

# Public Board of Directors

## Thursday 28 November 2024 at 09:30

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)

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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 K Betts	Corporate Governance Officer
Ms Rachel Pilling	Carer Co-ordinator, Patient & Carer Experience Team (for minute 24/129)
Mrs Victoria Small	Head of Well-Being (for minute 24/129)
Mrs Bethany Sheridan-Watts	Recovery College Coordinator (for minute 24/129)
Mrs Shereen Robinson	Freedom to Speak Up Guardian (for minute 24/153)

Five members of the public attended the meeting, including two governors.

### Action

24/129

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

**Sharing stories – Recovery College Update** (agenda item 1)

Mrs McRae welcomed Mrs Victoria Small, Head of Well-Being, and Mrs

Bethany Sheridan-Watts, Recovery College Co-ordinator, to the meeting.

Mrs Sheridan-Watts provided an overview of the Leeds Recovery College staff offer which was for anyone who worked in the health sector across Leeds to support their own mental health and was funded through the Leeds Health & Care Academy. All courses were informal and experiential, based on discussion and lived experience, with topics specific to the industry. Half day and full day options were available including wellbeing retreats and staying well after a period absent from work.

She noted that the Wellness Recovery Action Plan was a particularly popular course which helped people to consider how to stay well and identify early stress warning signs and consider crisis planning.

The data demonstrated that LYPFT sent the majority of staff to the courses and sessions. An evaluation was underway and initial findings showed that attendees shared learning with colleagues and service users back in the workplace, and it was helpful to develop awareness of how to stay well in a safe environment for attendees. Feedback from attendees noted the impact that the sessions had noting that they felt empowered, safe and relaxed.

Mrs Small informed the Board that sickness absence cost the Trust over £2m last year so there was a need to look at preventative support for staff regarding mental health. The organisation was offered an opportunity to be part of a VR pilot to support staff wellbeing, and this was being undertaken in 3 waves across different teams having commenced in July 2024 with overwhelming interest. Barriers to staff using the VR headset in the workplace were identified and therefore additional headsets were provided to allow staff to take them home to utilise, which had been endorsed by the Director of Nursing and Professions. Findings to date showed that staff were using the relaxation sessions between 1-5 times per week and the mood tracker demonstrated an improvement in the mood of those using the equipment. Mrs Small confirmed that the Work & Social Adjustment Scale was being used for the evaluation process which was due in January 2025. She noted that a 'library service' approach was being considered for the coming year for staff to access equipment as required. It was acknowledged that the Trust was the first to use the technology in a workplace environment.

Mrs McRae thanked Mrs Small and Mrs Sheridan-Watts for the presentation and noted the impact on patient care due to healthier staff. Dr Hosker commented that it was interesting to note that LYPFT access to the service was more than larger organisations and Mrs Sheridan-Watts responded that support from organisations was key in accessing the service and other Trusts did not do that as well.

Mrs Forster Adams thanked the team for the presentation and input into the services. She acknowledged that there were issues with staff attendance at statutory mandatory training therefore how was that reflected in attendance at

the sessions. Mrs Sheridan-Watts noted that attendance could drop off from those who registered but it was not a huge issue, and a change in the booking system was in place to support the cancellation and rearranging of attendance.

Mrs Hanwell questioned if there was a formal link between the recovery college and occupational health services as there was an opportunity to consciously refer staff on their return to work following absence. Mrs Sheridan-Watts noted that it was promoted but attendance should be voluntary rather than enforced.

Dr Healey thanked the team for an interesting presentation and queried whether there was the potential to utilise the headsets after traumatic incident experiences, and Mrs Small commented that as it was a pilot then this could be a workplace model to consider especially with the library service approach.

Mr Henry asked about the cost of the headsets and Mrs Small confirmed that the initial two cost £2340, and the additional sets were of a lower grade therefore cost £450. She confirmed that for the following year under £3000 would be required for the programme and the evaluation would be used to monitor the impact versus cost.

Mrs McRae queried whether the name Recovery College potentially impacted on attendance however Mrs Sheridan-Watts confirmed that feedback had not been received that it was an issue and it may be related more to the awareness of the service and team.

Dr Munro noted that West Yorkshire had been confirmed as a pilot site for supporting people into employment, and the health & care workforce was a key focus within this. There was a 12-month project with the intent to pilot different approaches so she would ensure that the Recovery College was considered but there would be a need to ensure the timing was appropriate.

Mrs McRae thanked the team for attending.

The Board **thanked** the team for attending the Board and providing an update on their work.

24/130

#### **Apologies for absence** (agenda item 2)

Apologies for absence were received from Ms Kaneez Khan, Non-Executive Director.

24/131	<p><b>Declaration of interests for directors and any declared conflicts of interest in respect of the agenda items</b> (agenda item 3)</p>
	<p>The Board noted that no Board member had a change in declaration and no member declared a conflict of interest in any agenda item.</p>
24/132	<p><b>Minutes of the previous meeting held on 26 September 2024</b> (agenda item 4)</p>
	<p>The minutes of the meeting held on 26 September 2024 were <b>received</b> and <b>agreed</b> as an accurate record.</p>
24/133	<p><b>Matters arising</b> (agenda item 5)</p>
	<p><b>5.1 Feedback from the Shadow Board of Directors</b></p> <p>Mr Wright provided detail on the Shadow Board programme following the second meeting which was run as a full Board meeting. He noted it was a useful session and comments raised would be noted at the relevant agenda item. He encouraged other Non-Executive Directors to be involved in the process and support future talent.</p>
24/134	<p><b>Actions outstanding from the public meeting of the Board of Directors</b> (agenda item 6)</p>
	<p>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.</p>
	<p>In relation to the Breathing Space action, it was confirmed that this was completed, and Mrs Burns-Shore had circulated the detail to relevant colleagues.</p>
	<p>The action related to the Risk Management Report was confirmed as complete and that the Executive Management Team (EMT) had agreed that the report was required which would be picked up at the next Audit Committee.</p>
	<p>Dr Munro confirmed that an interim lead was now in place for Equality, Diversity &amp; Inclusion and an update on the position with key standards would be discussed at the EMT meeting in December 2024, with an update provided at Board in January 2025.</p>
	<p>The Board <b>received</b> the cumulative action log and <b>noted</b> the content.</p>

24/135

**Report from the Chief Executive** (agenda item 7)

Dr Munro presented her Chief Executive's report, noting it as read by Board members, and that there were several areas within it that were covered in other reports, including a comprehensive update in the Chief Operating Officer report regarding winter planning and the ADHD position.

She highlighted the service visits completed in recent months and confirmed that all feedback is received via Extended EMT. All actions were fed into an appropriate governance process to ensure that the loop was closed.

She noted that the Independent Well Led Review draft report had been received which was positive overall with recommendations for further improvements rather than due to any risks identified. Further discussion would take place at the next Board Strategic Session in December 2024.

Ministerial announcements were included within the report, and it was noted that the proposal for regulation of managers within the NHS had launched. The 10-year health plan consultation was currently underway, and she noted that the nuances would be shared in the private Board meeting as engagement was currently underway.

She noted that the financial position would be covered in the report of the Chief Financial Officer and, whilst no additional areas had been identified by the PwC review, there was still a significant financial challenge.

Mr Henry noted that he was asked to present an award at a Black History Month event, and it was positive to see Trust staff nominated and winning awards as it was well deserved recognition.

Dr Hosker noted that the Mental Health Act Bill was significant with technical and strategic elements which would need to be considered in due course, including thresholds for access. It was agreed that this would be added to the Board Strategic Session work programme for scheduling at an appropriate time.

CE

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

24/136

**Trust Five Year Strategy 2024-2029** (agenda item 8)

Dr Munro presented the updated Trust Five Year Strategy to the Board noting that the previous strategy expired at the end of last year. This version included emerging national themes and had involved engagement with a range of internal and external stakeholders. The final product was distilled into the presented document including feedback from various colleagues. She

acknowledged that whilst it was a long document it was quick to read and digest. The plan was to formally launch the Strategy in the New Year. Mrs McRae acknowledged the multiple reviews that had taken place by the Board and Council of Governors.

Mr Wright noted that bold ambitions were being alluded to within the document including IT ambitions regarding video appointments for service users. He noted disappointment at the target of 85% of performance appraisals to be completed as this should be higher.

Mr Henry added that it was in an excellent format and the jargon buster was very helpful, however the rhetoric and discussion at national level may well impact on the content and approach, with changes required as part of a midterm review. Dr Munro confirmed that it was noted that the 10-year health plan may impact on the direction of travel, therefore a review would be done once that was published to consider any amends that may be required. She also noted that metrics agreed were in line with other Trust strategic plans therefore needed to be aligned. She highlighted that ambition was needed as there was a need to move in the right direction and be bold in the Trust direction of travel, including a requirement to progress with our approach to digital technology for service users and set an appropriate ambition to take staff and service users on the journey to achieve it.

Mr Henry commented that it would be positive to move away from targets and metrics towards a trajectory focus and measuring progress. Dr Healey noted that the way in which Board and Committees work, would mean a drive to move past the target where possible to deliver more. She questioned the challenge around the printing of the strategy and whether the focus should be on a digital approach. It was noted that printed versions could be requested if required but the default would be digital.

Mr Wright commented that there was a need to consider access for all in relation to video appointments and it was noted that this would be aligned to the digital plan and workstreams.

Mrs Forster Adams noted that the strategy identified key areas and guiding principles that were important to the organisation, and the lived experience point was central to the Care Services Strategic Plan and needed to be progressed.

Mrs Hanwell commented that digital poverty was an important point to acknowledge and it would be important to consider how the Trust linked into city initiatives to support digital access for wider communities.

Dr Munro commented that it was a helpful discussion, and the document reflected the ambitions of the Trust which were important to have in place to move forward. There would be a need to be vigilant about how they were

monitored however flexibility was required in the context of the national 10-year plan.

Mrs McRae thanked Mr Oliver Tipper, Head of Communications, and the wider Communications Team and confirmed that the Board endorsed the Strategy document and approved the content.

The Board **received** the Trust Five Year Strategy and **approved** the content.

24/137

**Report from the Chair of the Finance and Performance Committee for the meetings held on 30 October and 25 November 2024** (agenda item 9)

Mr Henry presented the Chair's reports for the Finance and Performance Committee and took the report as read, noting that several items were covered in detail in the papers on the agenda for the Board meeting.

He noted that the October meeting discussed the month 6 financial position and agency use trajectory, and that an ADHD update was provided which was being well managed.

He confirmed that the November meeting focused on the month 7 financial position for the Trust and ICB, and robust discussion had taken place regarding workforce and agency trajectories, and efficiencies in clinical practice. He highlighted the positive defence position for cyber security within the Trust. He also noted the discussion regarding the EPRR self-assessment, and whilst the Trust was still non-compliant, the progress made over the last year was acknowledged.

Mrs McRae thanked Mr Henry for the comprehensive update detailed within the report.

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

24/138

**Finance and Performance Committee Terms of Reference** (agenda item 9.1)

Mr Henry presented the Finance and Performance Committee Terms of Reference with minor amendments noted to reflect changes in personnel.

Mr Wright highlighted concern with the timing for the circulation of papers, and not meeting the three-day requirement. Mr Henry noted that there were issues with the ability to circulate up to date information in a timely manner and a change in meeting dates but appreciated the comments. Mrs McRae noted an



option would be to circulate papers that were ready in the timeframe with other papers to follow as agreed by the Chair.

The Board approved and amended Terms of Reference

The Board of Directors **approved** the Finance and Performance Committee Terms of Reference.

24/139

### Report from the Chief Financial Officer (agenda item 10)

Mrs Hanwell presented her Chief Financial Officer's report, taking the report as read by Board members. She noted that whilst the position was ahead of plan, it remained a deficit with a need to end in surplus by year end and there was caution around the tail end of the efficiency savings. She highlighted that the material change at month 7 was the pay award which had been transacted and led to a Trust shortfall on a recurrent basis. It had been agreed to escalate this issue this as a sector to the national team, as there was no additional funding for the award which disproportionately affected mental health Trusts. There was sufficient mitigation in place to meet the overall plan and there was not a requirement to reforecast.

She confirmed that the Star Chamber approach was in place to deliver the Cost Improvement Programme which would commence in December 2024 with updates provided in due course.

In relation to the capital position Mrs Hanwell highlighted the concern regarding delivery of capital with increasing scrutiny at a national level, and self-certification was required regarding certainty of Trust's capital forecasts. She noted that £30m had been brokered across the ICB to support the position and £5m of this was LYPFT deferred funds into the next year.

She informed the Board of the ICB position, and that some organisations were going considerably off plan. The PwC report had been shared at private Finance and Performance Committee and was to be discussed in the private Board meeting as it was not a public document. She noted that there were no areas to consider over and above those already in place, but there may be a need for further focus on areas already known.

Mr Wright commented that it was a useful report with an appropriate focus on Cost Improvement Programmes (CIPs) and queried the governance for CIPs and responsibility for delivery. Mrs Hanwell confirmed that governance was via the Financial Planning Group and the challenge was Trustwide initiatives to reduce the run rate, such as overspend on agency. She noted that there was a £16.9m plan to reduce the run rate which was everyone's responsibility. The recurrent CIP budget and governance was via the Star Chamber which would consider the impact on quality for removal of funds from budgets. The



outputs from Star Chamber would feedback through Finance and Performance Committee which would review impact and delivery.

Mr Henry noted that the PwC review had been shared to Finance and Performance Committee, and there were no alarming findings, and all areas had been considered already. He added that there may need to be consideration for any change in the priorities off the back of their findings however acknowledged that only the Trust findings had been reviewed at the current time and the wider report would be shared in due course.

Mrs McRae asked whether the challenge on agency spend was reviewed by the Workforce Committee or Finance and Performance Committee, and Mr Henry confirmed that the Finance and Performance Committee discussed the financial impact of spend and wider discussion took place across multiple committees as well. Mrs Burns-Shore added that the Workforce Committee had requested more detailed information on difficult to fill vacancies.

Mrs McRae thanked Mrs Hanwell for the report.

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

24/140

**Amendment to SFI's** (agenda item 10.1)

Mrs Hanwell presented the amended thresholds within the Standing Financial Instructions for Board approval.

The Board approved the amendments to the Standing Financial Instructions.

The Board **approved** the amendment to the Standing Financial Instructions.

24/141

**Health and Safety Annual Report** (agenda item 11)

Mrs Hanwell presented the report, taking it as read by the Board, noting that assurance was via the Audit Committee with quarterly reports and an annual report submitted. She acknowledged the delay with the finalised report however provided reassurance that there was a more robust process now in place with the Health & Safety Team.

The annual report had been scrutinised at Audit Committee and the crossover with assurance provided to other committees too was noted. She informed the Board of the ongoing work regarding a holistic approach to Health & Safety, and site support for assessments and onward management. She noted the focus on trend analysis and benchmarking to understand the Trust position and where progress needed to be made.

Dr Healey commended the much-improved report and noted that there was still work to do regarding Health & Safety elements related to patients which Quality Committee was progressing. Mrs Hanwell added that improved reporting with Datix would support a more detailed review to enhance this area. Dr Munro welcomed the comment from Dr Healey and noted that there was an overlap with Health & Safety and patient safety, however if it was kept in one area it posed a bigger risk, therefore the right approach was being taken. She also highlighted the experience of other organisations demonstrated the issues that arose when using only one lens for a Health & Safety approach.

Mr Wright acknowledged the improved report, and that Audit Committee made minor amends to the format. He also noted that it stated within the document that the entire Health & Safety team left the organisation, but it was important to note that this was unfortunate timing rather than a negative point regarding the Trust. Mrs Hanwell confirmed that she was aware of all the individual reasons for leaving and there was no concern regarding any systemic issues.

In relation to the patient safety link, Ms Sanderson noted that the Clinical Environment Group had been strengthened with clinical and estates representation to support governance and assurance discussions.

Mrs Burns-Shore informed the Board that the Workforce Committee had requested additional context around the data and the benchmarking where possible, and Mrs Hanwell acknowledged the importance of benchmarking and that this would be an area of focus and was part of the work plan. Dr Hosker noted that benchmarking was important regarding staff experiencing violence and aggression, and it was confirmed that this would be overseen by the Workforce Committee.

Mrs McRae queried that the workplan noted a working group would be established for phase 2 but had not been completed, and Mrs Hanwell confirmed that a separate group was not required as governance was in place which would be reflected within the report. Mrs McRae then noted the low level of compliance with Moving & Handling training which was disappointing given sickness levels. Mr Skinner acknowledged that this could be picked up via the Workforce Committee as part of mandatory training national standards. It was agreed that this would be included in the Workforce Committee workplan, along with a review of the correlation of training data and MSK related absence. Mr Wright noted that there was no distinction between new staff joining the Trust and those who were doing refresher training therefore it would be helpful to separate this moving forward. Mrs McRae noted that there would be a need to consider training in the wider perspective of national standards for refresher training and what was implemented locally by the Trust as this would need to be aligned and potentially reduced. It was confirmed that this would be reviewed by the Workforce Committee. Dr Munro added that nationally there was an ask to not overtrain staff, and the focus was on

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Corporate  
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Team**

reducing unnecessary training which also supported staff to move to different organisations with transferred training.

Mrs McRae thanked Mrs Hanwell for the annual report.

The Board **received** the Health and Safety Annual report and **noted** the content

24/142

### **Operational Priorities Q2 Update Report** (agenda item 12)

Mrs Hanwell presented the report, taking it as read by the Board, noting that it contained progress as of the end of September 2024 and that positive feedback had been received on the format of the report.

She noted that areas flagged regarding performance were linked to finance which was not surprising given the acknowledged position. Mrs McRae added that it noted that the Health Equity Strategy would be presented to the Board in November 2024, but this had been amended January 2025.

Mr Henry noted that it was a helpful report to monitor the priorities, and the dashboard approach was good. Mrs McRae added that it was reassuring that the 'alert' items were those already known about. Mr Wright echoed the huge improvement in the reporting format and asked for clarification regarding the pay efficiency scheme. Ms Skinner commented that the savings were end loaded into the trajectory and that bank usage was cheaper than agency, but it was likely that it would need to be reduced too in due course. He noted that by the end of March 2025 band 2 & 3 agency could not be used therefore there was a focus on converting agency staff on to the bank where appropriate. Mrs Hanwell acknowledged that there was not a target for reduction at the end of month 6 but improvements had been made and this would be reviewed for future reports.

The Board **received** the Operational Priorities Q2 Update Report and **noted** the content

24/143

### **Report of the Chief Operating Officer** (agenda item 13)

Mrs Forster Adams presented her report, taking it as read by the Board with key points to highlight. She noted that winter planning had commenced with weekly meetings in place to assess and respond to issues including GP industrial action. The winter plans had been included in the report for reference.

She highlighted that operational performance arrangements were noted within the report, and that the Quality Delivery and Performance Group (QDaP) process was established prior to other governance arrangements being strengthened therefore there was duplication. For this reason, QDaP was continuing at service level with overall operational performance monitoring now in place. It was noted that this amendment had been implemented prior to the NHS England focus on performance management.

She acknowledged that the Trust was behind schedule with the performance dashboard for A&E waiting times which was linked to the national focus for this metric, therefore it was not possible to share this detail at Board yet, but this would continue to be progressed. She noted the national focus on management and leadership which was welcomed by the Trust, and as acknowledged by Dr Munro, the consultation was underway, and the Executive Team were considering how to respond.

Mrs Forster Adams confirmed that the Improving Patient Flow Programme was discussed at Finance and Performance Committee and whilst on plan the trajectory was off plan from a 'total number' perspective. The last Board noted a plateau in performance, but the last few weeks had seen a deterioration which was now improving.

She noted the GP Confederation support provided in relation to the ADHD position, and they had offered support for those on the waiting list which had been positively received. She added that the Crisis Response performance had continued to improve over the last few weeks.

In relation to the Improving Health Equity plan, she confirmed that this had been on track to deliver the final version to Board in November 2024, however following an Executive Team discussion a further opportunity for discussion in the private Board meeting was identified therefore the final plan would be received by the Board in January 2025.

Mrs McRae acknowledged the improved position for Red Kite View. Mr Henry noted that an update on patient flow would be useful as a checkpoint review in due course, therefore it was agreed that this would be added to the forward plan for Board Strategic Discussion Days.

Mrs McRae queried whether the identified staffing issues required risk escalation and Mrs Forster Adams confirmed that these were being mitigated operationally, and whilst they had been on the risk register previously this was not required currently as they were being managed.

Mrs McRae thanked Mrs Forster Adams for her report.

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

CE

24/144

**EPRR Annual Declaration** (agenda item 14)

Mrs Forster Adams presented the annual declaration report and requested Board approval for submission. She noted that the second challenge session with the ICB was held the previous week and that the Trust was in a comparable position as a mental health provider across the sector.

She added that improvements in progress had been made over the past year however it was disappointing the overall position was not partially compliant.

Mrs McRae referred to standards 21 & 47 which related to a lack of staff training and business continuity plans and queried the risk associated with them. Mrs Forster Adams responded that, in relation to training, there was a need to improve compliance but the change in training had been considerable in terms of portfolio requirement. The Trust remained ahead of others but would continue to progress. In relation to business continuity plans she noted that most services had a plan, but they were not aligned to the updated requirements however she was confident that this was being addressed.

Mrs McRae thanked Mrs Forster Adams for the update.

The Board **received** the EPRR Annual Declaration report and **approved** the Statement of Compliance.

24/145

**Report from the Chair of the Quality Committee for the meetings held on 10 October and 14 November 2024** (agenda item 15)

Dr Healey presented the Chair's reports and took them as read by the Board. She highlighted the Gender ID access discussion and how support offered to service users on waiting lists may be a future discussion point for the Board. She also noted the Health Equity discussion regarding where this belonged from a committee perspective as there was overlap, but that this would fall into later discussions.

She noted thanks to the Communications and Corporate Governance Teams for their review of the public facing information on the website regarding quality performance.

She noted that seclusion rooms and the use of alternative rooms for service users had been identified as a unifying theme. Restrictive practice data had been discussed and the link to NG feeding and interventions required noted, including the use of restraint for injections which was to be reviewed. She noted that the Quality Committee had an interest in unintended consequences of the efficiency programmes and would continue to review this.

Mr Henry commented in relation to supporting those on waiting lists that the use of patient portals to set expectations of timelines for waits to remove any administrative burden was being explored, and the use of digital technology would be considered in the future.

In relation to a future board discussion regarding the management of waiting lists, Dr Healey noted that service by service decisions were known but there may be a need for wider discussion about a consistent approach to the management of this. Mrs McRae asked if the Executive Management Team could review this and then consider an approach. Mrs Forster Adams noted that there was a need for Board development time to focus on the understanding of waiting list management and decisions taken as there may be differing levels of understanding. It was agreed that this would be added to the Board Strategic Discussion Day forward plan as a separate item to patient flow.

CE

Mrs McRae queried the point regarding the internal audit and review of waiting lists which Dr Healey confirmed was a suggestion for the comparisons with processes in peers that our internal auditors sometimes provide, rather than an action to request an internal audit by the Quality Committee, but that progressing that suggestion was in hand. In relation to setting a target date for the zero use of prone restraint, Dr Healey confirmed that this was logged as an action for the Quality Committee to follow up when it had been considered by the appropriate groups.

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

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

24/146

#### Quality Committee Terms of Reference (agenda item 15.1)

Dr Healey presented the Quality Committee Terms of Reference which the Board approved.

She highlighted the use of an ambiguous word regarding services that the Trust 'provide' and what this meant for Committees and whether this needed further expansion within the Terms of Reference.

It was agreed that wider interpretation of the word 'provide' to include services the Trust purchased (e.g. out of area beds) as well as services provided within the Trust was appropriate and no changes were required. It noted that 'provide' would not encompass when the trust took on the role of lead commissioner.

The Board of Directors **approved** the Quality Committee Terms of Reference.

24/147

**Report from the Medical Director** (agenda item 16)

Dr Hosker presented the report and took it as read, highlighting key points. He noted that medical recruitment was moving in the right direction with recent appointments. He added that the NHS England target for job plans was 95% of job plans to be signed by 2025 which was being worked through. He noted the ongoing recovery work within Pharmacy that had executive support to progress and ensure delivery of the corporate requirements. He highlighted that the Improvement Team were working through vacancies and any potential for efficiencies.

Mrs Hanwell noted that the Andrew Sims Centre situation was under review at current time and whilst it was a valuable service it was challenging in the current financial climate. Dr Hosker responded that it still suffered from changes in approaches to CPD and there was a need to consider amended future working opportunities as it was not currently sustainable.

It was confirmed that updates on the Teaching Trust process would come back to Board as required and prior to completion.

Mrs McRae thanked Dr Hosker for the report.

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

24/148

**Guardian of Safe-working Hours Q2 Report** (agenda item 16.1)

Dr Hosker presented the report and took it as read. He noted that processes remained in place to address any escalated issues but there was nothing to report to Board at the current time.

Mrs McRae thanked Dr Hosker for the report.

The Board of Directors **received** the Guardian of Safe-working Hours Q2 Report and **noted** the content.

24/149

**Report from the Director of Nursing and Professions** (agenda item 17)

Ms Sanderson presented the report and took it as read, highlighting that the amended risk assessment process had been implemented. She noted that



extensive discussions regarding observations had taken place acknowledging that they were a key aspect of nursing care but led to an increase in staffing costs. She noted that the Trust was engaged in local and national work regarding best practice for observations including technology and training opportunities.

She highlighted the implementation of the framework to support decision making regarding restrictive interventions and care planning, along with a competency framework for band 5 and band 6 for multiple professional groups.

The Flu vaccination programme remained a focus with the Trust slightly ahead of West Yorkshire on performance for uptake.

In relation to recent CQC reviews she noted that the Mother & Baby Unit had had an unannounced inspection since the last Board of Directors meeting, and the Trust was still awaiting reports from previous reviews at Red Kite View and the Mother & Baby Unit. Dr Munro confirmed that the lack of reports had been escalated via the ICB but the timeframe for receiving these was awaited.

Mrs McRae thanked Ms Sanderson for the report.

The Board of Directors **received** the Report of the Director of Nursing and Professions and **noted** the content.

24/150

### **Safer Staffing Report** (agenda item 17.1)

Ms Sanderson presented the report and noted the content detailed data from July and August 2024. The report was taken as read with key points highlighted, including acknowledgement that the significant reduction in compliance rate figures were incorrect within the report and the performance drop was not as stark as depicted.

She noted the significant work taking place for the annual staffing establishment review with a broad range of detailed information to be collated and early updates expected in December 2024. She added that there was minimal change in the vacancy rate detailed within the report, but it was anticipated that there would be more change in the next report.

Ms Sanderson acknowledged the higher levels of bank and agency use across some wards to support observations whilst maintaining minimum fill rates for registered nursing staff. It was anticipated that there would be a reduction in vacancies within the eating disorders service in due course.

She noted that there continued to be improvements in relation to recruitment and retention, and work continued regarding rostering and observations with

a focus on links with nursing staff and allied health professionals for MDT approaches to care.

Mrs Forster Adams noted that there was a need to link staffing and agency use, and the Improving Patient Flow programme as they were interlinked.

Mr Wright highlighted a point from the Shadow Board noting that the chart related to establishment of Ward 1 & 5 showed 100% establishment but that there was still a requirement for additional health support workers, and whilst it was clear that there was work underway it would be helpful to include an explanation for this within the report moving forward to provide additional detail.

Mrs McRae thanked Ms Sanderson for the report.

The Board of Directors **received** the Safer Staffing Report and **noted** the content.

24/151

**Report from the Chair of the Workforce Committee for the meeting held on 17 October 2024** (agenda item 18)

Mrs Burns-Shore presented the Chair's report noting other discussions had covered the key points within the report. She highlighted that wellbeing had been discussed in detail acknowledging the work underway, and that the Committee would continue to review this. The People Plan had been reviewed and she noted the initiatives being delivered and the positive progress made. In relation to exit interviews, she noted that a review had been undertaken and the process would be simplified moving forward. General feedback was that staff were leaving due to career development rather than unhappiness with the organisation or teams.

She informed the Board that strategic risk three relating to workforce had been discussed and the Committee had agreed with the recommendation to reduce the risk rating from a level 16 to a level 12. This was following a previous discussion in October 2024 which required further review. The Board formally acknowledged that this has been reduced to a level 12 given the mitigation in place.

Discussion took place regarding the potential use of AI to review comments within exit interviews however the need for caution was noted as data needed to not remain in the public domain following the use of AI. Mr Henry noted that there would be a way to manage this issue moving forward. Mrs McRae noted that it was important to take the exit interview information in context, especially the positive feedback, but there was a need to acknowledge that should be triangulated with other data. Mrs Burns-Shore noted that the exit interview data correlated with the result of the Staff Survey.

Mrs McRae thanked Mrs Burns-Shore for presenting the report.

The Board **received** the report from the Chair of the Workforce Committee and **noted** the content.

24/152

**Report from the Director of People & Organisational Development**  
(agenda item 19)

Mr Skinner presented the report taking it as read by the Board. He highlighted that the data had not changed in terms of demographics, however, fill rate and additionality was shown pictorially over a period of time which was helpful but demonstrated a reliance on agency and bank use.

Sickness absence continued to be a challenge at around 6% currently however the data did not demonstrate the work underway to support managers to manage sickness across services, therefore it was hoped that this would start to be seen in the data in due course. He noted that this work included discussions about health and wellbeing to keep staff supported in work, and the potential return on investment for these initiatives

Dr Healey noted that it was good to see more benchmarking however it was comparing the workforce with census data and due to demographic changes in Leeds it may be more appropriate to focus on more relevant data within the census, such as working age. Mr Skinner acknowledged the point and that this could be reviewed. Mrs Foster Adams acknowledged that the appraisal data required updating to ensure accurate reflection of performance.

Mr Wright noted that the chart regarding starters and leavers by service area showed a discrepancy with the data. Mr Skinner noted that the data included junior doctors therefore the Trust was not recruiting as much as the data showed. It was agreed that there would be further integration of the data which would be shared with Mr Wright.

Mrs McRae acknowledged that all Non-Executive Director appraisals had been completed, and thanked Mr Skinner for the report.

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

24/153

**Freedom to Speak Up Guardian Update Report** (agenda item 20)

Mrs Robinson presented the update report to the Board. She noted the number of concerns presented over the last year with detail provided within

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the report. She highlighted that a third of contacts related to bullying which mapped to the national picture. She noted that work remained ongoing regarding civility and respect, and the policy for bullying and harassment.

In relation to the contacts, a quarter related to feelings of unfair workplace practice such as recruitment, disciplinary processes or peer to peer practice. She noted that work would be undertaken to understand the detail behind these concerns and how to support staff. A number of issues related to discrimination and a large proportion related to bank staff concerns, including access to occupational health and support, therefore work was underway to improve support access routes for this cohort of staff.

She informed the Board that most concerns were received via email with other options also available. There was a low response rate to feedback forms but those received noted that resolution had been reached or additional issues had been identified that support was provided for. This provided assurance that all concerns were responded to with additional work underway to address the themes identified.

She noted that Freedom to Speak Up ambassadors remained an area of focus with signposting in place for staff to access them. A review of core provision services for staff with the Head of Wellbeing was underway, with consideration for training opportunities and networking for the ambassadors. The Raising Concerns Policy had been updated to ensure clarity on processes and access to internal and external support and this would form part of the planned learning events next year involving ambassadors, to share issues raised and learning.

Miss Wilburn queried the detail behind the concerns related to race, and Mrs Robinson commented that many were to do with a perception of unfair treatment. The issues had been explored and case studies were to be shared with staff to identify the lessons learned through the planned learning events. She added that the civil unrest had an impact on the issues raised and thanked the executive team for their response at the time. She noted that concerns raised regarding staff that were within the disciplinary process had been reviewed and confirmed that the process had been applied fairly but improved communication may help with expectations and timelines.

Mr Henry acknowledged the work underway and the initiatives in place and noted that trend data would be considered for future reports. He highlighted that the concerning issue was regarding those staff that did not want their manager to know of the contact made and the fear of repercussions, and that it did not feel positive that people still felt that there would be a negative impact associated with speaking up. Mrs McRae responded that it would be possible to identify if those cases were all within one area or related to individuals. Mr Skinner noted that the initial feedback from the Well Led Review demonstrated that the workforce felt psychologically safe, but it was a slow-moving picture that people were speaking up more. Mrs McRae added that the ability to

review trends would support the Trust to be able to track a reduction in this position.

Mr Wright noted a comment from the Shadow Board regarding the number of contacts made via the ambassador role, and Mrs Robinson responded that only a small number were raised through the ambassadors who were signposting staff and resolving issues therefore not always logging it as a concern when it was appropriate to do so. She noted that a key role for the ambassadors would be the learning events to increase visibility and accessibility. Mr Wright noted a second query from the Shadow Board noting that proactive work took place therefore it would be beneficial to demonstrate this within the report moving forward and showcase all work. Dr Healey added that most concerns were staff related therefore was there an opportunity to have ambassadors within professional groups to support raising concerns, and Mrs Robinson noted that this was a helpful suggestion for consideration.

In relation to the anonymous concerns, Dr Munro noted that this was an opportunity for curiosity to explore other issues that may need review within services. She added that the initial verbal feedback from the Well Led Review highlighted that the Freedom to Speak Up approach and arrangements in the Trust were the best that they had seen in any organisation that they had reviewed which was extremely positive.

The Board expressed thanks to Mrs Robinson for her work to date and Mrs McRae thanked her for the report.

The Board **received** the report from the Freedom to Speak Up Guardian and **noted** the content.

24/154

#### **Report from the Chair of the Audit Committee for the meeting held on 22 October 2024 (agenda item 21)**

Mr Wright presented the Chair's report from the Audit Committee taking it as read with no specific areas for escalation. He highlighted key points noting that there had been an increased number of limited assurance internal audit reports recently and, whilst assurance had been provided that work was underway to address these, it would be preferable to receive more significant assurance internal audit reports.

He noted that the new annual objective for the Committee was to request more trend-based information to support improved monitoring of performance.

Miss Wilburn noted the limited assurance report regarding the mental capacity act and that this was being referred to the Mental Health Legislation Committee, however the next meeting was not until February 2025 therefore was action required prior to this. Mr Wright confirmed that there was no need

to expediate action as governance processes were in place to support action to take place in the interim, but the Committee would require an update on actions taken by the time it was discussed. Dr Hosker confirmed that he had attended the Audit Committee meeting and provided assurance that all management actions were in place.

Mrs McRae thanked Mr Wright for the report.

The Board **received** the Chair of the Audit Committee report and **noted** the content.

24/155

**Audit Committee Terms of Reference** (agenda item 21.1)

Mr Wright presented the Audit Committee Terms of Reference with minor amends, which the Board approved.

The Board of Directors **approved** the Audit Committee Terms of Reference.

24/156

**Report from the Chair of the Mental Health Legislation Committee for the meeting held on 5 November 2024** (agenda item 22)

Mrs McRae noted the absence of Ms Khan and there were no questions in her absence in relation to the Chair's report from the Mental Health Legislation Committee.

Dr Munro discussed the feedback from the committee effectiveness questionnaire, and that there were statutory requirements for the Committee to review with differing views regarding what the Committee was reviewing. Therefore, it was agreed that colleagues would review the Terms of Reference for the Committee to ensure that it was aligned to statutory requirements.

Mrs Forster Adams noted that this would support further detail around the issues discussed at the Committee and any further action needed from Executive Directors who did not attend the meetings. Miss Wilburn added that clarity was required regarding the detail and governance routes for detention discussions. Dr Hosker confirmed that the Mental Health Legislation Steering Group reported into the Committee therefore there was a need for clarity regarding the reporting requirements and inclusions.

The Board **received** the Chair of the Mental Health Legislation Committee report and **noted** the content.

CH/KW/KK  
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24/157	<p><b>Chairs Report from the West Yorkshire Mental Health Committee in Common held on 23 October 2024</b> (agenda item 23)</p> <p>Mrs McRae presented the update from the West Yorkshire Mental Health Committee in Common and took it as read.</p> <p>She noted that there had been discussion around productivity at a national level but there was a focus on acute services which lacked mental health within benchmarking, therefore this had been added as a standing item to the Committee to share good practice moving forward.</p> <p>The Board <b>received</b> and <b>noted</b> the content of the Report from the Chair of the West Yorkshire Mental Health Committee in Common.</p>
24/158	<p><b>Board Assurance Framework</b> (agenda item 24)</p> <p>Dr Munro presented the updated Board Assurance Framework noting the previous discussion regarding the change in strategic risk for workforce scoring.</p> <p>The Board agreed the amended risk score for Strategic Risk 3.</p> <p>It was agreed that the wording for STEEEP needed to be reviewed in the BAF document.</p> <p>The Board <b>received</b> and <b>noted</b> the content of the Board Assurance Framework.</p>
24/159	<p><b>Future Meetings &amp; Work Programme for 2025</b> (agenda item 25)</p> <p>The Board <b>noted</b> the future meeting dates and work programme for 2025.</p>
24/160	<p><b>Use of Trust Seal</b> (agenda item 26)</p> <p>The Board noted the seal had been used once since the last meeting in respect of:</p> <ul style="list-style-type: none"> <li>Log 133 – Early Works Agreement – Newsam Seclusion Room (PFI)– signed 30 October 2024 by the Chief Financial Officer and the Associate Director of Corporate Governance</li> </ul>

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	The Board <b>noted</b> the Trust Seal had not been used since the previous Board of Directors meeting.
<b>24/161</b>	<b>Any other business</b> (agenda item 27)
	There were no additional items of other business.
<b>24/162</b>	<p><b>Resolution to move to a private meeting of the Board of Directors</b></p> <p>At the conclusion of business, the Chair closed the public meeting of the Board of Directors at 12:55 and thanked members of the Board and members of the public for attending.</p> <p>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.</p>