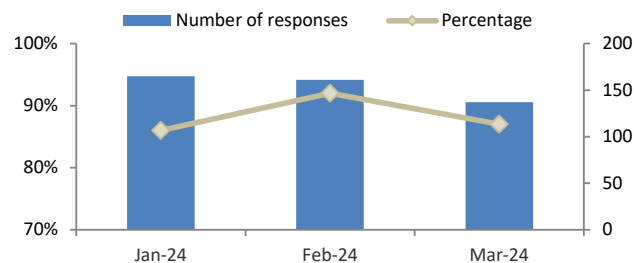


Number of Inpatients diagnosed with Covid-19

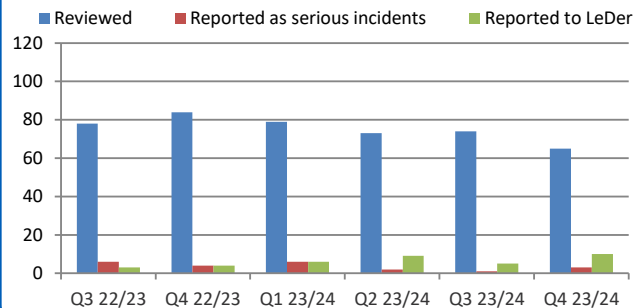


13 month trend: Quality: Caring/Patient Experience

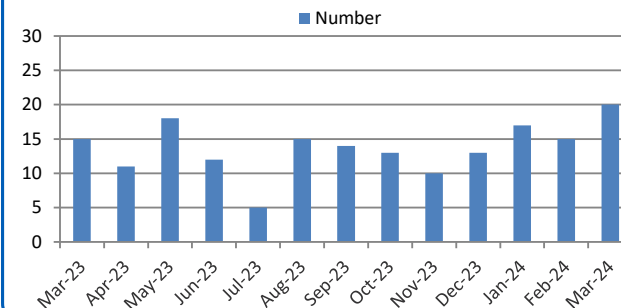
Friends & Family Test: Percentage reporting a positive experience of care



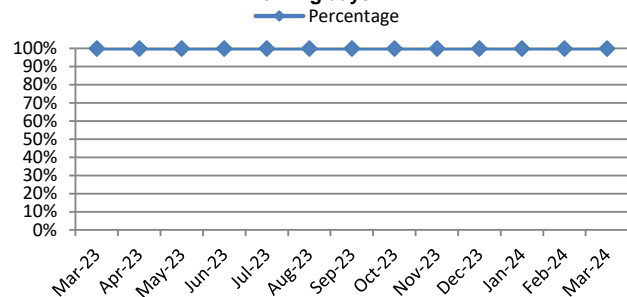
Mortality



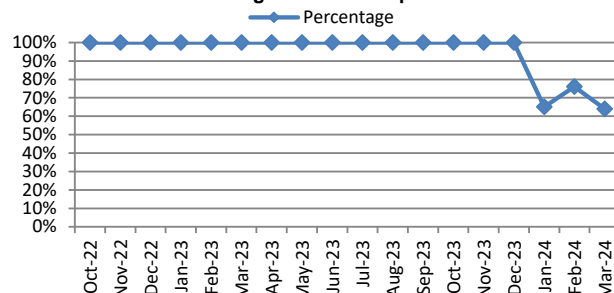
Number of complaints received



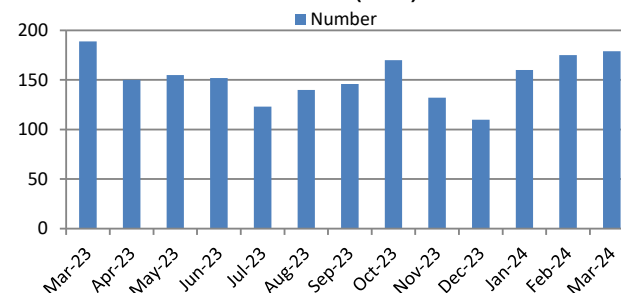
Percentage of complaints acknowledged within 3 working days



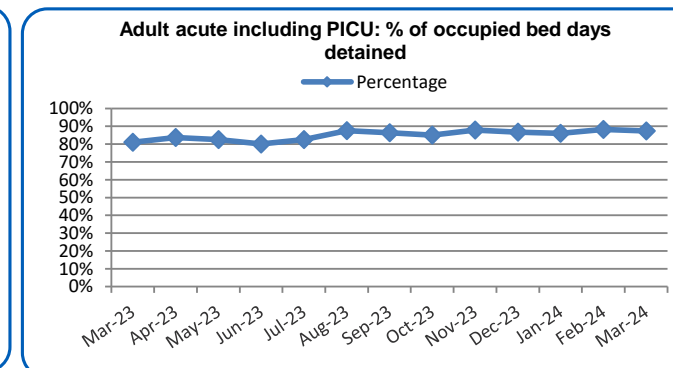
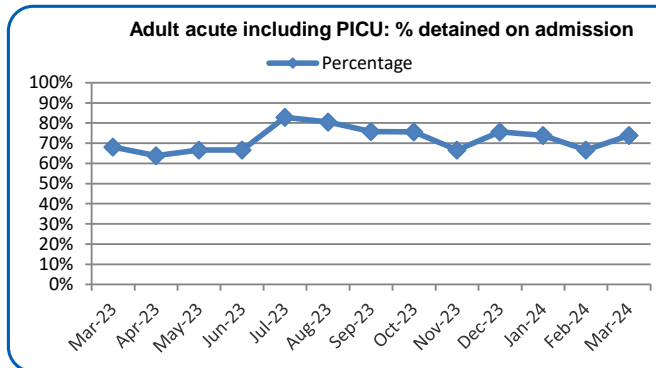
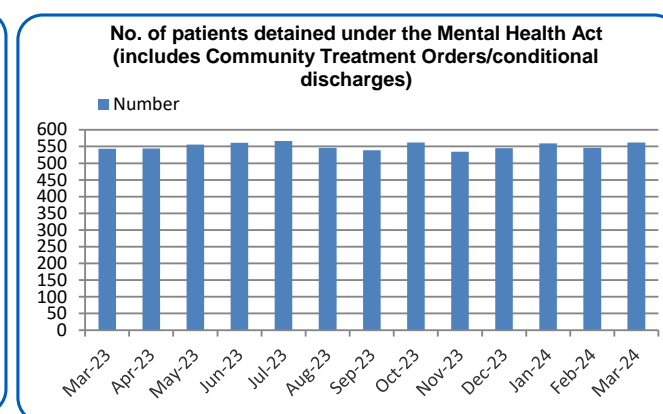
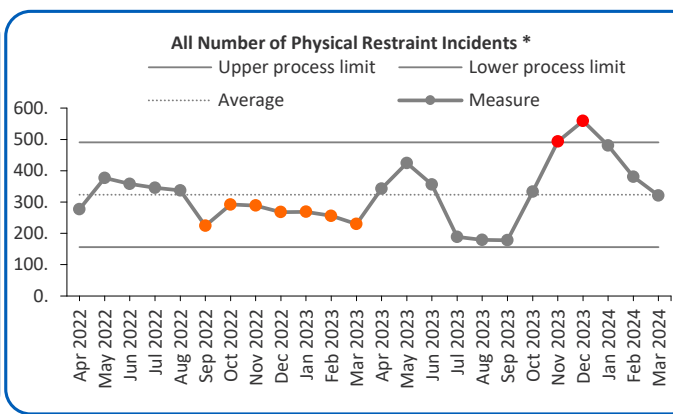
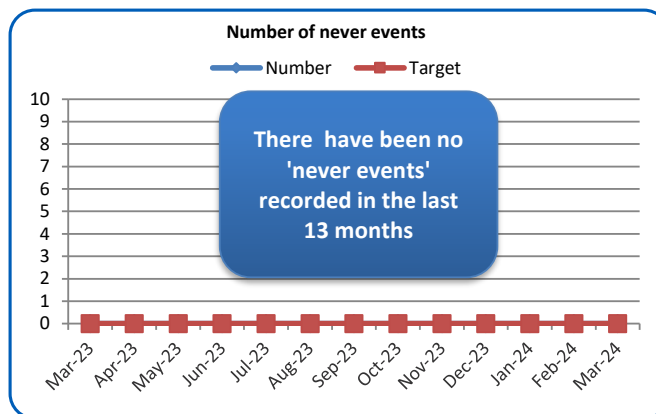
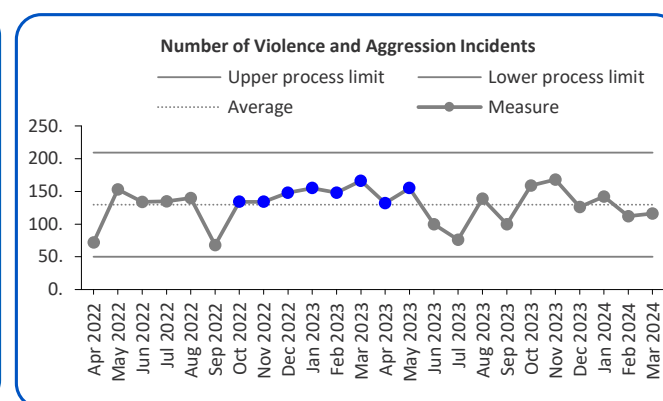
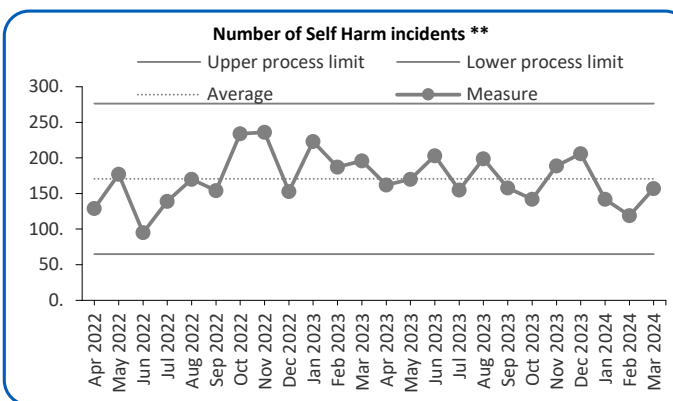
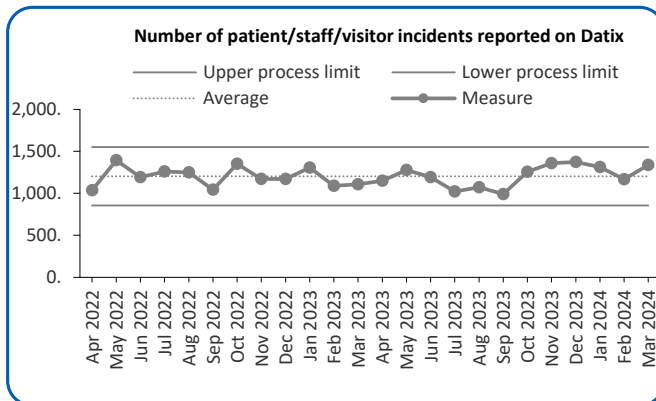
Percentage of complaints completed within timescale agreed with complainant



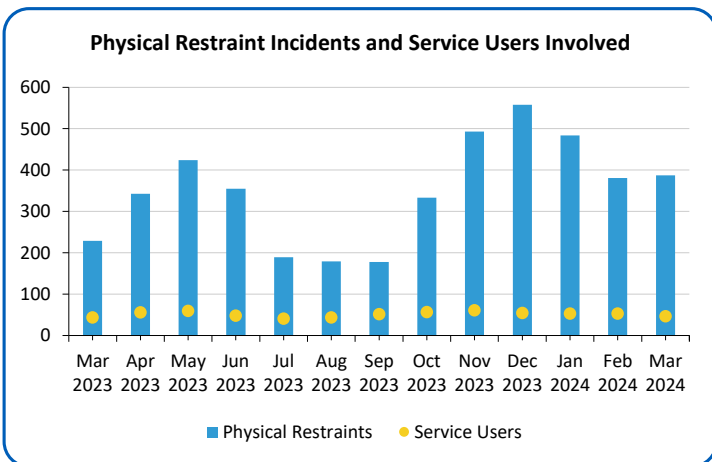
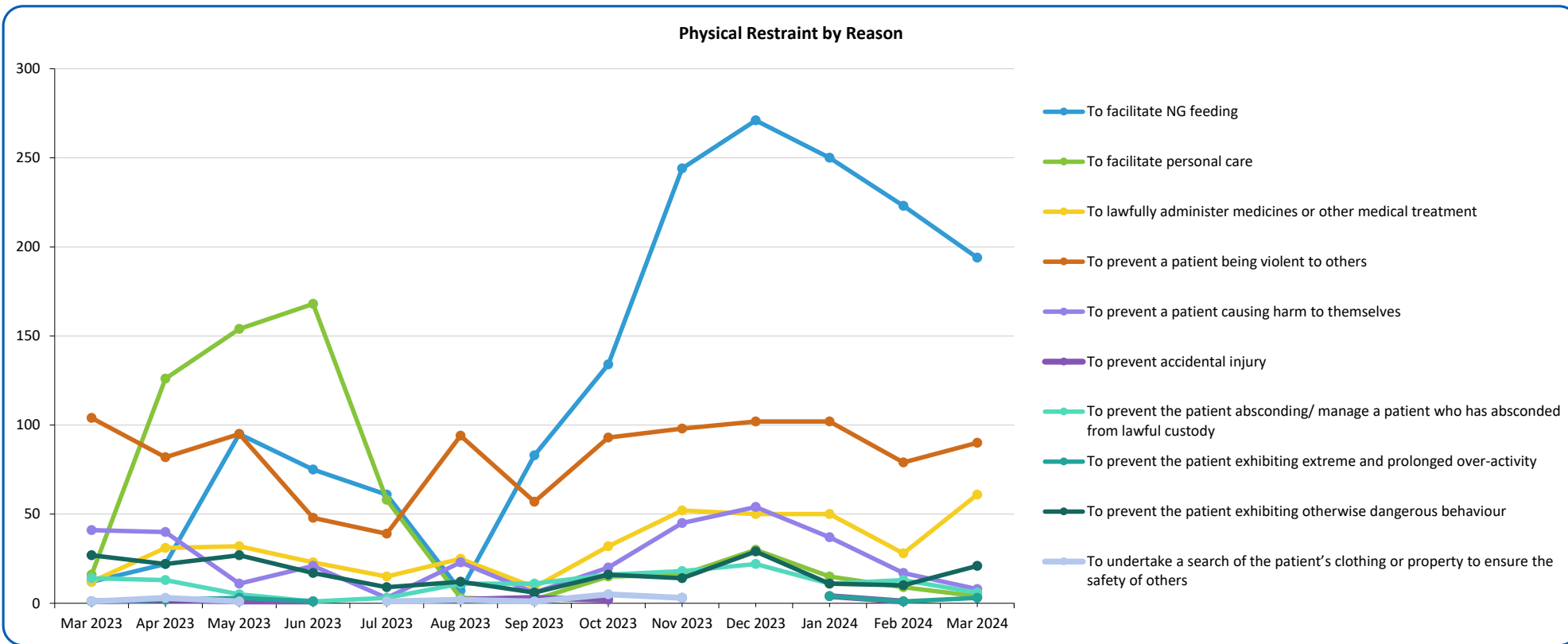
Number of enquiries to the Patient Advice and Liaison Service (PALs)



13 month trend: Quality: Safety

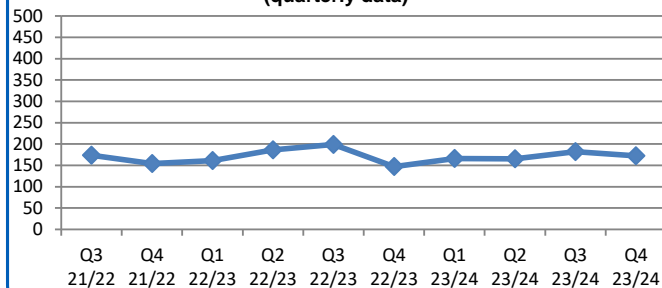


13 month trend: Quality: Safety - continued

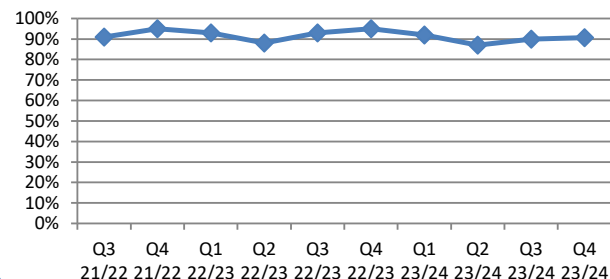


13 month trend: Quality: Safety - continued

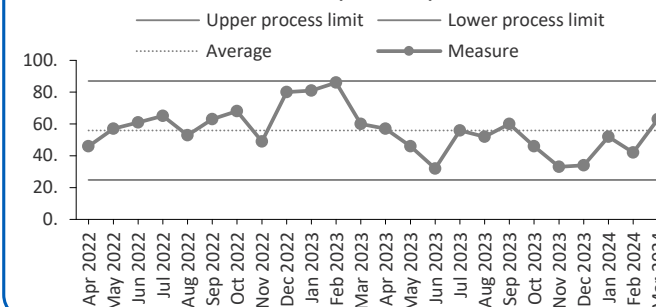
Number of medication errors reported on Datix (quarterly data)



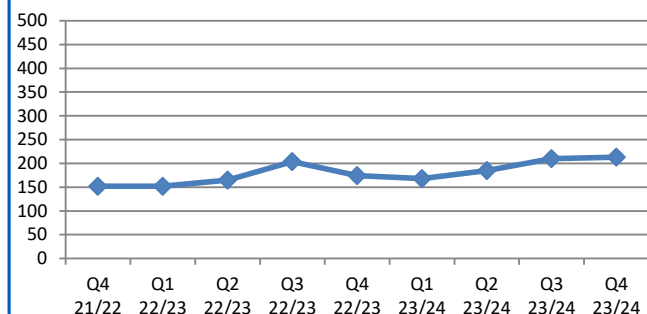
Percentage of medication errors resulting in no harm (quarterly)



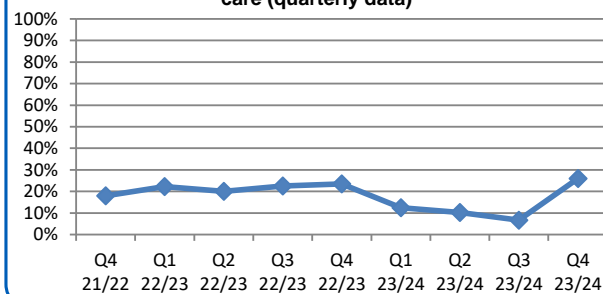
Number of falls related to patients reported on Datix



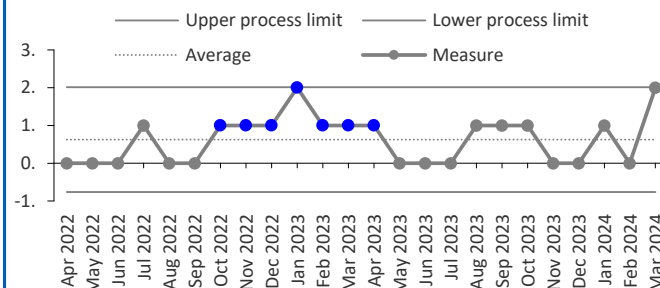
Safeguarding Adults: Number of advice calls received by the team (quarterly data)



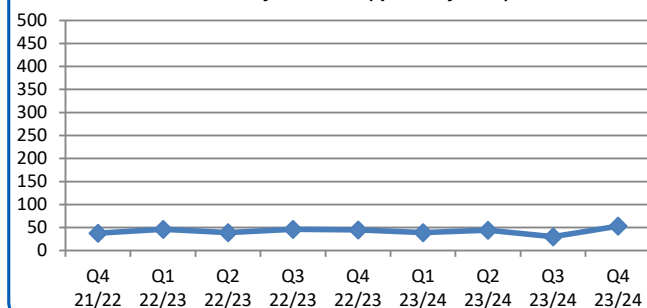
Safeguarding Adults: Percentage of advice calls to safeguarding that resulted in a referral to social care (quarterly data)



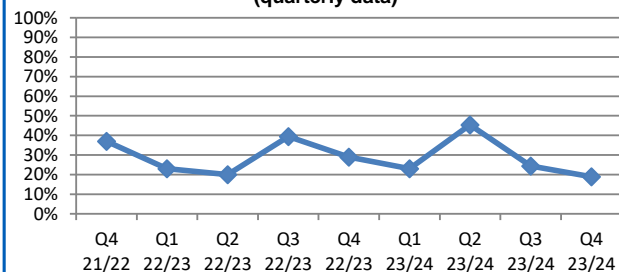
Number of Pressure Ulcers occurring or deteriorating within inpatient or SSL services*



Safeguarding Children: Number of advice calls received by the team (quarterly data)



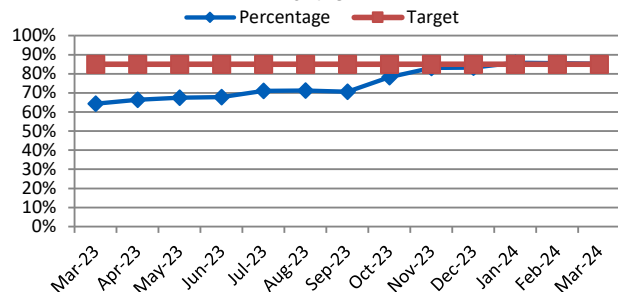
Safeguarding Children: Percentage of advice calls to safeguarding that resulted in a referral to social care (quarterly data)



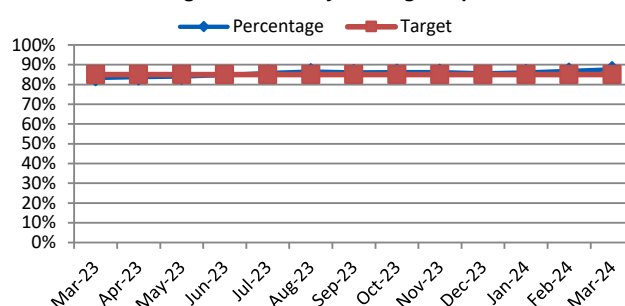
* Pressure ulcer data only includes those that have occurred whilst under the care of our inpatient or specialised supported living services.

13 month trend: Our Workforce

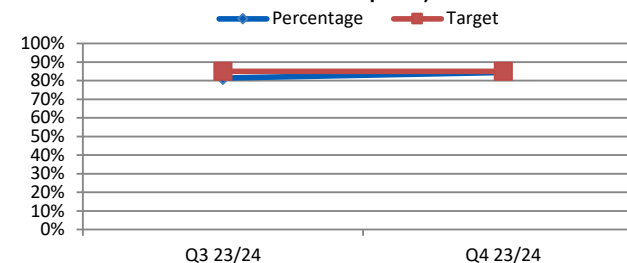
Percentage of staff with an appraisal in the last 12 months



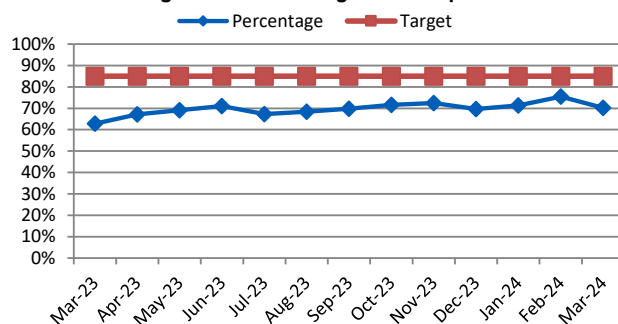
Percentage of mandatory training completed



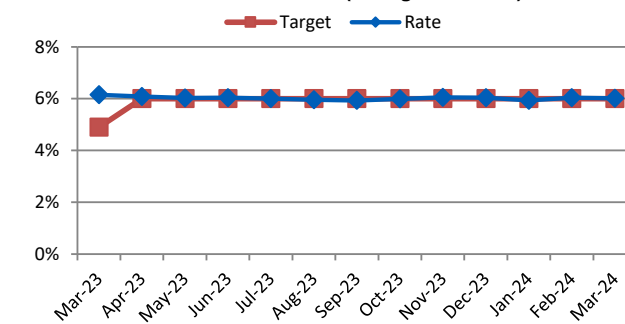
Safeguarding Level 3 training compliance (quarter end snapshot)



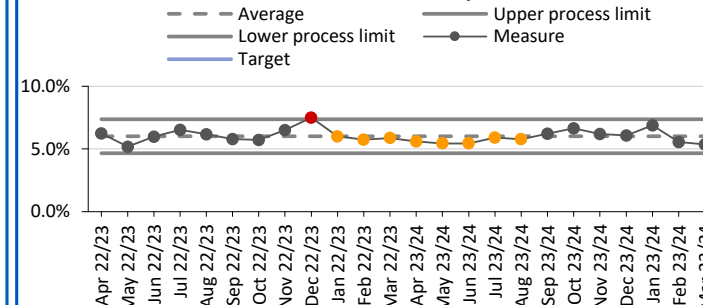
Percentage of staff receiving clinical supervision



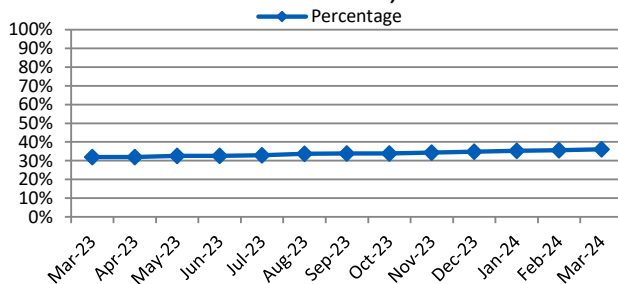
Sickness absence rate (rolling 12 months)



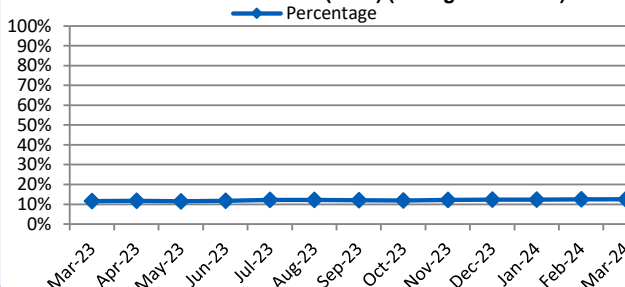
Sickness Absence Monthly %



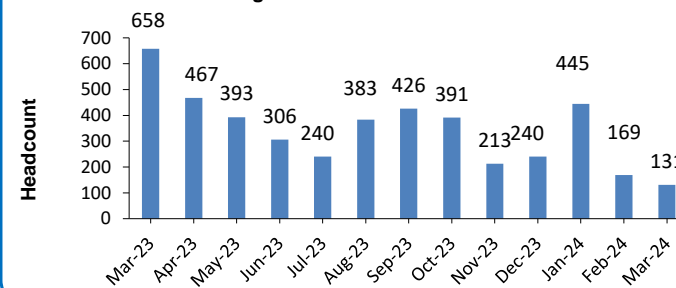
Percentage of sickness absence due to stress (rolling 12 months)



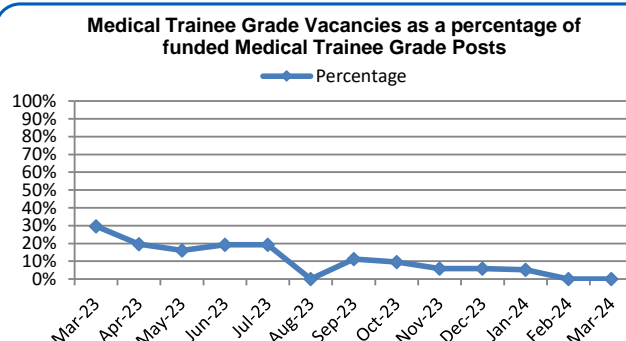
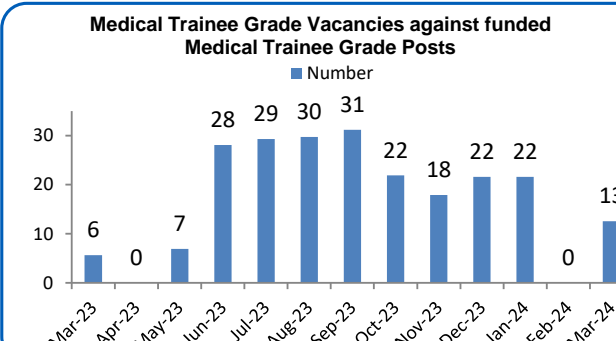
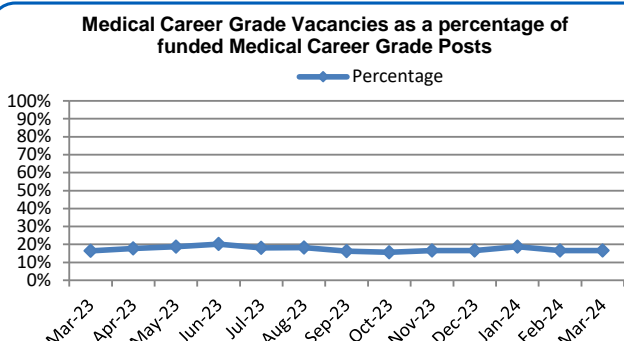
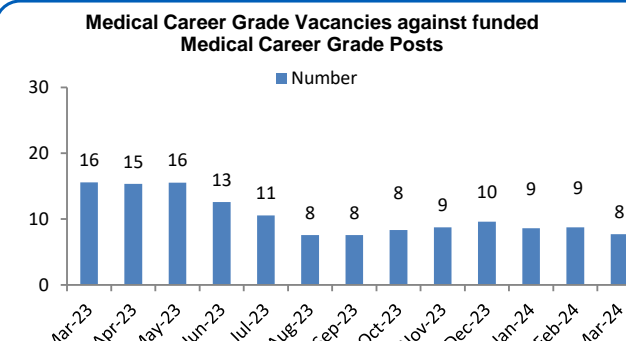
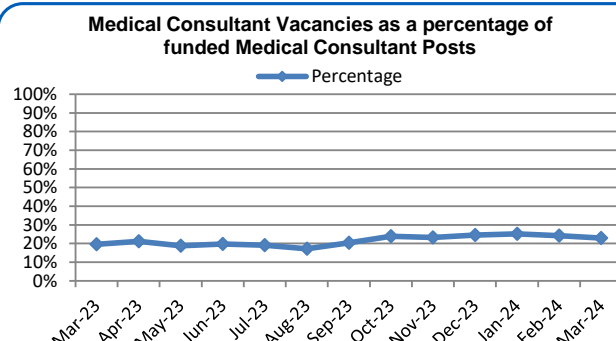
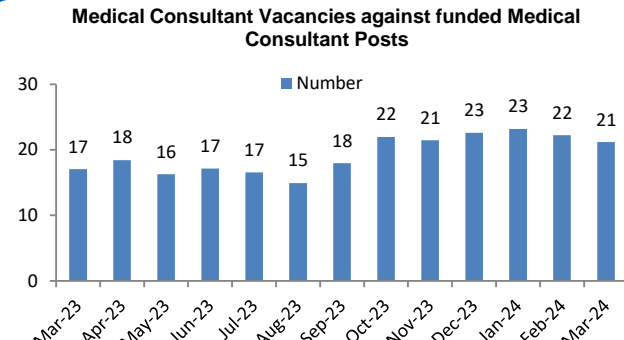
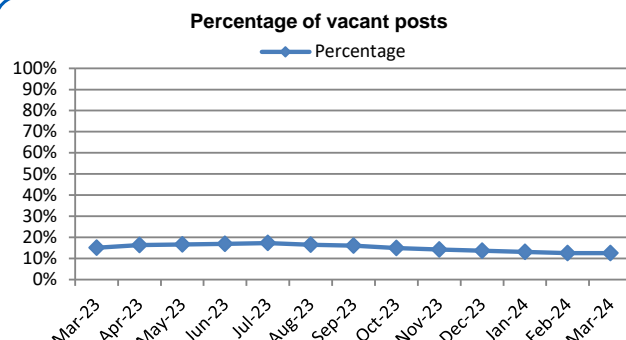
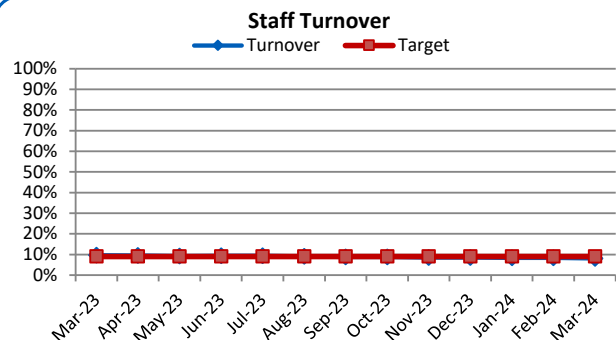
Percentage of sickness absence due to musculoskeletal issues (MSK) (rolling 12 months)



Number of COVID-19 related absences of staff, either through sickness or self-isolation

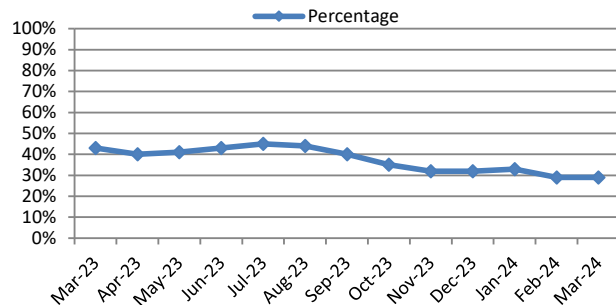


13 month trend: Our Workforce - continued

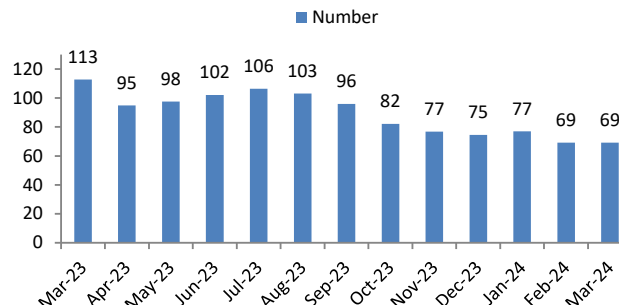


13 month trend: Our Workforce - continued

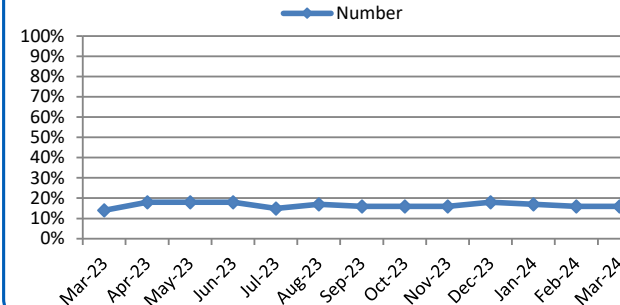
Percentage of Band 5 inpatient nursing vacancies



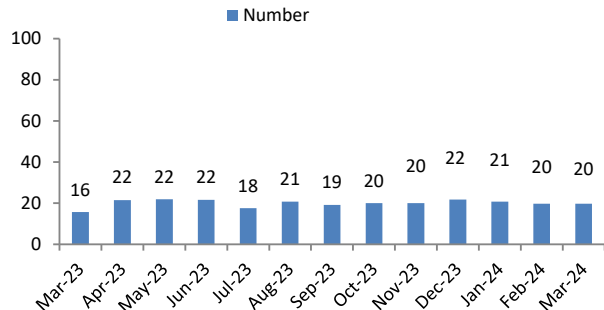
Number of Band 5 inpatient nursing vacancies



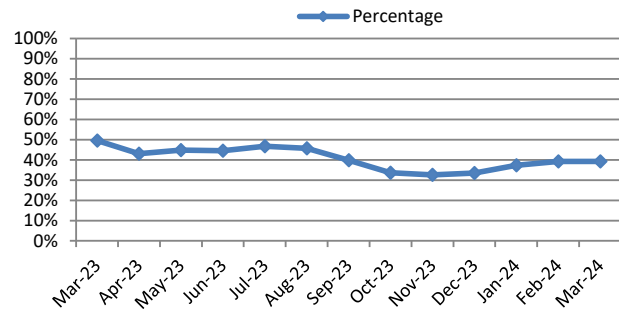
Percentage of Band 6 inpatient nursing vacancies



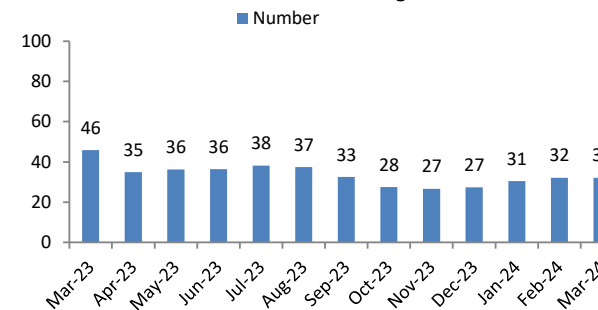
Number of Band 6 inpatient nursing vacancies



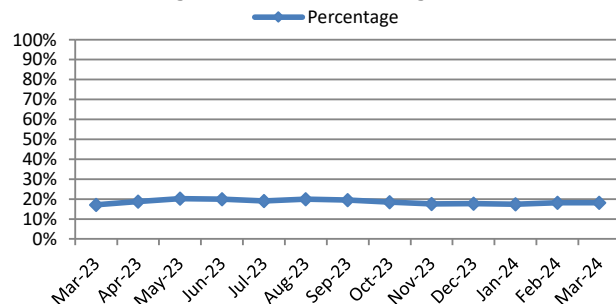
Percentage of Band 5 other nursing vacancies



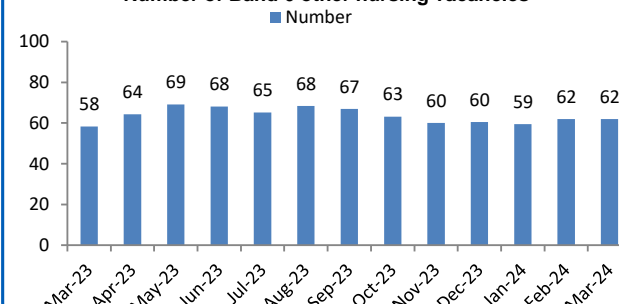
Number of Band 5 other nursing vacancies



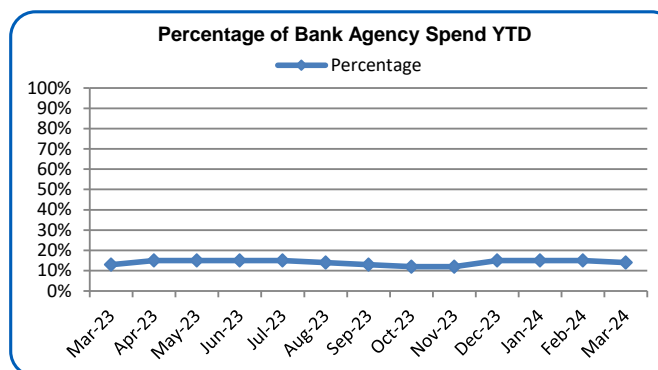
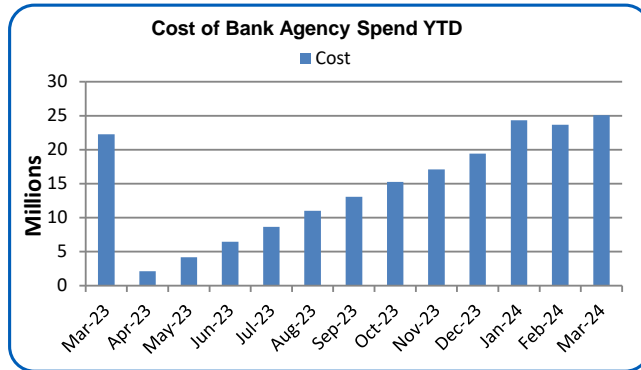
Percentage of Band 6 other nursing vacancies



Number of Band 6 other nursing vacancies



13 month trend: Our Workforce - continued



PREVIOUS MONTH: FEBRUARY

Clinical Record Keeping

Data Quality Maturity Index: Our latest DQMI (Data Quality Maturity Index) score for Mental Health Services data, published by NHS Digital, stands at 92.4% as of November 2023, consistent with previous months. Demographic completeness levels have been maintained as of February, above average levels for the 13-month period. Ethnicity completeness in February (81.7%) has been maintained in line with previous months and remains above average for the 13-month period (79.6%). Sexual orientation completeness in February (47.7%), has been maintained above the average for the 13-month period (42.7%), but is showing a very small further decrease this month.

Our informatics team continue to support staff in achieving expected standards of data quality and further support and training on our CareDirector Electronic Patient Record system. All service lines have been asked to focus on this, and performance against these areas is reviewed in detail within the QDAP (Quality, Delivery & Performance) meetings with each service. We continue to promote data completeness throughout 2023/24 with a rolling programme of focussed data quality discussions aimed at supporting staff in using CareDirector well.

Patient Experience

Complaints: 15 complaints were received in February, above the average number of complaints received during the 13-month period (13). 100% of complaints were acknowledged within the 3-days standard, and 76% were completed within agreed timescales. There were 175 enquiries received by the PALS team during February, which is above the average number received during the 13-month period (150).

Friends and Family Test: In February 2024, 161 people provided feedback with 122 people completing the on-line survey and 39 people completing the postcards. 92% of people reported that their overall experience of care was good, 3% said it was OK/Didn't know and 6% rated their care as negative. It was great to see feedback this month for 28 teams, including community, acute and specialist teams. 19 of those teams received a 100% positive, Very Good or Good score. The 2 teams receiving most feedback for February 24 were the Gender Identity and Chronic Fatigue Services.

S136: Within the S136 service, there were no breaches of the 24-hour detention in February. The last S136 detention to breach was in October 2022.

Local intelligence

PREVIOUS MONTH: FEBRUARY

Safety

Incidents: Incidents in February (1,158) fell within normal levels of variation, below the average of 1,179 for the 24-month period.

The number of self-harm incidents in February (119), remained within normal levels of variation, falling below the average number of incidents per month (168) in the 24-month period.

Violence and Aggression incidents in February (113) decreased, falling below the mean of 128 for the 24-month period, remaining within normal levels of variation.

The number of physical restraint incidents in February (370) fell within normal levels of variation. The number of physical restraint incidents in February was above the mean for the 24-month period 319.

The number of falls in February (42), is below the average for the 24-month period (55), and remains within normal levels of variation. The number of falls in February is the fourth-lowest for this indicator in the 24-month period.

There have been 27 acquired pressure ulcers / sores reported since October 2019, with 0 occurring or deteriorating in February.

Workforce

Workforce Personal Development Reviews (PDR): The rate of PDR compliance has been maintained in February, exceeding the 85% target, with 85.5% of staff receiving an appraisal within the previous 12 months - the second highest level reported in the 13-month period. Recent feedback from Perform users has been extremely positive and the system is seen as intuitive and easy to use, meaning more time can be spent focussing on the important aspects of a meaningful PDR which include reflecting on objectives, career conversations, learning needs and recognition. The People Analytics team are now preparing a case study for the People Plan review based on the success of the new PDR process.

At the end of January 85.8% of staff had received a recent wellbeing assessment through our Staff Wellbeing Framework, broadly consistent with previous months.

Mandatory Training: Compliance has been stable over the 13-month period averaging 85.3%. Small but successive increases were seen between February and August, with a small decrease in performance in September linked to a new element of training being added. Compliance was broadly recovered in October and November and maintained into January with a further increase in February to 86.9% of staff having in-date mandatory training, exceeding the 85% target for the eighth month running and the highest level of compliance in the 13-month period. The Trust is currently preparing for the Oliver McGowan training and will be expanding the requirement for the broader Learning Disability and Autism training in the coming weeks.

Clinical Supervision: Clinical supervision in February (75.4%) is above average (69.5%) and the highest level of compliance for any month during the 13-month period.

Sickness Absence: The in-month sickness absence rate in February remains within normal levels of variation at 5.6%, a noticeable improvement and below the average for the period starting April 2021 (6.0%). In February, 169 staff days were lost to Covid-19 related absences through sickness or isolation, below the average number of days for the 13-month period (369).

Vacancies: The level of vacancies in January (12.5%), is the lowest seen in the 13-month period and the seventh month running where successive improvement has been seen. The average level of vacancies over the 13-month period was 15.2%.

CURRENT MONTH: MARCH

Clinical Record Keeping

Data Quality Maturity Index: Our latest DQMI (Data Quality Maturity Index) score for Mental Health Services data, published by NHS Digital, stands at 92.4% as of December 2023, consistent with previous months. Demographic completeness levels have been maintained as of March, above average levels for the 13-month period. Ethnicity completeness in March (81.7%) has been maintained in line with previous months and remains above average for the 13-month period (80.0%). Sexual orientation completeness in March (47.6%), has been maintained above the average for the 13-month period (43.7%).

Our informatics team continue to support staff in achieving expected standards of data quality and further support and training on our CareDirector Electronic Patient Record system. All service lines have been asked to focus on this, and performance against these areas is reviewed in detail within the QDAP (Quality, Delivery & Performance) meetings with each service. We continue to promote data completeness throughout 2023/24 with a rolling programme of focussed data quality discussions aimed at supporting staff in using CareDirector well.

Patient Experience

Complaints: 20 complaints were received in March, above the average number of complaints received during the 13-month period (14). 100% of complaints were acknowledged within the 3-days standard, and 64% were completed within agreed timescales. There were 179 enquiries received by the PALS team during March, which is above the average number received during the 13-month period (152).

Friends and Family Test: 137 people gave us their feedback in March 24. 17 people completed their feedback on postcards and 120 people provided feedback by responding to the questions online. 87% of people said that their overall experience of our services was positive, 7% said it was OK/didn't know and 7% of people said their experience was negative. The top 3 teams/services receiving the most amount of feedback were the Gender ID, Chronic Fatigue and the Gambling Service. It was great to see 6 pieces of feedback for the Intensive Home Treatment Team this month as they have been trialling a new way of encouraging older people and their carers to give feedback by attaching the QR code to access the Have Your Say survey questions on to the back of their Trust identification cards.

S136: Within the S136 service, there were no breaches of the 24-hour detention in March. The last S136 detention to breach was in October 2022.

Local intelligence

CURRENT MONTH: MARCH

Safety

Incidents: Incidents in March (1,338) fell within normal levels of variation, above the average of 1,204 for the 24-month period.

The number of self-harm incidents in March (157), remained within normal levels of variation, falling below the average number of incidents per month (171) in the 24-month period.

Violence and Aggression incidents in March (116) increased slightly, remaining below the mean of 130 for the 24-month period, remaining within normal levels of variation.

The number of physical restraint incidents in March (321) fell within normal levels of variation and just below the mean for the 24-month period 323.

The number of falls in March (63), is above the average for the 24-month period (56), and remains within normal levels of variation. The increase in the number of falls between February (42) and March is the fourth-largest step-change in the 24-month period.

There have been 29 acquired pressure ulcers / sores reported since October 2019, with 2 occurring or deteriorating in March.

Workforce

Workforce Personal Development Reviews (PDR): The rate of PDR compliance has been maintained in March, exceeding the 85% target, with 85.2% of staff receiving an appraisal within the previous 12 months - the third highest level reported in the 13-month period.

At the end of March 85.8% of staff had received a recent wellbeing assessment through our Staff Wellbeing Framework, broadly consistent with previous months.

Mandatory Training: Compliance has been stable over the 13-month period averaging 85.6%. Small but successive increases were seen between February and August, with a small decrease in performance in September linked to a new element of training being added. In March 87.6% of staff have in-date mandatory training, exceeding the 85% target for the ninth month running and the highest level of compliance in the 13-month period. Learning Disability and Autism training was made live in April and, as predicted, has affected the April compliance rate by a reduction of approximately 3%.

The CT Review group reconvened in April, with a renewed terms of reference and discussed current rates of compliance. Whilst showing positive signs of recovery, the classroom-based training sessions linked to PMVA, ELS, ILS and Moving and Handling are still below target and broadly linked to the inability to release clinical staff from busy wards.

Clinical Supervision: Clinical supervision in March (70.3%) has seen a decrease from previous months but remains above average compliance for the 13-month period (69.7%).

Sickness Absence: The in-month sickness absence rate in March remains within normal levels of variation at 5.4%, a further improvement and below the average for the period starting April 2021 (6.0%). In March, 131 staff days were lost to Covid-19 related absences through sickness or isolation, below the average number of days for the 13-month period (343).

Vacancies: The level of vacancies in March (12.5%), is the lowest seen in the 13-month period, jointly with February, which follows a period of seven months where successive improvement has been seen. The average level of vacancies over the 13-month period was 15.1%.

Glossary

Services: Clinical Record Keeping

Data Quality Maturity Index for the Mental Health Services Dataset (MHSDS)	A weighted score based on the completeness and quality of several fields in the Trust's Mental Health Services Dataset (MHSDS) submissions to NHS Digital. The score is derived by NHS Digital from the MHSDS submission and published on their website 3-4 months later.
Percentage of service users with ethnicity recorded	Number of service users with ethnicity recorded / Total number of services users with an open referral to the Trust as of period-end
Percentage of service users with sexual orientation recorded	Number of service users with their sexual orientation recorded / Total number of services users with an open referral to the Trust as of period-end

Quality: Our effectiveness

Number of healthcare associated infections: C difficile	The number of patients affected by an outbreak of C difficile during the period
Number of healthcare associated infections: MRSA	The number of patients affected by an outbreak of MRSA during the period
	The number of inpatients where a diagnosis of Covid-19 begins in the period

The Trust is still required to report this on a daily basis through national situation reporting. The Trust is taking part in a national project to do point of contact testing for Flu and Covid-19, which has identified some cases so figures are also included here for monitoring.

Quality: Caring / Patient Experience

Friends & Family Test: Positive experience of care (total responses received)	The number of Friends and Family Test (internally branded Have Your Say) questionnaires returned where the response was either 'Very Good' or 'Good'.
Number of deaths reviewed (incidents recorded on Datix)*	Total number of deaths reported on Datix in the period. Deaths of former service users are counted up to 6 months after discharge from the Trust.
Number of deaths reported to StEIS	Total number of incidents reported on Datix as taking place during the period that resulted in death due to non-natural causes
	Total number of incidents reported on Datix as taking place during the period that related to the death of a person that were subsequently reported on the 'Learning from Lives and Deaths' portal for people with a Learning Disability or Autism.
Number of deaths reported to LeDeR	Total number of complaints reported on Datix as being received during the period
Number of complaints received	Total number of complaints that were acknowledged within 3 working days of receipt by the Trust / Total number of complaints received by the Trust
Percentage of complaints acknowledged within 3 working days	Total number of complaints with an investigator allocated within 3 working days of the Trust receiving the complaint / Total number of complaints received by the Trust in the period
Percentage of complaints allocated an investigator within 3 working days	Total number of complaints received by the Trust during the period completed within the timescales agreed with the complainant / Total number of complaints received by the Trust in the period
Percentage of complaints completed within timescale agreed with complainant **	Total number of enquiries made to the LYPFT Patient Advice and Liaison Service. This could include a telephone or email enquiry.
Number of enquiries to the Patient Advice and Liaison Service (PALs)	

Quality: Safety

Number of patient/staff/visitor incidents reported on Datix	Total number of all incidents reported on Datix as taking place during the period. This includes both clinical and non-clinical incidents affecting service users, visitors and staff.
Number of Self Harm Incidents	Total number of incidents reported on Datix as taking place during the period which involved the service user injuring themselves.
	Total number of incidents reported on Datix as taking place during the period which involved a service user behaving in a violent or aggressive manner towards staff, other service users or visitors. For example, assaulting a person or throwing objects.
Number of Violent or Aggressive Incidents	Total number of never events occurring in the period which are collated by the Clinical Governance and Patient Safety Team. Never Events are serious, largely preventable patient safety incidents that should not occur if healthcare providers have implemented existing national guidance or safety recommendations. For example, failure to install functional collapsible shower or curtain rails.
Number of never events	Total number of incidents reported on Datix as taking place in the period where physical restraint was used. Use of mechanical restraint, rapid tranquilisation and seclusion are excluded. Incidents are counted once, even where multiple positions are used.
Number of physical restraints	Total number of incidents reported on Datix as taking place in the period where physical restraint was used broken down by reason. Use of mechanical restraint, rapid tranquilisation and seclusion are excluded.
Physical Restraint by Reason	Total number of service users involved in a physical restraint. Service users are counted once, even when involved in multiple incidents.
Physical Restraint Incidents and Service Users Involved	Total number of incidents reported on Datix as ending in the period where the duration of seclusion lasted more than 24 hours. Episodes of seclusion that start in month 1, and end in month 2, will be counted against month 2.
Number of ended seclusion incidents lasting 24+ hours	Total number of incidents reported on ePMA, where a drug used for rapid tranquilisation was administered. Where multiple drugs were administered at the same time, this is counted as one instance of rapid tranquilisation.
Number of Rapid Tranquilisation administered**	

Quality: Safety	
No. of patients detained under the MHA (includes CTOs/conditional discharges)	The total distinct number of service users subject to a MHA detention, active at any point during the month. Sections that start in a previous month, but are active in the reporting month, are counted. Where a service user has more than one section active in the reporting month, they are still counted only once.
	Total number of admissions to the Adult Acute and PICU wards where the service user was subject to a MHA detention at the time of admission / Total number of admissions to the Adult Acute and PICU wards
Adult acute including PICU: % detained on admission	Transfers from other inpatient services are not counted; only those admissions to Adult Acute and PICU wards where the person is becoming an inpatient at LYPFT are counted.
	Total number of occupied bed days where the person was subject to a MHA detention / Total number of occupied bed days
Adult acute including PICU: % of occupied bed days detained	Occupied bed days on the day a MHA detention ends, and no other MHA detention starts, are not counted as a detained occupied bed day.
Number of medication errors reported on Datix	Total number of medication errors reported on Datix as taking place in the period. This includes errors related to both clinical and non-clinical practices surrounding dispensing, administering, storing and recording.
Percentage of medication errors resulting in no harm	Number of medication errors reported as resulting in no harm / Total number of medication errors
Safeguarding Adults: Number of advice calls received by the team	Number of enquiries to the LYPFT Safeguarding Team in relation to concerns about an adult.
Safeguarding Adults: Percentage of advice calls to safeguarding that resulted in a referral to social care	Number of enquiries to the LYPFT Safeguarding Team in relation to concerns about an adult that result in a referral to the local authority Safeguarding Department / [Safeguarding Adults: Number of advice calls received by the team]
Safeguarding Children: Number of advice calls received by the team	Number of enquiries to the LYPFT Safeguarding Team in relation to concerns about a child.
Safeguarding Children: Percentage of advice calls to safeguarding that resulted in a referral to social care	Number of enquiries to the LYPFT Safeguarding Team in relation to concerns about a child that result in a referral to the local authority Safeguarding Department / [Safeguarding Children: Number of advice calls received by the team]
Number of falls related to patients reported on Datix	Total number of falls reported on Datix as taking place in the period. Falls are for patients only.
Number of Pressure Ulcers occurring or deteriorating within inpatient or SSL services	Total number of pressure ulcers reported on Datix as having occurred or deteriorated during the period. Pressure ulcers are reported for inpatient and Specialised Supported Living services only.
Our Workforce	
Percentage of staff with an appraisal in the last 12 months	The number of staff with an appraisal review recorded on LYPFT's Personal Development Review platform, Learn, as of the end of the reporting month / The number of staff who have been in post for at least 12 months as of the end of the reporting month
Percentage of staff with a wellbeing assessment completed	The number of staff with a wellbeing assessment review recorded on LYPFT's Personal Development Review platform, Learn, as of the end of the reporting month / The total number of staff in post for at least 3 months as of the end of the reporting month
Percentage of mandatory training completed	The total number of training requirements where the member of staff has completed them within the timescales, as of the end of the reporting month / The total number of training requirements for staff in post as of the end of the reporting month
Safeguarding Level 3 training compliance (quarter end snapshot)	The total number of Safeguarding Adults/Children Level 3 training requirements completed within the Trust's agreed review period, as of the end of the quarter / The total number of Safeguarding Adult/Children Level 3 training requirements as of the end of the quarter
Percentage of staff receiving clinical supervision	The total number of clinical staff that have received clinical supervision within the Trust's agreed review period, as of the end of the reporting period / The total number of clinical staff in post as of the end of the reporting period
Staff Turnover (Rolling 12 months)	Total number of FTE leavers in the 12 months up to and including the last reporting month / Total number of FTE staff in post across the 12 months up to and including the latest reporting month
Sickness absence rate in month	Total number of FTE sickness days in the reporting month / Total number of available FTE days for staff in post
Sickness absence rate (Rolling 12 months)	Total number of FTE sickness days in the 12 months up to and including the last reporting month / Total number of available FTE days for staff in post in the 12 months up to and including the last reporting month
Percentage of sickness due to musculoskeletal issues (MSK; rolling 12 months)	Total number of FTE sickness days in the 12 months up to and including the last reporting month, that were due to musculoskeletal issues / Total number of FTE sickness days in the 12 months up to and including the last reporting month
Percentage of sickness due to Mental Health & Stress (rolling 12 months)	Total number of FTE sickness days in the 12 months up to and including the last reporting month, that were due to reasons of mental wellbeing and stress / Total number of FTE sickness days in the 12 months up to and including the last reporting month
Number of Covid19 related absences of staff, either through sickness or self-isolation (staff days)	Total number of FTE sickness days in the reporting month due to sickness related to Covid19 or self-isolation

Glossary

Our Workforce

Medical Consultant Vacancies as a percentage of funded Medical Consultant Posts (percentage)	Number of vacant FTE Medical Consultant posts as of the end of the reporting month / Total Number of funded FTE Medical consultant posts as of the end of the reporting month
Medical Consultant Vacancies (number)	Total number of vacant FTE Medical Consultant posts as of the end of the reporting month
Medical Career Grade Vacancies as a percentage of funded Medical Career Grade Posts (percentage)	Number of vacant FTE Medical Career Grade posts as of the end of the reporting month / Total number of funded FTE Medical Career Grade posts as of the end of the reporting month
Medical Career Grade Vacancies (number)	Total number of vacant FTE Medical Career Grade posts as of the end of the reporting month
Medical Trainee Grade Vacancies as a percentage of funded Medical Trainee Grade Posts (percentage)	Number of vacant FTE Medical Trainee Grade posts as of the end of the reporting month / Total number of funded FTE Medical Trainee Grade posts as of the end of the reporting month
Medical Trainee Grade Vacancies (number)	Total number of vacant FTE Medical Trainee Grade posts as of the end of the reporting month
Band 5 inpatient nursing vacancies as a percentage of funded B5 inpatient nursing posts (percentage)	Number of vacant FTE Band 5 inpatient nursing posts as of the end of the reporting month / Total Number of funded FTE Band 5 inpatient nursing posts as of the end of the reporting month
Band 5 inpatient nursing vacancies (number)	Total number of vacant FTE Band 5 inpatient nursing posts as of the end of the reporting month
Band 6 inpatient nursing vacancies as a percentage of funded B6 inpatient nursing posts (percentage)	Number of vacant FTE Band 6 inpatient nursing posts as of the end of the reporting month / Total Number of funded FTE Band 6 inpatient nursing posts as of the end of the reporting month
Band 6 inpatient nursing vacancies (number)	Total number of vacant FTE Band 6 inpatient nursing posts as of the end of the reporting month
Band 5 other nursing vacancies as a percentage of funded B5 non-inpatient nursing posts (percentage)	Number of vacant FTE Band 5 non-inpatient nursing posts as of the end of the reporting month / Total Number of funded FTE Band 5 non-inpatient nursing posts as of the end of the reporting month
Band 5 other nursing vacancies (number)	Total number of vacant FTE Band 5 non-inpatient nursing posts as of the end of the reporting month
Band 6 other nursing vacancies as a percentage of funded B6 non-inpatient nursing posts (percentage)	Number of vacant FTE Band 6 non-inpatient nursing posts as of the end of the reporting month / Total Number of funded FTE Band 6 non-inpatient nursing posts as of the end of the reporting month
Band 6 other nursing vacancies (number)	Total number of vacant FTE Band 6 non-inpatient nursing posts as of the end of the reporting month
Percentage of vacant posts (Trustwide; all posts)	Number of vacant FTE posts for the whole Trust as of the end of the reporting month / Total number of funded FTE posts for the whole Trust as of the end of the reporting month
Bank Agency Spend YTD (Cost)	Total financial spend for the whole Trust on Bank and Agency staffing from the start of the current financial year to the end of the reporting month
Bank Agency Spend YTD (%)	Total financial spend for the whole Trust on Bank and Agency staffing from the start of the current financial year to the end of the reporting month / Total financial spend for the whole Trust from the start of the current financial year to the end of the reporting month

LEEDS AND YORK PARTNERSHIP NHS
FOUNDATION TRUST

AGENDA
ITEM

13.4

MEETING OF THE COUNCIL OF GOVERNORS

PAPER TITLE:	Report from the Chair of the Audit Committee for the meeting held on 16 April 2024
DATE OF MEETING:	2 July 2024
PRESENTED BY: (name and title)	Martin Wright, Non-executive Director, Chair of the Audit Committee and Deputy Chair of the Trust
PREPARED BY: (name and title)	Kieran Betts, Corporate Governance Officer

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

THIS PAPER RELATES TO THE TRUST'S STRATEGIC RISK/S (please tick relevant box/s)		✓
SR1	Quality including safety assurance processes	✓
SR2	Delivery of the Quality Strategic Plan	
SR3	Culture and environment for the wellbeing of staff	✓
SR4	Financial sustainability	✓
SR5	Adequate working and care environments	✓
SR6	Digital technologies	✓
SR7	Plan and deliver services that meet the health needs of the population we serve.	

COMMITTEE DETAILS:	
Name of Committee:	Audit Committee
Date of Committee:	16 April 2024
Chaired by:	Martin Wright, Non-executive Director

KEY DISCUSSION POINTS:
ALERT - Issues to alert the Board to:
No issues to which the Board needs to be alerted.

ADVISE - Issues to advise the Board on:

- The Committee noted that not all audits which were agreed to be deferred were automatically included in the audit plan for the following financial year. Instead, the process was for the Internal Audit Team to consider all key strategic objectives and priorities of the Trust at the time the internal audit plan was drafted, which may result in deferred plans not being included in the plan as they were considered lower priority than other audit areas. This process had resulted in the planned audit for Care Plans and Clinical Risk Assessments (Follow Up) to not be included at all in the 2024-25 plan, and the Out of Area Placements audit to be included on the reserve list for the 2024-25 plan.
- The Committee was informed of requests to defer two internal audits from 2023-24 to the 2024-25 audit planning (Care Plans and Clinical Risk Assessment (Follow Up), and Patient Flow). The Committee discussed the reasons for this and agreed to support the deferral of these reports.
- The Committee noted that a number of audit actions had been identified as being overdue at the end of March 2024. The Committee was reassured that work was being done to address these outstanding actions and noted that there was a mitigating factor in that the system used for tracking internal audit actions was switched at the end of March 2024 which obfuscated this development.
- The Committee noted that a wider review of the tender and quotation process was currently under review in light of new procurement regulations expected to be introduced in Autumn 2024. The Committee agreed that in the interim only the justification for quotation waivers would be reported to the Committee, while it would continue to receive tender waivers in full.

ASSURE – Items to provide assurance to the Board on:

- The Committee received the Quality Account Progress Update 2023-24 and was assured by the process by which the Quality Account had been developed.
- The Committee received and approved the Draft Internal Audit Plan for 2024-25 and the amendments made to the Internal Audit Charter.
- The Committee received the Internal Audit Progress Report and was pleased to note that the Modern Slavery Act (Follow Up); the Management of Policies (Follow Up); and the Emergency Preparedness, Resilience, and Response audits had been returned with an overall opinion of significant assurance.
- The Committee received a verbal update on the Head of Internal Audit Opinion. The Committee noted that the Trust was working towards receiving a positive outcome when the Head of Internal Audit Opinion was finalised in June 2024. The Committee also noted the praise the Executive Team received from the Internal Audit Team for its engagement and support with the process.
- The Committee received the Local Counter Fraud Progress Report and discussed its contents.

- The Committee received and discussed the contents of the Health and Safety Quarterly Update report for Q4 2023-24. It suggested several ways in which this report could be improved for future quarterly update reports.
- The Committee received and approved the final external audit plan for 2023-24. It noted that the external audit fees had been finalised and agreed. It also received the Value for Money Risk Assessment conducted by the external audit team and was assured that no significant weaknesses had been identified in any of the three risk areas assessed.
- The Committee received the Draft Annual Governance Statement and agreed that this statement presented a consistent view based on internal controls and recommended no amendments to the statement aside from some minor amendments to be made to the work done by the Quality Committee.
- The Committee received the Board Assurance Framework (BAF) and was assured that it was fit for purpose. It noted that work was being conducted to review the strategic risks included in the BAF. It noted that all Board Sub-Committee Chairs should be consulted so that their feedback could be captured as part of this review.
- The Committee received the Tender and Quotation Exception Report for January – March 2024, the Losses and Special Payments Report for 2023-24, and the Going Concern and Use of Specialist Advisors Report for 2023-24 and was assured by their contents.
- The Committee received and approved the Audit Committee Annual Report for 2023-24, ahead of it being circulated to the Board of Director's meeting in June 2024.

Items to be referred to other Committees –

- The Committee discussed an employee liability case which had been included as part of the Losses and Special Payments report received by the Committee. It agreed that such cases may present a reputational risk for the organisation. It agreed to suggest that employee liability cases should be discussed further at Workforce Committee meetings, and that patient liability cases should be discussed further at Quality Committee meetings for additional assurance.

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

RECOMMENDATION

The Council of Governors is asked to note the contents of the Chair's Report which summarises the discussions held at the Audit Committee meeting on 16 April 2024, as reported to the Board of Director's meeting on 30 May 2024.

**AGENDA
ITEM**

14

MEETING OF THE COUNCIL OF GOVERNORS

PAPER TITLE:	Auditors' Report on the Annual Accounts
DATE OF MEETING:	2 July 2024
LEAD DIRECTOR: (name and title)	Salma Younis, Audit Director for KPMG
PAPER AUTHOR: (name and title)	Salma Younis, Audit Director for KPMG

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

Please find attached the report from the Auditors on the audit of the Annual Accounts and their findings. This is the report to the Council of Governors providing information and assurance on the work they have carried out.

The report will be supported by the presentation from the Auditors at the July Council of Governors' meeting.

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

RECOMMENDATION

The Council of Governors is asked to receive the Auditors' Report and note the information and assurance provided.



Auditor's Annual Report 2023/24

Leeds and York Partnership NHS FT

25 June 2024

Contents

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	Page
01 Executive Summary	4
02 Audit of the Financial Statements	6
03 Value of Money	11
a) Financial Sustainability	13
b) Governance	16
c) Improving economy, efficiency and effectiveness	18

This report is addressed to Leeds and York Partnership NHS FT (the Trust). We take no responsibility to any member of staff acting in their individual capacities, or to third parties.

External auditors do not act as a substitute for the audited body's own responsibility for putting in place proper arrangements to ensure that public business is conducted in accordance with the law and proper standards, and that public money is safeguarded and properly accounted for, and used economically, efficiently and effectively.



01 Executive Summary

Leeds and York Partnership NHS FT

Executive Summary

Purpose of the Auditor’s Annual Report

This Auditor’s Annual Report provides a summary of the findings and key issues arising from our 2023-24 audit of Leeds and York Partnership NHS FT (the ‘Trust’). This report has been prepared in line with the requirements set out in the Code of Audit Practice published by the National Audit Office and is required to be published by the Trust alongside the annual report and accounts.

Our responsibilities

The statutory responsibilities and powers of appointed auditors are set out in the Local Audit and Accountability Act 2014. In line with this we provide conclusions on the following matters:



Accounts - We provide an opinion as to whether the accounts give a true and fair view of the financial position of the Trust and of its income and expenditure during the year. We confirm whether the accounts have been prepared in line with the Group Accounting Manual prepared by the Department of Health and Social Care (DHSC).



Annual report - We assess whether the annual report is consistent with our knowledge of the Trust. We perform testing of certain figures labelled in the remuneration report.



Value for money - We assess the arrangements in place for securing economy, efficiency and effectiveness (value for money) in the Trust’s use of resources and provide a summary of our findings in the commentary in this report. We are required to report if we have identified any significant weaknesses as a result of this work.



Other reporting - We may issue other reports where we determine that this is necessary in the public interest under the Local Audit and Accountability Act.

Findings

We have set out below a summary of the conclusions that we provided in respect of our responsibilities:

Accounts	We issued an unqualified opinion on the Trust’s accounts on 25 June. This means that we believe the accounts give a true and fair view of the financial performance and position of the Trust. We have provided further details of the key risks we identified and our response on page 7.
Annual report	We did not identify any significant inconsistencies between the content of the annual report and our knowledge of the Trust. We confirmed that the Governance Statement had been prepared in line with the Department of Health and Social Care requirements.
Value for money	We are required to report if we identify any matters that indicate the Trust does not have sufficient arrangements to achieve value for money. We have nothing to report in this regard.
Other reporting	We did not consider it necessary to issue any other reports in the public interest.

02 Audit of the Financial Statements

Audit of the financial statements

KPMG provides an independent opinion on whether the Trust's financial statements:

- Give a true and fair view of the state of the Trust's affairs as at 31 March 2024 and of its income and expenditure for the year then ended;
- Have been properly prepared in accordance with the accounting policies directed by NHS England with the consent of the Secretary of State in February 2024 as being relevant to NHS Foundation Trusts and included in the Department of Health and Social Care Group Accounting Manual 2023/24; and
- Have been prepared in accordance with the requirements of the National Health Service Act 2006 (as amended).

We conducted our audit in accordance with International Standards on Auditing (UK) ("ISAs (UK)") and applicable law. We have fulfilled our ethical responsibilities under, and are independent of the Trust in accordance with, UK ethical requirements including the FRC Ethical Standard. We believe that the audit evidence we have obtained is a sufficient and appropriate basis for our opinion.

Audit opinion on the financial statements

We have issued an unqualified opinion on the Trust's financial statements before the 28 June 2024 DHSC submission deadline.

The full opinion is included in the Trust's Annual Report and Accounts for 2023/24 which can be obtained from the Trust's website.

Further information on our audit of the financial statements is set out overleaf.

Audit of the financial statements

The table below summarises the key risks that we identified to our audit opinion as part of our risk assessment and how we responded to these through our audit.

Risk	Procedures undertaken	Findings
Valuation of land and buildings		
<p>Land and buildings are required to be held at fair value. As hospital buildings are specialised assets and there is not an active market for them they are usually valued on the basis of the cost to replace them with a 'modern equivalent asset'.</p> <p>The Trust engage an external expert, the District Valuer, to revalue their land and buildings. For the year ended 31 March 2024 a desktop valuation was performed by the valuers.</p> <p>The value of the Trust's land and buildings at 31 March 2024 was £57.2m, of which £51.7m was revalued by the District Valuer as at 31 March 2024. Of the total, £47.7m are specialised assets and valued at depreciated replacement cost.</p> <p>Due to the level of estimation uncertainty associated with relevant key assumptions, specifically obsolescence and BCIS location factors, used by the valuer, when valuing the relevant elements of the Trust's estate, this creates a risk that the year end carrying value of these assets differs materially from fair value</p>	<p>We critically assessed the independence, objectivity and expertise of the District Valuer, and challenged key assumptions within the valuation. We inspected the instructions issued to the valuers.</p> <p>We compared the movements in the valuation to previous valuations to identify material movements, and agreed these movements were accurately accounted for.</p>	<p>We concluded the District Valuer had sufficient expertise and had appropriate independence and objectivity to perform the valuation exercise, and the significant assumptions used were neutral. We noted the methodology used was consistent with the requirements of the RICS red book and the DHSC GAM.</p> <p>We compared significant assumptions such as BCIS indices and Location factors used by the valuer and found these to be neutral.</p> <p>We did not identify any material misstatements relating to this risk.</p>

Audit of the financial statements

The table below summarises the key risks that we identified to our audit opinion as part of our risk assessment and how we responded to these through our audit.

Risk	Procedures undertaken	Findings
Fraudulent expenditure recognition		
<p>Auditing standards suggest for public sector entities a rebuttable assumption that there is a risk expenditure is recognised inappropriately. We recognised this risk over Non-Pay, Non-NHS expenditure.</p> <p>As the Trust and Integrated Care System is set a financial performance target by NHSE there is a risk that non-pay expenditure, excluding depreciation, may be manipulated in order to report that the control total has been met.</p> <p>The setting of a control total can create an incentive for management to understate the level of non-pay expenditure compared to that which has been incurred.</p> <p>Although the Trust submitted a balanced budget for 2023-24 this included an unidentified cost improvement plan of £3.5m. The Trust reported a deficit of £18k at month 6 but at month 9 forecasted a surplus of £1.9m due to an Integrated Care System level review of the balance sheet and release of a provision. Without this release, the Trust would be forecasting a small deficit, therefore indicates the incentive would be to reduce expenditure in 2023-24.</p> <p>We consider this would be most likely to occur through understating Non-NHS accruals, for example to push back expenditure to 2024-25.</p>	<p>We have performed sample testing to confirm expenditure has been completely recorded, and in the correct accounting period.</p> <p>We selected a sample of year end accruals and inspected evidence of the actual amount paid after year end in order to assess whether the accruals have been accurately recorded. We also performed a year on year comparison of the accruals made to challenge management where the movement is not in line with our understanding of the Trust.</p>	<p>We did not identify any issues from our sample testing and review of accruals.</p> <p>We did not identify any material misstatements relating to this risk.</p>

Audit of the financial statements

The table below summarises the key risks that we identified to our audit opinion as part of our risk assessment and how we responded to these through our audit.

Risk	Procedures undertaken	Findings
Management override of controls		
<p>Professional standards require us to communicate the fraud risk from management override of controls as significant.</p> <p>Management is in a unique position to perpetrate fraud because of their ability to manipulate accounting records and prepare fraudulent financial statements by overriding controls that otherwise appear to be operating effectively.</p> <p>We have not identified any specific additional risks of management override relating to this audit</p>	<p>We have performed substantive procedures over the accounting areas most susceptible to management bias such as accounting estimates.</p> <p>We analysed all journals through the year to focus our testing on those with a higher risk, such as journals impacting expenditure recognition posted during the final close down.</p>	<p>We evaluated the valuation of land and buildings and did not identify any indicators of management bias.</p> <p>We did not identify any significant unusual transactions.</p> <p>Our testing of the high risk journal entries did not identify any inappropriate or unusual entries.</p> <p>We did not identify any material misstatements relating to this risk.</p>


03 Value for Money


Value for Money

Introduction

We are required to consider whether the Trust has made proper arrangements for securing economy, efficiency and effectiveness in its use of resources or 'value for money'. We consider whether there are sufficient arrangements in place for the Trust for the following criteria, as defined by the National Audit Office (NAO) in their Code of Audit Practice:

 **Financial sustainability:** How the Trust plans and manages its resources to ensure it can continue to deliver its services.

 **Governance:** How the Trust ensures that it makes informed decisions and properly manages its risks.

 **Improving economy, efficiency and effectiveness:** How the Trust uses information about its costs and performance to improve the way it manages and delivers its services

Approach

We undertake risk assessment procedures in order to assess whether there are any risks that value for money is not being achieved. This is prepared by considering the findings from other regulators and auditors, records from the organisation and performing procedures to assess the design of key systems at the organisation that give assurance over value for money.

Where a significant risk is identified we perform further procedures in order to consider whether there are significant weaknesses in the processes in place to achieve value for money.

We are required to report a summary of the work undertaken and the conclusions reached against each of the aforementioned reporting criteria in this Auditor's Annual Report. We do this as part of our commentary on VFM arrangements over the following pages.

We also make recommendations where we identify weaknesses in arrangements or other matters that require attention from the Trust.

Summary of findings

	Financial sustainability	Governance	Improving economy, efficiency and effectiveness
Commentary page reference	13-15	16-17	18-19
Identified risks of significant weakness?	No	No	No
Actual significant weakness identified?	No	No	No
2022-23 Findings	No significant weakness identified	No significant weakness identified	No significant weakness identified
Direction of travel (22-23 v 23-24)	↔	↔	↔

Value for Money

NATIONAL CONTEXT

Financial performance

The 2023-24 financial year saw a significant increase in the level of financial pressures facing the NHS sector. This followed the end of Covid-19 related financing arrangements. The sector has faced cost pressures from a range of factors, most significantly the impacts of inflation felt during the year and the costs of industrial action.

At the end of January 2024 NHS England forecast that the NHS would record an overspend of £1.1bn against its agreed budgets. This came after additional funding had been made available earlier in the year to support with the costs of industrial action.

Operational performances

In January 2023 the Government announced five pledges for 2023, including reducing NHS waiting lists and the time people wait for procedures. Waiting lists had grown significantly during the Covid-19 pandemic as elective activity was postponed in order to prioritise the treatment of Covid patients and ensure safe working.

According to the Health Foundation the NHS waiting list had grown from 6.2 million patients at the beginning of 2022 to 7.2 million in January 2023. There had also been a significant increase in the number of patients with long waits. At the end of 2023 there remained 355,000 patients that had been waiting over a year for treatment.

System working

The Health and Care Act 2022 formally established integrated care systems (ICSs), 42 partnerships within local geographies to promote closer working between the organisations responsible for healthcare delivery. Integrated Care Boards were formed on 1 July 2022, taking over commissioning responsibility from Clinical Commissioning Groups.

In their first full year of operation ICSs have continued to work to develop and embed governance arrangements both within the ICBs themselves and as systems.

LOCAL CONTEXT

Leeds and York Partnership NHS Foundation Trust is the main provider of specialist mental health and learning disability services in Leeds. They also provide specialist services across York, the Yorkshire and Humber region, and some highly specialised national services. Most of the care services are provided within the community, either within or as close to people's own homes as possible. As a result, the Trust operates from approximately 80 dispersed sites.

The Trust has recorded a deficit of £0.5m for the year-ended 31 March 2024. This included £2.5m downward asset valuations on their land and buildings. Excluding this technical item (which is not included the system control totals) the Trust delivered a £2.1m surplus.

Despite the Trust ending the financial year on plan, they have been impacted by external pressures such as increased inflation. However, the Trust has also seen the benefit of increased interest rates with investment income rising to £6m for 2023-24 (increase of 126% from the prior year).

The national industrial action did not significantly impact the Trust, as medical and dental staff made up on average 7% of the total workforce for 2023-24. As the Trust mainly operate within the community, almost one third of the entity's workforce are healthcare assistants and other support staff. However the Trust does face in year pressures of increased use of agency staff and increased out of area placements.

In terms of operational performance, the Trust have a significant risk on their Board Assurance Framework (BAF) to manage the long waiting times for patients to access assessment and treatment for services such as gender and ADHD. These risks are monitored through the Audit Committee and the Board throughout the year (see page 16).

For 2024-25, the Trust have submitted a balanced financial plan. This includes an efficiency target of £17m, compared to £8.5m for 2023-24. This is a challenging target in the face of increasing cost pressures.

Across the partner organisations that are part of the West Yorkshire Integrated Care System, there is currently a planned deficit of £50m. This remains under review by NHS England.

Financial Sustainability

How the Trust plans and manages its resources to ensure it can continue to deliver its services.

We have considered the following in our work:

- How the Trust ensures that it identifies all the significant financial pressures that are relevant to its short and medium-term plans and builds these into them;
- How the Trust plans to bridge its funding gaps and identifies achievable savings;
- How the Trust plans finances to support the sustainable delivery of services in accordance with strategic and statutory priorities;
- How the Trust ensures that its financial plan is consistent with other plans such as workforce, capital, investment, and other operational planning which may include working with other local public bodies as part of a wider system; and
- How the Trust identifies and manages risks to financial resilience, e.g. unplanned changes in demand, including challenge of the assumptions underlying its plans

Setting 2023/24 financial plan

The financial plan was set in the context of the 2023-24 NHS priorities and operational planning guidance issued by NHS England in January 2023. This was considered at various levels throughout the Trust including the Finance and Performance Committee on 22 March 2023.

Developing 2023-24 efficiency plan

The Trust submitted a balanced budget in March 2023 however this included the requirement to deliver efficiencies in their cost improvement plan (CIP) of £3.5m. This was submitted to West Yorkshire Integrated Care Board (ICB) on 24 March 2023, where it was collated to a whole system plan and submitted nationally by 30 March 2023. The initial West Yorkshire system revenue plan was not balanced over the course of the planning process with a residual £25m planning gap at the end of April. It was agreed to distribute the pressure across the 5 places on a fair share basis, of which £8.6m was given to Leeds Place which had further implications for the Trust. This was reported to the Trust's Board of Directors on 25 May 2023 within the Chief Financial Officer report.

The Trust developed an efficiency approach for 2023-24 through four Executive led thematic areas: Agency expenditure, Patient Flows & Out of Area Placements, Reducing Vacancies and Productivity Group. A Chief Financial Officer report is presented to each Finance and Performance Committee, and Board of Directors meeting, detailing the Trust performance to date throughout the year.

Performance against 2023-24 efficiency plan

In May 2024, it was reported to the Board of Directors the significant financial pressure which have materialised relate to these four thematic areas.

- Agency expenditure was £11.2m for the year, representing 6.2% of the total pay bill (ICB in aggregate has a target of no more than 3.7%);
- Out of Area Placements (OAPs) which peaked in quarter 4 at an average of 40 patients per month, resulted in full year expenditure of £10.2m across working age adults and PICU (against a non-recurrent budget of £3m);
- Inpatient wards incurred significant overspends of £3.6m due to additional use of bank/ agency/ other skill mix; and
- Specialist Supported Living ended the year at £1m deficit, linked to underfunding on pay awards and the contractual mechanism where voids (tenant vacancies) are not paid.

Financial Sustainability

Developing the 2024-25 efficiency plan

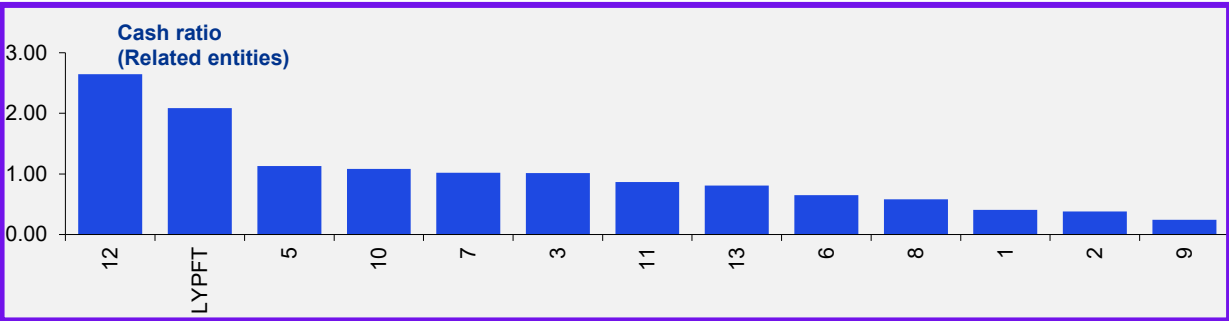
The Trust efficiency programme for 2024-25 continues to focus on unmet planned recurrent efficiencies from 2023-24 such as reducing the reliance on agency/locum staff and reduce OAPs. However, the Trust have double the efficiencies to achieve in 2024-25 (£17m) than was achieved in 2023-24 (£8.5m). The Trust delivered £5m out of a planned £6m recurrent efficiencies for the 2023-24, and exceeded target non-recurrent efficiencies by £1m as they delivered non-recurrent efficiencies of £3.5m. The Trust recognises it needs to identify recurrent savings hence its thematic approach to cost savings.

As reported in the previous year, the BAF continues to include a risk for financial sustainability and the Trust has upgraded the risk score in May 2024. The Trust notes the challenges of meeting their control total to reflect the uncertainty around Cost Improvement Plans (CIPs) at both a system and Trust level. The Trust monitor risks on their risk management system Datix – and they currently have three 'red' rated risks that sit under the financial sustainability strategic risk. These include out of area placement expenditure, impact of growing gap between tariff uplift and Trust inflationary pressures and protecting MHIS investment for mental health services in the challenging financial environment.

It is crucial the Trust monitor performance against the plan throughout the period and identify any slippage quickly to allow effective response and remediation. We note the Trust have a Financial Planning Group (FPG) that are responsible for monitoring the CIPs in year.

The most recent financial position the Trust have reported is £1m deficit in month one, this is £0.3m adverse to plan due to the phasing of the efficiencies required in year. Additional controls have been put into place whilst the efficiency plans are finalised such as temporary corporate vacancy freezes.

Key financial and performance metrics:	2023-24 £m	2022-23 £m
Planned surplus/(deficit)	0	0
Actual surplus/(deficit)	0.5m	1.5m
Planned CIP		
- Recurrent	6m	3.3m
- Non-recurrent	2.5m	2.7m
Actual CIP		
- Recurrent	5m	3.6m
- Non-recurrent	3.5m	2.3m
Year-end cash position	117m	122m



As shown in the benchmarking data from related entities, Leeds and York Partnership NHS FT have higher than average cash ratio. As at 31 March 2024, the Trust held cash balances of £116m.

Total current liabilities as at 31 March 2024 was £55m. This is indicative the Trust can comfortably pay short-term debts in the near future.

**(data is taken from unaudited PFRs of KPMG audited entities)*

Financial Sustainability

Ensuring consistency

The Trust's five year strategy "living our values to improve health and lives 2018-2023" is available publicly on their website. Delivery on this strategy is the responsibility of the Board of Directors. This strategy is underpinned by five strategic plans and each has an executive lead for key areas of Trust delivery. We have confirmed with management via inquiry the five year plan is a live strategy and remains in place for financial year 2023-24 whilst it is being updated by the Trust. Inquiries with management note the Trust intends to refresh its strategy in quarter 1 of 2024/25 and meanwhile continue with the key strategic elements of its existing strategy.

We have confirmed through review of the People Plan that it focuses on recruiting and retaining skilled individuals, which is in line with the Trust's financial plan to increase recruitment to substantive posts, reducing vacancies and reducing the need for agency workers. The accounts show an increase in permanent staff in 2023-24 of 7% (182 WTE) which is consistent with these priorities.

Governance

How the Trust ensures that it makes informed decisions and properly manages its risks.

We have considered the following in our work:

- how the Trust monitors and assesses risk and how the body gains assurance over the effective operation of internal controls, including arrangements to prevent and detect fraud;
- how the Trust approaches and carries out its annual budget setting process;
- how the Trust ensures effective processes and systems are in place to ensure budgetary control; to communicate relevant, accurate and timely management information (including non-financial information where appropriate); supports its statutory financial reporting requirements; and ensures corrective action is taken where needed, including in relation to significant partnerships;
- how the Trust ensures it makes properly informed decisions, supported by appropriate evidence and allowing for challenge and transparency; and
- how the body monitors and ensures appropriate standards, such as meeting legislative/regulatory requirements and standards in terms of management or Board members' behaviour

Risk Management

The Trust has a formal Risk Management Policy outlining how risks are identified and the reporting structure for the monitoring and management of risk. Strategic risks are identified and recorded in the BAF. The scoring of the strategic risks rests with the lead director, however, this can be informed by any challenge from the Board or its Committees on how assured it is that the risk is being effectively controlled and managed. All other risks are held on directorate risk registers and monitored through the reporting structure as set out in the Risk Management Policy. We have confirmed via minute review there is appropriate discussion and oversight of risks at the Audit Committee, Board of Directors and Governors Council throughout the year.

Preventing and Detecting Fraud

The Trust has adequate controls in place to prevent and detect fraud. The Internal Audit provider includes a Counter Fraud service and an annual Local Counter Fraud Service Plan is reviewed and approved by the Audit Committee. The Local Counter Fraud specialist attends the Audit Committee to present Counter Fraud progress reports, providing details of fraud awareness and prevention activities, referrals, ongoing investigations, outcomes of investigations and national alerts.

Budget Monitoring

We have found there is consistent and regular reporting of performance against budgets within the Governance structure throughout the year. A Chief Financial Officer report is presented to each Finance and Performance Committee, and Board of Directors meetings, detailing the Trust performance to date against budgeted position. The narrative explains favourable or adverse variance to budgets, emerging challenges facing by the Trust, and updates on progress made against risk areas such as agency spend. Our minute review confirmed there was regular reporting, discussion, and challenge of budgets and performance throughout the year.

Board scrutiny over key decisions

The Board of Directors have a clear reporting structure from the Committees. Our document review of the Terms of Reference (ToR) of the Board Committees confirmed all clearly outline escalation frameworks for making key decisions. For instance, review of the ToR for the Finance and Performance Committee showed in Section 7 that an assurance and escalation report will be made to the Board of Directors by the Chair of the Committee. This is the same requirement for all other Board Committees. Our minute review confirmed there was appropriate escalation in place and there is appropriate reporting to the Board of Directors from the Committees throughout the year.

Governance

Board scrutiny over key decisions (cont.)

The Board of Directors received a Chief Financial Office Report on 30 May 2024. This detailed the income and expenditure performance of 2023-24. The report set out that despite the draft financial statements reporting a deficit of £458k, this included £2.5m downward asset valuations on the Trust land and buildings. Excluding this technical item (which is not included the system control totals) the Trust delivered a £2.1m surplus, which is in line with the agreed surplus of £2.2m as part of the wider West Yorkshire system. The paper updated the Board on the 2024-25 plans, in March 2024 the Board agreed the Trust submission of a balanced revenue plan. This includes a cost improvement challenge of £17m. Key risks to delivering this plan is continued reliance on agency staff and increasing out of area placement expenditure. The Trust have set out five thematic areas of focus to deliver these efficiencies that will be monitored by the Financial Planning Group.

Review and monitoring of compliance with laws and regulations as well as responsibility for compliance with expected standards of behaviour and reporting on exceptions are delegated by the Trust Board to the Audit Committee. The Audit Committee continued to receive these reports during the year. A register of interests is maintained and updated annually. Declaration of interests is also a standing item on all agendas for Board and Committee meetings.

	2024	2023
Control deficiencies reported in the Annual Governance Statement by the Trust	There were no significant control deficiencies identified in the governance statement.	There were no significant control deficiencies identified in the governance statement.
Head of Internal Audit Opinion	Significant Assurance as reported to June 2024 Audit Committee	Significant Assurance as reported to April 2023 Audit Committee.
Oversight Framework segmentation	Segment 2 – target support.	Segment 2 – target support.
Care Quality Commission rating	Overall Good rating (2019)	Overall Good rating (2019)

Improving economy, efficiency and effectiveness

How the Trust uses information about its costs and performance to improve the way it manages and delivers its services

We have considered the following in our work:

- how financial and performance information has been used to assess performance to identify areas for improvement;
- how the Trust evaluates the services it provides to assess performance and identify areas for improvement;
- how the Trust ensures it delivers its role within significant partnerships and engages with stakeholders it has identified, in order to assess whether it is meeting its objectives; and
- where the Trust commissions or procures services, how it assesses whether it is realising the expected benefits.

VFM achieved and improvement opportunities

The Trust continues to work closely with the West Yorkshire Integrated Care System and liaise with the West Yorkshire ICB regularly. The Trust has just completed the submissions for the 2024-25 planning within the system, with a final submission in June. The Trust recognises the need for the system to work together to be able to deliver efficiency targets required to support the ICS plan.

Internally the Trust uses information on costs and performance to improve the way services are being managed and delivered.

Monitoring of performance and services

A Quality and Performance update report is presented to the Governors Council quarterly. This report includes performance against targets for several service performance metrics, split into different categories such as: Access and Responsiveness – our response in a crisis, our acute patient journey, our community care etc.

From our document and minute review, we confirmed the Trust also use benchmarking as a method to monitor performance. For example, the Workforce Committee monitored staff absence in the Trust across other organisations in May 2023.

Engagement with ICS partners and wider partnerships

The Chief Financial Officer presents their report to each Finance and Performance Committee and the Board of Director meetings contains narrative of the financial performance of the West Yorkshire ICB and wider ICS, detailing any potential impact on the Trust. For example, in January 2024 the ICB forecasted financial position was reported to the Board and highlighted the balance sheet exercise required to be undertaken by all providers to compare 2019-20 balance sheet to the expected end of 2023-24 balance sheet and explain variances. This was an attempt to close the system risk in the balanced forecast.

There is a Chief Executive report presented to each Board of Director meeting containing an *Our Partnerships* section. This includes relevant updates to report to the Directors, for example, in January 2024 the report included updates with several different partners including West Yorkshire ICB, Leeds Teaching Hospital, Leeds City Council and Mental Health Learning Disability and Autism Collaborative.

Improving economy, efficiency and effectiveness (cont.)

Monitoring of outsourced services

Arrangements are in place to monitor outsourced services. Through inquiry we have confirmed contracts are put in place which include key performance indicators and outcome measures. Sub-contractors are required to submit regular reports, and contract meetings take place to review performance, usually on a quarterly basis. Through our minute review we have not identified any significant issues in regard to sub-contractor performance reported in the governance structure.

From the sub-contract register we identified one contract above £1m for the 2023-24 financial year. The contract spans the financial year 01/03/2023 - 31/03/2024 and is with Aspire. We obtained quarterly service reports for quarters one to three to confirm the monitoring has taken place throughout the period. Through document review of the sub-contract agreement with Aspire we noted the contract commenced 1 April 2023 but was not signed by both parties until November 2023. Inquiry with management confirmed the Trust prioritises contracts with commissioners prior to associated subcontractors. Delays in finalising the contract with the ICB thus resulted in delays in signing the sub-contract noted above.

In addition, there were two quality requirements detailed in the contract that had not been monitored by the Trust in the year as part of contract review meetings. Management confirmed the omission of one of the measures had been noted in a recent 24/25 review of the contract KPIs and was being addressed with the provider to ensure inclusion in future performance reports. The second measure will be removed as it was determined not to provide a valuable measure.

There was evidence of reporting of other contracted and non-contracted quality measures throughout the year.

Timely signing of subcontracts and monitoring contracted quality measures has been raised as a performance improvement opportunity within the ISA260, however does not constitute a significant weakness for the purpose of VFM arrangements.



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Document Classification: KPMG Public



Leeds & York Partnership NHS Foundation Trust

Presentation to the Council of Governors

July 2024

Salma Younis

Director, KPMG LLP

Scope of our work

Financial Statements audit

*True and Fair view of the state of the
Trust's affairs as at 31 March 2024*

*Properly prepared in accordance with
the Department of Health and Social
Care Group Accounting Manual
2023/24*

Value for Money arrangements

Overall criterion

*In all significant respects, the
Trust has made proper
arrangements for securing
economy, efficiency and
effectiveness in its use of
resources*

Key Risks And Findings

Financial Statements Audit

Risks

- Valuation of land and buildings
- Fraud risk to expenditure
- Management override of controls

Findings

- Unqualified (satisfactory) opinion
- Small number of presentational changes
- Annual Report consistent with financial statements

Findings

Value for Money

- We considered the Trust's arrangements under the following specified reporting criteria:
 - Financial sustainability
 - Governance
 - Improving economy, efficiency and effectiveness
- Our work did not identify any significant weaknesses in the Trust's arrangements



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**AGENDA
ITEM**

16

MEETING OF THE COUNCIL OF GOVERNORS

PAPER TITLE:	Process for the Nomination and Election of a Lead Governor
DATE OF MEETING:	2 July 2024
PRESENTED BY: (name and title)	Clare Edwards – Associate Director for Corporate Governance
PREPARED BY: (name and title)	Kerry McMann – 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

Les France's term as Lead Governor comes to an end on 9 November 2024. On behalf of the governors, the Trust, and members, we would like to formally thank Les for the contributions that he has made whilst undertaking this additional role.

This paper outlines the process for the nomination and election of the Lead Governor. Enclosed within the report is the timeline associated with this election and the steps that the Corporate Governance Team will undertake on your behalf to ensure the delivery of this election. I would like to remind the Council that it is a two-year term when serving as the Lead Governor.

To be able to fulfil this role effectively the Lead Governor will:

- Be appointed from amongst the elected and appointed governors
- Have at least one year's experience as a governor (by 9 November 2024 when the appointment will begin)
- Be able to commit the time necessary to fulfil the role
- Have the confidence of governor colleagues

The role description for the Lead Governor has been reviewed and updated to reference NHS England instead of NHS Improvement. The Council is asked to approve the updated role description.

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

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

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

RECOMMENDATION

The Council of Governors is asked to:

- acknowledge the offer of thanks to Les France for undertaking the role of Lead Governor for the last three years
- note the timeline associated with the process for the nomination and election of the Lead Governor
- approve the updated role description for the Lead Governor.

Process for the Nomination and Election of a Lead Governor

The nomination and election process outlined below will be followed when agreeing a new Lead Governor:

1. Governors will be contacted by email on **3 July 2024** and invited to nominate themselves to be the next Lead Governor.
2. Any governor interested in standing should submit a short statement (300 words maximum) on how they are suited to the role (referencing the role description). The statement should be submitted by **31 July 2024**.
3. The statements from the nominees and a ballot paper will be shared with governors by email on **1 August 2024** and governors will be asked to vote in support of their preferred candidate.
4. Governors will have until the **29 August 2024** to return their ballot paper.
5. The ballot will determine who will be elected as the Lead Governor.
6. Where there are two or more governors standing as part of the election, the governor with the highest number of votes will be elected as Lead Governor.
7. Where there is only one governor standing they will be elected if the majority of governors present vote for them as opposed to against and/or abstaining from the vote.
8. The Council of Governors will formally ratify the appointment of the Lead Governor in its formal meeting on the **7 November 2024**.
9. The individual that is elected will become Lead Governor on **9 November 2024**.

Kerry Mc Mann
Head of Corporate Governance
4 June 2024

ROLE DESCRIPTION

TITLE	Lead Governor
REPORTS TO	N/A – the role of lead governor is not part of a formal reporting hierarchy.
ACCOUNTABLE TO	The Chair of the Trust
1. ROLE SUMMARY To work with the Chair of the Trust to contribute to the efficient and effective running of the Trust's Council of Governors.	
2. CRITERIA FOR ELIGIBILITY To be able to fulfil this role effectively the Lead Governors will: <ul style="list-style-type: none"> • Be appointed from amongst the elected and appointed governors • Have at least one year's experience as a governor • Be able to commit the time necessary to fulfil the role • Have the confidence of governor colleagues 	
3. SKILLS REQUIRED The skills required for this role: <ul style="list-style-type: none"> • Have the ability to influence and negotiate; to listen and to hear • Be able to present a well-reasoned argument, and express views that may not be shared personally • Be committed to the success of the Foundation Trust • Uphold the values of the Trust • Be able to demonstrate confidence in chairing both large and small meetings effectively • Have the confidence to speak to a wide range of people in both large and small groups • Have a working knowledge of the Trust's Constitution and how the Trust is influenced by other organisations. 	

4. WORKING RELATIONSHIPS

The Lead Governor will be elected by governors. The Lead Governor will have the normal working relationships of a governor, however with specific reference to the role of Lead Governor the main working relationships will be with:

- Governors
- The Council of Governors
- The Senior Independent Director (SID)
- Chair of the Trust
- Associate Director for Corporate Governance (as Trust Board Secretary)

5. PRINCIPLE DUTIES AND AREAS OF RESPONSIBILITY

Responsibilities in respect of contact with NHS Improvement

- NHS England requests that each foundation trust has a nominated lead governor to carry out the role as described in Appendix B of NHS England's Code of Governance for NHS Provider Trusts 2022. This specific role is described at Appendix 1 of this document.
- Within five days of any communication being received directly from NHS England the Lead Governor will, via the Trust Board Secretary (Associate Director for Corporate Governance) pass this onto governors and, where the Chair of the Trust is conflicted, shall via the Deputy Chair convene a meeting of the Council of Governors at the earliest opportunity; but only in respect of the communication received from NHS England.

Other responsibilities of the Lead Governor (although not to the exclusion of any other duties)

- Ensure that any new governor is made to feel welcome in their initial period of being a governor
- Where possible attend governor induction sessions
- Work to support the role of the Chair of the Trust which may mean meeting privately with the Chair
- Chair any agenda item taken at a Council of Governors' meeting where both the Chair and the Deputy Chair are either conflicted in the matter or not available to Chair the item (such an occasion is likely to be infrequent; by way of an example this would be a meeting discussing the remuneration of non-executive directors).
- Provide one method of contact between an individual governor or group of governors and the Chair; or an individual governor or group of governors and the Senior Independent Director (SID). However; this does not preclude any governor contacting the Chair or SID directly

- Take a lead in the presentation at the Annual Members' Meeting in respect of how the Council of Governors has carried out its role on behalf of members
- Ideally be a member of the Appointments and Remuneration Committee that considers and makes recommendations in respect of the remuneration and allowances, and appointment of non-executive directors. If this is not the case, on occasions the Lead Governor may be requested to attend the committee for specific items
- Chair the shortlisting and interview panels on the occasion where a Chair is being appointed.
- Be involved with the annual appraisals for the non-executive directors. Following this, the Lead Governor will provide an assurance report on the process that has taken place to the next private meeting of the Council of Governors.

6. PERIOD OF APPOINTMENT

The Lead Governor will be appointed by the Council of Governors for a period of two years.

The process of electing a Lead Governor is set out in Section 7 below.

7. NOMINATION / APPOINTMENT PROCESS

The nomination / appointment process outlined below will be followed when agreeing a new Lead Governor:

1. The Chair of the Trust (via the Deputy Trust Board Secretary) will write to all governors inviting self-nominations for the position of Lead Governor.
2. Interested governors will submit a short statement (300 words maximum) on how they are suited to the role (referencing the role description). This should be sent to the Deputy Trust Board Secretary for circulation to all governors on the Council.
3. The statements from the nominees and a ballot paper will be shared with governors who will be asked to vote in support of their preferred candidate.
4. The ballot will determine who will be elected as the Lead Governor.
5. Where there are two or more governors standing as part of the election, the governor with the highest number of votes will be elected as Lead Governor.
6. Where there is only one governor standing they will be elected if the majority of governors present vote for them as opposed to against and/or abstaining from the vote.

8. APPROVAL

This role description is due to be approved by the Council of Governors on 2 July 2024.

Any subsequent changes to the role description will be agreed by the Council of Governors.

**Extract from NHS England's Code of Governance for NHS Provider Trusts 2022
(Appendix B)**

The Role of the Lead Governor

The lead governor has a role in facilitating direct communication between NHS England and the NHS foundation trust's council of governors.

This will be in a limited number of circumstances and, in particular, where it may not be appropriate to communicate through the normal channels, which in most cases will be via the chair or the trust secretary, if one is appointed.

It is not anticipated that there will be regular direct contact between NHS England and the council of governors in the ordinary course of business. Where this is necessary, it is important that it happens quickly and in an effective manner. To this end, a lead governor should be nominated and contact details provided to NHS England, and then updated as required. Any of the governors may be the lead governor.

The main circumstances where NHS England will contact a lead governor are where we have concerns about the board leadership provided to an NHS foundation trust, and those concerns may in time lead to our use of our formal powers to remove the chair or non-executive directors. The council of governors appoints the chair and non-executive directors, and it will usually be the case that we will wish to understand the views of the governors as to the capacity and capability of these individuals to lead the trust, and to rectify successfully any issues, and also for the governors to understand our concerns.

NHS England does not, however, envisage direct communication with the governors until such time as there is a real risk that an NHS foundation trust may be in breach of its licence. Once there is a risk that this may be the case, and the likely issue is one of board leadership, we will often wish to have direct contact with the NHS foundation trust's governors, but quickly and through one established point of contact, the trust's nominated lead governor.

The lead governor should take steps to understand our role, the available guidance and the basis on which we may take regulatory action. The lead governor will then be able to communicate more widely with other governors. Similarly, where individual governors wish to contact us, this would be expected to be through the lead governor.

The other circumstance where NHS England may wish to contact a lead governor is where, as the regulator, we have been made aware that the process for the appointment of the chair or other members of the board, or elections for governors or other material decisions, may not have complied with the NHS foundation trust's constitution, or alternatively, while complying with the trust's constitution, may be inappropriate. In such circumstances, where the chair, other members of the board of directors or the trust secretary may have been involved in the process by which these appointments or other decisions were made, a lead governor may provide us with a point of contact.