LEEDS AND YORK PARTNERSHIP NHS FOUNDATION TRUST

**Minutes of the Public Meeting of the Board of Directors**

**held on Thursday 30 November 2023 at 9.30am**

**in Inspire@ room, Horizon Leeds, 3rd Floor, 2 Brewery Wharf, Kendall Street, Leeds, LS10 1JR**

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| **Board Members** | | | **Apologies** |
|  | Mrs M McRae | Chair of the Trust |  |
|  | Mrs Z Burns Shore | Non-Executive Director |  |
|  | Mrs J Forster Adams | Chief Operating Officer |  |
|  | Mrs D Hanwell | Chief Financial Officer and Deputy Chief Executive |  |
|  | Mr C Henry | Non-Executive Director (Senior Independent Director) |  |
|  | Dr F Healey | Non-Executive Director |  |
|  | Dr C Hosker | Medical Director |  |
|  | Ms K Khan MBE | Non-Executive Director |  |
|  | Dr S Munro | Chief Executive |  |
|  | Mr D Skinner | Director for People and Organisational Development |  |
|  | Miss N Sanderson | Director of Nursing and Professions |  |
|  | Miss K Wilburn | Non-Executive Director | ü |
|  | Mr M Wright | Non-Executive Director (Deputy Chair of the Trust) |  |

All members of the Board have full voting rights

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| **In attendance** | | |
|  | Mrs C Edwards | Associate Director for Corporate Governance / Trust Board Secretary |
|  | Miss K McMann | Head of Corporate Governance |
|  | Mr K Betts | Corporate Governance Officer |
|  | Ms J Masterson | Pathway Inclusion Co-ordinator (for minute 23/126) |
|  | Ms A Nila | Inpatient Recovery Worker (for minute 23/126) |
|  | Ms C Mailey | Inpatient Recovery Worker (for minute 23/126) |
|  | Ms A Beswick | Occupational Therapist (for minute 23/126) |
|  | Mrs R Pilling | Carer Coordinator, Patient and Carer Experience Team (for minute 23/126) |
|  | Six members of the public attended the meeting including three governors | |

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|  |  | **Action** |
|  | Mrs McRae opened the public meeting at 09.30am and welcomed everyone. She noted this was the first public Board meeting for both Ms Burns-Shore, Non-Executive Director, and Mrs Edwards, Associate Director for Corporate Governance. |  |
| **23/126** | **Sharing stories – Service User Involvement at the Recovery Centre** (agenda item 1)  Mrs McRae welcomed Ms Masterson, Ms Nila, Ms Beswick and Ms Mailey to the meeting, noting they were attending to talk about service user engagement at the Recovery Centre.  Ms Masterson provided an overview of the service and partnership working with other agencies including Touchstone. She commenced the presentation with artwork from a service user and described the initial set up of the engagement work with the focus of breaking down barriers. She explained that the approach taken was based on partnership working with service users to improve services, to encourage the empowerment of service users to voice their experiences and views, and to support this service user engagement meetings are chaired by service users where possible.  Ms Masterson noted that her colleagues undertake the engagement role on a voluntary basis as an addition to their main role.  She went on to explain that to encourage partnership working, no ID badges are worn at meetings to ensure all attendees feel equal. She added that feedback from the work had been positive from service users, with them feeling empowered and able to voice their views.  Ms Masterson noted that through working in collaboration with the service users four videos had been made regarding the service, along with an audio interview with a service user which was played for the Board.  Ms Masterson commented that to date there had not been many set backs or challenges, but the main issue was the fluctuation of service user involvement due to their recovery journey, however this was overcome with flexibility from the team to support individual needs.  The team noted that the focus for 2024/25 would be staff training to support engagement with service users to be at the fore of all work that is undertaken within the service. The Board heard how the team felt proud of the work that had been done to date, and the impact it had on service users, and wanted this to continue. It was also noted that one of the service users wanted to become a healthcare support worker because of the engagement work that they have been a part of, which the Board agreed was an outcome that should be celebrated.  Mr Henry joined the meeting.  Mrs McRae thanked the team for their presentation and noted the importance of co-production within services.  Mrs Forster Adams acknowledged the work undertaken by the team and the value co-production brought to services, and how it sat at the heart of the organisational approach. She noted that the engagement process in place within the service could be used as a model for learning in other services and the experiences of the team would be of benefit to sharing this.  Dr Healey commended the team on the approach of ‘learning through doing’ and questioned if there was any support required from the Board. Ms Masterson confirmed that management support for the involvement work was in place and supported progress to be made, but acknowledged and thanked the Board for their offer of future support.  Ms Khan thanked the team for their presentation and commented that the focus of their approach was firmly based in equity and giving power back to service users. She noted her advocacy of the payment process and protected time for the service users to be involved.  Dr Hosker commented on the consideration of the impact the involvement process had on treatment outcomes, as the patient centred approach would be of benefit for co-production of care plans to support the recovery process. The team confirmed that, if they could be, service users were involved in the co-production of their care plans, however if they were unable to then staff ensured the focus remained on a patient centred approach to care.  Miss Sanderson reflected on the inspirational work undertaken by the team and how it was of benefit to the service users and staff within the service.  Mrs McRae thanked the team for attending and providing the presentation. |  |
|  | The Board **thanked** Ms Masterson, Ms Nila, Ms Beswick, Ms Mailey and Mrs Pilling for attending the Board and raising awareness of the service user involvement approach and the important impact this had on the engagement and inclusion of service users. |  |
| **23/127** | Apologies for absence (agenda item 2)  Apologies were received from Miss Katy Wilburn, Non-Executive Director. |  |
| **23/128** | Declaration of interests for directors and any declared conflicts of interest in respect of the agenda items (agenda item 3) The Board noted that Mrs Burns-Shore had been added to the declaration of interest register and Mrs Grantham had been removed as she had left her position as Non-Executive Director. No other Board member had a change in declaration and no member declared a conflict of interest in any agenda item. |  |
| **23/129** | **Minutes of the previous meeting held on 28 September 2023** (agenda item 4) |  |
|  | The minutes of the meeting held on 28 September 2023 were **received** and **agreed** as an accurate record. |  |
| **23/130** | **Matters arising** (agenda item 5)  It was noted there were no matters arising that were not either on the agenda or on the action log. |  |
| **23/131** | **Actions outstanding from the public meetings of the Board of Directors** (agenda item 6)  Mrs McRae presented the action log which showed those actions previously agreed by the Board in relation to the public meetings, those that had been completed and those that were still outstanding.  Mrs McRae advised the Board that the annual one-to-one meetings with governors had now concluded, and organisational priorities would be a focus of a future Board Strategic Discussion.  It was agreed the action relating to the future operating model of the Andrew Sims Centre could be removed from the log as this would be managed outside of the Board of Directors meeting. |  |
|  | The Board **received** the cumulative action log and **noted** the content. |  |
| **23/132** | **Report from the Chief Executive** (agenda item 7)  Dr Munro presented her Chief Executive’s report drawing particular attention to collective leadership and integrated governance. Dr Munro noted that the collective leadership work focused on ensuring services worked together however the clarity on the governance processes supporting this required further work. She noted that to review this, an information collation process was underway to review the current position for integrated governance, and consideration of any action required would then take place in the New Year.  Dr Munro also drew attention to the Institute for Healthcare Improvement Conference and the opportunity this brought to showcase examples of work regarding co-production and engagement was positive. She also noted the feedback from service users regarding their experiences of engagement and how it made a difference to their care.  With regard to the individual complex case that the Executive Team had been involved in, Dr Munro noted that this would be discussed in more detail in the private Board meeting however it was important to reference due to the significant input provided and also the fact that a full independent review would be undertaken to understand the learning from the case.  Dr Munro also commended the Synergi Collaborative Centres work referenced within her report, and the project regarding health inequalities ‘Remembering What’s Forgotten’ which the Trust funded, noting all the events that would take place.  From an ICB perspective, she updated the Board that the consultation on the operating model had closed, and the proposals would follow in due course.  Ms Khan commented that it was positive that the Trust was leading with a model based on compassion regarding the international conflict rather than an extremist approach taken elsewhere.  Mr Wright noted the ICB governance arrangements and questioned if there would be an impact for the Trust. Dr Munro commented that the financial pressures had highlighted that there was a lack of clarity regarding the governance arrangements therefore a group had been established to support transparency regarding financial decision making. As part of the wider system, she noted that the financial position remained a challenge and would require continued focus, including the consideration of budgets, targets and capital for 2024/25. She confirmed that there was not a requirement for the Trust to identify many additional Cost Improvement Programmes, however there would be a requirement for some technical adjustments. The Board acknowledged that much of the financial deficit was within the acute sector, however due to the ICB approach to collaboratively tackle this there was a risk that this could be of detriment to the mental health sector. Mrs Hanwell added that this will be discussed further in the private Board meeting.  Mrs McRae acknowledged the Pastoral Care Award and commended the winners of this. She also commented on the importance of the system wide financial approach within Leeds however noted that the consequence of this for the Mental Health Sector must be acknowledged. |  |
|  | The Board **received** the report from the Chief Executive and **noted** the content. |  |
| **23/133** | **Report from the Chief Operating Officer** (agenda item 8)  Mrs Forster Adams presented her Chief Operating Officer’s report, noting that the key points had been discussed at the Finance and Performance Committee. She noted that the key message throughout the report was there had been no significant changes which was important in the context of the operational climate. She commented that operational risks were known and managed, however the Trust was cognisant of the impact on safety and staff.  She noted that there remained a workforce vacancy challenge however there had been improvements made which would be covered within subsequent papers in the meeting.  She informed the Board of the work undertaken for the Winter Plan which was enclosed within the report, and provided assurance that there would be a collaborative focus on capacity and flow throughout winter with other partners within the healthcare sector. She noted that the winter co-ordination work had commenced.  Mrs Forster Adams then acknowledged the pressure within the Trust’s acute services including the Out of Area Placement (OAP) position. She drew attention to the increased waiting times for the Neurodiversity Service and informed the Board that a summit regarding this would be held on 4 December 2024 with colleagues across the system to consider action required.  She noted an error within the Finance and Performance Committee Chair’s report which noted that the ADHD medication issues were ‘internal’, when this should read ‘international’ and outlined that the international shortage of ADHD medication impact would be more fully understood in the coming weeks.  She highlighted some of the key areas relating to improvement and collaboration including the commencement of the Mill Lodge estates work which will support the trial of an Eating Disorders Day Service and the Perinatal Service expansion.  With regards to recruitment, Mrs Burns-Shore advised that the Board should be cautious as recruitment would not remedy all workforce issues as there was a requirement for redesign too. She also questioned whether any of the Emergency Planning learning could be applied to a business as usual approach. Mrs Forster Adams commented that during emergency responses the focus was on reducing risk to maintain safety however that had a detrimental impact on both staff and service users which required a careful balance. However, she noted that through emergency planning processes a strengthened evaluation of risk across services was now in place. Dr Hosker added that responding to maintain safety and quality required huge effort that could not be maintained long term. Mr Henry noted that the challenge was to consider how to use modelling and data to rapidly respond in those exceptional situations.  Dr Healey raised the opportunity to consider research funding opportunities to review service changes implemented and demonstrate benefit. Dr Hosker agreed with the suggestion and agreed that he would review the opportunities available.  Dr Healey then queried the figures relating to OAPs and the delivery of the trajectory. Mrs Forster Adams informed the Board that advice was required regarding information in the public domain for OAPs and the requirement for trajectory planning as currently there were different data sets relating to this. She noted that a future Board Development session would focus on this work. Dr Munro suggested an approach for data could include presenting the worst case and best case scenarios.  Ms Khan provided feedback to the Board regarding a positive visit she had undertaken to the Perinatal service, and the sense of calmness within the service and the benefit to service users. She also acknowledged the progress made with the Forensics Service and Red Kite View.  Mr Wright confirmed that the Finance and Performance Committee focused on the detail noted within the report and provided assurance of oversight processes. He also endorsed the requirement for an in-depth discussion at a future Board session relating to OAPs. He highlighted the statistics relating to the ADHD waiting times and the importance of the Board having sight of this as it was an area of increasing difficulty.  Mrs McRae noted the requirement for the risk associated with industrial action to remain on the radar of the Board and the focus on approaches to workforce issues would be overseen by Workforce Committee with a discussion at a future Board Strategic Discussion. Mr Henry commented on the ADHD Service challenges and the link to workforce and recruitment. Dr Munro commented that there was no national model for ADHD therefore the summit would provide opportunity to discuss the options to tackle the issue.  Mrs McRae thanked Mrs Forster Adams for her comprehensive report. | **Corporate Governance Team**  **CH** |
|  | The Board **received** the Chief Operating Officer’s report and **noted** the content. |  |
| **23/134** | **Chief Financial Officer’s Report** (agenda item 9)  Mrs Hanwell presented her Chief Financial Officer’s report noting the financial position of the Trust remained reasonably robust despite a deterioration in the in-year position in October. She assured the Board a prudent approach to financial planning was being taken regarding the forecast for the year end in order to account for worst case scenarios.  Linked to workforce shortages, she noted that the Cost Improvement Programme target needed to be considered in conjunction with vacancy levels and recruitment.  Referencing the Strategic Finance Executive Group (SFEG), she commented that this had been established to create rigour regarding statutory body decision making relating to system wide financial challenges.  Mrs Hanwell commented that whilst capital funds were being used to support revenue funds, it has been confirmed that there would be capital available for the perinatal service expansion.  Ms Khan raised a query relating to the contracting for voluntary sector services and Mrs Hanwell confirmed that there was no intention to amend these contracts in 2024/25. Discussion took place regarding voluntary sector contracts and the impact on services, and Mrs Hanwell and Ms Khan agreed to discuss this further outside the meeting.  Mrs McRae noted that the establishment of SFEG should support all financial discussions to be undertaken in a more collaborative manner. |  |
|  | The Board **received** the Chief Financial Officer’s report and **noted** the content. |  |
| **23/135** | **Report from the Medical Director** (agenda item 10)  Dr Hosker presented his report and drew the attention of the Board to the potential issue that the proposed pay deal for consultants may well impact on other workforce groups. He added that with regards to recruitment, progress had been made with five consultant appointments since the last Board update and this should therefore lead to multiple reductions in agency spend and consideration to different options for service provision.  With regard to paper medical case notes, Dr Hosker confirmed that progress had been made and the case notes could now be accessed via the electronic patient record system.  Discussion took place regarding the provision of Human Rights training and Ms Khan noted she would cover this within her Chair’s report from the Mental Health Legislation Committee.  Mr Wright queried the issue noted within the report regarding delayed invoice payments by the Andrew Sims Centre. Dr Hosker confirmed that this had been a historic issue and an accelerated pay process was now in place to address this. Mrs Hanwell added that the underlying procurement issues were being dealt with which would further mitigate this concern.  Mr Wright asked for clarity regarding the vacancy management process to which Dr Hosker noted the ‘Mind the Gap’ process would cover the medical workforce. Regarding the ongoing sponsorship issues for the medical workforce, Mrs McRae queried whether they were now resolved, and Dr Hosker confirmed that this remained ongoing for the international recruitment process but was being addressed. Mr Skinner noted that there was no backlog regarding the appointment process for sponsorship recruitment. Dr Hosker and Mr Skinner agreed to discuss this further to provide clarity to the Board on implementation of the process and position. | **CH/DS** |
|  | The Board **received** the Medical Director’s report and **noted** the content. |  |
| **23/136** | **Guardian of Safe Working Q2 Report** (agenda item 11)  Dr Hosker then presented the Guardian of Safe Working Quarterly Report. He noted that the report was a routine quarterly update and there were no significant areas to escalate for the attention of the Board. |  |
|  | The Board **received** and **noted** the Guardian of Safe Working Quarterly Report. |  |
| **23/137** | **Report from the Director of Nursing and Professions** (agenda item 12)  Miss Sanderson presented her Director of Nursing and Professions report and acknowledged the wider work of the Patient and Carer Engagement Team. She highlighted the work being undertaken by the Chaplaincy Team regarding multi-faith rooms and confirmed that the feedback received during service user engagement had been positive regarding the availability and use of the rooms.  She provided the Board with assurance that the Patient Safety Incident Response Framework (PSIRF) continued to be rolled out, which replaced the National Reporting and Learning System (NRLS) approach.  In terms of workforce, Miss Sanderson noted the preceptee uptake and nursing student numbers, and the benefit this would bring to the organisational workforce.  She drew attention to the work undertaken regarding the Clinical Governance structure, and the framework for reporting and assurance that was included within the body of the report. She also noted the work being undertaken regarding environmental risk assessments and the focus on self-harm and suicide prevention.  Miss Sanderson acknowledged the Chief Nursing Officer Award for Healthcare Support Workers that she had presented to a Healthcare Support Worker within the Assertive Outreach Team. She also highlighted the Synergi Leeds partnership with the Trust and the recognition provided to this at the HSJ Awards, Mental Health Innovation of the Year and Race Equality Awards.  Dr Healey asked Miss Sanderson whether the Mental Health Optimal Staffing Tool (MHOST) would help identify ‘typical’ patient groups in order to consider establishment requirements. Miss Sanderson discussed the work undertaken regarding staffing numbers and workforce design to support the clinical needs in different environments.  Mrs Burns-Shore acknowledged the success of the clinical supervision pilot. She then raised concern regarding professional judgement being used to override staffing tools and questioned the assurance in place for this process. Miss Sanderson confirmed that professional judgment was used ongoingly throughout the day due to the changing clinical picture of service user requirements to ensure safe care is provided. Dr Munro added that the development of safe staffing tools was to support safe decision making in conjunction with professional judgement and patient needs.  Regarding the multi-faith rooms, Ms Khan noted that they required updating in order to be suitable for all faiths, and Mrs Burns-Shore added that the terminology of calling them multi-faith rooms may also need to be considered. Miss Sanderson acknowledged that work was underway in relation to this.  Mr Wright commented that it would be beneficial to include patient and carer experience within the Clinical Governance Framework and reference this within the approach taken. Miss Sanderson agreed to take an action to incorporate this within the framework diagram. | **NS** |
|  | The Board **received** and **noted** the report from the Director of Nursing and Professions. |  |
| **23/138** | **Safer Staffing Report** (agenda item 13)  Miss Sanderson presented the Safer Staffing Report noting it provided a high-level overview of data and analysis and gave the Board information on the position of the staffing on all wards against safer staffing levels for the retrospective periods from the 1 July to 30 September 2023.  Miss Sanderson noted that there would be a move for the report to become more descriptive to highlight the impact on patient care and safety when wards or services were operating below minimum staffing levels.  Mrs McRae thanked Miss Sanderson for her reports. |  |
|  | The Board **received** the Safer Staffing Report and **noted** the content. |  |
| **23/139** | **Report from the Director of Organisational Development and People** (agenda item 14)  Mr Skinner presented his report and highlighted that the key message for the Board related to the refresh of the Trust People Plan that was underway, noting that this would be socialised with staff in January 2024 with a plan for implementation across the organisation in April 2024.  Mr Skinner confirmed that the position regarding staff survey response rates had improved since the compilation of the report. He confirmed the substantive staff return rate was 52% and bank staff return rate was 26%. He acknowledged the effort made by teams to achieve this response rate.  With regards to the staff vouchers scheme, Mr Skinner updated the Board that this was still awaiting NHS England approval. He explained that this delay would mean the vouchers would not be issued before Christmas, however if approval is received the vouchers would be issued in January 2024.  Mr Skinner noted the ongoing work programmes regarding staff health and wellbeing, and the new Head of Wellbeing who commenced in post earlier in November 2023.  Mr Skinner confirmed that additional NHS England approval was required for non-clinical A&C staff agency spend, and a process had been implemented to meet this requirement. The vacancy management panel was noted to provide a check and challenge approach to staffing options and resource.  He also acknowledged the Pastoral Care Award from NHS England and the recognition this provided for the work of the international recruitment team and the support they provided to this cohort of staff.  Mr Henry raised how the potential non-approval of vouchers may impact on staff. Mr Skinner confirmed that staff had been made aware that if approval was not given this would be an external decision. Dr Munro acknowledged this concern, and highlighted the Coffee Van rounds would still be taking place and could be used as a communication method for updating staff on the vouchers. It was agreed that the dates for the van visits would be circulated to the Non-executive Directors to support their attendance if available.  Mr Wright acknowledged the exit interview figures and the opportunity this provided to collect feedback from staff. He then commented on the Trustwide newsletter noting that whilst the content was interesting the size of the document was problematic from a mailbox size perspective and questioned whether there was opportunity to review this. Mr Skinner confirmed that Mr Oliver Tipper, Head of Communications, would be able to review this and consider alternative options. | **SM/CE**  **OT** |
|  | The Board **received** the Director of Organisational Development and People’s report and **noted** the content. |  |
| **23/140** | **Operational Priorities Q2 Update Report** (agenda item 15)  Mrs Hanwell presented the update report and noted that the content had been discussed in detail at the Finance and Performance Committee. She explained that the report demonstrated the activity underway however work continued to focus on the relational aspect of this and cross cutting themes.  Mrs Hanwell noted that there was an opportunity to review the priorities and remove any that were no longer required. Mr Henry endorsed the fact that there were a high number of priorities, and the opportunity to remove should go some way to address this. Mrs Burns-Shore questioned the change impact process to consider the value and impact of the priorities. Mrs Hanwell acknowledged that this was important to consider moving forward. |  |
|  | The Board **received** and **noted** the content of the Operational Priorities Q2 report. |  |
| **23/141** | **Health and Safety Annual Report** (agenda item 16)  Mrs Hanwell presented the Health and Safety Annual Report and provided assurance to the Board that the detail had been discussed at an extraordinary meeting of the Audit Committee. Mrs Hanwell noted that the report formed the annual assurance process for the Board for Health and Safety. She explained that the report included the approach underway to support health and safety being part of everyone’s business, and whilst the work related to violence and aggression and musculoskeletal health (MSK) following the HSE visit in 2019 was underway, it remained an area of challenge.  Dr Healey commented on the link between restrictive practice and violence and aggression, and queried whether there was opportunity to demonstrate synergy across the two workstreams using both lenses to streamline any actions. Dr Munro acknowledged the suggestion of viewing the data together, however noted there was a balance required as several elements of violence and aggression were not connected to restrictive practice. It was agreed that the approach to this would be discussed by the Executive Team to provide clarity on the workstreams and data, and opportunities to align activity.  Mr Wright acknowledged the range of topics covered within health and safety and the challenge this presented for the team to collate these within the annual report. He noted that the team therefore required the support of the Board and staff across the organisation to progress health and safety activity. Mrs Hanwell added that the Trust was currently without a Head of Health and Safety and the complexity of the topic required integration within all teams.  Mrs Burns-Shore commented that there may be opportunity for each of the Executive Director reports to include a dedicated section for Health and Safety. She also questioned whether the data relating to ‘other’ incidents could have been masking an area that may be a cause for concern. Discussion took place regarding the opportunity for inclusion of health and safety data in director reports, and the benefit this may present from regulatory perspective.  Dr Healey added it may be helpful to undertake a deep dive into this part of the data to understand the content. It was noted that work was in progress, via the Audit Committee, to consider what constituted a health and safety incident, which would impact on the use of the ‘other’ category. It was agreed that a review of the incidents under the heading ‘other’ would be completed to understand the detail. | **Executive Team**  **DH** |
|  | The Board **received** and **noted** the content of the Health and Safety Annual Report. |  |
| **23/142** | **EPRR Assurance Report** (agenda item 17)  Mrs Forster Adams presented the EPRR assurance report and expressed her thanks to the team for the work undertaken to complete the assessment. She acknowledged that the amended core standards and rigorous assessment process had been challenging to complete. She informed the Board that the outcome of the self-assessment process and evidence submission was a result of non-compliance for the Trust, with 26% compliance overall. She noted that this was a positive result compared to the sector results, however, with non-compliance results featured across the region.  Mrs Forster Adams confirmed that work was underway to address the position, and work commenced on 29 November with the Executive Team and Senior Leaders to discuss the approach to training requirements which would need to be in place by July 2024. She also noted that the EPRR compliance oversight would now sit with the Board.  Mr Wright commented that the compliance position should be considered in conjunction with significant assurance internal audit results for EPRR. He noted that assurance could be taken from the Trust’s previous experience in recent years regarding emergency planning and the organisational response.  Mrs Forster Adams informed the Board that there remained a lack of clarity regarding a non-compliance rating from a regulatory perspective, explaining that NHS England were in the process of seeking legal advice on this, and feedback on this would be received in due course.  Mr Henry acknowledged that areas of non-compliance were affected by technical elements of the core standards whilst experience demonstrated and provided assurance on the Trust’s ability to respond. Mrs Forster Adams noted the rigour applied was welcomed given the importance of emergency planning and response. |  |
|  | The Board **received** and **noted** the content of the EPRR Assurance Report. |  |
| **23/143** | **Cyber Security Update Report** (agenda item 18)  Mrs Hanwell presented the update report and noted the Trust remained in a robust position. She informed the Board that a cyber incident event was recently undertaken and the learning from the session would inform the update of the strategy and response plan. She added that cyber security had been discussed in detail by the Finance and Performance Committee.  Dr Hosker asked whether the phishing exercise had been reviewed, and Mr Henry noted that the risk remains high but the current position for the Trust was strong. Mrs Hanwell confirmed that it would be reviewed via the Information Governance Group to consider the outcomes and action required. |  |
|  | The Board **received** and **noted** the Cyber Security Update Report. |  |
| **23/144** | **Board Assurance Framework** (agenda item 19)  Dr Munro presented the Board Assurance Framework (BAF) and noted that this had been updated as part of the business cycle. She confirmed that the strategic risk relating to the PFI would be discussed in detail at the Private Board of Directors meeting.  Dr Healey requested that the term ‘quality including safety’ be used in the BAF in order to ensure that they are not treated as separate items. It was noted that this would be amended as part of the update process. | **Executive Directors** |
|  | The Board **received** and **noted** the content of the Board Assurance Framework. |  |
| **23/145** | **Report from the Chair of the Workforce Committee for the meeting held on 5 October 2023** (agenda item 17)  Mrs Burns-Shore presented the Chair’s report for the Workforce Committee and acknowledged that it had been completed by Miss Grantham prior to her leaving her role. She highlighted the positive performance related to Personal Development Reviews and the impact on retention. She also noted the importance of a holistic approach to the review of the People Plan.  Mr Skinner drew the attention of the Board to the appendix included within the report regarding the NHS Forward Plan mapping which demonstrated the positive position of the Trust. |  |
|  | The Board of Directors **received** the Chair’s report from the Workforce Committee and **noted** the matters reported on. |  |
| **23/146** | **Report from the Chair of the Quality Committee for the meetings held on 10 October 2023 and 16 November 2023** (agenda items 21.1 and 21.2)  Dr Healey presented her chair’s report for the Quality Committee meetings and alerted the Board to the non-achievement of CQUINs relating to outcome monitoring in perinatal mental health services. She confirmed that this was linked to wider discussions regarding outcome measures at the Quality Committee and opportunities to consider data collection methods moving forward. She acknowledged that there was a need to consider how to resolve this issue.  In relation to clinical outcomes and learning, Dr Hosker commented that IT solutions had limitations for patient reported data, and the support for the portal was part of the list of operational priorities. He noted that there would be an option for a business unit to support this work, but that this would be a costly option. Mrs Hanwell added that the patient reported outcomes could be a consideration for the Digital Inclusion Team and acknowledged that the NHS log in required was an issue for the use of the portal. Mr Henry added that there may be learning available from Leeds Community Healthcare Trust as they appeared to have resolved the portal issue. Mrs McRae noted that this was a significant yet complicated piece of work that required resolution. Dr Munro agreed that the Executive Team would consider the work programme required to resolve the issue of outcome measures, considering the various requirements of services.  Dr Healey then raised concerns related to the quality dashboard and a requirement to clarify understanding on what the dashboard would include and exclude. She also noted it would be important for the Board to understand the current position regarding development plans for both Board level and Committee level data. Mrs McRae acknowledged Dr Healey’s comments and added it could form part of a discussion at a Board Strategic Discussion moving forward. It was therefore agreed that a future Board Strategic Discussion regarding operational priorities and objectives would also include data required to support this. Mr Henry added that this would add clarity to the discussion around what the quality dashboard should provide. | **Executive Team**  **CE** |
|  | The Board of Directors **received** the Chair’s report from the Quality Committee and **noted** the matters reported on. |  |
| **23/147** | **Report from the Chair of the Finance and Performance Committee for the meetings held on 24 October 2023 and 28 November 2023** (agenda items 22.1 and 22.2)  Mr Henry presented the Chair’s report from the Finance and Performance Committee meetings and provided assurance to the Board that the information presented to the Committee was scrutinised and discussed in detail.  He noted that assurance was provided to the Committee regarding the financial position, EPRR compliance and the ADHD position which had already been covered in the reports from the Chief Operating Officer and Chief Financial Officer.  Mr Henry also noted the challenge relating to the perinatal expansion and capacity management processes. |  |
|  | The Board of Directors **received** the Chair’s report from the Finance and Performance Committee and **noted** the matters reported on. |  |
| **23/148** | **Finance and Performance Committee Terms of Reference** (agenda item 22.3)  The amended Terms of Reference for the Finance and Performance Committee were presented for ratification to the Board and were ratified. |  |
|  | The Board **considered** and **ratified** the amended Terms of Reference for the Finance and Performance Committee. |  |
| **23/149** | **Report from the Chair of the Audit Committee** (agenda item 23)  Mr Wright presented the report from the Audit Committee and noted the assurance provided to Board. He alerted the Board to the results of three internal audits received by the Committee.  With regards to the Security Management internal audit with a low assurance finding, he confirmed that the Audit Committee had received assurance that a detailed plan had been developed to support the level of urgency required to address the issues identified. He informed the Board that a re-audit would take place in March 2024.  He noted that the two internal audits with findings of limited assurance related to E-Rosering and Sexual Safety both had action plans and follow up audits in place to address the actions required.  Mrs Hanwell commented that the internal audit reports were useful tools to identify areas of work requiring focused action and results demonstrated the correct identification of areas to scrutinise.  Mr Wright confirmed that the internal audit rolling programme would review all key risks. He also noted that the attendee from Audit Yorkshire at the last Audit Committee meeting complimented the Trust on the approach to internal audit and the responses provided for action. |  |
|  | The Board of Directors **received** the Chair’s report from the Audit Committee and **noted** the matters reported on. |  |
| **23/150** | **Report from the Chair of the Mental Health Legislation Committee held on 7 November 2023** (agenda item 24)  Ms Khan presented her Chair’s report from the Mental Health Legislation Committee meeting that had taken place on 7 November 2023. She noted the ‘Right Care, Right Person’ agenda and the assurance provided to the Committee that the appropriate meetings were in place to support vulnerable service users.  She also confirmed that the Human Rights Training was previously provided by an external company, but this would be moving to internally provided training. |  |
|  | The Board of Directors **received** the Chair’s report from the Mental Health Legislation Committee and **noted** the matters reported on. |  |
| **23/151** | **Mental Health Legislation Committee Terms of Reference** (agenda item 24.1)  The amended Terms of Reference for the Mental Health Legislation Committee were presented for ratification to the Board and were ratified. |  |
|  | The Board **considered** and **approved** the amended Terms of Reference for the Mental Health Legislation Committee. |  |
| **23/152** | **Notification of Future Meeting Dates and Work Schedule** (agenda item 25)  Mrs Edwards presented the future meeting dates and work schedule for 2024/25 to the Board. She noted that there were two dates currently being held for the extra meeting to approve the annual report and accounts and explained that this would be confirmed in due course. She also noted that the work schedule may require flexibility to accommodate amended deadline or priorities for the Board to review. |  |
|  | The Board **noted** the future meeting dates and work schedule for the Board of Directors meetings in 2024/25. |  |
| **23/153** | **Review and Approval of Terms of Reference** (agenda item 26)  Mrs Edwards noted that there had been two minor amendments to the Board of Directors Terms of Reference. The title of the Director of Nursing and Professions had been amended to reflect Miss Sanderson’s current title, and any reference to NHS Improvement had been amended to NHS England. The Board approved the amendments made and the revised document. |  |
|  | The Board **considered** and **approved** the amended Terms of Reference for the Board of Directors. |  |
| **23/154** | **Use of the Trust’s seal** (agenda item 27) |  |
|  | It was noted the seal had not been used since the last meeting. |  |
| **23/155** | **Any other business** (agenda item 28)  Mr Wright referred to the Safer Staffing report (agenda item 13) and queried the figures contained within the tables relating to average fill rates and staffing levels for registered and non-registered staff, which were 100% and 300% respectively. Miss Sanderson noted that the figure may be related to the individual case that had been ongoing where enhanced observations had been in place as part of an NHS England care package, therefore unusual circumstances had affected the figures. Dr Munro also commented that the figures may link to the use of the e-rostering system as there was a requirement to provide clarity of exceptional packages of care via the system, which would then provide accountability oversight for the Board. Mr Wright confirmed he was satisfied with the explanation provided. |  |
|  | The Board **noted** the additional item of other business. |  |
| **23/156** | **Resolution to move to a private meeting of the Board of Directors**  At the conclusion of business, the Chair closed the public meeting of the Board of Directors at 13:00 and thanked members of the Board and members of the public for attending.  The Chair then resolved that members of the public would be excluded from the meeting having regard to the confidential nature of the business transacted, publicity on which would be prejudicial to the public interest. |  |