

LEEDS AND YORK PARTNERSHIP NHS FOUNDATION TRUST

**Minutes of the Public Meeting of the Board of Directors
held on Thursday 25 January 2024 at 9.30am
in Inspire@ room, Horizon Leeds, 3rd Floor, 2 Brewery Wharf, Kendall Street, Leeds,
LS10 1JR**

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	
Mr M Wright	Non-Executive Director (Deputy Chair of the Trust)	

All members of the Board have full voting rights.

In attendance

Mrs C Edwards	Associate Director for Corporate Governance / Trust Board Secretary
Miss K McMann	Head of Corporate Governance
Mr R Cooper	Deputy Head of Corporate Governance
Ms R Darling	Advanced Lived Experience KUF Development Leads (for minute 24/001)
Ms Z Kendall	Advanced Lived Experience KUF Development Leads (for minute 24/001)
Mr J Scott	Service Manager, Personality Disorder and Neurodevelopmental Services (for minute 24/001)
Mrs R Pilling	Carer Coordinator, Patient and Carer Experience Team (for minute 24/001)

Three members of the public attended the meeting, including one governor.

Action

24/001

Mrs McRae opened the public meeting at 09.30am and welcomed everyone.

Sharing stories – Emerge Involvement Strategy (agenda item 1)

Mrs McRae welcomed Ms Darling, Ms Kendall, and Mr Scott to the meeting, noting they were attending to talk about the Emerge Involvement Strategy.

Ms Kendall and Ms Darling noted their thanks for the opportunity to share the work and provided background to the Board regarding the innovative role and service at Emerge. There had been a request for the strategy to be developed to improve involvement in the service. Due to this, the focus was building a community of involvement, however they noted that people participation is the preferred term to empower service users.

Ms Darling provided an overview of Emerge and the aim of the service which was to work effectively with service users. She informed the Board that her and Ms Kendall had lived experiences of personality disorder and access to services, and this was at the centre of the work with service users to develop the strategy.

Two filmed recordings were shown to the Board demonstrating the positive impact involvement had on service users and the impact this had on recovery.

The strategy was shared with the Board, and it was noted that consultation had led to a redrafted strategy being developed with the support of the leadership team. It was noted that the strategy was launched last year and included different platforms for engagement. As a result of an identified lack of working space where staff and service users could work in collaboration, the People Participation Panel was developed. The panel was held every six weeks and was attended by senior staff members and service users, and lived experience and non-lived experience were treated equally. Ms Kendall and Ms Darling informed the Board of the success of the meetings with good engagement that provided opportunities for discussing experiences. It was highlighted that there was a focus on ensuring all attendees were on an equal footing with no power imbalance, and the use of language was important to breakdown discussions to make them equitable.

The goals of the service were highlighted to the Board along with the focus on the use of the word community to ensure involvement.

Mr Scott added that learning to date had demonstrated that roles, labels, and authority are all important and need to be considered to counteract stigma. He added that the approach taken by the service was not replicated across other organisations and the vision for the future was to have more senior roles in this area. It was acknowledged that the use of the term 'lived experience' in job roles can be challenging however created opportunities for engagement and discussion to happen.

Mrs Forster Adams expressed her thanks to the team and noted that the work was central to the care services strategic plan, and there was a need to embed the approach across a spectrum of services. She acknowledged the ambition for people with lived experience to be in leadership teams and this was the direction of travel for the rest of care services, however it was not easy to undertake.

Mrs Burns-Shore noted personal experience of access to services and the importance of allowing service users to feel heard and remove the patronising element of care. Ms Kendall and Ms Darling added that their roles were important and their experience of trying to access services led to the decision to work in the service. They reiterated the importance of lived experience roles in demonstrating power and decision making opportunities to others.

Ms Khan thanked the team for the presentation and noted the recognition of the importance of using lived experience to reduce stigma attached to mental health within communities. The team added that labels are challenging, and stigma was hard, but these roles were instrumental in removing this. It was noted that the service had a successful training model to support this. Mrs

McRae added that lived experience was about more than the service but a wider societal issue too.

Miss Wilburn noted the powerful presentation provided and how the positive impact of the approach should be measured as it provided support for widening opportunities and support to others. Dr Hosker provided reassurance that engagement was at the centre of the service and evidence demonstrated this, therefore the focus was on sharing learning to other services. Mr Scott added that engagement tools were used to measure the impact however consideration should be given to a cultural piece regarding outcomes through different lenses to demonstrate the impact of collaboration at all levels.

Dr Munro expressed her thanks to the team and noted that she had attended a conference with a presentation regarding lived experience with a focus on tracking data and interventions and how to improve access. She highlighted that the presentation demonstrated that clinical outcomes do not always work for this model of care, and it was therefore important to consider how to raise the profile of this approach to influence national strategy conversations to consider different models of care and funding. A discussion took place regarding award opportunities to showcase the work and best practice within the service, and the Trust's Communication Team offered to support with this.

Dr Healey added that learning from practice was important, and the power balance point was important. She noted that the approach was aligned to national guidance and offered an opportunity for meaningful engagement. Dr Munro noted that further discussions would take place outside of the meeting to discuss opportunities for national policy influence.

SM

Mrs McRae acknowledged that the use of lived experience was interesting and an area for consideration as there was experience amongst the Non-Executive Directors, but this was not acknowledged in titles. She raised whether there was a forum in the Trust to support co-production and share learning and experiences. Miss Sanderson confirmed that the Lived Experience Strategy Group was in place to support this, alongside the revised engagement strategy.

Mrs McRae noted that evaluation opportunities would be worth consideration and potential opportunities to link with universities to consider an academic research input to shape the national policies and approaches.

Mrs McRae thanked the team for attending and providing the presentation.

The Board **thanked** Ms Kendall, Ms Darling and Mr Scott for attending the Board and raising awareness of the involvement strategy and the important impact this had on the engagement and inclusion of service users.

24/002

Apologies for absence (agenda item 2)

Apologies were received from Mr Cleveland Henry, Non-Executive Director.

24/003 Declaration of interests for directors and any declared conflicts of interest in respect of the agenda items (agenda item 3)

The Board noted that no Board member had a change in declaration and no member declared a conflict of interest in any agenda item.

24/004 Minutes of the previous meeting held on 30 November 2023 (agenda item 4)

The minutes of the meeting held on 30 November 2023 were **received** and **agreed** as an accurate record.

24/005 Matters arising (agenda item 5)

Mrs Burns-Shore noted a matter arising relating to a government financial support scheme and it was agreed that this would be discussed later in the meeting.

24/006 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.

Mr Skinner updated that the action relating to EDI data within the report that had been previously presented was ongoing as progress had been affected by sickness within the team. It was noted that this will be progressed once staff return to work, and any concerns with this would be escalated to the Board.

In relation to the action regarding sponsorship process and funding, Mr Skinner and Dr Hosker confirmed that this was now resolved, and funding and process issues had been clarified.

Mrs McRae noted that the action relating to the Trustwide communication bulletin remained ongoing at the current time.

The Board **received** the cumulative action log and **noted** the content.

24/007 Report from the Chief Executive (agenda item 7)

Dr Munro presented her Chief Executive's report drawing particular attention to thanking teams for the challenges of the industrial action. She noted that a letter had been sent to thank organisations for the management of the industrial action process.

Details regarding the Newsam Centre progress and plans were noted within the report submitted to Board. She also noted that NHS Planning Guidance had not been received and an update would be discussed in the private Board meeting.

Dr Munro highlighted the case study from the communications team, and the link with the presentation from Emerge, and noted that the ethos and investment in the Emerge service should be acknowledged as it provided a unique service offer linked to community MH transformation.

She informed the Board that the Leeds Autism Diagnostic Service team had won Team of the Month, which acknowledged the service delivery despite pressures and demand, specifically their ability to improve and innovate within the resources available.

Mrs McRae acknowledged the work undertaken by the Leeds Autism Diagnostic Service team. Mrs Burns-Shore added that there had been excellent nominations for Team of the Month which is a positive position to be in.

Mrs McRae queried whether an update had been received regarding the staff vouchers discussed at the last Board meeting, and Dr Munro confirmed that there had been clarification in the national rules which meant treasury approval was no longer required. She informed the Board that the vouchers had been issued linked to a new platform for staff reward and recognition schemes. She highlighted that the level of engagement with the platform within 24 hours had been very good, and the opportunity within the platform to send thank you cards and engage with colleagues had been well received. Further communication was planned with staff to encourage interaction with the platform and access the voucher and benefits available.

Ms Khan joined the meeting.

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

24/008

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, and were therefore contained in the Chair's report.

She noted the impact of industrial action and the commendation letter that had been received regarding the mitigation of impact. She informed Board that there had been other communication received that focused on recovery and access to services for patients following the industrial action. At the Finance and Performance Committee discussion had taken place noting that the scale of transformation required was small compared to other organisations but the focus for the Trust was on the memory assessment service. She confirmed that appointments had been reallocated and a comprehensive multi-disciplinary team approach was in place and recovery would be tracked.

A further discussion at Finance and Performance committee had taken place regarding flow and the impact on Out of Area Placements, and she reassured the Board that the Board Development session on 7 March 2024 would discuss the detail around this. She noted the recognition of effort across teams to support access to services.

She highlighted a discussion at the committee regarding performance information for treatment percentages in the early intervention in psychosis service and provided reassurance that this was tracked and monitored, and there was a recovery plan in place. She noted that a third sector organisation delivered the service, and a monitoring plan was in place.

Mrs Forster Adams provided an update regarding Red Kite View and a meeting that had been held due to staffing issues related to short term sickness. She informed the Board that a cap on admissions had been agreed with provider collaborative colleagues, and a review of the model of delivery would be undertaken to support service user access. Flexibility within the service had commenced and the focus for the next few months would be the short-term level of capped activity for the general ward. She noted that Mill Lodge had adapted their service to support access and had a day service in place for eating disorders, therefore it was appropriate for Red Kite View to consider adaptation to the service.

Mrs McRae acknowledged the developments of the service, and Mrs Forster Adams added that the provider collaborative allowed for a less fixed service model and supported the response to change.

Mrs Burns-Shore raised the change in government guidance for schools which would provide them with the ability to not acknowledge gender decisions for children which may impact on service delivery and increased access across mental health services. Dr Munro noted that further discussion regarding the Gender ID service would take place in the private Board meeting. Mrs McRae added that out of area funding would be part of the discussion at the Board Development Session in March 2024.

Mrs Forster Adams noted the high-level information provided nationally demonstrated that, on review, demand and patterns fluctuate, specifically that in winter there was normally a decrease in in-patient admissions with a shorter length of stay, however that had not been experienced this year. Work was underway to understand clinically what had driven that, and any pathway rationale for this.

Ms Khan noted that there may be a link with the cost of living impact for people, and Mrs McRae noted that this highlighted the importance of working in partnership, such as with the police, to tackle issues and support preventative work. Mrs Forster Adams noted that there was a willingness to respond however coordination of effort was crucial, and her report referenced the urgent response that had been provided by the Local Authority regarding discharges which had been very helpful.

Mr Wright highlighted that there had been an acknowledgement at the Finance and Performance Committee of becoming data blind and it was

therefore important to raise concerns when they were identified within the data. He noted that an escalation point had not been reached currently. Mrs Forster Adams added that there were different ways of managing responses for service requirements and agreed that work related to demand and pressure could become normalised and therefore it was important to keep this on the agenda.

Dr Healey highlighted to the Board that Out of Area Placement data had been published therefore it may be worth discussion with other Trusts about performance before the Board Development Session in March. Mrs Forster Adams confirmed that the data had been reviewed and learning was being shared across organisations but there would be ongoing opportunities to consider any additional steps to be taken. She added that Southwest Yorkshire data was comparable for the Trust.

Miss Wilburn added that there was a risk that crisis situations could become normalised such as the Out of Area Placements and industrial action, and reflection should be undertaken regarding the responses. Mrs Foster Adams acknowledged the point and added that NHS England had started to shift the recovery focus to recognise the impact for the population and service users which was significant as this was the primary concern for organisations.

Mrs McRae thanked Mrs Forster Adams for her comprehensive report.

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

24/009

Chief Financial Officer's Report (agenda item 9)

Mrs Hanwell presented her Chief Financial Officer's report which acknowledged the financial position for the Trust, and she informed the Board that there was confidence in achieving the required financial position. She noted the risk to the system as a whole regarding the financial position, and informed the Board that a peer review for the review of balance sheets was under discussion at the current time to ensure consistency and best practice approaches. This demonstrated the scale of the collective challenge and the ongoing requirement for collaboration in delivering the overall position.

Mrs Hanwell updated that with regards to the planning for the next financial year, the national planning guidance has not been provided yet, therefore there may be a risk regarding the achievement of timescales, however further information was awaited. She noted that the local position was positive with regards to planning for the next year, and the focus for Leeds Place was to ensure a balanced system.

She informed the Board that the current assessed scale of the financial challenge equated to an overall savings requirement in the region of 7%, however the Strategic Finance Executive Group (SFEG) had agreed to organisations committing to identify 5.5% efficiency savings. She confirmed that the organisation would aim to meet the national timetable, but anticipated

timescales may change, which may mean that they are not signed off in March 2024, and this may be pushed back slightly.

She updated that capital was an emerging major risk for the Yorkshire system and reminded the Board that resource allocation was system held, and the stretch was impacting on the demand for capital investment. Mrs Hanwell confirmed that she was leading on the approach to be developed for 2024/25, which was part of wider work on developing a clear capital infrastructure plan for the next 3 years to show capital requirements. The current challenge to be noted by the Board was the comparison of risk across Mental Health Trusts and Acute Trusts.

Mrs McRae noted the awaited update on planning guidance and thanked Mrs Hanwell for her report.

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

24/010

Safer Staffing Report (agenda item 10)

Miss Sanderson presented the Safer Staffing report acknowledging the length and detail within it. She noted the report set out the challenges for staffing and provided a high-level view of data. She highlighted the workforce challenges but acknowledged the mitigation of risks using appropriate skill mix to enable safe care. She noted that there were early signs of an improved picture across the last 6 months, and the reliance on bank staff was reducing. She confirmed that the use of increased numbers was often where staff were responding to increased levels of observations and short-term sickness which was not predictable.

Miss Sanderson noted that sickness remained above average, and work remained underway with staff health and wellbeing which was having a positive impact on staff. Band 5 vacancies remained a challenge due to numbers of those employed at this level, and she noted there was a continued focus on different opportunities for skill mix.

She highlighted that the increased investment in activity co-ordinators led to a positive impact on the delivery of care as it provided an increased ability to provide service users with activity support. Feedback received from service users on discharge noted the positive impact of this support.

She commented that the challenge for new registrants was to grow them into the leadership of the future, and this was supported through a focus on clinical supervision. Miss Sanderson noted that she had undertaken shifts recently and personally saw the compassionate care provided to service users.

Miss Wilburn thanked Miss Sanderson for her report and requested further detail on the increase in self-harm incidents. Miss Sanderson confirmed that the data was reviewed via the Quality Committee, and she provided assurance that it often related to a small number of patients. She noted that

peaks and troughs can be seen within the data and the self-harm strategy was under development to support this.

Mrs Burns-Shore questioned the high percentage of applicants that were not appointed and whether that was within expected range. Mr Skinner confirmed that it was usual within the NHS due to how people apply for roles, and a large number were then reduced at the shortlisting stage. He noted consideration was given to opportunities to filter applicants out to reduce the workload for staff.

Mrs Burns-Shore queried the detail within the 'have your say' data, and Miss Sanderson confirmed that there was a range of narrative responses and the impact of service users not wanting to be admitted could impact on their perception of experience. Dr Munro added that she had undertaken a recent visit to Ward 1 at The Mount and the feedback from this was positive. She noted that there had been one vacancy, but multiple interest was expressed which was positive, and feedback noted that the activity co-ordinators made a difference to service users and relatives. She noted that this provided assurance that where improvements were seen in data, this was reflected in narrative from staff. It was also noted that professional development and training supported the retention and recruitment figures.

Ms Khan commented that the number of Support Worker roles was positive given the reflection of previous community experiences. She highlighted that a 51% increase in students appointed was significant progress to be recognised. Miss Sanderson added that the links the workforce team had made with universities had supported an uptake in workforce.

Mr Wright noted that the exit interview compliance was positive and requested the themes to be reported as progressed. He confirmed that there had been a discussion at Finance and Performance Committee regarding the unusual trends in sickness which was at odds with the report and required exploration. He added that the responsive workforce team was a very good initiative regarding the provision of short notice support for teams, and further information as this progressed would be helpful to understand.

Mr Skinner confirmed that there was 100% compliance with exit interviews following the implemented changes. He added that the sickness figures may be impacted due to retrospective reporting. The responsive workforce success was linked to financial incentives for staff to support this to happen which allows for quick deployment. He noted that other Trusts had reviewed the Trust approach to replicate in their organisation.

Mrs McRae questioned the tracking of alternative roles and skill mix to address nursing vacancies to understand innovative changes. Miss Sanderson responded to note that most changes had been positive, and the key point was consideration of exclusivity of skills alongside training and development which can address the wider workforce changes to support the provision of care. Dr Munro added that some changes were now permanent changes in establishment due to the positive impact, and different approaches were used in different professions to provide the best response.

Dr Healey noted that the approach to multi-disciplinary working was sensible however the political element of roles was important to consider, therefore it would be helpful to understand alternative roles at a strategic level to understand the additionality they brought rather than the traditional allocation of roles. Dr Munro noted that the physician associate role was polarised currently which illustrated this in other spheres. Mr Skinner highlighted that this was reflective of historic discussions regarding registered and non-registered nurses which had now evolved. This led to discussion regarding patient perception and understanding of titles for staff within healthcare.

Mrs McRae noted that this linked back to discussions about vacancy management and consideration for appropriate amendments to how the workforce was provided. She thanked Miss Sanderson for her report.

The Board **received** the Safer Staffing report and **noted** the content.

24/011 **Operational Priorities Q3 Update Report** (agenda item 11)

Mrs Hanwell presented the operational priorities update report for quarter 3 and noted that the content had been discussed in detail at the Finance and Performance Committee. She acknowledged the scale of priorities and the reporting requirements for them. In the context of next year, she informed the Board that the number would be reduced to align to the Trust strategic plan. Mrs McRae added that the Board Strategic Discussion in February 2024 would focus on this.

Mr Wright noted that following the discussion at Finance and Performance Committee it was important to reduce the number of priorities on the list as important projects were slipping, and a smaller number of projects would reduce the risk of this happening.

The Board **received** and **noted** the content of the Operational Priorities Q3 report.

24/012 **Board Assurance Q3 Update Report** (agenda item 12)

Dr Munro presented the Board Assurance Framework update report and confirmed that the standalone PFI risk had been removed and absorbed into strategic risk 5 related to the estate. She informed the Board that a refresh of the BAF and wider connectivity with the operational priorities and plans, would be undertaken in Quarter 1 of the next financial year. The Board agreed with this approach.

Dr Healey noted that an update to the controls listed within the strategic risks would be important to complete as this would reflect the work undertaken to mitigate the risks. Dr Munro acknowledged this and noted the interconnectivity with risk management to support live mapping of controls and risks. This would be part of the update process and therefore it was acknowledged that the document was not reflective of the current position.

Dr Healey noted that the Quality Committee have an agenda item for each meeting to consider if any of the discussions would impact on the reduction in strategic risks, and this may be of benefit for other committees to consider.

The Board **received** and **noted** the content of the Board Assurance Q3 Update Report.

24/013 **Quality Strategic Plan** (agenda item 13)

Dr Hosker provided the Board with an overview of the refresh of the Quality Strategic plan and noted the focus on ensuring all staff and services considered quality. The strategy document supported consideration of how quality was defined within the organisation. The Board agreed that the document was clearly presented with clear articulation of the objectives.

Dr Healey raised whether it would be helpful to include what can be done locally and what should be done strategically and collaboratively in relation to quality. Dr Hosker noted that discussions would take place to focus on how services and the Board implement and put the plan into action.

Mrs Burns-Shore asked for clarification regarding the plan's link to the overall trust values as there were multiple models and narrative across various documents, and the link to the values was key in supporting staff to consider how quality links to values of organisation. Dr Hosker noted that the organisational values link to the wheel diagram within the document, and consideration should be given as to where this fits with leadership values and discussions would support reinforcement of these links.

Mrs McRae noted that the discussions about improvement models would support the learning approach within the organisation.

The Board **received** and **approved** the Quality Strategic Plan.

24/014 **Violence and Aggression Strategy** (agenda item 14)

Mrs McRae welcomed Dr Frances Dodd, Associate Director of People Experience, to the Board to present the Violence and Aggression Strategy.

Dr Dodd highlighted key points relating to the strategy, noting that the approach had been more ambitious over the past year regarding reducing violence and aggression. She informed the Board that multiple consultation and engagement exercises had been undertaken. It was noted that the strategy also included sexual safety and domestic violence for workforce, and the EDI agenda regarding the Trust as an anti-hate organisation was included to recognise its importance. She also confirmed that the strategy links to the wider Trust People Plan.

She informed the Board that the Trust was not compliant with the self-assessment for violence and aggression standards, however there was an action plan in place and the strategy would support this to progress. Part of the standards was for updates to be presented to the Board on a six-monthly basis, and Dr Dodd confirmed that this would take place.

Dr Healey noted that the strategy related to reducing violence and aggression relating to staff and it would be helpful to link with the approach to reducing violence and aggression for patients. Dr Dodd acknowledged this and confirmed that this would be included. Miss Sanderson also noted that this was worthy of a future discussion to further consider links for staff and patient workstreams.

Mrs McRae queried the link with reporting compliance and incident data to ensure there was opportunity to reflect on, and monitor improvement as a result of the strategy, and Dr Dodd confirmed this would happen.

Mr Skinner acknowledged the work that had been undertaken to develop the strategy and the complexity of the work, and formally thanked Dr Dodd for the work to date. Dr Munro added that the strategy was an excellent document and the associated policies and procedures provided detail on how the links would be made. She welcomed the inclusion of sexual safety and EDI, which demonstrated the importance of linking the workstreams and integration across them which reflected a change in thinking.

The Board agreed to approve the violence and aggression strategy.

The Board **received** and **approved** the Violence and Aggression Strategy.

24/015

Report from the Chair of the Workforce Committee for the meeting held on 5 December 2023 (agenda item 15)

Mrs Burns-Shore presented the Chair's report for the Workforce Committee and acknowledged that the meeting had been chaired by Ms Khan.

Mr Wright raised whether the proposed e-rostering follow up audit timescale of August 2024 was appropriate in order to deal with the issues the audit had identified. Mr Skinner confirmed that the majority of actions had been completed therefore the audit could take place sooner. Mrs Hanwell reiterated that the low or limited assurance audits were the focus for follow up audits, however evidence of progress would be used to support discussions with internal audit in order to provide assurance.

Mrs McRae thanked Mrs Burns-Shore for the update provided.

The Board of Directors **received** the Chair's report from the Workforce Committee and **noted** the matters reported on.

24/016

Report from the Chair of the Quality Committee for the meeting held on 11 January 2024 (agenda item 16)

Dr Healey presented the Chair's report and noted two points to specifically highlight. She discussed the safer staffing report and the data regarding staff and patient experience and the focus for future reports. She informed the Board that data presented to the Quality Committee would support discussions regarding national data and the local data for planned and actual staffing figures.

Ms Khan left the meeting.

Mrs Forster Adams noted that Dr Healey provided a helpful triangulation of data with the use of the Mental Health staffing tool (MHOST), however at times the tool suggested more staff were required therefore there was a requirement to balance the financial position for staffing and effective care and outcomes. She noted it was important to discuss this as was done at Quality Committee. Miss Sanderson added that the tool could not be used in isolation and should be considered alongside professional judgement.

Mrs McRae queried how the Board understood core recommendations regarding establishment needs and professional judgement of patient needs, and whether the establishment required amendment. Dr Munro confirmed that the information would be reviewed within the Safer Staffing Group and escalated if amendments were needed. Miss Sanderson added that previous amendments made to the workforce demonstrated how changes were made to reflect needs.

Dr Healey noted that the Quality Committee had received an update regarding the Quality Improvement Programmes which noted that they were generally rated as amber or yellow and the detail was contained in the report. Miss Sanderson added that the nature of service evolution meant that Quality Improvement Programmes would not be completed in entirety, but work would continue with ongoing monitoring at the Unified Clinical Governance Group.

Mrs McRae thanked Dr Healey for the Chair's report.

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

24/017

Report from the Chair of the Finance and Performance Committee for the meeting held on 23 January 2024 (agenda item 17)

Miss Wilburn presented the Chair's report for the Workforce Committee and acknowledged that it had been completed by Mr Henry as he chaired the meeting.

She noted that many of the points had been discussed in other agenda items. She specifically highlighted the discussion at the committee meeting that the ADHD medication shortage was noted to be rectified in April 2024, and there

was acknowledgement of this on the long-term impact for service users treatment.

She highlighted to the Board the changes to personnel across Directors of Finance in other organisations and the potential impact for the Trust which would be monitored as it progressed.

Mrs McRae confirmed that there was capping not pausing of the admissions to Red Kite View as noted within the Chief Operating Officer's report. She asked whether the ADHD medication shortage would become an item for oversight at the Quality Committee and Miss Sanderson provided assurance that the Central Alerting System (CAS) would alert the Trust of any concerns, and this would then be taken through the established governance process for escalation as required.

Mrs Forster Adams added that the ADHD service had responded to the medication shortage and were monitoring any impact. She confirmed that the supplier issue had been rectified however the impact was related to recommencing medication for service users.

Mrs McRae thanked Miss Wilburn for the update detailed within the report.

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

24/018

Report from the Chair of the Audit Committee for the meeting held on 16 January 2024 (agenda item 18)

Mr Wright presented the report from the Audit Committee and noted the assurance provided to Board.

He updated that there was one item to alert the Board to regarding challenges in completing Health and Safety team recruitment due to agency spend rules. Mrs Hanwell confirmed that revised guidance had been received and agency usage now included estates and health and safety personnel, therefore this would be reviewed to consider options for filling recruitment gaps. She added that some exemptions had been removed, however approval was still required but no longer prohibited. She informed the Board that the guidance had changed since the Audit Committee had taken place and the committee would continue to review the impact of the agency spend rules on certain services.

Mr Wright noted that the remainder of the Chair's report noted discussions that took place, including the agreement to defer four internal audits which allowed a focus on returns to clear the backlog in advance of the final Head of Internal Audit opinion.

Regarding the two limited assurance audits that had been reviewed at the Audit Committee, there was assurance that action plans were in place and progress was being made. He highlighted that the key point was pace of completion required to get a clear Head of Internal Audit opinion at year end.

He noted that progress updates could be provided in order to demonstrate evidence and influence the final opinion.

Mr Wright informed the Board that the Chair's report for the private Board would discuss some points in more detail.

The Board of Directors **received** the Chair's report from the Audit Committee and **noted** the matters reported on.

24/019 Appointment of Senior Independent Director (agenda item 19)

Mrs McRae presented the proposal for the appointment of the Senior Independent Director noting that Mr Henry had undertaken the role for two years. Mrs McRae noted that following consideration of the tenure of Non-Executive Directors on the Board, the proposal was for Mr Henry to undertake the role for a further 2 years with discussion after 12 months to consider a future appointment. The Board noted agreement with the proposal and Mrs McRae confirmed that it would be presented to the Council of Governors in February 2024 for final approval.

The Board **noted** and **approved** the proposal for the appointment of the Senior Independent Director.

24/020 Use of the Trust's seal (agenda item 20)

It was noted the seal had not been used since the last meeting.

24/021 Any other business (agenda item 21)

Mrs Burns-Shore informed the Board of a government initiative called Breathing Space which was linked to debt relief, however there was extra legislation to be implemented for those with mental health concerns to get help with financial problems within mental health settings. She was therefore bringing this to the attention of the Board due to the potential impact within the Trust. She noted that once further information was available, she would review this further. Mrs Hanwell also agreed that she would gather further information from colleagues.

ZBS/DH

The Board **noted** the additional item of other business.

24/022 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 12:30 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.