

Public Board of Directors

Thursday 29 May 2025 at 09:30am

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 of 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 of Corporate Governance / Trust Board Secretary
Mr K Betts	Corporate Governance Officer
Mr Peter Johnstone	Head of Operations (for minute 25/052)
Mrs Shereen Robinson	Freedom to Speak Up Guardian (for minute 25/068)

One member of the public attended the meeting.

Action

25/051	Mrs McRae opened the public meeting at 09:30 and welcomed everyone.
	Apologies for absence (agenda item 1)
	Apologies were received from Miss Katy Wilburn, Non-Executive Director. The meeting was quorate.
25/052	Sharing stories – Learning Disabilities Service (agenda item 2)
	Mrs McRae welcomed Mr Peter Johnstone to the meeting who introduced

himself to the Board, noting that he would be sharing details of a project in the Learning Disability Service involving videos co-produced with service users about the Specialised Supported Living Service. He noted that the service had been in a challenging position 12 months ago with ten tenancy vacancies, however the vacancies had reduced over the last year. As the service was not suitable for prospective clients to undertake home visits, videos were developed to support those moving into the service.

Mr Johnstone shared two videos with the Board which were stories of those already within the service to show the tenant and family experience of moving into the service, and an overview of the facilities and rooms. They were shown to prospective clients but also used by social workers to promote and share the service. He added that the videos were shared with consent and could only be accessed via a link shared by the service. Both videos had been useful and supported discussions with potential tenants and families. The overall aim was to develop a film for each of the 16 houses with a need to consider how to ensure service user engagement was undertaken appropriately to develop a library of resources to share and utilise.

Mrs Forster Adams thanked Mr Johnstone and noted that the Board had heard about the financial challenges of the service but understood the effort and work to fill vacancies. She queried the timeframe for planning and familiarising tenants with the houses before moving in. Mr Johnstone responded that the service was working with partners to develop a reasonable timescale to support the moving in process, noting that there was a need to allow a respectful period for staff and tenants before new tenants arrived. The aim was to get to a 4-week period from nomination of tenancy to visits and overnight stays, with moving in to take place within 8 weeks in total.

Mr Henry thanked Mr Johnstone for bringing the service to life and showing the important role of families in supporting tenants to move into houses which was demonstrated through the videos. Ms Khan acknowledged the cultural perspective for families who take on caring roles which was important to show through the videos, and the positive element of showing tenants gaining more independence was important.

Mrs McRae queried the requirement for a review of learning disability services across Leeds, and Mrs Forster Adams, noted the difficulty was it had only recently been agreed that a multi-agency group would come together to review services across Leeds and the requirements moving forward. Mr Johnstone added that there was a need for an independent review of the learning disability landscape to review what was needed over future years. Dr Munro noted that this was not an area being considered nationally despite significant shifts in life expectancy and the services required over recent years. She acknowledged that guidance and toolkits were being developed to review provision at a local level, but a national widescale review was not in place, therefore there was an opportunity to drive this forward in Leeds. Mrs

Hanwell added that there was a need to consider the health component of service user needs, and this should be considered in the strategy and multi-agency complexity requirements for service provision, including housing and funding arrangements.

Mrs McRae thanked Mr Johnstone for attending the meeting and encouraged service visits.

The Board of Directors **thanked** Mr Johnstone for attending the meeting and sharing the engagement work within the Learning Disability Service.

25/053

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

The Board of Directors **noted** that there had been no changes in the declarations of interest.

25/054

Minutes of the previous meeting held on 27 March 2025 (agenda item 4)

The minutes of the meeting held on 27 March 2025 were **received** and **agreed** as an accurate record.

25/055

Matters arising (agenda item 5)

Mr Wright requested an update regarding the recognition of carer experience as a protected characteristic. Mrs Burns Shore noted that it had been discussed at Workforce Committee, but more work was needed. There was a belief that support for colleagues was in place for care leavers, but there was a service design element to be considered. Mr Skinner confirmed that the Equality Act defined the protected characteristics, therefore making it a protected characteristic had legal requirements. Mrs McRae noted that the original ask was to treat it as equal to a protected characteristic to which Mr Skinner noted that what was currently done by the Trust was probably equal, but review was needed. Dr Munro noted that the Trust had signed up to the NHS England Carers Charter and the challenge was about constitution and employment procedures to take it a step further which the City Council were looking to implement. She added that conversations were ongoing in the Council with a long programme of work with incremental steps planned due to the consequences from a liability perspective.

Ms Khan noted that the protected element of characteristics was invaluable and important to consider, and that there was a need to consider whether those with lived experience felt that the Trust were meeting the requirement. Mrs McRae added that when the update was provided to the Council of Governors it would be helpful to be clear on the work the Trust was already doing and the adherence to supporting charters.

The Board of Directors **noted** that there were no matters arising.

25/056 **Actions outstanding from the public meeting 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. It was noted that there were a number coming back to Board in September 2025, and all others were noted to have updates provided or be completed.

In relation to action 27 regarding intention planning, Dr Munro noted that this had been discussed, and intention planning was not going to be mandated as the focus would remain on civility and respect with a programme of work in place. If it became mandated the level of resource required to monitor it would be unmanageable. She added that there were several programmes around bank staff therefore the Executive Directors were content this was in an appropriate process through the Workforce Committee. Dr Healey noted that within the staff survey, local results showed levels of variations therefore next year it would be helpful to look at those areas where results were not optimum to consider whether they were universal or locality specific issues. The action was agreed as completed.

In relation to action 23 which was noted as complete, Dr Munro confirmed that the internal audit relating to appraisals would be reviewed by the Workforce Committee as required.

The Board **received** the cumulative action log, **agreed** to close the actions that had been completed and **noted** the updates provided for ongoing actions.

25/057 **Report from the Chief Executive** (agenda item 7)

Dr Munro presented the Chief Executive's report, taking the content as read, and acknowledging the paper on priorities to follow later in the agenda.

She highlighted the engagement events underway which closed off the Well Led Review action regarding sharing the Trust priorities, and a Frequently Asked Questions pack from the sessions would be shared with the wider organisation. In relation to industrial action, she noted the ballot underway for Resident Doctors.

She informed the Board that the Leeds System Review launch event would take place the following day, with the Value Circle the chosen provider for the review. The launch event was the start of the process for a broad set of stakeholders to have an opportunity to shape the programme of work to ensure appropriate involvement, with the initial report expected by the end of September 2025. In addition, the leadership arrangements for LCH were noted, and the Chair for Leeds Teaching Hospitals would be announced in due course.

Dr Munro noted that the ICB draft structures were due to be submitted to NHS England regional teams with follow up responses by mid-June for any proposed iterations. The staff consultation would commence in July 2025 for 45 days, with a 45% reduction in headcount for West Yorkshire ICB. No changes would be made to the footprint of the ICB. There was a high-level proposal for a smaller Place based team with alignment of ICB functions and provider partnership arrangements being key in arrangements. There was uncertainty regarding the changes for the ICB as there was no agreement of funding for redundancies and national agreements for processes were not yet agreed. She noted that the blueprint for the role and structure of regional teams to undertake provider assurance for performance and quality was expected.

The Provider Assurance Framework was noted to be out for consultation with Trusts segmented; the Trust were in segment 2 primarily due to out of area placement, and the proposed new framework would include an indication of Trust positions.

Dr Munro noted it was as important as ever to include the Reasons to be Proud given all the changes underway, and it was important to recognise staff continuing to deliver the day job.

Mrs McRae noted that the Non-Executive Directors had requested an update on the blanket vacancy freeze and assurance on whether not filling vacancies posed any safety or quality risks. Dr Munro noted that that whilst a full freeze was in place, any exceptional requests would be reviewed by the Executive Directors weekly and approved if appropriate. The scale of the financial challenge meant that until teams had the opportunity to review working within a smaller budget the Trust was at risk of recruiting to posts that would not exist in the future. The freeze was in place for a 4-week period whilst a high-level request was underway to consider the financial gap and team structures required to deliver this. She confirmed that teams were aware of the route for

exceptional requests. She added that this process released staff involved in the Vacancy Management Panel to support staff to consider the changes needed within teams to meet the financial challenge.

Dr Munro noted that as the scale of redundancies across organisations became known, opportunities for the use of vacancies to support movement across jobs would be in place. Mr Skinner noted that there was a Memorandum of Understanding in place from previous working arrangements that would be used for this. Mrs McRae acknowledged it was helpful to understand the nuance and processes underneath the blanket decision.

Mrs Burns Shore queried how the cost per head of population had been reached, and Dr Munro responded it was a weighted average approach that NHS England implemented nationally for ICBs. In relation to the risk to the Trust regarding the 45% reduction at ICB level, Dr Munro confirmed that this was not known yet as decisions had not been made in relation to where functions would ultimately sit. A Transition Group had been established for accountable officers to oversee the changes which would allow for a wider review of functions and roles. Mrs Hanwell added that legal changes would be required to implement the blueprint which would need to be factored into the process including times and finance for statutory and legal changes.

Mrs McRae thanked Dr Munro for the report.

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

25/058 **Report from the Chair of the Finance and Performance Committee for the meetings held on 22 April and 27 May 2025** (agenda item 8)

Mr Henry presented the Chair's report from the Finance and Performance Committee meetings on 22 April and 27 May 2025, and acknowledged that the reports from the Chief Operating Officer and Chief Financial Officer would cover some of the updates.

He noted the focus at the April 2025 committee on the month 12 financial performance, budget versus run rate, and system position. He noted the update regarding the corporate growth reduction and agency trajectories. The committee reviewed the Digital Plan and innovation within capital constraints acknowledging the focus on driving forward with the right technology. The committee received assurance from the EPRR annual report and PAM report.

The May 2025 committee meeting focused on the month 1 financial position, discussion regarding the growth reduction challenge and the work underway regarding the benchmarking process. He noted the Chief Operating Officer

report content and the review of the organisational priorities for 2024/25 and proposed priorities for 2025/26. The Information Governance Annual Report was received for assurance purposes.

Mrs Forster Adams clarified that the EPRR Annual Report would be presented to the Board in July 2025 alongside the Assurance Report. She added that the Section 136 detentions would no longer be reported at Board level but would be reviewed at the Mental Health Legislation Committee.

Mr Wright acknowledged the stress put on teams for understandable reasons related to the use of bank staff, targets for financial delivery, and the vacancy freeze, and that the pressure and scrutiny staff were under should be recognised. Mr Henry acknowledged that the detail seen at Finance and Performance Committee demonstrated the work underway and the data supported the changes implemented but it was important to be mindful of the impact on staff.

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

25/059 Report from the Chief Financial Officer (agenda item 9)

Mrs Hanwell presented her Chief Financial Officer's report, noting the discussion at Finance and Performance Committee regarding the month 12 position to confirm the Trust had delivered all requirements.

She noted that month 1 was challenging to give an indication of the position, which was broadly on plan currently, however it was important to note the scrutiny in place regarding the £18.5 million gap at a local and system level with a fortnightly review in place. She added that the capital plan was agreed for 2025/26 as shown in the report, and opportunities and risks would continue to be reviewed as they arose.

The corporate benchmarking return was to be completed by Friday 30 May 2025 and a 'comply or explain' approach would be reported via the Finance and Performance Committee, with further efficiencies for corporate services to be reviewed as part of the work within the Trust.

She noted that the new scorecard and metrics for segmentation had a clear link in the domains to the national priorities which was reflected within the Trust priorities for 2025/26.

In relation to the corporate benchmarking, Mr Wright noted it was challenging to undertake it across organisations and compare and queried whether further work was underway to look at nearest comparators to understand potential

areas of focus. Mrs Hanwell responded that there were opportunities for collaborative working which was underway led by Directors of Finance and Executive Directors to consider further areas for review, which may also be driven forward by the Leeds System Review.

Mrs Burns Shore queried whether the budget review could likely mean redundancies, and Mrs Hanwell responded that the substantive pay budget was underspent in the full year and the run rate was due to overspends and bank or agency use, therefore the vacancy freeze allowed alignment with staffing structures to avoid redundancy scenarios. She added that the 'comply or explain' approach for corporate benchmarking covered some of the growth reasons and from month 2 would have additional elements in for monitoring corporate growth.

Mrs McRae thanked Mrs Hanwell for the report.

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

25/060

2024 – 2025 Organisational Priorities Quarter 4 Progress Report & 2025 – 2026 New Organisational Priorities (agenda item 10)

Mrs Hanwell presented the report noting the detail closing the 2024/25 position, highlighting the completion of 5 priorities with the others being continued and carried forward into 2025/26. She noted the rigorous process to develop the 2025/26 organisational priorities, grouping them into three distinct areas, with the link to national mandates and performance monitoring processes.

Dr Healey acknowledged the achievements within 2024/25 and the complexity of the work. She queried when the quality dashboard would be available at Trust level, which may link to financial and workforce metrics in integrated reporting, but was needed for broader quality metrics which were important to give oversight at a Trust level. Dr Hosker responded noting the rigour behind the metrics had moved towards a focus on quality and culture, and the aligned metrics would include mandated metrics supported by local level metrics. He added that if the Quality Committee needed a specific data set that could be worked into the alignment process. Dr Healey noted that the metrics were needed for the Board and Quality Committee, for committee and board level assurance. She noted that the Board needed to understand the timescales and deliverables. Dr Hosker noted that the Quality Dashboard was available on Echo with multiple metrics, but it needed further development to narrow it down to key oversight needs. Dr Munro added that there was lots of data available, and the challenge was how to covert this into intelligence for assurance or indicator purposes at Committee and Board level to support

improvements in performance.

Dr Munro informed the Board that the Board Development Session in June 2025 would focus on improvement and efficiencies, and an update regarding the dashboard would be brought to that session. She noted it would need to move to implementation with the acknowledgement that it may not be perfect and would be worked through. Mrs McRae commented that there was a need to consider how to align the data to committees and Board and the requirement for the content of the Quality & Culture Dashboard at assurance level, with the proposal to be shared at the June 2025 Board session.

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Discussion took place regarding the support required from Non-Executive Directors regarding the priorities, and it was noted that committees could support the creative thinking process around how to do this. Dr Munro added that the use of private and other Board time would be key to the delivery of the priorities, such as discussions around corporate functions and how this would work across organisations, the integration of pathways led by Mrs Forster Adams, and the Leeds system review implications including future organisational direction. She noted it would be important to use time to debate the ideas and shape decisions and the operational priorities would help the Trust to support the system review and partnership working arrangements.

Mrs McRae thanked Mrs Hanwell for the report.

The Board of Directors **received** the 2024 – 2025 Organisational Priorities Quarter 4 Progress Report, and the 2025 – 2026 New Organisational Priorities and **noted** the content.

25/061

Report of the Chief Operating Officer (agenda item 11)

Mrs Forster Adams presented her report, noting the depth of the discussion at Finance and Performance Committee. She noted that the report demonstrated how alignment of work was underway and how it would be implemented through different approaches. The report started to introduce detail on priority areas of work which would be transformational.

She highlighted the focus on Emergency Department (ED) performance and the collective work needed to reduce the waits in ED for mental health admissions and support. She noted that the Trust was not yet able to systematically report on ED waits, however work continued regarding electronic systems to provide this, however there was no timeline as yet.

She noted the ongoing discussions regarding contract agreements and the optimisation of community MH transformation to support this. She highlighted the temporary closure of Oasis Crisis House and that the Trust had worked

with colleagues to optimise the model which had improved, however estates work meant this would be closed for 10 weeks. She acknowledged the high-risk nature of this closure for short term support provision and the improving patient flow programme and consideration of mitigation and different operating models for that period of time was underway.

She highlighted the improvement in crisis responsiveness due to a change in the operating model to have a locality focus which had led to an improvement in the recruitment of staff into services to support resilience.

She informed the Board of four programmes of work that would include and engage all in Care Services:

- Optimise community mental health transformation in LYPFT which was being scoped currently.
- Inpatient quality transformation programme which incorporated the improving patient flow programme of work and provided a broader focus.
- Reducing Waits in ED as referred to previously which balanced clinical risk with community requirements.
- Transformation of children and young people's mental health services which would include transition between services and would be an area of focus at the Board Strategic Discussion Day in June 2025

Ms Khan noted the issues regarding the safeguarding supervision target and staff burnout due to stress which was acknowledged at Workforce Committee. Miss Sanderson responded that there were a broad range of strategies in place regarding supervision, and practitioners were working with teams including enhanced services to support the staff in those areas. She noted that the recording of supervision had been challenging when determining what should be included.

In relation to Aspire, Ms Khan queried the confidence regarding progress being seen, and Mrs Forster Adams responded that she was confident that collaborative work on a recovery plan was underway and would be monitored for effectiveness. She added that the review of pathways and community optimisation would support this in the longer term. In relation to the email threat referred to in the report, she noted that this had been sent to each provider in the country and was hostile, rather than a threat, about the Supreme Court ruling.

Dr Healey noted that the Board needed to support transformational change through innovative solutions as despite partnership working and best efforts on aspects within our control, substantial challenges remain. Mrs Forster Adams acknowledged that the programmes of work planned would give the Board opportunity to review progress and provide an additional level of challenge for approaches taken.

Mrs McRae queried whether hubs would support the ED work programme, and Mrs Forster Adams noted that they would be supportive for improvements.

Mrs McRae thanked Mrs Forster Adams for her report.

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

25/062

EPRR (agenda item 12)

EPRR & Business Continuity Policy (agenda item 12.1)

Mrs Forster Adams took the policy as read and noted it was at the Board for approval in line with EPRR standards.

Mrs McRae noted it was disappointing that there was low up take for strategic commander training therefore there was a need to have executive oversight of the processes.

The Board approved the EPRR & Business Continuity Policy and Mrs McRae thanked Mrs Forster Adams for her report.

The Board **received** the EPRR and Business Continuity policy and **approved** the content.

25/063

Report from the Chair of the Quality Committee for the meetings held on 10 April and 8 May 2025 (agenda item 13)

Dr Healey presented the Chair's Reports from the Quality Committee meetings held on 10 April and 8 May 2025, taking them as read.

She highlighted the focus on actions taken in response to incidents, complaints, etc. as key to assurance, and the current pause on one regular report to review the content and requirements moving forward.

She made a clarification regarding the referral to the Audit Committee noting that this related to First Aid Training as part of Health and Safety legislation; the referral had been completed.

She confirmed that appropriate action had been agreed regarding clarifying oversight of investigations of incidents in the spot purchased beds.

Mrs McRae thanked Dr Healey for the reports.

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

25/064

Report from the Director of Nursing and Professions (agenda item 14)

Miss Sanderson presented the report taking it as read by the Board, highlighting the Task and Finish groups established to progress the programmes of work to improve the quality of care and improve efficiencies. She noted that CPD funding was available for 2025/26 and would be used appropriately in areas that had not previously benefited from it. She highlighted the work of Amy Pratt, staff governor, as part of national guidance for catering in mental health settings.

She also noted the significant piece of work that had been undertaken regarding early warning score approaches across all services and the documentation of mental health assessments.

Mrs McRae thanked Miss Sanderson for the report acknowledging the content within the report, including the CPD funding. In relation to the Patient Safety Partners recruitment delay, Mrs McRae asked if this would be reported through the Quality Committee, and Miss Sanderson confirmed it would.

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

25/065

Review of the Independent Investigation into the Care and Treatment provided to VC (agenda item 14.1)

Miss Sanderson presented the report taking it as read by the Board. She noted it was important to reflect on the recommendations that provider Trusts were responsible for ensuring were in completed and added that the current position provided assurance that these were underway and linked into existing work streams. She noted that attention would not be solely on these recommendations, as there would also be a review of internal areas of priority following investigations and patient safety related issues internally.

Mrs McRae thanked Miss Sanderson for the report noting the positive responses to the recommendations from work underway already. She queried whether there was a tracking system given the number of recommendations from a variety of sources, and Miss Sanderson confirmed that this was in place and linked to the priorities. She also noted that the amended approach

to reporting was being worked through to provide assurance whilst not reverting to lengthy reports as per previous processes.

The Board of Directors **received** the review of the Independent Investigation into the Care and Treatment provided to VC and **noted** the content.

25/066 Report from the Chair of the Workforce Committee for the meeting held on 30 April 2025 (agenda item 15)

Mrs Burns Shore presented the Chair's report, highlighting the review of the People Plan and core priorities identified. She noted the issue regarding the alignment of training and sickness information regarding stress and MSK absence, therefore the focus was on mandatory training compliance. She noted the discussion regarding the bank forum and the desire to choose bank work over substantive roles, however there was a successful conversion from bank to substantive roles and work with the bank would continue.

Discussion took place regarding the data for MSK and stress training and absence, and Mr Skinner agreed to provide the detail on numbers of staff affected to understand the scale of the issue.

Mr Henry noted the link between bank staff who do not want to take on substantive roles and the drive to reduce bank use, and Mr Skinner noted that this was a national pressure to balance as all organisations were to deliver the reduction in bank use.

Mrs McRae thanked Mrs Burns Shore for the report.

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

25/067 Workforce Committee Terms of Reference (agenda item 15.1)

The Board of Directors **received** and **approved** the Workforce Committee Terms of Reference.

25/068 Freedom to Speak Up Guardian Annual Report (agenda item 16)

Mrs Robinson presented the report taking it as read noting the slight increase in number of concerns in comparison to the previous year. She noted the recent internal Audit had provided high assurance however work was taking

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place on the recommendations including barriers to speaking up. This included work with the Guardian of Safe Working to promote the service with medical staff, but with the acknowledgement that they had other routes to raise concerns. She informed the Board that recruitment for ambassadors had been paused at the current time, and the evaluation forms had been updated to measure success of communication from the service.

Due to the number of perceived unfair work practice or process concerns, work was underway regarding reminders of the policies in place. She noted that further review of neurodiversity related concerns would take place to understand if additional manager support was needed for this.

In relation to learning, Mrs Robinson informed the Board that the Trust was taking on board the National Guardian Office learning and that the policy was to be amended to make it clear that the service did not undertake investigations on concerns. She noted the awareness of national changes such as sexual harassment including the Trust sign up to the Sexual Safety Charter. She added that there was cultural awareness training underway for international nurses following national learning.

She noted that at the Board Strategic Discussion Day in October 2025 there would be a focus on the Freedom to Speak Up Annual Return and the role of the Board for leadership and role modelling.

Mr Henry commented that as the Non-Executive Director with a lead for Freedom to Speak Up, the communication plan was positive in relation to awareness of the service across the Trust services and the importance of the right routes of signposting of concerns. He noted that there may be an increase in concerns regarding the financial and workforce decisions to be made moving forward, demonstrating the importance of communication as this progresses.

Mr Wright thanked Mrs Robinson for the report, acknowledging the internal audit report finding. He added that the staff survey results would indicate there should perhaps be more referrals to the service using the role of the ambassador to bridge the gap and queried if there was more to be done. Mrs Robinson responded that the use of the ambassador network was reflected in the staff survey results and it was important to note that there were multiple ways to raise a concern so they may not all come through the service. Mr Skinner confirmed that triangulation of all data sources took place to review data as a whole.

Dr Healey queried the process for patient safety or quality related issues, and Mrs Robinson confirmed that they were flagged through the Chief Executive and Medical Director to escalate or ask for support. Dr Healey acknowledged the process for individual incidents had been previously explained to board, but that the themes and patterns of quality-related issues raised through this

route were also useful information for Quality Committee. Ms Sanderson suggested this might be part of the review of regular reports of themes and actions taken in response from various data sources provided to Quality Committee and Mrs Robinson and Ms Sanderson agreed to discuss this.

Mrs McRae thanked Mrs Robinson for the report.

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

25/069

Report from the Chair of the Mental Health Legislation Committee for the meeting held on 15 May 2025 (agenda item 17)

Ms Khan presented the Chair's report, taking it as read by the Board, highlighting the discussion regarding the Section 136 mandated target which had led to a review of how the Trust benchmarked with other organisations.

The reduction in mental health legislation training required a manual check for performance detail therefore was to be referred to the Workforce Committee. Mrs Burns Shore noted that it would be more appropriate for this to be managed via the People and Organisational Development Governance Group with escalation to the Committee if needed.

Mrs McRae queried whether the 0% recording for Section 136 data was noted by the Committee, and Dr Hosker noted that this had been an ongoing issue in relation to the reporting of reviews and when the time frame relates to multiple professionals. Ms Khan noted that this was the reason for the benchmarking review to potentially provide different ways of recording and learning opportunities.

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

25/070

Report from the Chair of the Audit Committee for the meeting held on 8 April 2025 (agenda item 18)

Mr Wright presented the Chair's report, taking it as read, noting the internal audits received and varying levels of assurance provided. The committee had reviewed all the reports and were content with the recommendations in place. He noted that the Head of Internal Audit opinion was indicative of a positive result which was welcomed. He thanked all committees for reviewing the internal audit plan for 2025/26 which had now been agreed.

He noted that the committee continued to work on Health and Safety, and the distinction between health and safety and patient safety, and the appropriate definitions and parameters for review.

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

25/071

Board Assurance Framework (agenda item 19)

Dr Munro presented the updated version of the Board Assurance Framework, and specifically noted the upgraded risk rating for Strategic Risk 4 to a level 15 due to the financial pressures as noted and discussed during the meeting. She added that the action deadline dates would continue to be reviewed as part of the review process.

Mr Wright noted that he had attended the Audit Committee for Leeds Teaching Hospitals and noted their different approach to risk management and risk register reporting process at Committee level due to the complexity of the acute organisation. He felt that this provided assurance for our approach within the Trust. Dr Munro added that the risk register was reviewed via the Executive Risk Management Group which provided an escalation route for this rather than in depth reviews of each directorate risk register.

Mrs McRae thanked Dr Munro for the report.

The Board **received** the Board Assurance Framework and **noted** the content.

25/072

Fit and Proper Person Declaration (agenda item 20)

Mrs McRae referred to the report, taking it as read by the Board, thanking all for their contributions. The Board noted the compliance with the Fit and Proper Person declaration.

The Board **received** and **noted** the Fit and Proper Person Declaration for 2024/25.

25/073 Self-certification against condition CoS7 of the provider licence (agenda item 21)

Dr Munro presented the report, taking it as read by the Board, noting the legal requirement of the position and review by the Audit Committee.

The Board noted agreement with the compliance certification.

The Board **received** and **noted** the Self-certification against condition CoS7 of the provider licence report.

25/048 Use of Trust Seal (agenda item 22)

The Board **noted** that the Trust Seal had not been used since the previous meeting.

25/049 Any other business (agenda item 23)

Mr Henry commented that the workforce and agency trajectory plan and digitalisation of admin tasks linked to some discussions in the meeting and the use of advances in technology to support processes and improve reporting opportunities and compliance was important to consider and keep at the fore of discussions.

Mrs McRae noted that the link to the report to be completed for the Freedom to Speak Up section of the Board Strategic Development Day in October would be shared ahead of the session for review.

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

25/050 Resolution to move to a private meeting of the Board of Directors

At the conclusion of business, the Chair closed the public meeting of the Board of Directors at 12:30 and thanked members of the Board and members of the public for attending.

The Chair then resolved that members of the public would be excluded from the meeting having regard to the confidential nature of the business transacted, publicity on which would be prejudicial to the public interest.

