

LEEDS AND YORK PARTNERSHIP NHS FOUNDATION TRUST

**Minutes of the Public Meeting of the Board of Directors
held on Thursday 28 March 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

Ms Alison Quarry	Deputy Director of Nursing
Mrs C Edwards	Associate Director for Corporate Governance / Trust Board Secretary
Miss R Cooper	Deputy Head of Corporate Governance
Mr K Betts	Corporate Governance Officer
Mr E Murray	Partner Peer Supporter, Perinatal Services (for minute 24/023)
Mr Alex Lambert	Service User, Partner Peer Support (for minute 24/023)
Ms L Weeks	Patient and Carer Experience Lead (for minute 24/023)
Miss Tracey Needham	Head of People Engagement (for minute 24/033)
Mrs Sarah Turner	People Engagement lead (for minute 24/033)
Miss Amy Harker	People Engagement Practitioner (for minute 24/033)
Mr Andrew McNichol	Head of People Analytics and Temporary Staffing (for minute 24/033)

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

Action

Mrs McRae opened the public meeting at 09:30 and welcomed everyone.

Mr Adderley, member of the public, attended the public Board meeting to raise awareness of autism training, specifically related to the Oliver McGowan Training programme. Mr Adderley highlighted the importance of training across all staff groups supported by service users and those with lived experience as this provides an opportunity to understand different stories and experiences. He noted the National Breaking Point campaign and the impact on social care and health as a result of this. He offered to be part of training for staff and Mrs McRae noted that she had his contact details to progress this

discussion as appropriate. The Board thanked Mr Adderley for this attendance and awareness raising of the training.

24/023

Sharing stories – Perinatal Service – The importance of supporting and involving dads (agenda item 1)

Mrs McRae welcomed Mr Errol Murray and Mr Lambert to the Board, and they provided an overview of the Perinatal Partner Support Service. Mr Murray informed the Board that the Partner Support Service commenced in 2015 and provided support to partners of those mothers who needed mental health support following the birth of their child. He highlighted that the key to the service was offering peer support, providing opportunities for friendships and provided support to approximately one hundred dads a month through the Leeds Dads Group. He noted that the service was one of 5 nationally providing this support for partners. He highlighted that the service did not provide clinical support, but could signpost partners if required, but focused on connections for partners outside of the formal mental health service.

He provided the Board with details on the services and activities available through the service. He highlighted 'Rethink Men' which was a quarterly activity held at Leeds Market to provide opportunities to link into the community and showcase the services on offer, and links with other agencies and organisations to provide wrap around engagement.

The focus for the future of the service was a focus on engagement to understand what support partners want and need.

The Board watched a video that was played in GP Surgeries providing details on how to access the service. A second video was shown providing experience from a partner who has accessed the service, Maz, and the benefit that this provided. He noted that the service had provided support to navigate the challenges faced whilst his partner received mental health support.

Mr Lambert then shared his experiences of the service to the Board, noting that he accessed this following the admission of his partner for mental health care. He explained how the service had supported him during a lonely time, and provided support as he lived out of area and was visiting each day to see his partner. He expressed how grateful he was to the service for the support he received, and informed the Board his partner was now back at work.

Mrs McRae thanked Mr Murray and Mr Lambert, noting how grateful the Board were for personal stories. Dr Hosker added that the consistency in the offer across the region was a key area that the Provider Collaborative would need to review.

Mrs Forster Adams thanked Mr Murray and Mr Lambert for the presentation and queried the demand for female partners through the service and whether this had started to change. Mr Murray noted that female partners were accessing the service however the numbers were not static so the demand varied.

Dr Munro acknowledged that the experiences presented demonstrated the value of the service and the importance of providing support to partners. She

added that the impact on mental health moving forward for partners is immeasurable. Mr Lambert noted that the service broadened his knowledge and awareness of mental health and supported talking amongst partners.

Miss Wilburn queried the cultural diversity for those partners accessing the service, and Mr Murray responded that the diversity of partners who accessed the service did not correlate with that of mothers accessing clinical services. The service has an inclusion worker who undertakes work with mothers that positively impacts on partners, and the focus moving forward was on outreach work to target communities. Joint sessions with mothers and partners were held at discharge to support ongoing care. He noted that during the COVID pandemic initially contact to the service declined, however this then increased demonstrating the impact of isolation on mental health.

Ms Khan thanked the team for the presentation and noted her hope for future expansion within the service, and how important it was to share personal experiences. Dr Hosker added that it would be important to ensure the Trust fed through to regional work programmes to support future expansion, and Mr Lambert offered support in the future with this.

Discussion took place regarding potential financial support for partners who are required to travel to visit their partners whilst they are receiving mental health care, and the importance of ensuring access to this to provide an equitable service.

Mr Murray noted how important the service was for creating an environment for partners to talk and share their experiences to provide peer support.

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

The Board **thanked** Mr Murray, Mr Lambert and Ms Weeks for attending the Board and raising awareness of the Perinatal Partner Support Service and the important impact this had on the support provided to partners of service users.

24/024 Apologies for absence (agenda item 2)

Apologies were received from Miss Nichola Sanderson, Director of Nursing and Professions, and Mrs Zoe Burns-Shore, Non-Executive Director.

It was noted that Mr Henry, Non-Executive Director, would be arriving to the meeting in due course.

24/025 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.

24/026 Minutes of the previous meeting held on 25 January 2024 (agenda item 4)

The minutes of the meeting held on 25 January 2024 were **received** and **agreed** as an accurate record.

24/027 Matters arising (agenda item 5)

Dr Hosker noted that there was currently an IT outage across the region however this was not affecting systems of LYPFT, however colleagues may be required to support this.

24/028 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 were completed and those that were still outstanding.

Mr Skinner provided an update on the EDI and WRES data and the action was noted as complete.

It was noted that the review of the Trust newsletter had been completed and the action was noted to be complete.

Dr Munro updated that the action relating to the Emerge Service was complete and the service had been linked into NHS Provider Confederation and the supporting strategy.

It was agreed the action relating to the Breathing Space initiative would remain ongoing whilst this was progressed and the detail for the organisation understood.

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

24/029 Report from the Chief Executive (agenda item 7)

Dr Munro presented her Chief Executive's report drawing particular attention to the update on industrial action and the junior doctor vote for further action, although no dates had been announced. She noted that the Staff Survey was an item on the agenda, and had seen significant improvement since 2018, and the current staff benefit platform was online and being accessed.

She informed the Board that a Collective Leadership session was held earlier that week which had seen strong engagement across leaders with a focus on the challenges for the year ahead to balance the financial regime and delivery of organisational priorities.

Service visits to The Mount had showed that staff have ability to book hotel accommodation for those travelling to the service, but Dr Munro noted it was underutilised therefore there was further need to consider how to raise awareness to ensure the budget was used and families were supported.

Dr Munro highlighted the publication of the 'Too Hot to Handle' report which detailed the experience of colleagues from diverse backgrounds and discrimination. The report was scheduled into the work plan for the Board in June 2024 to focus on this for further discussion and support across the organisation.

She informed the Board that the national planning guidance had not been received, however the Trust had submitted plans for operational targets and the financial plan.

She noted the second summit on neurodiversity for West Yorkshire had been held across the region and supported by a number of agencies, including lived experience; the first set of actions following the summit were being refined currently.

Dr Munro highlighted the new national Mental Health Strategy which would replace the long-term plan subject to political processes with the aim for summer publication. There would be five areas of focus within the plan including out of area placements and the quality improvement programme for inpatient MH Services. Whilst there were significant challenges at the current time, she noted that the NHS England league table had been published with West Yorkshire being in the top 5 for delivery against the long-term plan commitments. She noted that this is an important celebration of the work undertaken and is important for staff morale and recognition.

Miss Wilburn queried the publication of the feedback from the neurodiversity summit, and Dr Munro confirmed that a full report would be published and publicly shared once complete.

Mrs McRae thanked Dr Munro for the report.

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

24/030

Report from the Chair of the Finance and Performance Committee for the meeting held on 25 March 2024 (agenda item 8)

Miss Wilburn presented the Chair's report for the Finance and Performance Committee highlighting the discussion regarding Red Kite View and recovery actions linked to capped admissions, and the impact of this moving forward for the establishment. It was noted that due to the capping of admission service users were being sent to out of area placements.

Miss Wilburn noted the month 11 financial position and that this would be discussed later in the Board meeting. She highlighted the assurance provided

to the Board as detailed within the report, including the procurement department improvements and cyber security update.

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.

24/031

Report from the Chief Operating Officer (agenda item 9)

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 contained in the Chair's report.

Mrs Forster Adams highlighted the out of area placements trajectory in the report was still being refined until the operational plan was submitted in early May 2024. She noted it had been helpful to focus on this at the Board Development Session in February 2024, with a further update scheduled for the Board of Directors in May 2024.

Mrs Forster Adams noted the impact of the capped admissions at Red Kite View and out of area placements, and provided detail on those being treated out of area and that repatriation would be addressed when this was clinically inappropriate due to their acute illness. She added that there were two young people in hospitals across West Yorkshire however they required specific clinical intervention that was currently unable to be provided at Red Kite View. This would be included in future Chief Operating Officer reports to provide assurance and oversight.

With regards to the Specialised Supported Living service, she highlighted that progress was being made with oversight by the Trust and colleagues in local authority. It was noted that the expansion of the Gender Service was unlikely to be viable however optimisation of any opportunity would still be reviewed.

Mrs Forster Adams noted that the implementation of the 111 operational plan had been delayed due to technology issues, and updates would be provided as more information was available. She also informed the Board that an update regarding the Deaf CAMHS service would be provided to the Finance and Performance Committee at the next meeting in relation to the York service provision.

Mrs Forster Adams informed the Board that Willow View in York was due to go live in the coming weeks, which provided opportunity to lead the way in the provision of eating disorders in the future. She added good progress was being made in forensic services following the previous work undertaken with the team.

Ms Khan queried themes in relation to staff retention at Red Kite View, and Mrs Forster Adams noted there were no consistent themes. She added that the leadership team were planning to meet with colleagues to understand any action required for staff retention, including viability and potential for transfer

of staff. Mrs Quarry added that learning from previous service reports and outcomes relating to transfer of staff, and recognition of the impact of movement of staff across services and redeployment, would be considered.

In relation to seclusion facilities, Mrs Forster Adams confirmed service provision requirements were being met and adaptations were made to appropriately utilise this facility.

Mrs Hanwell queried the formal evaluation process for Willow View, to which Mrs Forster Adams confirmed this would take place with the potential for earlier opportunities for learning available through provider collaboratives. It was acknowledged that evaluation would be beneficial for potential future opportunities and estate provision flexibility for any service opportunities.

Following his attendance at an Audit Committee Chairs meeting, Mr Wright provided assurance to the Board that discussion had taken place regarding the EPRR standards highlighting shared experiences across organisations. He asked whether there was an update in relation to the Community Mental Health Transformation roll out. Mrs Forster Adams confirmed it was unknown at the current time, however staff feedback had been positive, including from third sector staff. She added that there had been a change in referrals rejected, and that demonstrated more direct referrals in pilot sites which was a positive impact for performance that would be evaluated as progress was made. She noted that medical staffing continued to be a focus for the transformation work to ensure appropriate care was provided. It was agreed that an updated report regarding this work would be provided in six months' time, including evaluation undertaken. Mr Wright requested to undertake a service visit to the Community Mental Health Service and Mrs Forster Adams agreed to arrange this at a suitable time.

JFA

JFA

Mrs McRae queried the assessment of the new commissioning framework process, and Mrs Forster Adams confirmed that it would be routed through ICS but would be incorporated in a future Chief Operating Officer report.

Mrs McRae thanked Mrs Forster Adams for her comprehensive report.

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

24/032

Chief Financial Officer's Report (agenda item 10)

Mrs Hanwell presented her Chief Financial Officer's report, and highlighted the position had deteriorated due to the financial issues that the Board were well sighted on, including staffing and out of area placements. She acknowledged that despite this, the position was that the financial commitments would be delivered to the ICB, resulting in the challenge into next year remaining substantial.

She noted that capital funding would be a challenge moving forward, however she still anticipated slippage for the perinatal beds would remain but was not

confirmed yet, however the Trust was working on the assumption that this would remain in place.

Mrs McRae noted that the Board appreciated the challenges faced and would have oversight of the efficiency programme via the Finance and Performance Committee next year.

Miss Wilburn informed the Board that it had been agreed that vacancy management panel feedback would be fed through Finance and Performance Committee to understand any impact on the efficiency schemes. The Board agreed that this was a beneficial way of reviewing this.

Ms Khan acknowledged that Mrs Hanwell had consistently kept the Board aware of the financial position throughout the year which was helpful, including the challenges faced and the position moving forward.

Mrs McRae noted that further discussion would take place in the private Board meeting, and thanked Mrs Hanwell for her report.

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

24/033

Staff Survey Results (agenda item 11)

Mrs McRae thanked the team for attending to present the presentation. Miss Tracey Needham, Head of People Engagement, introduced the team in attendance:

- Mrs Sarah Turner, People Engagement Lead
- Miss Amy Harker, People Engagement Practitioner
- Mr Andrew McNichol, Head of People Analytics and Temporary Staffing

Miss Needham acknowledged the support from colleagues to deliver the staff survey and intention plans. She noted that the Staff Survey was a mandated piece of work to measure trends over time from the workforce.

Mrs Turner provided an overview of the response rate which was 50.2% (up on last year by 6.2%) and noted that this was due to a heavy engagement plan, including a communication campaign, site visits and service visits at weekends.

She provided an overview of the substantive staff results, and the alignment to the elements of the People Plan. She noted that this year there was high performance in five key areas including staff engagement and morale. The results were below sector in two themes related to learning, however this was not a significant decrease in performance.

Mrs Turner highlighted the highest scoring areas and provided an overview of the favourable changes, including the favourable declines related to staff feeling emotionally exhausted and having work frustrations. With regards to unfavourable changes, she noted the three themes relating to team working

but that these were not statistically significant, however it was important to ensure they were reviewed and actioned as necessary.

Miss Harker provided an overview of the Bank Staff results noting significant improvement that was potentially related to the method of delivery. The Trust was awaiting national bank staff survey data so could currently only compare results to substantive staff. She noted bank staff results were underperforming in seven key areas compared to substantive staff however it was important to note that not all questions were included for bank staff. She provided an overview of the favourable changes in results related to immediate manager support and engagement. She noted the unfavourable changes which had seen a general decline in the civility and respect theme for bank staff. Issues had been identified regarding access to wards and this had impacted on the equipment related question.

An overview was provided regarding the RAG rated tables for both substantive and bank staff which demonstrated the results were the best results for substantive staff since 2018, however the bank staff data was showing a year-on-year deterioration. The Workforce Equality Standards were described, and it was noted that the Workforce Race Quality Standards (WRES) were all showing favourable changes and the Workforce Disability Quality Standards (WDES) only one demonstrated unfavourable decline.

Mrs Turner highlighted to the Board two new questions related to unwanted sexual behaviour in workplace. She noted that the question related to unwanted sexual behaviour from patient and service users was primarily experienced by substantive staff. It was acknowledged that there was concern regarding fourteen colleagues who had experienced this on more than ten occasions. The Board were informed that a Sexual Safety Group had been established since 2019 and there were a number of initiatives in this area. With regards to unwanted sexual behaviour from colleagues, it was noted that this was primarily reported by substantive staff and the results were ahead of the sector average. Context had been provided by HR colleagues and it was noted that the figures from HR did not align to those in the survey therefore more needed to be done to understand this position. The Trust had signed up to the national Sexual Safety Charter and was currently mapping its status against the commitments and an improvement plan would then be developed. It was also highlighted that the Trust had been awarded White Ribbon Status to reduce violence and harassment against women. The Board were informed that alignment of programmes and measures would take place, and this would be reported to NHS England in July 2024.

The Board were informed that the volunteer survey had been undertaken for the first time with a 24.5% response rate which demonstrated positive uptake. The results showed that volunteers provided more favourable scores for 10 out of 14 questions which was a good start to understand the volunteer experience which could now be built upon. It was noted that the data could be used to promote volunteering.

It was highlighted that the engagement and morale indicators for substantive staff were above the sector average for both. There was no sector comparison available for bank staff however the results were below substantive staff.

Miss Needham provided an overview of the importance of intention plans and that if completed there was more likely to be an increase in response rates in the following year. The survey results were now available to all staff via various methods and intention planning was underway in some services, with others due to commence this once the presentations of results were complete. The Board were informed that work was underway to include bank staff results in team level presentations. The Workforce Committee would receive a report on key areas within the survey results and next steps.

Miss Needham asked the Board to support making intention planning mandatory as part of business planning processes given the positive impact that it has.

Mrs Hanwell highlighted that a team of more than ten staff were needed to complete intention planning, however any action taken was positive and different options were available.

Dr Healey acknowledged the work undertaken and noted that some questions were linked to the Quality Committee remit therefore requested that this be brought to the Committee. It was confirmed that this had already been reviewed and would be shared in due course. She added that it was important to learn from those leaders who have positive results and share this, and Miss Needham noted that this was the area of focus moving forward, along with learning from other organisations when the data was available.

Miss Wilburn acknowledged it was helpful to have and understand the data and that issues could not all be addressed at team level. She noted that on flexible working the Trust scored above average and asked whether this should be used as recruitment focus. Mr Skinner confirmed that it was and there was a national driver to improve flexibility for working and support staff retention. He added that the self-rostering pilot was supporting flexible working which would be reviewed in due course. Miss Needham noted that the results would be presented to all governance groups to demonstrate improvements in recruitment.

Mr Henry acknowledged the impressive results however expressed concern regarding bank staff results and their unacceptable experiences and questioned how it linked to performance management. Mr Skinner agreed with the concern and noted that there were issues with reporting through channels to then act on. He noted engagement was in place but the challenge about poor behaviour to bank staff was acknowledged, and this would need to link to how bank shifts were allocated culturally. The transient nature of bank staff was challenging for comparing data, but the behaviour issues do exist therefore should be managed.

Mr McNichol noted difficulty in relation to the context of the questions and the use of substantive staff questions for bank staff. He added that the use of Freedom to Speak Up Guardians and forums for open discussion about experiences were also important. It was noted that future work would be done nationally to contextualise the questions and remove ambiguity to provide more relevant questions and data.

Mrs Forster Adams sought confirmation that formal escalation lines of reporting and investigation regarding inappropriate behaviour were being undertaken. Mr McNichol provided confirmation that this was taking place for each case.

Ms Khan noted that detail had been provided through the presentation that concerns previously raised regarding bank staff experiences in relation to culture were being acted upon. She raised concern regarding the results relating to sexual harassment and physical violence against staff and it was agreed that the Workforce Committee would review the data in more detail related to bank staff and their experiences. It was noted that the Sexual Safety group would also report through to Workforce Committee.

ZBS / DS

Dr Munro noted disappointment with the bank survey results despite the efforts made to support them as part of an integrated workforce. She was reassured by the combination of intention planning and data for cross cutting actions however noted the challenge around sharing the wellbeing offer to staff to improve their awareness of this and ensure the right actions were in place. She acknowledged that bank shifts would likely be in areas with high levels of incidents and there was a need to understand the nature of the work versus the risk posed, alongside the consideration of tolerance levels of staff to ensure zero tolerance was taken. Mrs McRae added that it was important to track improvements now that the data was available.

Mr Wright raised that communication at handover was critical to engage with bank staff, and attending at the end of shifts would be more beneficial than requesting their attendance at meetings. He acknowledged that this was an approach to consider for future engagement including at evenings and weekends. Discussion took place regarding the ability to understand the data by bandings, however Miss Needham confirmed that access to the raw data in that way was not available. Dr Munro added that moderation of the data includes factors to address banding in the results to level out the response rates.

Mrs McRae queried where the data regarding learning would be discussed, and it was confirmed that this would be reviewed at Quality Committee. Dr Hosker also noted that the learning and leadership framework survey could be linked to the results to create connection with the learning results from the staff survey.

Mr McNichol noted that there was shared disappointment regarding the bank staff survey, and it was important to acknowledge the impact of the pay award not including bank staff, along with the impact of the deregistration of key bank staff following conduct process implications when reviewing the results.

Mrs McRae thanked all the team for the presentation and confirmed that the Executive Team would discuss the support request for mandatory intention planning and provide feedback.

**Executive
Team**

The Board **received** the Staff Survey results and **noted** the content.

24/034

Report from the Chair of the Quality Committee for the meetings held on 8 February and 14 March 2024 (agenda item 12)

Dr Healey presented the Chair's report and highlighted the discussion regarding the Quality Impact Assessment process for the efficiency programme.

She noted the discussion regarding observation audits and next steps to be taken, and that the Quality Committee had linked this through to Workforce Committee due to the undertaking of observations by bank and agency staff. It was acknowledged that this may impact on the quality of observations due to potential limitations of any therapeutic relationship with bank staff and service users. Mrs Quarry noted observations should be done by the most skilled workers but acknowledged that they were undertaken by bank staff which could impact on continuity of care.

Dr Healey noted the briefing on 'Right Care, Right Person' was a valuable update to the Committee to provide assurance given the public scrutiny and complexity of geography for services. She noted that Quality Committee would continue to have sight of this. She also noted the update on the Quality Account provided to the Committee to note the progress made and the subsequent submission to Board in due course.

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

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

24/035

Report from Director of Nursing and Professions (agenda item 13)

Ms Quarry presented the Director of Nursing and Professions' report which noted good progress made through the work programme for quality and safety. She highlighted recruitment and retention, and that despite the challenges for the workforce, the Trust had placements available from September onwards for nursing students which was a positive position compared to previous years. She noted that this linked to work undertaken regarding retention, and the support provided to staff via mentor and nurse educator roles.

Mrs Quarry noted the continued work relating to culture of care, and the first collaborative peer review had been undertaken across the ICS, by colleagues from external Trusts. The feedback would be reviewed through the appropriate governance process and learning would be fed back. She added that themes across the ICS would be shared for learning opportunities.

The Board were informed that the Trust had signed up to the Culture of Care programme which was to support cultural change across the organisation and had significant funding attached to it via NHS England, along with resources for implementation. This would be of benefit to service users and the Trust workforce.

Ms Khan noted the positive feedback on multi-faith rooms. Mr Henry acknowledged the positive position for student placements and queried financial implications. Mrs Quarry confirmed that the financial implications were positive if these were used for existing roles.

Mrs McRae thanked Mrs Quarry for presenting the report.

The Board **received** the report from Director of Nursing and Professions and **noted** the content.

24/036

Integrated Patient Safety Report (agenda item 14)

Ms Quarry presented the integrated Patient Safety report which highlighted serious incidents complaints for escalation to the Board. She noted that the paper set out the detail and investigation requirements, and discussion took place as to whether this met the expectations for Board oversight requirements.

Dr Healey acknowledged the balance between level of detail and service user confidentiality. She noted that clarity was required regarding the patient cohort included and right level of information that provided assurance at the right level for Board discussions in public board, as learning was managed via established governance forums.

Mrs McRae confirmed it was a helpful report however further expansion may be required on the descriptions for incidents and complaints.

Mr Henry queried the sensitive nature of detail in a public Board meeting and Mrs McRae noted it would require submission to the private Board meeting if more detail was provided. She added that there was a need to confirm the rationale for the information and whether it was more beneficial at public or private Board meetings. Dr Munro noted that the Trust had a responsibility to be open and transparent when harm occurred in services, and there was a need to understand detail limitations due to external processes in some instances. She added that there was a balance threshold for Quality Committee assurance with escalation to the Board via Chairs reports for specific detail where required. It was noted that there would be further discussion in the private Board meeting to support the detail to be shared. Dr Munro noted that there was a session planned for Board Strategic Discussion dates in 24/25 regarding improvement and deep dives, and this would include the wider governance structure in place to support Board awareness for this issue.

Mrs McRae noted that it may be helpful to have more detail in the report for a discussion in private Board meetings. It was agreed that this would be discussed in further detail for future report content.

NS / AQ

The Board **received** the Integrated Patient Safety report and **noted** the content.

24/037

Safer Staffing Report (agenda item 15)

Ms Quarry presented the Safer Staffing report acknowledging the amended format which was the proposed option moving forward to move away from narrative and provide data to improve transparency of performance. She noted this would include quality indicators to demonstrate impact on patients and service users, a move to widen thinking around ward staff as a multi-disciplinary team, and the approach to allocation of job roles to support quality of care.

Mrs Quarry highlighted that there had been one shift with no registered nurse on duty, however provided assurance that this was assessed at the time and mitigation was in place to provide ward co-ordination and medication safety. She confirmed that no issues were reported as a result of this.

She noted the continued acuity dependency leading to working above establishment and the impact on staffing levels. She highlighted the inconsistency with clinical supervision and work was underway to understand how this could be embedded across more responsive service areas.

Mrs Forster Adams acknowledged the helpful format of the report and noted that the information related to vacancies for registered staffing in acute inpatient services may be impacted by lag time of data reporting, however the narrative correlated with the data presented which was positive to see.

Mrs McRae acknowledged that the correlation between sickness and full recruitment to vacancies may be looked at in future and that there was a need to ensure block booking for bank staff was well communicated to staff in the context of rostering, financial planning and quality.

Mr Henry noted that it would be helpful to understand the oldest vacancy within the data. Mr Skinner confirmed that this could be provided to ensure the appropriate context as work was already undertaken around this to understand the position. Mrs Quarry also confirmed that skill mix reviews were undertaken for those vacancies that are challenging to recruit to.

Mrs McRae thanked Mrs Quarry for the report.

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

24/038

Report for Medical Directorate (agenda item 16)

Dr Hosker presented the report noting the content. He expressed his thanks to colleagues for the support provided for conferences that had been held in recent weeks. He also noted the industrial action and formally thanked colleagues for efforts made to support these periods of time.

He acknowledged the recruitment detail provided within the report but noted agency spend had stabilised however not significantly reduced. He added that there was regional scoping regarding payments made to ensure consistency.

He noted the successful clinical excellence awards round and national award recognition for one of the Trust consultants.

Mrs Hanwell queried the locum job plan requirements and Dr Hosker confirmed job plan arrangements were agreed at commencement of locum working but this was not an annual process. Discussion took place regarding Programmed Activity (PA) allocation and Supporting Professional Activities (SPA) allocation. It was noted that locums receive one SPA to support revalidation however their focus is on clinical work in services which should result in a positive impact on productivity on the wards to support discharge.

Mr Henry queried the efficiency for MediViewer on clinical time, and Dr Hosker confirmed efficiencies should be seen as access to historical case notes would be of benefit to the overall patient care. He noted that there was no benefit within the programme regarding freeing up of clinical time. Mrs Hanwell commented that post project evaluation for digital projects should focus on clinical impact to support step change in productivity and efficiency along with the financial implications, and that benefits realisation should understand benefits in the wider sense.

Mr Henry asked whether the Care Director situation would impact on forms and workflows. Dr Hosker responded that undertaking this work in advance would be of benefit for any translation needed to move to a new system in the future, therefore should continue to progress. Mrs Hanwell added that local adaptations could be continued regardless of the Care Director position.

The Board **received** and **noted** the content of the Medical Directorate Report.

24/039

Guardian of Safe Working Hours Quarterly Report (agenda item 17)

Dr Hosker provided the Board with an overview of the report and highlighted trainee doctor concerns. He noted Foundation Year doctors had flagged training access issues and confirmed that this was being addressed and would be continually reviewed.

The Board **received** and **noted** the content of the Guardian of Safe Working Hours Quarterly Report.

24/040

Report from the Chair of the Mental Health Legislation Committee for the meeting held on 6 February 2024 (agenda item 18)

Ms Khan presented the report from the Mental Health Legislation Committee and noted the assurance provided to Board. Ms Khan highlighted the challenges for equality through the provider selection regime.

She noted that there would be a future focus from Synergi at a Committee meeting to discuss the positive impact to date through the outreach team. She

linked this back to the discussion at the start of Board related to the diversity of engagement and how this can be supported.

Mr Wright raised a query relating to the legal process alluded to in the report due to community treatment orders and the implications of this. Dr Hosker confirmed a judgement had been reached and an appeal had not been indicated, therefore the assumption was that it was now a legal requirement. He noted that this would particularly impact on the outreach team however the numbers were not alarming, and work was being undertaken to address this. Mr Wright added that there may be potential for wider implications beyond community services and virtual appointment access as there was a move towards that. Dr Hosker confirmed that there was no impact on other assessment processes as this was an interpretation of law for virtual assessments related to the Mental Health Act. Dr Munro confirmed it would be picked up by the national team due to the potential for eligibility for compensation.

Mrs McRae noted that it was good to see information regarding Mental Health advocates and acknowledged that whilst this needed to be progressed further due to poor results it was positive it had commenced. In relation to the disproportionate outcomes for black men for the outreach team, Mrs Forster Adams noted that there was a need to have the recommendations from Synergi in the first instance to fully understand what this may be. Mrs McRae noted that there had been repeated issues and the link to Synergi, therefore there was a need to understand the outcomes. Dr Munro added that assertive outreach interventions could be classed as coercive to keep people in the community for treatment and the service should be able to demonstrate access to support prior to service user admission. She added that the assertive outreach model needed consideration to understand where the benefit should be seen. Ms Khan highlighted the lack of engagement from schools was negatively impacting on outcomes as it was not part of the wider approach at the current time. Mrs Forster Adams informed the Board that there was a focused session on health equity and priorities in June 2024 that would support discussions around priorities and areas to influence. She noted the disproportionality issues raised and therefore there was a Board opportunity to consider the influencing ability through this session.

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

24/041

Report from the Chair of the Workforce Committee for the meeting held on 15 February 2024 (agenda item 19)

Ms Khan presented the Chair's report for the Workforce Committee noting the sexual harassment report and link to health and wellbeing. She also noted the improvement in nursing vacancies and appraisals.

She highlighted the review of the Board Assurance Framework during the Committee to ensure assurance regarding the ongoing work to mitigate the associated strategic risk.

She added it was positive to see the focus on progression support for bank staff as per the data presented in reports.

Mrs McRae referred to the substantive staff survey results regarding the Trust being a learning organisation and how this was going to be managed. Mr Skinner confirmed that a group was in place regarding compulsory training, and this was monitored via the Learn system and associated data analysis.

Mrs McRae thanked Ms Khan for the update provided.

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

24/042

Report from Director of People and Organisational Development (agenda item 20)

Mr Skinner presented the Director of People and Organisation Development report acknowledging the amended format regarding the presentation of data for which feedback was welcomed.

He highlighted the positive response regarding representation within the workforce aligned to the local population. He added that the sickness absence rate continued to be a significant challenge for the organisation, and that there was a requirement to balance being a caring and compassionate organisation with addressing sickness absence. It was noted that the top recorded reason for absence was mental health/stress/anxiety which was in line with the national picture.

He highlighted the positive improvement in PDR rates, and that compulsory training compliance remains stable. He added that there was better reporting around disability and ethnicity, although there was a requirement for all staff including Board members to register their personal data for this.

Mr Henry noted that the workforce people growth was encouraging however other discussions and charts did not reflect this, therefore he queried if the growth was due to additional services being taken on. Mr Skinner confirmed that was the case.

Mrs McRae queried the sickness figures and noted that percentage by service would be a useful figure for understanding the detail further. She acknowledged that long- and short-term sickness had dropped in January and was pleased that discussions with local organisations were taking place for learning opportunities for sickness management. Mr Skinner confirmed a deep dive was to take place regarding short term sickness and the appropriate use of the management process for these staff.

Mrs McRae raised how staff are engaged with regarding mental health/stress/anxiety and how we could support this. Mr Skinner noted that some of the reasons were not work related, however he acknowledged that further work could be undertaken to understand whether personal related stress can be supported. He added that when sickness was registered there

was an automatic pathway that offered support to staff dependent on their needs.

Mr Henry noted the previous presentation about age groups for staff across services and whether there was potential issue to consider. Mr Skinner informed the Board that discussions were undertaken in appropriate ways and a number of staff do retire and return but it was an issue, and a risk that was considered and acknowledged.

Discussion took place regarding trend data for mental health absences to support a more detailed understanding of the position and consider whether initiatives were having a positive impact. Mrs McRae agreed that the data presented to Board was helpful with an acknowledged detailed discussion at Workforce Committee. Mr Skinner added that deep dive data regarding leavers was to be presented at Workforce Committee.

Mrs Forster Adams queried whether there was consideration for flexibility regarding the presentation of reports in order to present information in an amended way. Mrs McRae noted that data should be presented in a way to best convey the message for the Board. It was agreed that this would be discussed further outside of the meeting.

JFA / SM

The Board **received** the report from Director of People and Organisational Development and **noted** the content.

24/043

Cyber Security Update Report (agenda item 21)

Mrs Hanwell presented the Cyber Security Update report which provided an update on key issues, including the Board training that had been provided and undertaken.

Mrs Hanwell confirmed that as an organisation the Trust was maintaining cyber resilience as much as possible.

Ms Khan left the meeting.

The Board **received** the Cyber Security Update report and **noted** the content.

24/044

Report from the Chair of the West Yorkshire Mental Health Committee in Common (agenda item 22)

Mrs McRae presented the report from the Chair of the West Yorkshire Mental Health Committee in Common. She noted that there were no issues for escalation to the Board and highlighted the decision to postpone the Perinatal Mental Health Provider Collaborative decision until October 2024.

She noted that the Committee were assured regarding the responsibility agreement and terms of reference detail.

The Board **received** the report from the Chair of the West Yorkshire Mental Health Committee in Common and **noted** the content.

24/045 Board Assurance Q4 Update Report (agenda item 23)

Dr Munro presented the Board Assurance Framework update report and noted that Chair's reports had stated the discussions that had taken place at Committees.

She confirmed that an update of the controls had taken place, and a full review would be undertaken in Q1 of 2024/25 as previously discussed.

The Board **received** and **noted** the content of the Board Assurance Q4 Update Report.

24/046 Annual Declarations of Interests (agenda item 24)

Mrs Edwards noted the content of the report and provided assurance to the Board that there were no concerns or issues for escalation regarding the annual review process.

She highlighted that the Board was to acknowledge the content of the declared interests, and that all NEDs had made a declaration of independence.

The Board **received** and **noted** the Annual Declarations of Interests.

24/047 Use of the Trust's seal (agenda item 25)

The Board noted the seal had been used once since the last meeting in respect of:

- Log 132 - Renewal of lease for 3rd floor premises, Don Valley House, Saville Street East, Sheffield, between LYPFT and Trafalgar Court Northern Limited – signed 28 March 2024

DH confirmed this premises was where the NOE CPC operated from.

The Board **noted** the use of the seal since the last meeting.

24/048 Any other business (agenda item 26)

There were no additional items of other business.

24/049

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 13:30 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.