Leeds and York Partnership

LEAD

PUBLIC MEETING OF THE COUNCIL OF GOVERNORS will be held at 1pm on Tuesday 30 April 2024 in the Cheer Room, The Studio, Riverside West, Whitehall Road, Leeds LS1 4AW

AGENDA

1	Weld	ome and introductions (verbal)	Merran McRae
2	Shar	ing Stories: Learning Disability Services (presentation)	Jenni Bailey Peter Johnstone
3	Apol	ogies for absence (verbal)	Merran McRae
4		nges to any declaration of interests and declaration of any licts of interest in respect of agenda items (verbal)	Merran McRae
	4.1	Annual Declarations for Governors (paper to read)	Clare Edwards
	4.2	Non-executive Directors' Annual Declarations of Interests, Independence, and Fit and Proper Person (paper to read)	Clare Edwards
5	Minu	tes	Merran McRae
	5.1	Minutes of the public Council of Governors' meeting held on the 1 February 2024 (paper to read)	Merran McRae
6	Matt	ers arising (verbal)	Merran McRae
7		ulative Action Log – actions outstanding from previous public ings (paper to read)	Merran McRae
8	Chai	r's Report (paper to read)	Merran McRae
9	Repo	ort from the Chief Executive (slides to read)	Dr Sara Munro
10	Refr	eshing the Trust's Brand Identity (paper to read and presentation)	Oliver Tipper
11	Repo	ort from the Lead Governor (verbal)	Les France
12	Boar	d Subcommittee Chair's Reports and performance data:	
	12.1	Report from the Chair of the Finance and Performance Committee: 25 March 2024 (paper to read)	Cleveland Henry Joanna Forster Adams
	12.2	Report from the Chair of the Workforce Committee: 15	Zoe Burns-Shore

February 2024 (paper to read)

	12.3	Reports from the Chair of the Quality Committee: 8 February and 14 March 2024 (paper to read)	Dr Frances Healey Nichola Sanderson
	12.4	Report from the Chair of the Mental Health Legislation Committee: 6 February 2024 (paper to read)	Kaneez Khan Dr Chris Hosker
13	Upda	te on Community Mental Health Transformation (presentation)	Alison Kenyon
14		NHS Staff Survey and Bank Staff Survey Results (paper to read resentation)	Sarah Turner Amy Harker
15	Upda (verba	te on the arrangements for the 2024 Annual Members' Meeting al)	Clare Edwards Les France

The next public meeting of the Council of Governors will be held on the 2 July 2024 at 1pm in the Cheer Room, The Studio Leeds, Riverside West, Whitehall Road, Leeds, LS1 4AW

* Questions for the Council of Governors can be submitted to:

Name: Clare Edwards (Associate Director for Corporate Governance / Trust Board Secretary) clare.edwards34@nhs.net Email: 07815 924 185 Telephone:

Merran McRae (Chair of the Trust) Name: merran.mcrae1@nhs.net Email: Telephone: 0113 8555913

Leeds and York Partnership

AGENDA ITEM

4.1

MEETING OF THE COUNCIL OF GOVERNORS

NAME OF PAPER:	Annual Declarations for Governors
DATE OF MEETING:	30 April 2024
PRESENTED BY: (name and title)	Clare Edwards, Associate Director for Corporate Governance
PREPARED BY: (name and title)	Kerry McMann, Head of Corporate Governance

THIS	THIS PAPER SUPPORTS THE TRUST'S STRATEGIC OBJECTIVE/S (please tick					
releva	ant box/s)	•				
SO1	We deliver great care that is high quality and improves lives					
SO2	We provide a rewarding and supportive place to work					
SO3	We use our resources to deliver effective and sustainable services	\checkmark				

EXECUTIVE SUMMARY

All members of the Council of Governors are required to complete a declaration of interest form annually. Declaration forms were sent out to all Governors with a request to declare interests as at 1 April 2024. Completed forms are held on file by the Associate Director for Corporate Governance. They are a matter of public record and are available for inspection should such a request be made.

Whilst these forms are required to be completed as part of an annual declaration process, Governors are reminded that should any change occur they are required to submit an updated form to the Associate Director for Corporate Governance and inform the Council at its next meeting. For clarity, because a declaration has been made this does not mean that it constitutes a conflict of interest.

It should also be noted that no governor has declared any reason why they were not fit to be a Governor on the Council. These declarations have been made in accordance with the criteria set out in the Constitution and the Provider Licence.

Do the recommendations in this paper have any impact upon the	State below 'Yes' or 'No'	If yes please set out what action has been taken to address this in your
requirements of the protected groups identified by the Equality Act?	No	paper

RECOMMENDATIONS

The Council of Governors is asked to receive and note all interests declared by governors as at the 1 April 2024. Any governors with outstanding or incomplete declarations are asked to submit their declaration as soon as possible.

Annual Declaration of Interests for the Council of Governors

Name	Directorships, including Non- executive Directorships, held in other organisations (with the exception of those of dormant companies).	Ownership, or part- ownership, of private companies, businesses or consultancies likely or possibly seeking to do business with the NHS.	Majority or controlling shareholdings in organisations likely or possibly seeking to do business with the NHS.	A position of authority in a charity or voluntary organisation in the field of health and social care.	Any connection with a voluntary or other organisation contracting for NHS services.	Any substantial or influential connection with an organisation, entity or company considering entering into or having entered into a financial arrangement with the Trust, including but not limited to lenders or banks.	Any other commercial or other interests you wish to declare.	Declaration on behalf of Spouse / co-habiting partner / close family member
ELECTED GOVE	RNORS							
lan Andrews	None.	None.	None.	None.	None.	None.	None.	None.
Oliver Beckett	Head of Talent Acquisition Stowe Family Law	None.	None.	None.	None.	None.	None.	Functional Lead Mint CRM
Nicola Binns	Not yet declared for 2024/25	Not yet declared for 2024/25	Not yet declared for 2024/25	Not yet declared for 2024/25	Not yet declared for 2024/25	Not yet declared for 2024/25	Not yet declared for 2024/25	Not yet declared for 2024/25
Les France	None.	None.	None.	Company Secretary Leeds Music Trust	None.	None.	None.	Management Committee Member Joanna Project Leeds
Rachel Gibala	None.	None.	None.	None.	None.	None.	None.	Director, Head of Business Rates Aitchison Raffety
Oliver Hanson	Not yet declared for 2024/25	Not yet declared for 2024/25	Not yet declared for 2024/25	Not yet declared for 2024/25	Not yet declared for 2024/25	Not yet declared for 2024/25	Not yet declared for 2024/25	Not yet declared for 2024/25
Gail Harrison	None.	None.	None.	None.	None.	None.	None.	None.
Ivan Nip	Not yet declared for 2024/25	Not yet declared for 2024/25	Not yet declared for 2024/25	Not yet declared for 2024/25	Not yet declared for 2024/25	Not yet declared for 2024/25	Not yet declared for 2024/25	Not yet declared for 2024/25
Peter Ongley	None.	None.	None.	None.	None.	None.	None.	None.

Name	Directorships, including Non- executive Directorships, held in other organisations (with the exception of those of dormant companies).	Ownership, or part- ownership, of private companies, businesses or consultancies likely or possibly seeking to do business with the NHS.	Majority or controlling shareholdings in organisations likely or possibly seeking to do business with the NHS.	A position of authority in a charity or voluntary organisation in the field of health and social care.	Any connection with a voluntary or other organisation contracting for NHS services.	Any substantial or influential connection with an organisation, entity or company considering entering into or having entered into a financial arrangement with the Trust, including but not limited to lenders or banks.	Any other commercial or other interests you wish to declare.	Declaration on behalf of Spouse / co-habiting partner / close family member
Becky Oxley	None.	None.	None.	None.	Leeds Way Welcome Volunteer Leeds Teaching Hospitals NHS Trust	None.	None.	None.
Amy Pratt	None.	None.	None.	None.	None.	None.	Committee member Food Services Specialist Group of the British Dietetic Association	None.
Joseph Riach	None.	None.	None.	None.	None.	None.	None.	None.
Jon Salway	None.	None.	None.	None.	None.	None.	None.	None.

Name APPOINTED GOVER	Directorships, including Non- executive Directorships, held in private companies or PLCs (with the exception of those of dormant companies).	Ownership, or part- ownership, of private companies, businesses or consultancies likely or possibly seeking to do business with the NHS.	Majority or controlling shareholdings in organisations likely or possibly seeking to do business with the NHS.	A position of authority in a charity or voluntary organisation in the field of health and social care.	Any connection with a voluntary or other organisation contracting for NHS services.	Any substantial or influential connection with an organisation, entity or company considering entering into or having entered into a financial arrangement with the Trust, including but not limited to lenders or banks.	Any other commercial or other interests you wish to declare.	Declaration on behalf of Spouse / co- habiting partner / close family member
APPOINTED GOVER								
Clir Ian Cuthbertson	Non-executive Director City of York Trading Ltd.	None.	None.	Trustee St Wilfred's Eleemosynary Charity	None.	None.	Elected Member City of York Council	Elected Member City of York Council
Tessa Denham	Not yet declared for 2024/25	Not yet declared for 2024/25	Not yet declared for 2024/25	Not yet declared for 2024/25	Not yet declared for 2024/25	Not yet declared for 2024/25	Not yet declared for 2024/25	Not yet declared for 2024/25
Matthew Knight	Chair Older Citizens Advocacy York Trustee York Centre for Voluntary Services Trustee York Samaritans	None.	None.	Chair Older Citizens Advocacy York Trustee York Centre for Voluntary Services Trustee York Samaritans	None.	None.	None.	None.
Gabriella Obeng Nyarko	None.	None.	None.	None.	None.	None.	None.	None.

Name	Directorships, including Non- executive Directorships, held in private companies or PLCs (with the exception of those of dormant companies).	Ownership, or part- ownership, of private companies, businesses or consultancies likely or possibly seeking to do business with the NHS.	Majority or controlling shareholdings in organisations likely or possibly seeking to do business with the NHS.	A position of authority in a charity or voluntary organisation in the field of health and social care.	Any connection with a voluntary or other organisation contracting for NHS services.	Any substantial or influential connection with an organisation, entity or company considering entering into or having entered into a financial arrangement with the Trust, including but not limited to lenders or banks.	Any other commercial or other interests you wish to declare.	Declaration on behalf of Spouse / co- habiting partner / close family member
Cllr Fiona Venner	None.	None.	None.	Trustee Leeds Rugby Foundation	None.	None.	Councillor Labour – Kirkstall Ward Executive Board Member Children's Social Care and Health Partnerships, Leeds City Council	None.



AGENDA ITEM 4.2

MEETING OF THE COUNCIL OF GOVERNORS

PAPER TITLE:	Non-executive Directors' Annual Declarations of Interests, Independence, and Fit and Proper Person
DATE OF MEETING:	30 April 2024
PRESENTED BY: (name and title)	Clare Edwards, Associate Director for Corporate Governance
PREPARED BY: (name and title)	Kerry McMann, Head of Corporate Governance

 THIS PAPER SUPPORTS THE TRUST'S STRATEGIC OBJECTIVE/S (please tick relevant box/s)

 SO1
 We deliver great care that is high quality and improves lives.
 ✓

 SO2
 We provide a rewarding and supportive place to work.
 ✓

 SO3
 We use our resources to deliver effective and sustainable services.
 ✓

EXECUTIVE SUMMARY

At least annually all members of the Board of Directors are required to complete declaration of interest forms, fit and proper person annual declarations, and for Non-executive Directors (NEDs) only, a declaration of their independence. This is in line with NHS England's Code of Governance for NHS Provider Trusts.

This paper shows the declared interests for non-executive directors and that all have declared themselves to be fit and proper. For the declarations made by the NEDs in relation to their independence, a matrix of these is attached.

A report with the details attached was also presented to the Board of Directors meeting on 28 March 2024.

Do the recommendations in this paper have any impact upon the requirements of the protected	State below	
	'Yes' or 'No'	If yes please set out what action has been taken to address this in your paper
groups identified by the Equality Act?	No	

RECOMMENDATION

The Council of Governors is asked to note:

- The declarations of interests as per the attached matrix
- That all directors have been judged and declared themselves to be fit and proper
- That all NEDs have made a declaration of independence

Declaration of Interests for the Non-executive Directors

Name	Directorships, including Non-executive Directorships, held in private companies or PLCs (with the exception of those of dormant companies).	Ownership, or part- ownership, of private companies, businesses or consultancies likely or possibly seeking to do business with the NHS.	Majority or controlling shareholdings in organisations likely or possibly seeking to do business with the NHS.	A position of authority in a charity or voluntary organisation in the field of health and social care.	Any connection with a voluntary or other organisation contracting for NHS services.	Any substantial or influential connection with an organisation, entity or company considering entering into or having entered into a financial arrangement with the Trust, including but not limited to lenders or banks.	Any other commercial or other interests you wish to declare. This should include political or ministerial appointments (where this is information is already in the public domain – this does not include personal or private information such as membership of political parties or voting preferences)	Declarations made in respect of spouse or co-habiting partner
NON-EXECUTIVE	DIRECTORS							
Merran McRae Chair	Director Finnbo Ltd <i>Management</i> <i>consultancy</i>	None.	None.	Trustee Hollybank Trust Provider of teaching, residential care and a range of therapies and enrichment activities for children, young people and adults with disabilities. Trustee Yorkshire Sculpture Park Independent charitable trust and registered museum.	None.	None.	Deputy Lieutenant West Yorkshire Lieutenancy	None.
Zoe Burns-Shore Non-executive Director	Executive Director for Customer Delivery Money and Pensions Service	None.	None	None	None.	None	None.	None

Name	Directorships, including Non-executive Directorships, held in private companies or PLCs (with the exception of those of dormant companies).	Ownership, or part- ownership, of private companies, businesses or consultancies likely or possibly seeking to do business with the NHS.	Majority or controlling shareholdings in organisations likely or possibly seeking to do business with the NHS.	A position of authority in a charity or voluntary organisation in the field of health and social care.	Any connection with a voluntary or other organisation contracting for NHS services.	Any substantial or influential connection with an organisation, entity or company considering entering into or having entered into a financial arrangement with the Trust, including but not limited to lenders or banks.	Any other commercial or other interests you wish to declare. This should include political or ministerial appointments (where this is information is already in the public domain – this does not include personal or private information such as membership of political parties or voting preferences)	Declarations made in respect of spouse or co-habiting partner
Frances Healey Non-executive Director	None	None.	None	Trustee The National Confidential Enquiry into Patient Outcome and Death (NCEPOD)		None	Visiting Professor University of Leeds Advisory Role and Peer Reviewer Research studies and potential research studies related to patient safety	None
Cleveland Henry Non-executive Director	Director 63 Argyle Road Ltd. Property Management Company.	None	None	Chair of the Board of Trustees Community Foundations for Leeds Supports thousands of charities and voluntary groups across the city, addressing inequalities and working together to help create opportunities for those that need help the most.		None	Group Delivery & Deployment Director EMIS Group (Digital Health sector) Provider of healthcare software, information technology and related services in the UK.	Partner: Lead Cancer Nurse Leeds Teaching Hospitals NHS Trust
Kaneez Khan Non-executive Director	Chief Executive Officer Primrose Consultancy Yorkshire Management Consultancy firm	None	None	Chair of the VCSE Voices Panel West Yorkshire Health and Care Partnership	Faith and Community Co- ordinator Wellsprings Together Offers guidance for individual parish churches who are looking to reflect and develop their community activities in rural as well as urban areas.	None.	None	None

Name	Directorships, including Non-executive Directorships, held in private companies or PLCs (with the exception of those of dormant companies).	Ownership, or part- ownership, of private companies, businesses or consultancies likely or possibly seeking to do business with the NHS.	Majority or controlling shareholdings in organisations likely or possibly seeking to do business with the NHS.	A position of authority in a charity or voluntary organisation in the field of health and social care.	Any connection with a voluntary or other organisation contracting for NHS services.	Any substantial or influential connection with an organisation, entity or company considering entering into or having entered into a financial arrangement with the Trust, including but not limited to lenders or banks.	Any other commercial or other interests you wish to declare. This should include political or ministerial appointments (where this is information is already in the public domain – this does not include personal or private information such as membership of political parties or voting preferences)	Declarations made in respect of spouse or co-habiting partner
Katy Wilburn Non-executive Director	Non-executive Director Thirteen Group Housing Association	None.	None.	None.	None.	None.	None.	None.
Martin Wright Non-executive Director	None.	None.	None.	Trustee Roger's Almshouses (Harrogate) A charity providing sheltered housing, retirement housing, supported housing for older people.	None.	None.	None.	None.

Declarations pertaining to non-executive directors being a Fit and Proper Person under the CQC Regulation 5 and meeting all the criteria in the Provider Licence and the Trust's Constitution to be and continue to be a director

Each director has been checked in accordance with the criteria for fit and proper persons and have completed the necessary self-declaration forms to show that they do not fit within any definition of an "unfit person" as set out in the provider licence, the Health and Social Care Act 2008 (Regulated Activities) Regulations 2008 or the Trust's constitution; that they meet all the criteria for being a fit and proper person as defined in the Social Care Act 2008 (Regulated Activities) Regulations 2008; and that there are no other grounds under which I would be ineligible to continue in post.

				Non-exe	ecutive Dire	ectors		
		ZBS	FH	СНе	кк	ММ	ĸw	MW
a)	Are they a person who has been adjudged bankrupt or whose estate has been sequestrated and (in either case) have not been discharged?	No	No	No	No	No	No	No
b)	Are they a person who has made a composition or arrangement with, or granted a trust deed for, any creditors and not been discharged in respect of it?	No	No	No	No	No	No	No
c)	Are they a person who within the preceding five years has been convicted of any offence if a sentence of imprisonment (whether suspended or not) for a period of not less than three months (without the option of a fine) being imposed on you?	No	No	No	No	No	No	No
d)	Are they subject to an unexpired disqualification order made under the Company Directors' Disqualification Act 1986?	No	No	No	No	No	No	No
e)	Do they meet all the criteria for being a fit and proper person as defined in the Social Care Act 2008 (Regulated Activities) Regulations 2008.	Yes	Yes	Yes	Yes	Yes	Yes	Yes

Annual Declaration of Non-executive Director Independence

The Code of Governance for NHS Provider Trusts requires the Board to determine to what extent non-executive directors are independent in character and judgement and whether there are relationships or circumstances which are likely to affect or could appear to affect their judgement.

Name	Has been an employee of the Trust within the last two years.	Has, or has had within the last two years, a material business relationship with the Trust directly, or as a partner, shareholder, director or senior employee of a body that has such a relationship with the Trust.	Has received or receives additional remuneration from the Trust apart from a director's fee, participates in the Trust performance- related pay scheme, or is a member of the Trust's pension scheme.	Has close family ties with any of the Trust's advisers, directors or senior employees.	Holds cross- directorships or has significant links with other directors through involvement in other companies or bodies.	Has served on the Board for more than six years from the date of their first appointment.	Any other reason you wish to declare. This should include any political or ministerial appointments (where this is information is already in the public domain – this does not include personal or private information such as membership of political parties or voting preferences)
Merran McRae Chair	No	No	No	No	No	No	None.
Zoe Burns-Shore Non-executive Chair	No	No	No	No	No	No	None.
Frances Healey Non-executive Director	No	No	No	No	No	No.	None.
Cleveland Henry Non-executive Director	No	No	No	No	No	No.	None.
Kaneez Khan Non-executive Director	No	No	No	No	No	No.	None.
Katy Wilburn Non-executive Director	No	No	No	No	No	No	None.

Name	Has been an employee of the Trust within the last two years.	Has, or has had within the last two years, a material business relationship with the Trust directly, or as a partner, shareholder, director or senior employee of a body that has such a relationship with the Trust.	Has received or receives additional remuneration from the Trust apart from a director's fee, participates in the Trust performance- related pay scheme, or is a member of the Trust's pension scheme.	Has close family ties with any of the Trust's advisers, directors or senior employees.	Holds cross- directorships or has significant links with other directors through involvement in other companies or bodies.	Has served on the Board for more than six years from the date of their first appointment.	Any other reason you wish to declare. This should include any political or ministerial appointments (where this is information is already in the public domain – this does not include personal or private information such as membership of political parties or voting preferences)
Martin Wright Non-executive Director	No	No	No	No	No	Yes, Martin was first appointed on 20 January 2018. In May 2023 the Council of Governors agreed to extend Martin's term of office by a further three years to 19 January 2027, at which point Martin will have served nine years on the Board since the date of his first appointment. This decision was in line with the Code of Governance for NHS Provider Trusts, which states Chairs or NEDs should not remain in post beyond nine years from the date of their first appointment to the board of directors.	None.



Minutes of the Public Meeting of the Council of Governors held on Thursday 1 February 2024 at 1pm in the Cheer Room, The Studio, Riverside West, Whitehall Road, Leeds, LS1 4AW

PRESENT:

Merran McRae – Chair of the Trust (Chair of the meeting)

Public Governors

Oliver Beckett Les France Ivan Nip

Service User Governors

Joseph Riach

Carer Governors

Peter Ongley Jon Salway

Executive Directors

Joanna Forster Adams Dawn Hanwell Dr Chris Hosker Dr Sara Munro Nichola Sanderson Darren Skinner

IN ATTENDANCE:

Staff Governors

Ian Andrews Nicola Binns Gail Harrison Amy Pratt

Appointed Governors

Matthew Knight Gabriella Obeng Nyarko

Non-Executive Directors

Dr Frances Healey Cleveland Henry Kaneez Khan Martin Wright

Rose Cooper – Deputy Head of Corporate Governance Clare Edwards – Associate Director for Corporate Governance Vanessa Johnson – Team administrator Alison Kenyon – Deputy Director of Service Development Kerry McMann – Head of Corporate Governance / Deputy Trust Board Secretary Rachel Pilling – Carer Coordinator Helen Thompson – Patient Experience Coordinator Louisa Weeks – Patient and Carer Experience and Involvement Lead

24/001 Welcome and introductions (agenda item 1)

Merran McRae opened the meeting at 1pm and welcomed everyone.

24/002 Sharing Stories: Patient Experience, Involvement, and Co-production (agenda item 2)

The Council received a presentation on the work of the Patient and Carer Experience Team (PCET) and the important work they do to support people with lived experience to engage with and influence the work of the Trust through co-production. The PCET shared some examples of key tasks and activities relating to their areas of work including the co-production of the Bigger Better Labels Health Equity Project and supporting involvement initiatives such as the Crisis Review Project, Patient-Led Assessments of the Care Environment (PLACE), and their involvement with Community Mental Health Transformation. Louisa Weeks informed the Council that the PCET also helped to co-ordinate the 'Have Your Say' feedback process which was a co-produced Trust-wide feedback measure. In addition to this, they had co-produced Interview Skills Training for the Trust and Recovery College and co-facilitated New Starter training.

Helen Thompson then shared a case study of how an involvement project was run and discussed what framework they follow to maximise engagement and support the co-design of services. Vanessa Johnson also talked about her development of the Involvement and Reimbursement of Expenses Policy which was key to ensuring involvement opportunities were accessible for service users and carers.

Next, the Council discussed the ways in which the team promoted co-production and involvement opportunities and suggested ways they could better reach service users and carers in the community. Louisa Weeks informed the Council that the PCET was making arrangements for a QR code to be added to the standard letter template for appointments so that service users and carers could easily access contact details for the PCET as well as information about involvement opportunities. Louisa Weeks also discussed the various sub-groups which governors were welcome to join to have input and suggest ideas for engagement. The governors thanked the Patient Experience Team for their presentation and the information provided.

The Council **thanked** the Patient Experience Team for their presentation.

Louisa Weeks, Rachel Pilling, Helen Thompson and Vanessa Johnson left the meeting.

24/003 Apologies for absence (agenda item 3)

Apologies were noted from the following governors: Ian Cuthbertson (Appointed Governor), Rachel Gibala (Service User Governor), Oliver Hanson (Clinical Staff Governor), Becky Oxley (Service User Governor), and Cllr Fiona Venner (Appointed

Governor). The meeting was quorate.

Apologies were received from the following Board members: Zoe Burns-Shore, Nonexecutive Director and Katy Wilburn, Non-executive Director.

24/004 Changes to any declaration of interests and declaration of any conflicts of interest in respect of agenda items (agenda item 4)

The Council was **informed** of a change to Les France's declared interests as he had recently been appointed as the Company Secretary of Leeds Music Trust. No governor declared any conflict of interest in respect of agenda items.

24/005 Minutes of the public Council of Governors' meeting held on the 2 November 2023 (agenda item 5.1)

The minutes of the public Council of Governors' meeting held on the 2 November 2023 were **approved** as a true record.

24/006 Matters arising (agenda item 6)

There were no matters arising.

24/007 Cumulative action log – actions outstanding from previous public meetings (agenda item 7)

Joanna Forster Adams referred to action 23/051 on the cumulative log and asked that this was discussed under the Quarterly Quality and Performance Update Report. The Council agreed to review this action later on the agenda as requested.

The Council **received** the cumulative action log, **noted** the updates provided, and **agreed** the actions reported as complete.

24/008 Chair's Report (agenda item 8)

Merran presented her Chair's Report and highlighted two changes to the membership of the Board of Directors since the last Council meeting: Helen Grantham had stepped down as a non-executive director on 14 November 2023 and Zoe Burns-Shore had taken up her post as a non-executive director on 15 November 2023. She thanked Helen for her contribution and dedication to the work of the Trust and welcomed Zoe who had been on a period of handover since September 2023. Merran also referred to the list of recent and upcoming learning visits and thanked governors for their involvement and engagement with these.

The Council **noted** the report from the Chair of the Trust.

24/009 Report from the Chief Executive (agenda item 9)

Sara Munro delivered her report which included updates from across Care Services, and highlights from the Trust's digital and estates schemes. Sara also shared an update on industrial action and thanked colleagues for their ongoing work to mitigate the risks to patients and minimise the disruption to services. She anticipated that further action would be announced in due course.

Next, Sara referenced the development of a refreshed Trust People Plan for 2024-27 which was currently being socialised across the Trust. She also noted that a new Spotlight platform for staff reward and recognition had been launched. Amy Pratt shared some feedback from staff who had queried the legitimacy of the emails relating to the new Spotlight platform. Sara thanked Amy for her feedback and confirmed that follow up communications would be sent to staff.

Gabi Obeng Nyarko noted the ongoing recruitment challenges and asked if the Trust was working in partnership with other organisations in the Health and Care Academy to build resilience and capacity across the sector. Sara confirmed that this was integral to the Trust's approach to recruitment, including apprenticeship routes. She added that there were also plans to reach out to students in further education settings to inform them about careers in the health and care sector. Gail Harrison added that there was a range of groups in the region focused on roles and recruitment including a Psychology Board for Leeds and a West Yorkshire Integrated Care System mental health and learning disability workforce programme. Gabi also asked if there was third sector representation on the Inpatient Flow Oversight Group referenced in the report. Joanna confirmed that it had recently been agreed that this would become a system-led piece of work and she had contacted colleagues in the third sector for representation.

Ivan Nip asked for more information on the training programme in place for managers. Darren Skinner explained that the Trust had developed a 360-Manager Toolkit which was embedded across the organisation and featured as part of the People Plan. He went on to explain how performance data relating to staff training and development across the Trust was reviewed, with action plans in place to address low compliance. He explained that low compliance could be exacerbated by external factors such as industrial action. He also highlighted some positive news in terms of lower levels of staff turnover in the Trust which indicated that retention initiatives were having a positive effect.

Lastly, the Council noted that Sara Munro had joined the Leeds Poverty Truth Commission, and it was agreed that a more detailed update on this would come to a future meeting.

The Council received the report from the Chief Executive.

24/010 Report from the Lead Governor (agenda item 10)

Les France introduced his report and thanked those governors who had signed up for learning visits. He also reminded governors about the invite to the Research Forum on 14 March 2024 led by the Trust's Research and Development Team where information about ongoing research would be shared.

The Council **noted** the updates provided.

24/011 Finance Update – Month 9 (agenda item 11)

Dawn Hanwell provided an overview of the finances from a Trust and system perspective. Firstly, she informed the Council that the Trust was in broad financial balance at month nine and was on track to deliver its financial position as part of the West Yorkshire Integrated Care Board (ICB). However, she emphasised that this position needed to be considered alongside the financial challenge in the wider system, and the potential for further stretch across organisations to support the overall financial balance. She also highlighted the Trust's cost pressures linked to agency spend and out of area placements and informed the Council that enhanced financial governance controls continued to be in place across the system.

Jon Salway asked for an update on whether the Trust would be required to share its surplus with other organisations in the region to support the financial balance of the system. Dawn responded that the Trust had agreed that unspent resources would be foregone non-recurrently. She added that the Trust had agreed to unwind a risk reserve in the form of a redundancy provision for the NHS North of England Commercial Procurement Collaborative which was an arms-length organisation run by the Trust. She explained that both decisions would help to support the system; however, she reassured governors that funds would not be taken from mainstream mental health services.

The Council noted that work to support a balanced financial plan for 2024/25 across the Leeds Place was progressing but the Trust was awaiting the final planning guidance to confirm the scale of requirements. The Council asked how the 2024/25 planning work could affect the Trust and noted that challenging efficiency targets were likely next year, but that the planning work should support the Trust to achieve a sustainable financial position and encourage collaborative working. The Council heard that the Trust was also undergoing a consultation process to agree a refined set of organisational priorities for 2024/25 and noted the reasons for this. Dawn added that a Capital Infrastructure Plan was being developed across the West Yorkshire ICB to identify risks and priorities relating to estates, digital, and medical equipment which would inform a spending review by NHS England.

The Council **noted** the finance update and **requested** that future reports were written in a more accessible format for governors.

24/012 Quarterly Quality and Performance Update Report (agenda item 12)

The Council received the report which outlined the Trust's performance as of October 2023. Joanna Forster Adams outlined some key areas for the Council to note, including the sustained demand across inpatient services and the work at system level to address this and help to facilitate patient discharge.

Firstly, the Council discussed staffing at Red Kite View. Joanna Forster Adams explained that the service was currently managing registered nursing vacancies which had been further impacted by short-term sickness. She informed the Council that in response to this, she had agreed a short-term plan with partnership organisations to cap admissions to the service which was being managed on a patient-by-patient basis according to need and presentation. She added that a recruitment plan was also in place to address the vacancy challenge.

Joseph Riach referred to recent media reports of UK deaths linked to clozapine medication and asked how the use of this drug was monitored in the Trust along with any adverse events associated with it. Chris Hosker and Nichola Sanderson explained that there were strict criteria of who could be prescribed clozapine and in conjunction with this there were robust systems and processes in place in the Trust to monitor its use which were regularly reviewed, and they were confident that the appropriate safeguards were in place.

Amy Pratt referred to the workforce metrics and noted that the vacancy data only related to nursing and medical staff and asked where vacancies within Allied Health Professions and Psychological Professions were reported. Joanna Forster Adams explained that all workforce data was looked at in detail by executive directors and service leads at the Executive Performance Oversight Group and monitored at care services level with strategic professional leads. She added that intelligence on the risks and impact of vacancies was reviewed by the People and Organisational Development Governance Group, chaired by Darren Skinner, which reports to the Workforce Committee.

Next, Peter Ongley noted the development of a national NHS 111 phoneline for people who require urgent mental health support and asked what the impact of this was and if it could act as a barrier to access for existing service users with the Trust. Alison Kenyon and Sara Munro explained that the NHS 111 crisis line was in addition to and would not replace any of the Trust's direct access crisis lines but would improve access to crisis services for those who contact NHS 111 in the first instance. They added that the Trust was working with the Yorkshire Ambulance Service to implement the scheme and quality assure the processes at a local level. The Council noted that the new phoneline would help to improve access to crisis support for those living in other localities with fewer resources.

The Council then received an update on the review of the performance report. In reference to open action 23/051 on the cumulative log, Joanna explained that any changes to the performance report had been paused on an interim basis while the Performance Team focused on the development of integrated reporting across the Trust. The Council then discussed what performance information it would like to

receive going forward which included requests for more timely data and information on clinical outcome measures. The Council was also reminded of the contractual reporting requirements that would need to be included in the future iteration of the report. Joanna thanked the governors for the suggestions made and it was agreed that Les France would link with Joanna to inform the review of the report and consider how more timely performance data could be presented to governors going forward.

The Council **discussed** the Quarterly Quality and Performance Update Report.

24/013 Update from the Multi Agency Discharge Event (agenda item 13)

Alison Kenyon explained that the Multi Agency Discharge Event (MADE) was one aspect of a wider programme of work underway to improve flow and the actions from this, some of which were internal and others for system partners, were focused on reducing delayed transfers of care which in turn would ease the pressure on bed occupancy ultimately reducing the number of people who needed to be admitted out of area. She explained that the MADE actions were linked to the 10 interventions identified by NHS England to tackle the discharge challenge and ranged from changes in governance arrangements to reducing barriers in the housing sector.

Amy Pratt noted the reference to the application of 7-day working and asked what the implications of this were for staff. Alison explained that they would have to reconfigure how some services worked and would follow appropriate HR processes if staff were being asked to change their working pattern. She highlighted the importance of building services around the needs of service users to improve accessibility. Peter Ongley echoed the importance of the availability of 7-day care.

Gabi Obeng Nyarko noted the issues with access to appropriate housing and asked what could be done to improve the pathway. Alison explained that housing colleagues were looking to prioritise placements to improve flow and work was being done with providers of supported living environments to improve their escalation processes for those waiting to vacate properties.

The Council then discussed if the Trust's inpatient capacity was sufficient to meet the current demand. Joanna explained that internal work was ongoing to review this; however, she cautioned that inpatient care was not always the answer and referred to the developments in community care and the work to improve patient flow, all of which should help to alleviate the current inpatient capacity.

The Council noted that some of the charts in the paper had not printed clearly and it **AK** was agreed that Alison Kenyon would recirculate the charts in another format.

The Council **discussed** the report, **noted** the system challenge, and **supported** the actions being taken to strengthen the discharge pathway and improve levels of flow.

24/014 Report from the Chair of the Quality Committee (agenda item 14)

Dr Frances Healey presented her report on the work of the Quality Committee from January 2023 to January 2024. She provided a summary of its key activities and priorities and discussed the continuous development of the Committee.

Peter Ongley noted that the Committee received reports on learning from the deaths of people with a learning disability and autism. He referred to the risks associated with physical disabilities, for example the risk of choking for those with cerebral palsy and asked where this was monitored. Nichola responded that all contributory aspects were considered when learning from any death and where patients had physical health complications alongside mental health needs, assurances were sought that the appropriate support and care was provided to meet all their needs. Gail Harrison added that the clinical research undertaken by a speech and language therapist working with the Trust had been used to inform additional training on the risks associated with choking which was making a positive impact in terms of how staff assess for this.

The Council then discussed the publication of a report into learning from deaths at the Norfolk and Suffolk NHS Foundation Trust (NSFT) by Grant Thornton and noted that the Quality Committee had recently reviewed a paper on the findings of this report. Chris Hosker confirmed that the Trust was not an outlier compared to other trusts. He went on to explain the importance of data quality with this kind of reporting and noted that the Trust was learning from the systems at NSFT to improve its own reporting. It was agreed that members of the Quality Committee would consider if it was appropriate to share the paper with governors.

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The Council noted that there was a statutory inquiry into a trust in Essex on a similar issue which was intending to produce some wider recommendations. Sara added that an investigation was being done by the Health Services Safety Investigation Branch into the way trusts record and learn from instances where people have died in the care of mental health services and that the Trust had volunteered to contribute to this review which was expected next year. It was agreed that an update on the learning from the review would be provided at a future meeting.

The Council **noted** this report for information and assurance.

24/015 Report from the Chair of the Mental Health Legislation Committee (agenda item 15)

Kaneez Khan presented her report on the work of the Mental Health Legislation (MHL) Committee over the last year. She explained the role of the Committee and provided a summary of its key activities, priorities, and future plans. Kaneez confirmed that the data on restrictive interventions for Black and other Minority Ethnic service users had recently been reviewed by the Committee as part of the Restrictive Interventions Annual Report. She informed the Council that it had been difficult to determine the trends of restrictive intervention usage during the period covered by the report, but that the Committee would continue to monitor this data

and had made suggestions for how the data could be represented in order to better demonstrate trends over time. The Council noted that it was due to receive an update on the Patient and Carer Race Equality Framework at its July meeting which was supporting trusts to improve ethnic minority experiences of care in mental health services.

The Council **noted** this report for information and assurance.

24/016 The Trust's Key Strategic Risks (agenda item 16)

Clare Edwards introduced the paper which advised the Council of the key strategic risks as reported through the Board Assurance Framework (BAF). She explained that the BAF was a document received by the Board and its sub-committees so they could be assured these risks were being effectively controlled. Clare confirmed that the Trust had seven strategic risks now that the risk relating to the Private Finance Initiative (PFI) had been removed and subsumed into the estates risk. She also noted that the Trust's strategic priorities for 2024/25 were being reviewed by executive directors and that a review of the BAF strategic risks would follow this to ensure the two were aligned.

Amy Pratt noted a reference in the paper to work being undertaken to ensure that Datix was being utilised to its full ability and asked for more detail on this, as a user of the system. Clare explained the dual function of Datix and clarified that this related to how the system was being used as a risk management tool as opposed to incident reporting by staff generally.

The Council was **assured** that the Board of Directors had agreed the strategic risks and that the risks were monitored by the Board and its sub-committees to ensure these were being effectively controlled and mitigated.

24/017 Reappointment of the Senior Independent Director (agenda item 17)

Merran McRae introduced the paper and reminded the Council that it was the role of the Board of Directors to appoint one of the independent non-executive directors (NEDs) to be the Senior Independent Director (SID). The Council noted that the SID was one route open to governors to raise concerns should they need to.

Merran then informed the Council that following consideration of the current tenure of the NEDs, the Board had agreed at its meeting on the 25 January 2024 that Cleveland Henry would continue in the SID role for a further two years at which point a successor would be identified and put forward to the Board for approval. The Council supported this appointment, noting Cleveland's experience both in the role of SID and NED. The Council **supported** the appointment of Cleveland Henry as the Senior Independent Director for a second period of two years with effect from 1 May 2024.

The Chair of the meeting closed the public meeting of the Council of Governors of Leeds and York Partnership NHS Foundation Trust at 4:17pm. She thanked governors and members of the public for their attendance.



Cumulative Action Report for the Public Council of Governors' Meeting

OPEN ACTIONS

ACTION (INCLUDING THE TITLE OF THE PAPER THAT GENERATED THE ACTION)	PERSON LEADING	COUNCIL MEETING TO BE BROUGHT BACK TO / DATE TO BE COMPLETED BY	COMMENTS
 23/066 - Quarterly Quality and Performance Update Report including Non-clinical Dataset (November 2023 - agenda item 14) It was agreed that the Council would receive an update on community transformation at a future meeting. 		April 2024	A presentation has been scheduled for the April meeting.

ACTION (INCLUDING THE TITLE OF THE PAPER THAT GENERATED THE ACTION)	PERSON LEADING	COUNCIL MEETING TO BE BROUGHT BACK TO / DATE TO BE COMPLETED BY	COMMENTS
 23/039 - Sharing Stories: Update on Synergi Leeds (July 2023 - agenda item 2) The Council noted that NHS England had developed a Patient and Carers Race Equalities Framework to support trusts to improve ethnic minority community experiences of care in mental health services and agreed to discuss this at a future meeting. 	Valinakis	July 2024	The Trust's new Head of Health Equity, Sophie Valinakis, will be invited to the July meeting to talk to the governors about the Patient and Carer Race Equality Framework (PCREF).
23/039 - Sharing Stories: Update on Synergi Leeds (July 2023 - agenda item 2) The Council noted that currently the performance report only included one metric relating to ethnicity which was about the recording of ethnicity data and agreed it would be useful to receive data on areas such as detention rates and restrictive interventions by ethnicity.	Joanna Forster Adams / Sophie Valinakis	July 2024	This will be established as part of the implementation of the Patient and Carer Race Equality Framework (PCREF). Our newly appointed Head of Health Equity, Sophie Valinakis, commences in February so an update on progress and metrics has been scheduled for July 2024.

ACTION (INCLUDING THE TITLE OF THE PAPER THAT GENERATED THE ACTION)	PERSON LEADING	COUNCIL MEETING TO BE BROUGHT BACK TO / DATE TO BE COMPLETED BY	COMMENTS
 23/054 - Sharing Stories: The Trust's Voluntary Services (November 2023 - agenda item 2) It was agreed that executive directors would look into whether the number of placements for volunteers could be increased across inpatient settings and if there were any barriers preventing volunteers being placed on wards. 	Sanderson / Joanna Forster Adams / Alison Kenyon	July 2024	We had planned for an update in spring but there is so much work evolving in relation to improving quality in inpatient settings, it is important that we ensure that the role that volunteers play is seen as vital in our thinking. We propose that Alison Kenyon in her role as lead for the delivery of the Care Service Strategic Plan leads on this issue and provides an update briefing at the next CoG.
24/009 - Report from the Chief Executive (February 2024 - agenda item 9) The Council noted that Sara Munro had joined the Leeds Poverty Truth Commission, and it was agreed that a more detailed update on this would come to a future meeting.		Meeting in 2025	This has been added to the Council of Governors' forward plan for 2025.

ACTION (INCLUDING THE TITLE OF THE PAPER THAT GENERATED THE ACTION)	PERSON LEADING	COUNCIL MEETING TO BE BROUGHT BACK TO / DATE TO BE COMPLETED BY	COMMENTS
24/014 - Report from the Chair of the Quality Committee (February 2024 - agenda item 14) Sara informed the Council that an investigation was being done by the Health Services Safety Investigation Branch into the way trusts record and learn from instances where people have died in the care of mental health services and that the Trust had volunteered to contribute to this review which was expected next year. It was agreed that an update on the learning from the review would be provided at a future meeting.	Sara Munro	Meeting in 2025	This has been added to the Council of Governors' forward plan for 2025.
 23/051 - Quarterly Quality and Performance Update Report and Non-clinical Dataset (July 2023 - agenda item 14) The Council asked if the commentary on key discussions, issues and actions could be situated at the beginning of the Quarterly Quality and Performance Update Report to provide context for the performance metrics later in the report. 		Management action	CLOSED This action has been closed and superseded by a new action (24/012) for Les France and Joanna Forster Adams to review how performance data is presented to the Council.

ACTION (INCLUDING THE TITLE OF THE PAPER THAT GENERATED THE ACTION)	PERSON LEADING	COUNCIL MEETING TO BE BROUGHT BACK TO / DATE TO BE COMPLETED BY	COMMENTS
 23/066 - Quarterly Quality and Performance Update Report including Non-clinical Dataset (November 2023 - agenda item 14) It was agreed that Alison Kenyon would contact Becky Oxley outside of the meeting to discuss the issues she had raised in relation to accessing the Trust's Crisis Services in more detail. 	Alison Kenyon	Management action	<u>COMPLETE</u> This meeting took place and Alison is involving Becky in the Crisis Transformation Programme.
 24/012 - Quarterly Quality and Performance Update Report (February 2024 - agenda item 12) The Council discussed what performance information it would like to receive going forward. It was agreed that Les France would link with Joanna Forster Adams to inform the review of the report and consider how more timely performance data could be presented to governors going forward. 	Joanna Forster Adams	Management action	<u>COMPLETE</u> Meeting took place between the Lead Governor, LYPFT Chair, Company Secretary and Chief Operating Officer. We are trialling the inclusion of the metrics and information set pertinent and considered by Board subcommittees in Chair's Reports. We will be working with CoG members to evaluate this whilst the ongoing development of the STEEEP (Safe, Timely, Effective, Efficient, Equitable, and Patient-centred) dashboard continues.

ACTION (INCLUDING THE TITLE OF THE PAPER THAT GENERATED THE ACTION)	PERSON LEADING	COUNCIL MEETING TO BE BROUGHT BACK TO / DATE TO BE COMPLETED BY	COMMENTS
 24/013 - Update from the Multi Agency Discharge Event (February 2024 - agenda item 13) The Council noted that some of the charts in the paper had not printed clearly and it was agreed that Alison Kenyon would recirculate the charts in another format. 	Alison Kenyon	Management action	<u>COMPLETE</u> The charts from the Multi Agency Discharge Event paper that was presented to February CoG were recirculated to governors on a PowerPoint slide on 27 March 2024.
24/014 - Report from the Chair of the Quality Committee (February 2024 - agenda item 14) The Council discussed the publication of a report into learning from deaths at the Norfolk and Suffolk NHS Foundation Trust by Grant Thornton and noted that the Quality Committee had recently reviewed a paper on the findings of this report. It was suggested that the paper that went to the Quality Committee was shared with governors and executive directors on the Committee agreed to consider if this would be appropriate.	Chris Hosker / Nichola Sanderson	Management action	CLOSED Given the content of the report and the sensitivities associated with this, it was felt the report should not be shared outside of the Part B Quality Committee meeting.

COMPLETED ACTIONS

ACTION (INCLUDING THE TITLE OF THE PAPER THAT GENERATED THE ACTION)	PERSON LEADING	COUNCIL MEETING TO BE BROUGHT BACK TO / DATE TO BE COMPLETED BY	COMMENTS
23/046 - Chief Executive Report (July 2023 - agenda item 9)	Alison Kenyon	February 2024	This was received at the February meeting.
Sara Munro referred to a recent 'Made' event with the Trust's Continuous Improvement Team where an improvement plan had been developed to target out of area placements spend and suggested this was scheduled for discussion at a future Council of Governors' meeting.			
23/058 - Minutes of the Annual Members' Meeting held on the 25 July 2023 (November 2023 - agenda item 5.2)	Kieran Betts	Management action	The minutes of the Annual Members' Meeting were updated accordingly.
Les France asked for his thanks to Cath Hill to be recorded in the minutes of the Annual Members' Meeting under agenda item 6, Presentation from the Lead Governor.			

ACTION (INCLUDING THE TITLE OF THE PAPER THAT GENERATED THE ACTION)	PERSON LEADING	COUNCIL MEETING TO BE BROUGHT BACK TO / DATE TO BE COMPLETED BY	COMMENTS
 23/063 - Chief Executive Report (November 2023 - agenda item 9) It was agreed that Joanna Forster Adams would share the Trust's Winter Resilience and Operating Plan with governors after it had been reviewed by the Board and its subcommittees. 	Joanna Forster Adams	Management action	The Trust's Winter Resilience and Operating Plan was circulated to governors via email.
23/066 - Quarterly Quality and Performance Update Report including Non-clinical Dataset (November 2023 - agenda item 14) It was agreed that Dawn and Joanna would investigate the issues relating to unanswered and cut-off calls when trying to access Trust services with the IT support team and make sure that the correct checks and controls were in place so that any future issues with ringing the crisis line were flagged immediately.	Joanna Forster Adams	Management action	The technical issue has been identified, and the team are operationally monitoring any ongoing or repeated issues experienced by people.

 23/067 - Process for the Upcoming Elections to the Council of Governors (November 2023 - agenda item 15) It was agreed that the Corporate Governance Team would contact existing governors to see if they had any suggestions for advertising vacant seats to members ahead of the next election, over and above what is already in place. 	Kerry McMann	Management action	Governors were contacted for feedback on 6 December 2023. Thank you to those governors who provided feedback and agreed to share a short statement explaining why they enjoy the role and why they'd recommend becoming a governor. We will use these statements on our website.
			Below is a list of the other ways the governor elections will be promoted:
			Notice of election to go to all members in eligible constituencies
			 Trustwide weekly newsletter (promoting staff seats) Trustwide weekly newsletter (encouraging staff members to use their networks to
			promote public, service user and carer seats)Sara's monthly all staff huddle
			 CEO and Chairs blogs Through the Service User Network Through Carers Leeds
			 Through the Rainbow Alliance Through the Workforce Race Equality Network
			 Through the Disability and Wellbeing Network Through patient support groups within
			 services Through the Volunteers Service LYPFT Facebook, Twitter, Instagram and
			LinkedInLatest News page on the website

ACTION (INCLUDING THE TITLE OF THE PAPER THAT GENERATED THE ACTION)	PERSON LEADING	COUNCIL MEETING TO BE BROUGHT BACK TO / DATE TO BE COMPLETED BY	COMMENTS
			 Email reminder to members one week before the nominations deadline Virtual drop in Q&A sessions for members that may be interested in becoming a governor Newly developed 'guide for prospective governors' to go on website and elections portal. This contains FAQs on the Council of Governors and the election process. Become a governor poster to be developed and displayed in service user and carer areas Letter to ward managers asking them to display the notice of election and governor poster in staff areas Become a governor poster to be displayed in public areas, such as community centres, libraries, supermarkets, job centres, community notice boards etc. We will also ask governors to use their networks to promote the vacancies.

ACTION (INCLUDING THE TITLE OF THE PAPER THAT GENERATED THE ACTION)	PERSON LEADING	COUNCIL MEETING TO BE BROUGHT BACK TO / DATE TO BE COMPLETED BY	COMMENTS
23/071 - 2024 and 2025 Meeting Dates (November 2023 - agenda item 16.3)	Rose Cooper	Management action	Governors were contacted via email and asked to provide feedback on the format of CoG meetings, how accessible these are, and their preferences for
It was agreed that the Corporate Governance Team would contact the governors outside of the meeting to gather views on the timing of the annual virtual meeting in November.			how meetings are held going forward. This feedback has been used to inform the paper on future CoG meeting arrangements which will be presented to the February Part B meeting.

AGENDA ITEM 8



CHAIR'S REPORT

PUBLIC COUNCIL OF GOVERNORS' MEETING HELD 30 APRIL 2024

Changes to the membership of the Council of Governors

I am pleased to announce that we have a new appointed governor representing Volition Leeds, Tessa Denham. I would like to welcome Tessa who will join for her first formal meeting in July 2024.

We are also continuing with the election to the vacant seats on the Council of Governors. This round of elections commenced on the 14 March 2024 and will conclude on the 30 May 2024. At this stage, I am pleased to announce that nine individuals have been elected unopposed and there will be a ballot in the following constituencies:

- Staff: Non-clinical (2 seats available)
- Staff: Clinical (2 seats available)
- Public: Rest of England and Wales (1 seat available)

I would also like to report that this is the last meeting for some of our governors. Rachel Gibala and Oliver Hanson have decided not to stand for election at the end of their terms of office. They are both eligible to stand for election again and we very much hope they decide to join us for another term of office at some point in the future. I would like to extend my sincere thanks on behalf of the Council for all the hard work and dedication each has given to the role of governor.

It should also be noted that, as of 30 April 2024, Matthew Knight will no longer be the appointed governor representing York Centre for Voluntary Services. I am however, pleased to announce that Matthew will be returning to the Council as a public governor for York and North Yorkshire, after being elected unopposed in the current governor election.

Changes to the membership of the Board of Directors

There have been no changes to the membership of the Board of Directors since the last meeting on 1 February 2024.

Non-executive Directors' attendance at Board meetings (rolling 12 months)

Name	30 March 2023	25 May 2023	27 July 2023	28 September 2023	30 November 2023	25 January 2024
Merran McRae (Chair)	\checkmark	\checkmark	\checkmark	\checkmark	\checkmark	\checkmark
Helen Grantham	✓	\checkmark	\checkmark	\checkmark		
Frances Healey	✓	✓	✓	~	~	\checkmark
Cleveland Henry	~	✓	-	~	~	-
Kaneez Khan	~	✓	~	~	✓	✓
Martin Wright	✓	✓	\checkmark	✓	✓	\checkmark
Katy Wilburn			\checkmark	\checkmark	-	\checkmark
Zoe Burns-Shore					\checkmark	\checkmark

Non-executive Directors

Shows attendance

Indicates those non-executive directors who sent apologies

Indicates when a non-executive director was not eligible to attend the meeting.

Executive Directors' attendance at Board meetings (rolling 12 months)

Name	30 March 2023	25 May 2023	27 July 2023	28 September 2023	30 November 2023	25 January 2024
Sara Munro	\checkmark	\checkmark	\checkmark	\checkmark	\checkmark	\checkmark
Joanna Forster Adams	✓	\checkmark	✓	\checkmark	\checkmark	\checkmark
Dawn Hanwell	~	~	~	\checkmark	~	\checkmark
Chris Hosker	✓	✓	✓	\checkmark	\checkmark	\checkmark
Darren Skinner	\checkmark	\checkmark	✓	\checkmark	\checkmark	\checkmark
Cathy Woffendin	\checkmark	\checkmark				
Nichola Sanderson			\checkmark	\checkmark	\checkmark	\checkmark

Shows attendance 1

Indicates those executive directors who sent apologies Indicates when a executive director was not eligible to attend the meeting.

Attendance by non-executive directors at Council of Governors' meetings (rolling 12 months)

Name	9 May 2023	4 July 2023	2 November 2023	1 February 2024
Merran McRae (Chair)	✓	✓	✓	~
Dr Frances Healey	✓	-	~	~
Helen Grantham	-	✓	✓	
Cleveland Henry	✓	✓	✓	~
Kaneez Khan	✓	✓	✓	✓
Martin Wright	✓	✓	✓	~
Katy Wilburn		-	-	-
Zoe Burns-Shore			✓	-

Shows attendance 1

Indicates those non-executive directors who sent apologies Indicates when a non-executive director was not eligible to attend the meeting.

Attendance by non-executive directors at Board sub-committee meetings (rolling 12 months)



Shows attendance

Indicates those non-executive directors who sent apologies
 Indicates when a non-executive director was not eligible to attend the meeting.

Quality Committee	11 May 2023	6 June 2023	14 September 2023	10 October 2023	16 November 2023	11 January 2024	8 February 2024	14 March 2024	11 April 2024
Dr Frances Healey	~	~	~	~	~	~	~	~	~
Helen Grantham	\checkmark	~	\checkmark	~					
Zoe Burns-Shore					-	-	\checkmark	~	~

Audit Committee	19 June 2023 (Extraordinary)	18 July 2023	17 October 2023	17 November 2023 (Extraordinary)	16 January 2024	16 April 2024
Martin Wright	~	✓	~	✓	~	~
Dr Frances Healey	~	✓	√	~	~	✓
Cleveland Henry	✓	✓	✓	✓	✓	1

Mental Health Legislation Committee	2 May 2023	1 August 2023	7 November 2023	6 February 2024
Kaneez Khan	~	~	~	~
Merran McRae	~	-	-	
Katy Wilburn				\checkmark

Finance and Performance Committee	25 April 2023	23 May 2023	26 September 2023	24 October 2023	28 November 2023	23 January 2024	25 March 2024
Cleveland Henry	\checkmark	\checkmark	\checkmark	\checkmark	\checkmark	\checkmark	✓
Martin Wright	√	√	√	√	√	✓	-
Katy Wilburn			✓	\checkmark	-	\checkmark	✓

Workforce Committee	4 May 2023	8 June 2023	3 August 2023	5 October 2023	5 December 2023	15 February 2024	15 April 2024
Helen Grantham	✓	✓	~	~			
Kaneez Khan	~	\checkmark	✓	\checkmark	\checkmark	\checkmark	-
Zoe Burns-Shore				~	-	\checkmark	~

Attendance by governors at Council of Governors' meetings (rolling 12 months)

		COUNC ATTENE		MEETINGS	
Name	Appointed (A) or elected (E)	9 May 2023	4 July 2023	2 November 2023	1 February 2024
Ian Andrews	E	✓	\checkmark	\checkmark	\checkmark
Oliver Becket	E	-	-	✓	✓
Caroline Bentham	E	-	-		
Nicola Binns	E	~	~	-	✓
Mark Clayton	E	-			
Alex Cowman	E	~	-		
Ian Cuthbertson	А		~	✓	-
Rita Dawson	E	-			
Claire Douglas	А	-			
Les France	E	-	\checkmark	\checkmark	✓
Rachel Gibala	E	~	-	✓	-
Oliver Hanson	E	-	-	-	-
Gail Harrison	E	~	~	-	✓
Peter Holmes	E	-			
Andy Johnson	E	-			
Matthew Knight	А	~	-	✓	~
Kirsty Lee	E	-			
John Manson	E	-			
Rebecca Mitchell	E	-	-		
Sayma Mirza	А	-	~		
Ivan Nip	E	~	~	✓	✓
Gabriella Obeng Nyarko	А	~	~	\checkmark	✓
Peter Ongley	E	✓	~	✓	✓
Becky Oxley	Е			✓	-
Amy Pratt	E	✓	✓	✓	✓
Joseph Riach	E	-	~	-	✓
Bryan Ronoh	E	✓			
Jon Salway	Е			✓	✓
Tina Turnbull	A	-			
Fiona Venner	А	~	\checkmark	-	-

The table above details the number of Council meetings that governors have attended.

Governors are expected to attend Council meetings wherever possible, however, it is recognised there may be legitimate reasons why this is not possible. Attendance by governors is recorded in the minutes by the Corporate Governance Team. Any instance where a governor has missed two or more meetings per *financial year* is discussed by the Chair of the Trust and the Associate Director for Corporate Governance and if needed with the governor concerned. There is an assessment of the reason/s for absence from meetings and any extenuating circumstances. If having reviewed attendance, there is a need for the Council to consider the matter of non-attendance for any governor a separate report will be made to the Council for consideration.

Governors are reminded of the importance of letting the Corporate Governance Team know if they are not going to be at any of the meetings. They must do this prior to the meeting taking place. That way we can be aware if we are not going to be quorate and then manage the business of the meeting accordingly.

Non-executive Director and Governor service visits

Governors are reminded they are invited to join our Non-executive Directors on their service visits. Attached is an update on the programme of learning visits which have been arranged so far.

Merran McRae Chair of the Trust 16 April 2024 The following table lists the learning visits that have recently taken place and those scheduled for the near future.

Date of visit	Team / Service	Location	Organised with	Non-Exec Director	Governor(s)
Monday 15 January 2024	Red Kite View	Red Kite View, Green Hill Road, Armley, Leeds, LS12 3BY	Nik Lee, Operational Manager	Merran McRae	Gabi Obeng Nyarko
Tuesday 30 January 2024	Low Secure Forensic Service (Leeds)	The Newsam Centre, Seacroft Hospital, York Road, Leeds, LS14 6UH	Josef Faulkner, Head of Operations	Zoe Burns-Shore	Gabi Obeng Nyarko and Nicola Binns
Thursday 8 February 2024	 Gender Identity Service Ward 4 Male Acute Psychiatric Intensive Care Unit (PICU) Low Secure Forensic Service 	The Newsam Centre, Seacroft Hospital, York Road, Leeds, LS14 6WB	Mark Dodd, Deputy Director of Operations	Merran McRae	Peter Ongley and Ivan Nip
Tuesday 27 February 2024	Pharmacy Team	The Mount, 44 Hyde Terrace, Woodhouse, Leeds, LS2 9LN	Jane Riley, Chief Pharmacist	Merran McRae	Joseph Riach and Amy Pratt

Date of visit	Team / Service	Location	Organised with	Non-Exec Director	Governor(s)
Tuesday 19 March 2024	Specialised Supported Living Service	Supported Living: Methley Lodge and Sledmere Lane	Debbie Dominy, Clinical Team Manager	Merran McRae	Peter Ongley (1 governor only)
Monday 22 April 2024	Finance Department	St Mary's House, St Mary's Road, Leeds, LS7 3JX	Jonathan Saxton, Deputy Director of Finance	Martin Wright	Joseph Riach
Wednesday 1 May 2024	Memory Assessment Service (East North East Locality)	St Mary's House, St Mary's Road, Leeds, LS7 3JX	Claire Parsons, Clinical Operational Manager	Dr Frances Healey	Nicola Binns (1 governor only)
Wednesday 29 May 2024	Acute and Crisis Services	Becklin Centre, Alma Street, Leeds, LS9 7BE	Laura McDonagh, Head of Operations	Cleveland Henry	Becky Oxley and Gabi Obeng Nyarko

CEO update to the Council of Governors

Dr Sara Munro CEO 17th April 2024

Topics

- Key updates on our three core strategic objectives
- Key updates from around the Trust
- Spotlight on Sara
- Reasons to be proud

Updates on our three strategic objectives





People Experience

- Yoga for Wellbeing
 - New one hour all level yoga class at Lindon House, St Mary's Hospital
 - You don't need to be bendy, or have any previous yoga experience, you can just come and lay down for an hour, if that's what you need. Everyone is welcome.
 - Jan Smith from LYPFT moving and handling service is also a qualified yoga instructor and is offering free yoga sessions to staff.
 - Booking through the Leeds Recovery College website.

Occupational Health



Location - Room 5 Willow House

- > 1 and 2 May
- > 5 and 6 June
- 3 and 4 July
- 7 and 8 August
- > 4 and 5 September

Contact OH admin team on 01924 316031

People Experience

Free Physical Health Check Appointments

- The initial Health and Wellbeing Assessment will involve a physical health check which covers:
 - Blood pressure check
 - Blood sugar measurement
 - Cholesterol check
 - Weight
 - Body composition including fat % and bone mass
 - Body Mass Index
 - Waist measurement
 - Resting heart rate
- There will also be a lifestyle questionnaire which covers your lifestyle, if any issues arise during your initial health assessment the team will work with you to set some SMART goals.

Mindfulness Virtual Reality Headset Pilot

Mindfulness-based cognitive therapy (MBCT)

- Mindfulness-based cognitive therapy (MBCT) is an approach that includes systematic training in mindfulness meditation, mindfulness exercises to help you become more aware of your thoughts, emotions, and body sensations.
- We are looking to pilot the prevision of a virtual reality headset for four teams/locations to host the headset for a three-month period between July and December 2024.
- Would you team be interested in hosting the virtual reality headset for your team/service for 3 months?
 Please contact Head of Wellbeing v.small3@nhs.net with your expression of interest.

Commitment requirements:

- Teams that host the headset will be required to:
 - Named responsible lead within the team/location who will be responsible for charging the headset after each use and maintaining its safety.
 - Provide staff with protected time each week (30minute period) over the three months to use the headset so the 8 12-week programme can be completed.
 - Secure a suitable location for the headset to be used, which is quiet and relaxed and manage a booking register.



Wellbeing Champion Training

Wellbeing Champions play an important role within our Trust by providing support to their team and signposting colleagues to the range of wellbeing support that is available.

Our aim at LYPFT is to have Wellbeing Champions within all areas of Trust and we are looking to recruit new Wellbeing Champions. No previous experience is required, you simply need to have an active interest in supporting your colleague's health and wellbeing.

The next training event is at St Mary's House, on **Thursday 13 June 12-4pm**. For more information or to book a place please email the **Wellbeing Team** <u>healthwellbeing.lypft@nhs.net</u>







LGBTQ+ Network

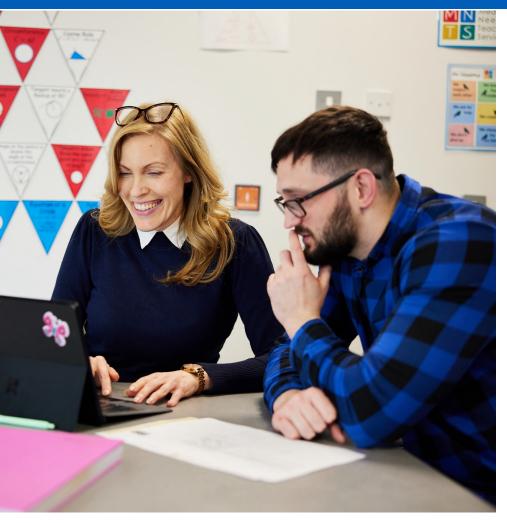


Equality, diversity and inclusion our staff networks

Our staff networks support members in raising awareness, challenging barriers and championing equality, diversity and inclusion for everyone.

If you would like to attend the next meeting or to find out further information, please email using the following addresses.

- Workforce Race Equality Network (WREN) 23 April- 13:00 -15:00
 - wres-staffnetwork.lypft@nhs.net
- Rainbow Alliance Network (RA) 29 April- 14:00- 15:00
 - rainbowalliance.lypft@nhs.net
- Disability and Wellbeing Network (DaWN) 15 May- 13:30- 15:00
 - dawn.lypft@nhs.net



Recruitment and Resourcing

- Values Based and Inclusive recruitment and selection training
 - The new Recruitment and Selection training is now live to book on Learn as part of the Manager 360 programme. All recruiting managers need to have completed or refreshed their training every 3 years so please book on if your training has lapsed.

Widening Participation initiative

 The Trust is supporting 'Project Hope' which is for young people who are care leavers and we welcomed Aisha to the Applications and Clinical Systems team as an Applications Administrator for a 12 month placement, best of luck to Aisha.



Creating a culture of civility and respect

- Understanding the issue
 - Collected and reviewed data to inform targeted work

Civility and Respect Statement

- Now published on Staffnet 365
- Outlines our commitments and expectations of ourselves and each other

• Next steps

- Review of Bullying and Harassment and Grievance Policies
- Early resolution and mediation approach
- Cultural competence development programme
- Supporting everyone to become active bystanders

CARE SERVICES

Our Gender Identity Service

- Cass review of gender identity services from children and young people published 10th April 2024.
- Changes already being made to service provision for children up to the age of 18 years with gender dysphoria ahead of the report publication.
- We provide adult gender services in which transition occurs from 17 years of age. Immediate changes to age of transition announced by NHSE (Now 18 years)
- Planned review of adult gender services which we welcome. There is a national service specification already in place that the clinics all adhere to.
- We did engage with the Cass review and so the media coverage and criticism of adult involvement has not been accurate.
- We remain focused on supporting our staff who do an amazing job and our service users who we know will be worried about further service reviews affecting access to the right support in a timely way.

CARE SERVICES

Transforming community mental health care in Leeds

- Early implementer sites for the Community Mental Health Care transformation are operating and multi-disciplinary teams seeing the benefits of working together to improve support for working age adults with complex and ongoing mental illness. An example is the following quote from a peer support worker:
 - "I needed to talk to someone's key worker. We were in the same building; we had a conversation, and I was able to action and move forward with the required support."
- The teams are joint triaging service users which avoids the duplication of both community mental health and primary mental health care teams assessing people's needs. This helps to ensure a better service for service users who are able to see the right person first time.
- The new Advice and Guidance process comes into effect on Monday 22 April. Admin colleagues have received refresher training and primary care networks are being provided with support information, including information for service users and carers.









CARE SERVICES

Care Services Strategic Plan our vision for the next ten years

• Where are we now?

- Our plan is now available for all staff to read, it's a five year plan for a ten year vison.
- We have already made progress, across the Trust and with partner services which we talked about in March.
- We know that more people will need mental health care and support in future, our services are already under pressure, and some are not future proof, and our care services must change to deliver on national and local strategies.

• What are we doing?

- We have set out our four focus areas which you can read on our website.
- We will be building on several projects in the pipeline which we will update over the coming months.
- We will be continuing to share the efforts from teams and services to achieve our vision.
- We will be listening to staff, partners and those with lived experience to deliver our ten-year ambition.

ESTATES

Newsam Seclusion

• Enabling Works underway with a view to starting the main construction before and during Summer 2024.

• PLACE 2023

 The Team are actively on with action plans and are already 50% through the actions working collaboratively with Mitie / NHSPS.

New Team Members!

 The Trust has appointed a new Head of Health & Safety, Health and Safety Advisor and new Security Manager – all will be introducing themselves upon commencement in post over the next month or so!





SUSTAINABILITY AT THE TRUST

• Waste reporting on MICAD

 Categories will be added onto the MICAD helpdesk for staff to report waste issues on their sites.

E-cigarette and vape waste collections

 Every inpatient ward has received two waste containers for the collection of used e-cigarettes and vapes for recycling.

New Sustainability page on Staffnet

- View the new page to learn more about what the team is up to and key information about waste, energy and available training.
- <u>Staffnet Sustainability</u>

Get involved at sustainability.lypft@nhs.net



STRIKE ACTION

- Thank you to all staff for your efforts during periods of unprecedented industrial action and minimising disruption and risks to our patients.
- Consultants in England have accepted the latest Government offer on pay and Doctors' and Dentists' Pay Review Body reform.
- Industrial Action Planning and Tactical groups are meeting regularly to plan for the potential of further action taken by junior doctors and specialist and specialty (SAS) doctors in England.

Keep up to date on all the latest news on the strikes on **Staffnet.**



AWARD NOMINATION SHOUT-OUTS

- National Diversity Awards-The Gender Outreach Worker team from the Gender Identity Service have been nominated at the prestigious National Diversity Awards.
 - Gender Outreach Workers
 - Sophie Bracewell
 - Bradley Bains
- National Mental Health Awards The Gender Outreach Worker team has been shortlisted in the Peer support category.



POSITIVE PRACTICE IN MENTAL HEALTH NOMINATIONS

- Category Integrated Physical & Mental Health Health facilitation team.
- Category Learning Disabilities and/or Autism IST.
- Category Addressing Inequalities Synergi and Gender Outreach Workers.
- Category Acute Inpatient Care Creative writing group at the Becklin Centre and Red Kite View.
- Category Children and Young People's Mental Health Services Red Kite View.
- Category Mental Health Rehabilitation and/or Recovery Services CREST.
- Category Older Adult Functional Mental Health Services and/or Dementia Care Creative Group Projects - Artlink at the Mount.
- Category Specialist Services (including, Veterans, Substance Misuse, Addictions, Housing, Education and Employment) - OPCourage North and Assertive Outreach Leeds.

One year of Admiral Nursing

- The LYPFT Admiral Nurse service at St James's Hospital has been in operation for one year now, and it's been a fantastic year!
- We have not only directly supported 80 people living with dementia and their carers/families, but we have also been busy with many other projects and attended countless events all over Leeds to raise awareness of the service and of Admiral Nurses! We've supported staff with ad-hoc education and personal support for staff to remain in work.
- The service's projects include a dementia experience that has been showcased to medics and nurses and is now incorporated into LTHT's dementia training for new starters. We trialled a dementia support group and a journal club and are now working on a dementia resource folder for staff.
- We are extremely proud of our work over the past year and thankful to LYPFT and LTHT for all the support they have given to help the service succeed!



Big walk for Cancer Research

Health Informatics staff walked 20 miles to raise money for cancer research

- Cancer has hit their team hard over the last 12 months, with Shaun losing his partner and another member of the team currently recovering from a tough round of treatment.
- The team walked 20 miles from Keighley train station to Leeds station.
- Not only did they smash the walk, but they also smashed the target!



Apprenticeship Celebration

We held our annual Apprenticeship Celebration event on Friday 22 March 2024.

- Around 30 colleagues who'd been studying for various qualifications using our apprenticeship offers were recognised for their achievements. We also celebrated those living the Trust's values in our special Apprenticeship Awards.
- Doshina Francois won the Caring Award.
- Jake Rice won the award for Simplicity.
- Sam Nicholson won the award for Integrity.
- Cassia Edwards won the Line Manager award.
- Hergy Galsinh achieved an Apprenticeship for Senior Leadership.





Team of the Month Individual of the Month



We are recognised and rewarded

Coming soon... We will be celebrating our staff, teams and individuals each month on the huddle.

Individual of the Month

Steve Crosby, a recent winner from the Health Informatics service, exemplifies dedication and support. Nominated by Vickie Hesketh, Digital Communications Officer, Steve's unwavering commitment during the redevelopment of Staffnet earned him this recognition.

"He's been an invaluable support, and without his tireless efforts, we wouldn't have successfully launched Staffnet 365 in March 2024."



Steve Crosby, Infrastructure Support Analyst



THANK YOU QUESTIONS?

www.leedsandyorkpft.nhs.uk

Leeds and York Partnership

AGENDA ITEM

10

MEETING OF THE COUNCIL OF GOVERNORS

PAPER TITLE:	Refreshing the Trust's Brand Identity
DATE OF MEETING:	30 April 2024
PRESENTED BY: (name and title)	Oliver Tipper, Head of Communications
PREPARED BY: (name and title)	Oliver Tipper, Head of Communications

THIS PAPER SUPPORTS THE TRUST'S STRATEGIC OBJECTIVE/S (please tick			
relevant box/s)			
SO1	We deliver great care that is high quality and improves lives.	\checkmark	
SO2	We provide a rewarding and supportive place to work.	\checkmark	
SO3	We use our resources to deliver effective and sustainable services.	\checkmark	

EXECUTIVE SUMMARY

This paper gives a brief update to the Council of Governors on the Trust's brand identity refresh project. The Trust's comprehensive Brand Book is appended to this paper which contains more detail. Members will receive a presentation of the main changes to the brand identity on the day of the meeting to support this paper.

Do the recommendations in this paper have any impact upon the requirements of the protected groups identified by the Equality Act?	State below 'Yes' or 'No'	If yes please set out what action has been taken to address this in your paper
	No	

RECOMMENDATION

The Council of Governors is asked to:

- Read and familiarise themselves with the Trust's new brand identity,
- Support the launch of the new brand identity,
- Adopt it in their communications about the Trust going forward.



Council of Governors 30 April 2024 Refreshing the Trust's Brand Identity

1. Executive Summary

This paper gives an update on the Trust brand development and refresh project.

The Trust initially embarked on a project to refresh its brand in 2019. The original brief was put out to tender and Leeds-based agency <u>Think Outside the Box (Think OTB)</u> was selected to support us in March 2020. This work was then hibernated during the Covid-19 pandemic.

In summer 2022, a small project team was reformed to restart this work, led by the Trust's Head of Communications, Oliver Tipper, and the Chief Executive Dr Sara Munro. It also included our Deputy Chief Executive, Chief Operating Officer, and other key internal stakeholders.

Since then, the work to refresh the Trust's brand has progressed and in the process of being launched internally and externally. This work is summarised within the paper.

2 The LYPFT brand refresh journey

The project brief was to review and refresh the Trust's brand identity. Within the scope of this work is the Trust's strategic narrative, visual identity and how they position and communicate the Trust's purpose, vision, values and strategic objectives to key stakeholders via an outwardly facing brand framework.

The main elements of the project were to:

- Take stock, review our current brand identity and how it was being used,
- Engage and involve lived experience partners, staff and system partners in the brand development journey, ensuring feedback was considered and addressed,
- Understand how we are perceived by our stakeholders and partners i.e. what it's like to work with LYPFT and how we can improve the way we communicate with them, and in turn, how they communicate about us,
- Develop a new brand positioning framework to give LYPFT a stronger presence whilst still retaining the overall NHS brand and partnership approach,

- Reinvigorate the Trust's brand to help raise our profile, and grow the reputation of the Trust to be recognised as a great place to receive care, a great place to work, and a great partner to work with across the communities we serve,
- Develop material and assets to communicate and position the brand with existing staff; to engage them and to help retain them,
- Develop material and assets to position LYPFT as an employer of choice for prospective employees across different professional groups, to aid recruitment of new talent.

The project has taken the current strategic landscape and the emerging LYPFT strategic plans into account, including the care services strategic plan.

2.1 Engagement with key stakeholders

We surveyed hundreds of staff, system partners and lived experience partners in November 2022 which gave us some useful high-level feedback on what people think about us and about their experience of working with us. <u>You can find the results on our website</u>.

In April and May 2023, we held two focus groups. One with staff, and one with service users, carers, and lived experience partners. In these sessions we covered the following areas:

- Sharing the purpose of our brand development project and why LYPFT wants to tell its story better,
- Sharing findings from the previous surveys (link above) which informed the focus groups,
- Co-production of our brand proposition statement, and
- Gaining feedback on our strategic narrative, and our tone of voice and use of language.

We have used this feedback to shape our new brand identity which is represented fully in the appended Brand Book.

2.2. Research on changing the name of the Trust

We received some specific feedback about the name of the Trust mainly from our lived experience focus group and survey respondents. They said our name does not effectively communicate who we are and what we do. In response to this, in June 2023 we commissioned an additional piece of research about the name of the Trust and whether we should change it.

The conclusion of this process was that, for legal and constitutional reasons, we were not able to change the Trust's name. However, in response to the feedback, we have developed a short strapline to communicate what we do more effectively.

3. Our refreshed brand identity in summary

We have produced a document called our Brand Book which details all the elements of our new brand identity. This can be found appended to this report. In summary, the main changes are as follows:

- The inclusion of neurodiversity services within our brand identity for the first time,
- The development of a strapline: Leading the way in mental health, learning disability and neurodiversity care,
- The development of a brand proposition statement (this is also known as our promise),
- Revised vision and mission statements which form part of our refreshed "Plan on a Page",
- A creative theme of "Here for . . ." which gives us a unique way of communicating our brand identity,
- A bold new visual style, with bright colours and new imagery featuring our staff,
- A simplified tone of voice guidance to help staff live our values when communicating verbally or in writing.

The Trust values of integrity, simplicity and caring, were not in scope for this review. They were co-created at length with staff and stakeholders in 2016 and have become highly embedded within our organisational culture. They are part of what makes us unique, and staff feel a sense of ownership and pride in them. Therefore, we decided not to change them.

4. Launching our new brand identity

An update on the brand refresh project was presented to the LYPFT Trust Board on 30 November 2023. The Board were generally happy with the approach and provided some feedback which has been actioned.

Since then, we have started to socialise our new brand identity with key groups internally and externally. This includes:

- Our People Experience Group,
- Our Workforce Race Equality Network,
- Our Disability and Wellbeing Network,
- The West Yorkshire Mental Health, Learning Disabilities and Neurodiversity Communications Group

This socialisation will continue with other key groups including our Service User Network.

There will be a communications and engagement campaign focused internally to support staff to understand the change, the reasons for it, and to encourage them to adopt and embed it in their working lives. The centrepiece of this campaign will be a brand journey video featuring our Chief Executive and our Head of Communications.

The launch campaign will also include:

- Sharing and promoting the Brand book, plan on a page and a range of brand template documents,
- Developing flagship publications in the new brand style e.g. our new People Plan 2024-2027, our Annual Report 2023/24, Quality Strategic Plan etc.
- Members of the Communications Team will be going out onto key sites to hold conversations with colleagues about the new brand identity from May onwards, offer simple handouts and refresh printed collateral such as our Plan on a Page and Trust Board posters.

The longer-term plan over the coming year to refresh the brand includes the following actions:

- Developing a new Trust Strategy, incorporating all the new brand elements, to replace our previous five year strategy: <u>Living our values to improve health and lives</u> <u>2018 – 2023.</u>
- Working with our videography team to incorporate the new brand style within Trust videos,
- Review and refresh our physical estate and collateral, including signage, livery, ID cards etc.
- Working with care services systematically to refresh service user information products e.g. leaflets, videos, posters, web content, social media channels etc.
- Co-creating an inclusive language guide for the Trust with interested parties, taking a lead from a guide recently published by the Bradford District and Craven Health and Care Partnership <u>https://issuu.com/reducinginequalities/docs/inclusive-languageguide-__final</u>
- Creating a suite of accessible document templates that offer staff the tools and techniques to create communications products that can be read and understood by the majority of people including those with specific communication needs e.g. use of simple language, accessible to screen reader technology and language interpretation software, easy read etc.

5. Recommendations

The Council of Governors is asked to:

- Read and familiarise themselves with the Trust's new brand identity,
- Support the launch of the new brand identity,
- Adopt it in their communications about the Trust going forward.

6. Appendices

The Brand Book (dated February 2024)

Author: Oliver Tipper, Head of Communications Report written: 16 April 2024

Brand Guidelines



Brand Book

January 2024

LYPFT NHS

Introduction

Contents

This document provides an overview of the Leeds and York Partnership NHS Foundation Trust brand framework. The following pages set out the basic elements that make up the brand which enables you to create effective and consistent communications to engage and motivate your audiences.

The text opposite is 'click-able', taking you direct to that specific page of content. The 'home' icon (🏠) in the footer on each page will bring you back to this page, where you can navigate back out to any other section. Also the arrows positioned bottom right in the footer (), clicking them will either move you on forward to the next page or back to the previous page.

- 1 Vision and mission
- 2 Values
- **3** Proposition
- 4 Narrative
- 5 Strapline
- 6 Creative theme
- 7 Messaging
- 8 Tone of voice
- 9 Logo
- 10 Colour palette
- 11 Typography
- 12 Iconography
- 13 Easy Read
- 14 Look and feel
- 15 Photography/imagery
- 16 Creative application
- 17 Contact

Vision and mission

Our vision and mission statements are the building blocks of our brand.

Our vision is our aspiration, and our mission is how we want to achieve it.

Vision

To lead the way in mental health, learning disability and neurodiversity care so the communities we serve can live healthy and fulfilling lives, our people can achieve their personal and professional goals, and everyone can live their lives free from stigma and discrimination.

Mission

To improve the health and lives of the communities we serve by providing outstanding mental health, learning disability and neurodiversity services; to be a great place to work and a great partner to work with.

Our values (our guiding principles) and behaviours

Values

Our values are **integrity**, **simplicity**, **caring**. They are integral to how we go about our business.

We have integrity

We treat everyone with respect and dignity, honour our commitments and do our best for our service users and colleagues.

- We are committed to continuously improving what we do because we want the best for our service users. We consider the feelings, needs and rights of others.
- We give positive feedback as a norm and constructively challenge unacceptable behaviour.
- We're open about the actions we take and the decisions we make, working transparently and as one team with service users, colleagues and relevant partner organisations.

We keep it simple

We make it easy for the communities we serve and the people who work here to achieve their goals.

- We make processes as simple as possible.
- We avoid jargon and make sure we are understood.
- We are clear what our goals are and help others to achieve their goals.

We are caring

We always show empathy and support those in need.

• We make sure people feel we have time for them when they need it.

- We listen and act upon what people have to say.
- We communicate with compassion and kindness.

Proposition

The proposition is the hard-working, internal statement about who we are, what we do and how we do it. It is both rational and functional. This is also referred to as our brand promise. We are dedicated to people-centred care and are proud of the high-quality, specialist mental health, learning disability and neurodiversity services we provide.

We actively involve people in their care to empower them to achieve their personal goals and enjoy fulfilling lives.

We want to talk about the Trust in a consistent way to inform, educate and motivate our various audiences. This text is a short and succinct explanation of how we would introduce LYPFT.

Narrative

At Leeds and York Partnership NHS Foundation Trust (LYPFT), we are proud to provide high-quality mental health, learning disability and neurodiversity care.

Our caring and respectful staff use their expertise to deliver a wide range of specialist and innovative services to people aged 13 and over across Leeds, York, and all the communities we serve.

From community support to crisis treatment, all our care is people-centred. Simply put, this means we actively involve the person using our services so they are empowered to achieve their personal goals and can enjoy a fulfilling life.

Strapline

The strapline is our outwardly-facing message that tells our audience(s) about our brand. A short, easily remembered phrase to help people understand our services. It is both functional and aspirational.

The strapline should never be locked up with the logo, it should always be separate. For example if the logo is at the top of a piece of comms, the strapline should sit at the bottom, away from the logo. Do not use the strapline if the space available is small or limited and make sure it is only used where the font size is legible, otherwise leave it off. Leading the way in mental health, learning disability and neurodiversity care

Creative theme

To ensure we create standout and impact through our communications, we have developed a creative theme to help bring our brand story to life in a visual and meaningful way.

The phrase "Here for . . . " is also adaptive and flexible, so it can be used when talking to different audiences or stakeholders.

Here for...

The purpose of LYPFT is to improve health and improve lives. The 'Here for'... theme is about expressing our proposition, i.e. LYPFT's reason to exist and is flexible enough to adapt for communications across all our stakeholder groups.

LYPFT NHS

To help inspire you when creating brand comms, we have created some overarching messaging examples which offer flexibility across different audiences. These can be used as shorter headlines or longer lines to elevate your communications.

Please note, these are just examples and this is not a comprehensive set of messages.

Messaging

Here for you
Here for everyone
Here for our people
Here for your mental health
Here for people with learning disabilities
Here for people with neurodiversity
Here for providing advice and support
Here for creating stronger partnerships
Here for the future of mental health care
Here for ground breaking mental health research
Here for turning mental illness into mental wellness
Here for fostering a rewarding and supportive workplace
Here for improving the health and lives of the communities we serve
Here for our partners to improve the health and lives of the communities we serve together

Tone of voice

This is how the character of our organisation comes through in words, both written and spoken. It's not so much about what you say, but rather the way you say it, and the way it moulds your audience's impression of the trust.

For more information or specific guidance on our 'Tone of voice principles', please visit the <u>NHS</u> identity-guidelines - Tone of voice Clear, concise, straightforward, honest, person-centred, open, professional, respectful and accessible

When writing communications in relation to LYPFT, they should follow, wherever possible, these guidelines.

For more information or specific guidance on 'How we write', please visit the NHS Digital service manual -How we write

The Plain English Campaign provides information and advice on writing clear, concise public information. Visit the Plain English Campaign website for more details.

Tone of voice Written communications

Keep it plain and simple

Our Trust speaks to a wide range of audiences, some of whom are living with learning difficulties, others have cognitive impairments, and for others, English is not their first language. This means all our communications need to be clear, concise, straightforward and accessible.

- Draw attention to the most important points. ٠
- Avoid jargon or acronyms.
- Don't repeat yourself or bury vital information in lots of text. .
- Stick to the facts to give our audience what they need to know and clear instructions on what to do next. .

Honest and open is best.

When we are honest

a trusting relationship

and our organisation.

transparent about the

and open with our

٠

Put care at the heart of everything we do.

Our Trust always takes a person-centred approach audience then we create to ensure we do our best for the people we are between the audience communicating with.

To convey this, even when We do this by always being the communication may not be well-received, we actions we are taking and show our empathy and the decisions we are making. support in a professional manner. Put yourself in your audience's shoes and write or speak with the compassion and kindness

you would want to receive.

Always be respectful.

One of our Trust's values is having integrity and treating everyone with respect and dignity. In our communications this comes across by considering the impact of what you're trying to say to the reader/ listener and accommodating their feelings in a professional manner.

Be consistent.

To enable everyone to understand our communications and to build our organisation's reputation as a high-quality and trusted 'brand', we must be consistent in every communication. If you describe a service or action in a certain way, stick to it. This will build familiarity and avoid confusion.

This is the Leeds and York Partnership NHS Foundation Trust logo.

It should mostly be positioned top right of any communications. In some circumstances, mainly on websites, it can be used at the top left. The logo can also be used white out on the NHS mid-blue background.

The NHS logo is one of the most instantly recognised in the world, and its application directly affects how patients and the public think and feel about the NHS. It has become one of the most cherished, trusted and powerful brands in the country.

This document follows the NHS' Identity Policy, which is the way we will achieve the national standard and consistency that our patients expect from the NHS. Extensive research has been carried out to ensure the NHS' Identity Policy is based on the views and needs of patients, the public and stakeholders.

For more information or specific guidance on 'Organisational logos', please visit the <u>NHS identity-</u> guidelines - Organisational logos

Logo

Leeds and York Partnership NHS Foundation Trust Leeds and York Partnership NHS Foundation Trust

NHS Leeds and York Partnership NHS Foundation Trust **NHS** Leeds and York Partnership NHS Foundation Trust

Brand Guidelines

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Colour palette

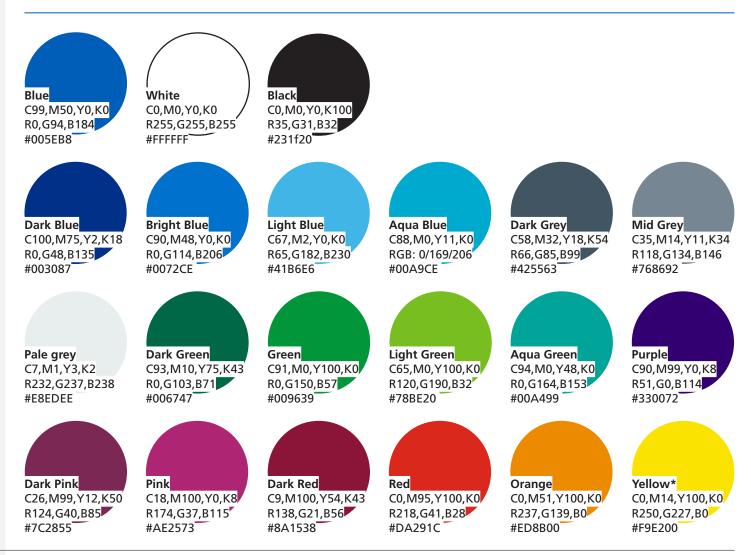
Colour is a key element of any organisation's identity. Our research shows that patients and the public strongly associate the NHS with the colours blue and white. 87% of people spontaneously recall these two colours when asked about the NHS Identity.

For more information or specific guidance on 'Colours', please visit the NHS identity-guidelines - Colours

When using our colour palette, we need to check how accessible the colour contrast is for readers. For example, white writing on a pale coloured background can be difficult to read.

Please note: red is strongly associated with emergencies or instructions to "stop". It should therefore only be used in these circumstances.

* We discourage the use of yellow for communications intended for people with ADHD and autism.



Colour contrast

Here are a few examples of how, and how not to use the colours from our palette. This includes how to use colors against backgrounds, and in combination with each other.

When using our colour palette, we need to check how accessible the colour contrast is for readers. For example, white writing on a pale coloured background can be difficult to read.

For further guidence please refer to: https://webaim.org/resources/ contrastchecker/ ✓ Colour contrast

DO

Ensure there is sufficient contrast when using the colours from the palette. X Colour contrast

DON'T Use similar colours together. contrast

Colour

DON'T Use colours that clash. **DON'T** Introduce colours that are not in the palette.

Colour

contrast

imes

Typography

Core NHS font: Frutiger

This font is mainly used by professional graphic designers when creating NHS information. It is not freely available on desktop software applications.

Frutiger is available to buy in many weights, and licences to use Frutiger both on and offline can be purchased from a number of font sellers. As well as specifying the type and number of licences required, you need to ensure you are buying the Linotype family of Frutiger, and the specific weights of Frutiger 65 Bold, Frutiger 55 Roman, Frutiger 56 Roman Italic and Frutiger 45 Light. These weights, as set out in the guide below, are appropriate for the majority of offline applications. Online, we suggest avoiding using italics because it is less accessible.

For more information or specific guidance on 'Fonts', please visit the NHS identity-guidelines - Core Font

Frutiger - Regular ABCDEFGHIJKLMNOPQRSTUVWXYZ

abcdefghijklmnopqrstuvwxyz 1234567890?100*&^%\$£@!

Frutiger - Bold

ABCDEFGHIJKLMNOPQRSTUVWXYZ abcdefghijklmnopqrstuvwxyz 1234567890?100*&^%\$£@!

Typography

Secondary NHS font: Arial

The NHS' secondary font is Arial. This is the font most people should use when writing information for publication.

Arial is an accessible sans serif font with good clarity and legibility. It is a very widely available typeface that all users should have easy access to.

Arial should generally be used for internally produced documents like letters, reports and PowerPoint presentations. It should also be used for any service user facing information when not being professionally designed.

For more information or specific guidance on 'Fonts', please visit the <u>NHS identity-guidelines -</u> <u>Secondary Font</u>

Arial - Regular ABCDEFGHIJKLMNOPQRSTUVWXYZ

abcdefghijklmnopqrstuvwxyz 1234567890?100*&^%\$£@!

Arial - Bold

ABCDEFGHIJKLMNOPQRSTUVWXYZ abcdefghijklmnopqrstuvwxyz 1234567890?100*&^%\$£@!

Iconography

Icon style

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The Trust uses a range of professionally designed icons to help audiences identify concepts and themes at a glance. We also use them in the production of infographics to help communicate numbers and data more clearly.

You can find our icon library on Staffnet. Alternatively contact the Communications Team for advice on the use of icons.



Easy Read

Producing accessible communications for people with learning disabilities.

You can find out more about easy on the i and access their full library of imagery at www.learningdisabilityservice-leeds.

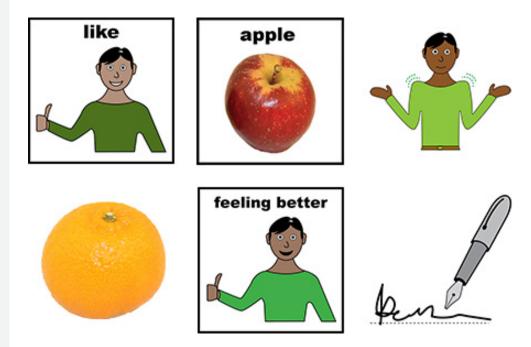
<u>nhs.uk/easy-on-the-i</u>

Our 'easy on the i' service

'easy on the i' is the name of a team within our Learning Disability Service. They work with their service users to produce easy to understand information for people with learning disabilities. They also share their knowledge, expertise and library of assets with health and care partners across the country.

They offer accessible symbols, photos and graphics that represent the communities we serve. Samples of which can be found on this page.

There are 1.5 million people with a learning disability in the UK and we encourage anyone producing information for the public to consider producing 'easy read' versions of their material.



Look and feel

The brand look and feel echos the tone of voice pillars:

- Plain-speaking
- Respectful
- Honest & open,
- Caring

Easy to understand, simple to use, functional with a caring side.

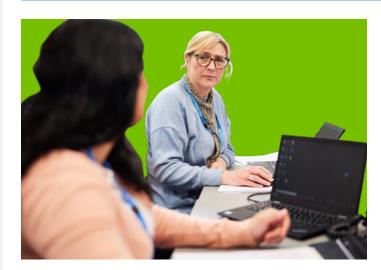
Brand Guidelines

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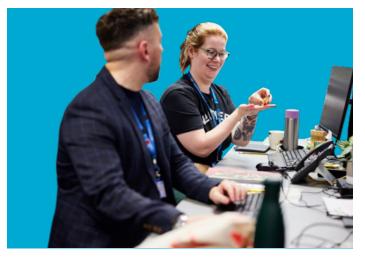
Look and feel

Photography with a solid coloured background using pictures of our own staff where possible, or good quality stock images where this isn't possible.

This style of imagery to be reserved for flagship products and channels i.e. website home page, social media profiles, professionally designed service user information, flagship documents like our annual review, and the front covers of high profile reports.







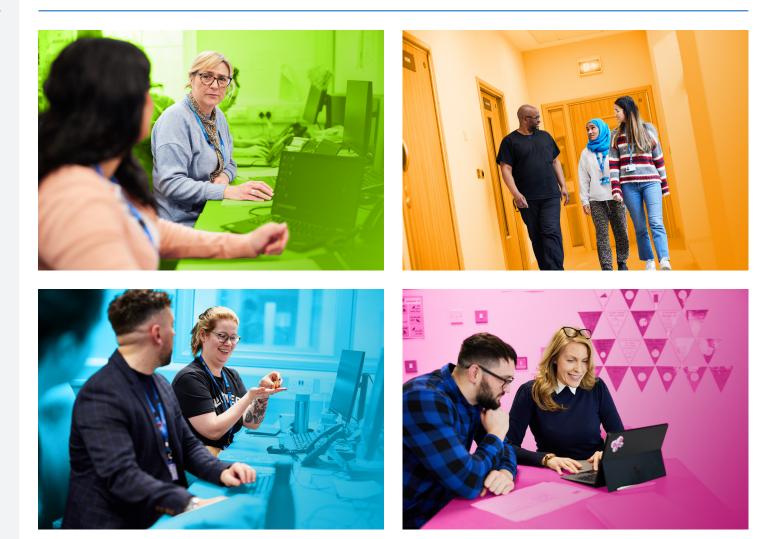


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Brand Guidelines

Look and feel

We can incorporate the background imagery into our bold coloured photography style where it makes sense to do so i.e. is part of the story we are trying to tell.





Brand Guidelines

15

Photography - Diversity and Inclusion

We will seek to represent our people and the communities we serve through our photography in our communications.

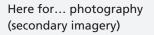
What we cannot do is represent all the communities we serve in every single one of our products and channels. Therefore we will aim to ensure there is a fair representation across the whole range of products and channels we manage.



Brand Guidelines

15

Photography - Secondary



A mix of photographic styles including, reportage, over the shoulder discussions.



Brand Guidelines

15

LYPFT NHS

Photography - Secondary

The "hero" type shots with subjects looking down the lens at the audience.



Contents

Brand Guidelines

15

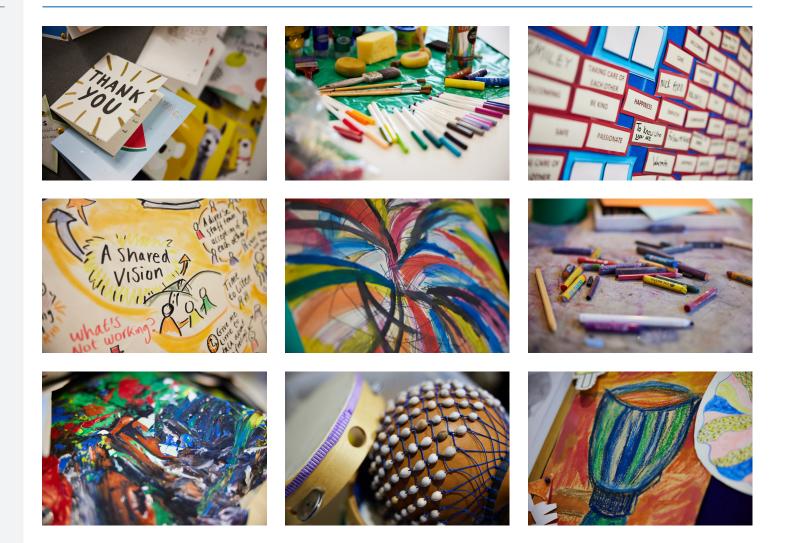
Photography - Secondary

Environmental/Incidental

Being creative in communications is really important if we are going to motivate people to "think, feel or do".

Therefore it is important to think creatively when creating images of objects as well as when capturing images of people.

This page gives some examples of how to do that effectively e.g. where the subject is nicely lit, objects appear close up for the viewer to see clearly, and with an interesting use of focus and angles.



LYPFT NHS

Brand Guidelines

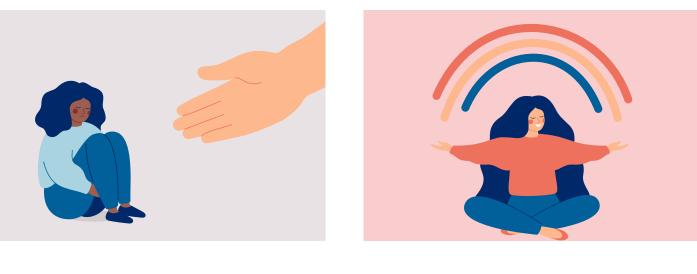
15

Illustrations (tertiary/support imagery)

On occasions, person-centred photography might not be appropriate. Particularly when dealing with sensitive subject areas.

Therefore illustrations can be used in these circumstances. These should be a friendly, descriptive illustrated character, which audiences can identify with and which represent the communities we serve.

They should help us with the harder to tell stories or explain complex ideas.

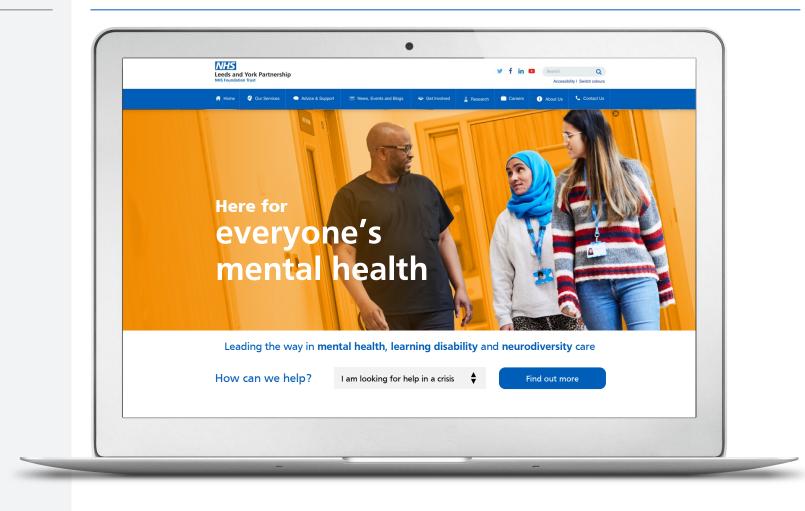




Leed	ls and	York	Partner	ship
NHS	Found	datio	n Trust	

Brand Guidelines

Creative application



works on our website.

An example of how our brand

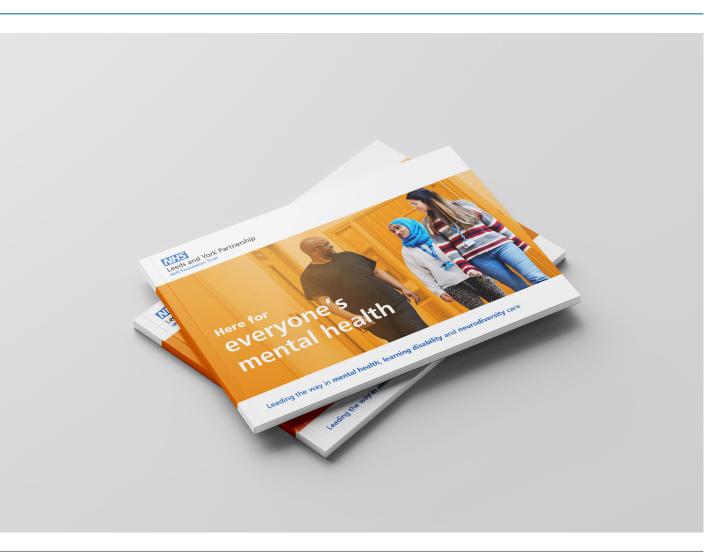
16

Leeds and York Pa	artnership
NHS Foundation	Trust

Brand Guidelines

Creative application

An example of how our brand works in print.



Leeds and York Partnershi	p
NHS Foundation Trust	

Brand Guidelines

Creative application

Brochure inside double spread



Brand Guidelines

Our "Plan on a page" is how we communicate our purpose and strategy in a simple way.

This has been updated in line with the brand refresh to incorporate the brand proposition (the brand promise) as well as other elements and phrases.

Plan on a page

NHS Leeds and York Partnership NHS Foundation Trust

Our plan on a page

Our vision		Our mission				
To lead the way in mental h learning disability and neurro care so the communities we healthy and fulfilling lives, c achieve their personal and p goals, and everyone can live free from stigma and discrin	odiversity serve can live our people can professional their lives	of the comproviding of learning dis services; to	the health and lives munities we serve by outstanding mental health, ability and neurodiversity be a great place to work partner to work with.			
Our values						
We have integrity We treat everyone with respect and dignity, honour our commitments and do our best for our service users and colleagues.	We keep it sin We make it e communities and the peop work here to their goals.	asy for the we serve le who	We are caring We always show empathy and support those in need.			
Our promise						
We are dedicated to people specialist mental health, les We actively involve people personal goals and enjoy f	arning disability in their care to	y and neurod	liversity services we provide			
Our strategic objectives						
	es: we deliver g	reat care that	is high quality and improve			
2. For our People: we provi	de a rewarding	and supporti	ve place to work.			
3. Using our Resources wis	ely: we deliver	effective and	sustainable services.			
	-		•			

Brand Guidelines

NHS Foundation Trust

Leeds and York Partnership

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Our branded templates

We have a suite of branded document templates that are available for anyone to use.

They should be used for creating official documents and products such as letters, reports, presentations and basic service user information.

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				Leading	the way in mental	i health, learnin	g disability an	d neurodivers	ity care	1			integr	ty sim	plicity car	ng

Talk to us about the brand

For any queries or advice on applying the LYPFT brand identity, please contact:

The Communications Team Leeds and York Partnership NHS Foundation Trust Office: 0113 85 55989 Email: communications.lypft@nhs.net

Find out more about us and how to use our brand on Staffnet. Search "Communications Team" to find us.

AGENDA ITEM

12.1

MEETING OF THE COUNCIL OF GOVERNORS

NAME OF PAPER:	Report from the Chair of the Finance and Performance Committee: 25 March 2024
DATE OF MEETING:	30 April 2024
PRESENTED BY: (name and title)	Cleveland Henry, Non-executive Director and Chair of the Committee
PREPARED BY: (name and title)	Rose Cooper, Deputy Head of Corporate Governance

THIS PAPER SUPPORTS THE TRUST'S STRATEGIC OBJECTIVE/S (please tick				
releva	int box/s)			
SO1	We deliver great care that is high quality and improves lives			
SO2	We provide a rewarding and supportive place to work			
SO3	We use our resources to deliver effective and sustainable services	\checkmark		

EXECUTIVE SUMMARY

This report for the Council of Governors includes the board subcommittee chair's report from the Finance and Performance Committee meeting on 25 March 2024 which was presented to the Board of Directors' meeting on 28 March 2024. The report is divided into four sections: issues to which the Board needs to be alerted, issues to advise the Board on, things on which the Board is to be assured, and items to be referred to other Board sub-committees.

The Service Performance Report which was presented to the March Finance and Performance Committee is included as an appendix to the chair's report and provides supporting performance information.

Do the recommendations in this paper have any impact upon the	State below 'Yes' or 'No'	If yes please set out what action has been taken to address this in your
requirements of the protected groups identified by the Equality Act?	Νο	paper

RECOMMENDATIONS

The Council of Governors is asked to:

• Note this report for information and assurance.



Chair's Report

AGENDA ITEM

12.1

Name of the meeting being reported on:	Finance and Performance Committee
Date your meeting took place:	25 March 2024
Name of meeting reporting to:	Board of Directors – 28 March 2024 Council of Governors – 30 April 2024

Key discussion points and matters to be escalated:

Issues to which the Board needs to be alerted:

 The Committee agreed to escalate the staffing challenges at Red Kite View and to highlight that the senior team was looking at what extraordinary recovery actions could be taken to improve the position, including a review of the staffing establishment to ensure it reflected the current requirements of the service. The Committee discussed the proposal that the current capped admissions at Red Kite View should continue in response to the continued staffing challenges and noted the risks this would pose from a clinical, financial, and reputational perspective.

Issues to advise the Board on:

- The Committee requested more information on the distances young people were being sent out of area when they could not be accommodated at Red Kite View, noting that on occasion the out of area placements were agreed as appropriate in order to best support the needs of the service user. Mrs Forster Adams agreed to update the Board and Committee on the distances that people were supported out of area in future Chief Operating Officer Reports.
- The Committee received an overview of financial performance at month 11 and noted that the revenue position had deteriorated in recent months due to the sustained high level of out of area placements, agency spending, and inpatient staffing levels. The Committee agreed to advise the Board that it was monitoring the outputs of the Vacancy Management Panel in the context of the Trust's efficiency programme. The Committee acknowledged that there was an overlap with the remit of the Workforce Committee; however, it agreed that the focus of this Committee would be on improvements in productivity and the delivery of efficiencies.

• The Committee received a report on the review that had been undertaken regarding options for signing documents electronically. The Committee approved the recommended 2-tiered approach which comprised Signature Approval by Default through NHSmail and the use of the eSignature functionality embedded within Microsoft Word for instances where a signed form was required. The Committee noted that there was no significant cost pressure associated with the recommended approach.

Things on which the Board is to be assured:

- The Committee received an update on the Trust's Procurement and Logistics Function and noted the key developments which had contributed to the improved position. The Committee understood that there were some residual issues both internally and amongst partners relating to transactional procurement; however, it was felt that these would be resolved over time with the improvements put in place. Overall, the Committee was assured by the update provided and pleased with the progress to date.
- The Committee received the cyber security update, noted that good progress was being made against the key projects, and was assured that the Trust continued to maintain a robust position in relation to its cyber defences.
- The Committee reviewed the Draft Strategic Internal Audit Plan 2024/25 and was assured that it addressed the appropriate risk areas. However, the Committee suggested that the decision to not include the Electronic Patient Record (EPR) data quality audit in the plan was revisited by executive director colleagues before the final version was presented to the Audit Committee.

Items to be referred to other Board sub-committees:

• No new items to be referred to other Board sub-committees.

Report completed by: Name of Chair and date: Katy Wilburn – March 2024

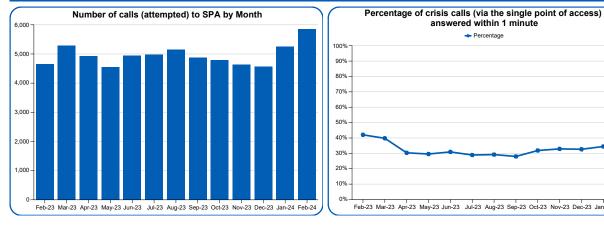
Service Performance - Chief Operating Officer

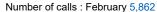
Services: Access & Responsiveness: Our response in a crisis	Target	Dec 2023	Jan 2024	Feb 2024
Percentage of crisis calls (via the single point of access) answered within 1 minute	-	32.7%	34.5%	38.8%
Percentage of ALPS referrals responded to within 1 hour	-	84.9%	80.3%	76.9%
Percentage of S136 referrals assessed within 3 hours of arrival	-	11.6%	30.0%	8.6%
Number of S136 referrals assessed	-	43	40	35
Number of S136 detentions over 24 hours	0	0	0	0
Percentage of appropriate crisis referrals seen face to face for assessment within 4 hours of referral	90.0%	66.7%	66.7%	77.8%
Percentage of service users who stayed on CRISS caseload for less than 6 weeks	70.0%	93.4%	85.8%	90.4%
Percentage of service users seen or visited at least 5 times within first week of receiving CRISS support	50.0%	42.9%	51.8%	46.5%
Percentage of CRISS caseload where source of referral was acute inpatients	-	12.3%	10.8%	6.8%
Services: Access & Responsiveness to Learning Disabilities, Regional & Specialist Services	Target	Dec 2023	Jan 2024	Feb 2024
Gender Identity Service: Number on waiting list	-	5,358	5,494	5,626
Deaf CAMHS: average wait from referral to first face to face (inc. telemedicine) contact in days	-	154.82	140.49	212.08
Community LD: Percentage of referrals seen within 4 weeks of receipt of referral	90.0%	95.7%	73.9%	75.0%
Leeds Autism Diagnostic Service (LADS): Percentage starting assessment within 13 weeks (quarterly)	-	13.6%	-	-
CAMHS inpatients: Proportion of people assessed within 7 days of admission (HoNOSCA / GBO) (quarterly)	100.0%	52.9%	-	-
Perinatal Community: Percentage waiting less than 48 hours for first contact (urgent/emergency) (quarterly)	-	85.7%	-	-
Perinatal Community: Percentage of routine referrals waiting less than 2 weeks for assessment (quarterly)	-	96.6%	-	-
Perinatal Community: Total number of distinct women seen in rolling 12 months (quarterly)	830	894	-	-
Perinatal Community: Face to Face DNA Rate (quarterly)	-	11.1%	-	-
Services: Our acute patient journey	Target	Dec 2023	Jan 2024	Feb 2024
Number of admissions to adult facilities of patients who are under 16 years old	-	0	0	0
Crisis Assessment Unit (CAU) bed occupancy	-	98.9%	95.2%	96.0%
Crisis Assessment Unit (CAU) length of stay at discharge	-	42.33	18.67	45.14
Liaison In-Reach: attempted assessment within 24 hours	90.0%	83.2%	92.0%	81.6%
Bed Occupancy rates for (adult acute excluding PICU) inpatient services:	94.0% - 98.0%	99.5%	100.6%	99.2%
Becklin Ward 1 (Female)	-	99.9%	103.4%	100.6%
Becklin Ward 3 (Male)	-	99.3%	99.9%	100.0%
Becklin Ward 4 (Male)	-	99.9%	100.3%	100.2%
Becklin Ward 5 (Female)	-	98.8%	99.9%	97.2%
Newsam Ward 4 (Male)	-	99.8%	99.7%	98.2%
Older adult (total)	-	99.2%	97.3%	99.8%
		00.00/	99.5%	99.3%
The Mount Ward 1 (Male Dementia)	-	98.8%	99.5%	99.370

Service Performance - Chief Operating Officer

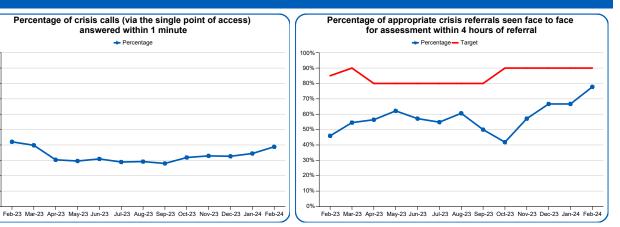
Services: Our acute patient journey	Target	Dec 2023	Jan 2024	Feb 2024
The Mount Ward 3 (Male)	-	98.7%	95.8%	94.5%
The Mount Ward 4 (Female)	-	99.7%	97.7%	100.5%
Percentage of delayed transfers of care	-	11.4%	11.1%	11.9%
Total: Number of out of area placements beginning in month	-	20	24	29
Total: Total number of bed days out of area (new and existing placements from previous months)	140	860	1,065	1,124
Acute: Number of out of area placements beginning in month	-	18	18	22
Acute: Total number of bed days out of area (new and existing placements from previous months)	-	723	896	933
PICU: Number of out of area placements beginning in month	-	2	6	7
PICU: Total number of bed days out of area (new and existing placements from previous months)	-	137	169	191
Older people: Number of out of area placements beginning in month	-	0	0	0
Older people: Total number of bed days out of area (new & existing placements from previous months)	-	0	0	0
Cardiometabolic (physical health) assessments completed: Inpatients (quarterly)	80.0%	77.8%	-	-
Services: Our Community Care	Target	Dec 2023	Jan 2024	Feb 2024
Percentage of inpatients followed up within 3 days of discharge (Trust Level monthly local tracking)	80.0%	81.7%	70.4%	68.1%
Percentage of inpatients followed up within 3 days of discharge (HCP commissioned services only)	80.0%	85.2%	74.7%	77.6%
Number of service users in community mental health team care (caseload)	-	3,305	3,275	3,284
Percentage of referrals seen within 15 days by a community mental health team	80.0%	79.0%	71.5%	84.6%
Percentage of referrals to memory services seen within 8 weeks (quarter to date)	90.0%	62.3%	72.3%	71.6%
Percentage of referrals to memory services with a diagnosis recorded within 12 weeks (quarter to date)	50.0%	49.6%	38.3%	39.6%
Early intervention in psychosis (EIP) or at risk mental state (ARMS): Percentage starting treatment within 2 weeks	60.0%	6.2%	68.2%	63.6%
Early intervention in psychosis (EIP) : Percentage of people discharged to primary care (quarterly)	-	62.3%	-	-
Cardiometabolic (physical health) assessments completed: Early Intervention in Psychosis Service (quarterly)	90.0%	65.8%	-	-
Services: Clinical Record Keeping	Target	Dec 2023	Jan 2024	Feb 2024
Percentage of service users with NHS Number recorded	-	99.2%	99.1%	99.3%
Percentage of service users with ethnicity recorded	-	82.1%	82.1%	81.7%
Percentage of service users with sexual orientation recorded	-	47.9%	47.8%	47.6%
Services: Clinical Record Keeping - DQMI	Target	Sep 2023	Oct 2023	Nov 2023
DQMI (MHSDS) % Quality %	95.0%	92.3%	92.4%	92.4%



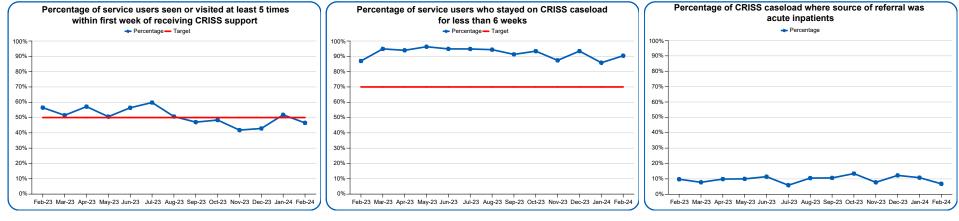








Contactual Target 90%: February 77.8%



answered within 1 minute

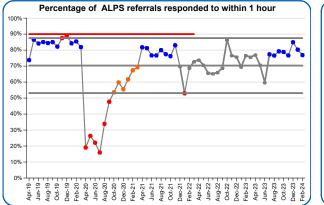
+ Percentage

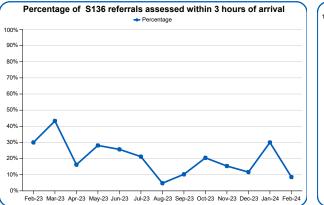
Contractual Target 50%: February 46.5%

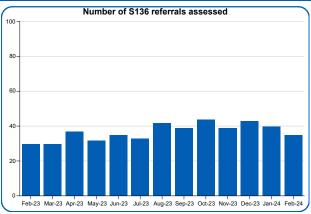
Contractual Target 70%: February 90.4%

Contractual Target tba: February 6.8%

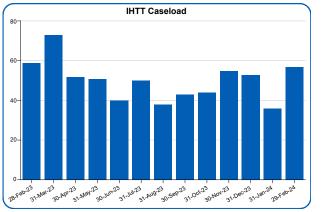
Services: Access & Responsiveness: Our Response in a crisis (continued)







Contractual Target : February 76.9%

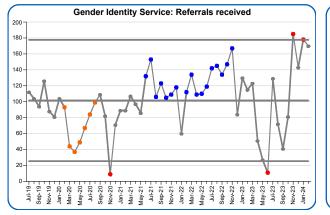




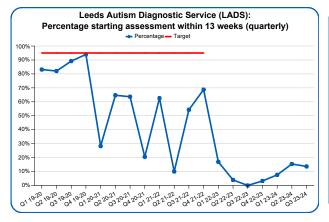
Contractual Target : February 8.6%

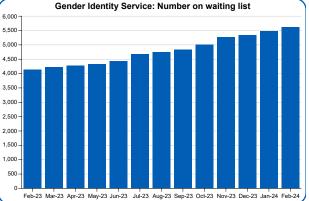
Total referrals assessed: February 35

Services: Access & Responsiveness to Learning Disabilities, Regional & Specialist Services

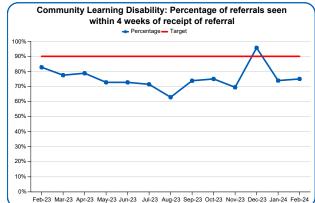


Total referrals: February 170

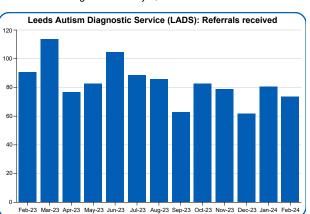




Number on waiting list: February 5,626



Contractual Target 90%: February 75.0%



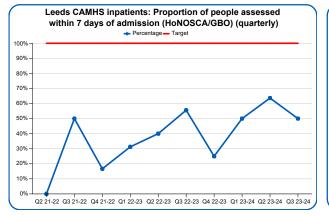
Contractual Target : Q3 13.6%

SPC Chart Key

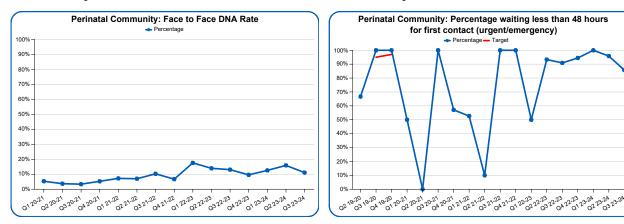


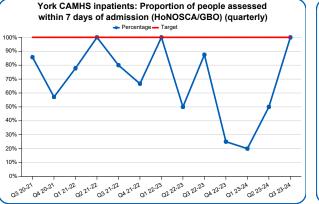
Local measure: February 74

Services: Access & Responsiveness to Learning Disabilities, Regional & Specialist Services (continued)



Contractual Target 100%: Q3 50.0%



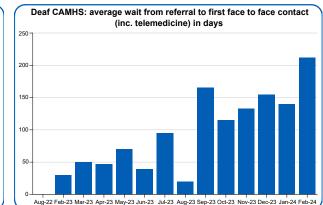


Perinatal Community: Percentage waiting less than 48 hours

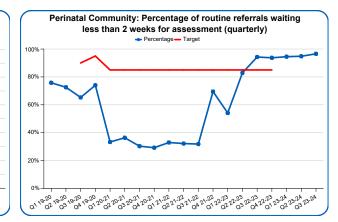
for first contact (urgent/emergency)

+ Percentage - Target

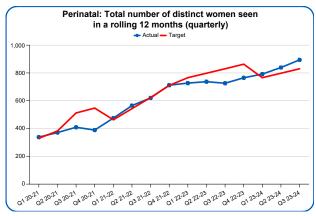
Contractual Target 100%: Q3 100.0%



Local measure: February 212



Contractual measure: Q3 11.1%

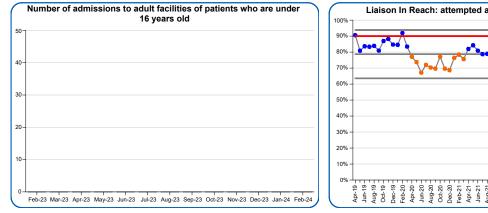


Contractual Target tba: Q3 85.7%

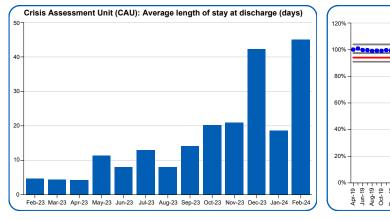
Contractual Target : Q3 96.6%

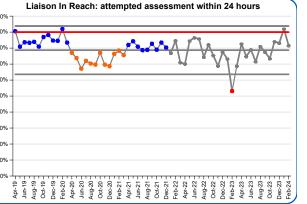
Local measure 830: Q3 894

Services: Our acute patient journey



National (NOF) No target : February 0





Bed Occupancy: Adult Acute Inpatients

Apr-19 Jun-19 Aug-19 Aug-20 Au

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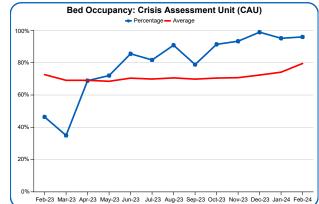
Contractual Target 90%: February 81.6%

80%

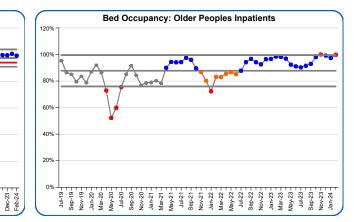
60%

40%

20% 0%



Local measure: February 96.0%



Local measure: February 45 days

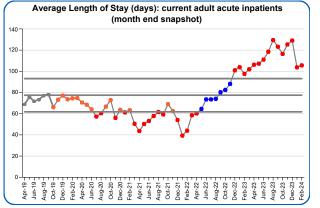
SPC Chart Key



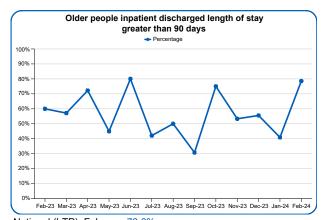
Contractual Target 94%: February 99.2%

Local measure and target : February 99.8%

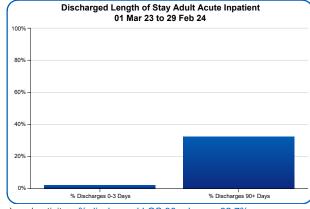
Services: Our acute patient journey (continued)



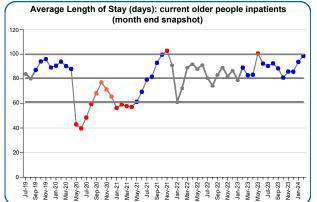




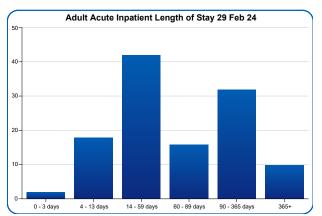
National (LTP): February 78.6%



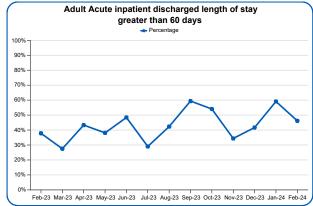
Local activity: % discharged LOS 90+ days = 32.7%



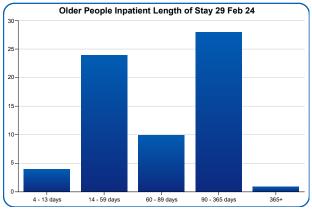




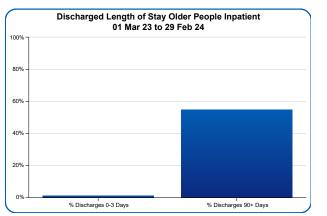
Local activity: 42 people with LOS 90+ days



National (LTP): February 46.2%

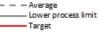


Local activity: 29 people with LOS 90+ days



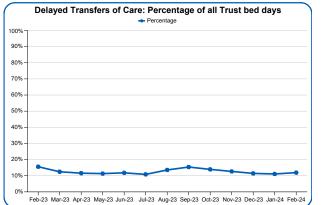
Local activity: % discharged LOS 90+ days = 55.0%



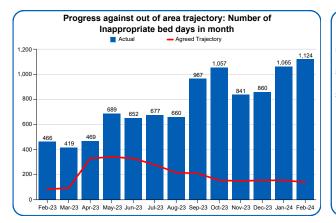


Upper process limit

Services: Our acute patient journey (continued)



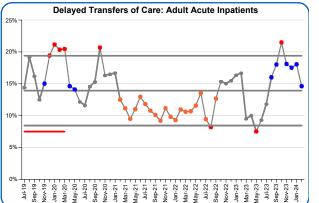
Local tracking measure: February 11.9%



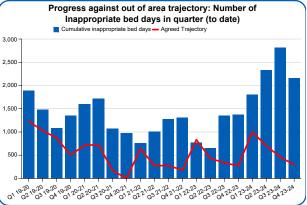
Nationally agreed trajectory (140): February 1,124 bed days

SPC Chart Key

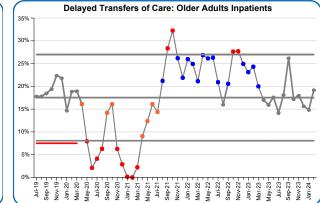




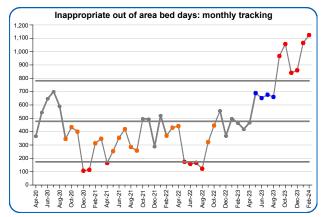
Local tracking measure: February 14.6%



Nationally agreed trajectory (Q4: 295): Q4 2,166 bed days

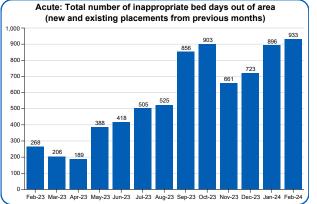


Local tracking measure: February 19.2%

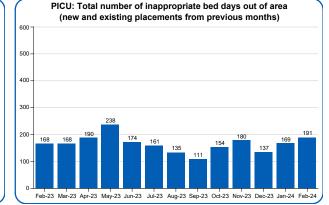


Local tracking measure: February 1,124 bed days

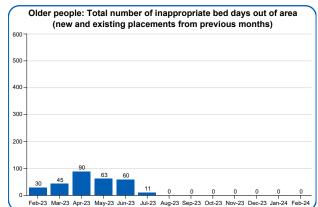
Services: Our acute patient journey (continued)



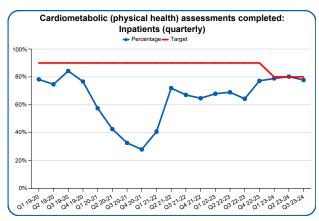
Nationally agreed trajectory (): February 933 days



Nationally agreed trajectory (): February 191 days

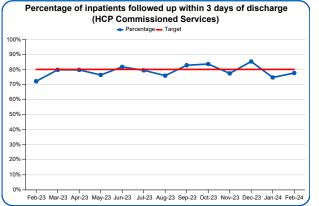


Local measure : February 0 days

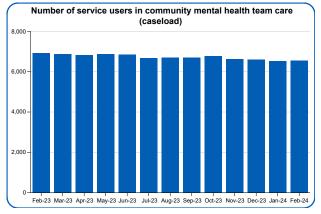


Contractual target 80%: Q3 77.8%

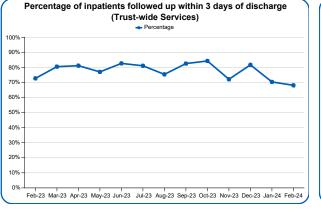
Services: Our community care



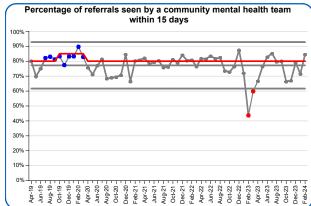
Contractual target 80%: February 77.6%



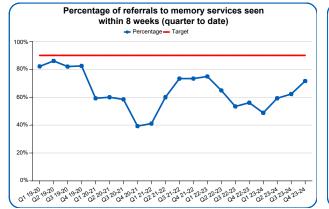
Local measure : February 3,275



Local Tracking Measure 80%: February 68.1%



Contractual target 80%: February 84.6%



◆ Percentage Target

Percentage of referrals to memory services with a diagnosis recorded

within 12 weeks (quarter to date)

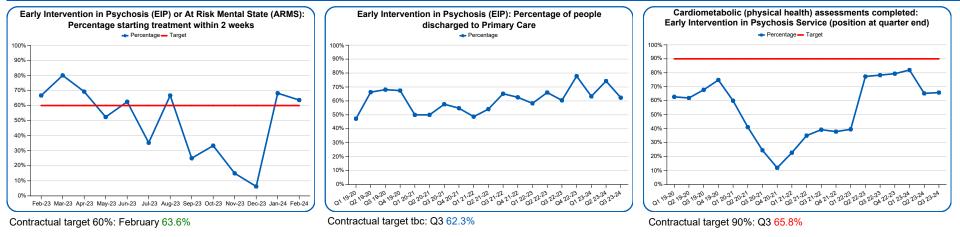
Contractual target 90%: Q4 23-24 71.6%

Contractual target 50%: Q4 23-24 39.6%

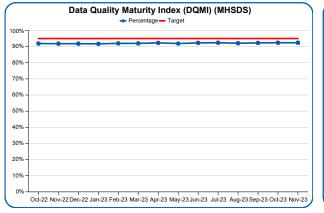
SPC Chart Key

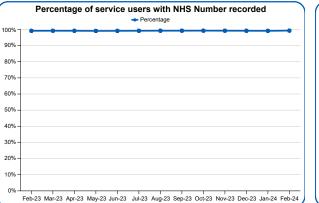


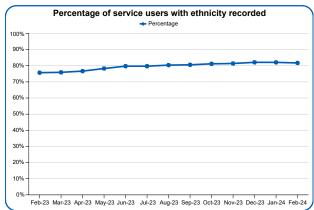
Services: Our community care (continued)



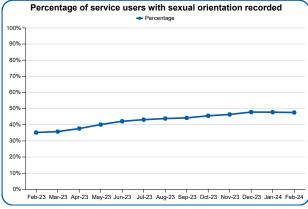
Services: Clinical Record Keeping







CQUIN / NHSOF Target 95%: November 92.4%



Local measure: February 47.6%

Local measure: February 99.3%

Local measure: February 81.7%

Leeds and York Partnership

AGENDA ITEM

12.2

MEETING OF THE COUNCIL OF GOVERNORS

NAME OF PAPER:	Report from the Chair of the Workforce Committee: 15 February 2024
DATE OF MEETING:	30 April 2024
PRESENTED BY: (name and title)	Zoe Burns-Shore, Non-executive Director and Chair of the Committee
PREPARED BY: (name and title)	Rose Cooper, Deputy Head of Corporate Governance

	PAPER SUPPORTS THE TRUST'S STRATEGIC OBJECTIVE/S (please tick ant box/s)	~
SO1	We deliver great care that is high quality and improves lives	
SO2	We provide a rewarding and supportive place to work	✓
SO3	We use our resources to deliver effective and sustainable services	

EXECUTIVE SUMMARY

This report for the Council of Governors includes the board subcommittee chair's report from the Workforce Committee meeting on 15 February 2024 which was presented to the Board of Directors' meeting on 28 March 2024. The report is divided into four sections: issues to which the Board needs to be alerted, issues to advise the Board on, things on which the Board is to be assured, and items to be referred to other Board sub-committees.

The Workforce Performance Report which was presented to the February Workforce Committee is included as an appendix to the chair's report alongside the non-clinical dataset, both of which provide supporting performance information.

Do the recommendations in this paper have any impact upon the	State below 'Yes' or 'No'	If yes please set out what action has been taken to address this in your
requirements of the protected groups identified by the Equality Act?	No	paper

RECOMMENDATIONS

The Council of Governors is asked to:

• Note this report for information and assurance.



Chair's Report

AGENDA ITEM

12.2

Name of the meeting being reported on:	Workforce Committee
Date your meeting took place:	15 February 2024
Name of meeting reporting to:	Board of Directors – 28 March 2024 Council of Governors – 30 April 2024

Key discussion points and matters to be escalated:

Issues to which the Board needs to be alerted:

• No issues to which the Board needs to be alerted.

Issues to advise the Board on:

• The Committee received the Wellbeing Guardian Report and an update on the outcomes from the 2023 Staff Survey questions that asked staff whether they had been the target of unwanted behaviour of a sexual nature in the workplace from service users, members of the public or colleagues. It noted that the figures were higher for bank staff than substantive staff and suggested that there was more work to do regarding the health and wellbeing offer for bank staff.

Things on which the Board is to be assured:

- The Committee received the Workforce Performance Report. It was pleased to see an improved position in relation to nursing vacancies, appraisals and clinical supervision and recognised the efforts that had gone into making these improvements.
- The Committee reviewed strategic risk three on the Board Assurance Framework so that it could be mindful of its responsibility to assure that the risk was being adequately controlled through the course of the meeting.
- The Committee reviewed a paper which summarised the work undertaken to ensure the Trust provides high quality learning environments for all learners across the organisation. It was assured that the Trust had robust mechanisms in place to support all learners and educators in the Trust and assure the quality of its clinical learning environments.

• The Committee reviewed the Draft Strategic Internal Audit Plan 2024/25 and was assured that it addressed the appropriate risk areas.

Items to be referred to other Board sub-committees:

• No items to be referred to other Board sub-committees.

Report completed by:	Zoe Burns-Shore
Report completed by.	February 2024

Workforce Committee: Quarterly Workforce Update Report





This report is intended as a quick reference report for use by Workforce Committee alongside the more indepth topic based reporting schedule at each meeting. It contains:

- Workforce metrics: Tabular overview.
- Workforce metrics: 13 month trends.
- Local intelligence.



integrity | simplicity | caring

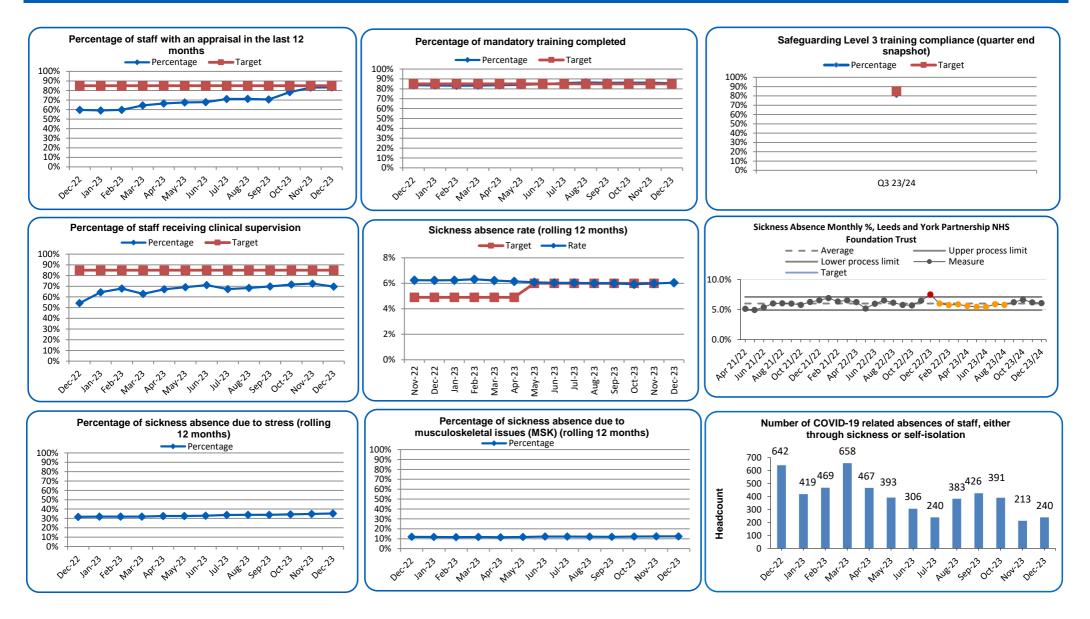
Our Workforce	Target	Oct-23	Nov-23	Dec-23
Percentage of staff with an appraisal in the last 12 months	85%	78.2%	83.0%	83.2%
Percentage of staff with a wellbeing assessment completed	-	89.6%	88.7%	86.0%
Percentage of mandatory training completed	85%	86.3%	86.2%	85.6%
Safeguarding Level 3 training compliance (quarter end snapshot) *	85%	-	-	81.4%
Percentage of staff receiving clinical supervision	85%	71.7%	72.5%	69.6%
Staff Turnover (Rolling 12 months)	8-10%	8.8%	8.5%	8.4%
Sickness absence rate in month	-	6.6%	6.2%	6.1%
Sickness absence rate (Rolling 12 months)	6.0%	6.1%	6.0%	5.9%
Percentage of sickness due to musculoskeletal issues (MSK; rolling 12 months)	-	12.1%	12.3%	12.4%
Percentage of sickness due to Mental Health & Stress (rolling 12 months)	-	34.3%	34.8%	35.3%
Number of Covid19 related absences of staff, either through sickness or self-isolation (staff days)	-	391	213	240
Medical Consultant Vacancies as a percentage of funded Medical Consultant Posts (percentage)	-	23.4%	24.6%	24.4%
Medical Consultant Vacancies (number)	-	21.5	22.6	22.4
Medical Career Grade Vacancies as a percentage of funded Medical Career Grade Posts (percentage)	-	15.6%	16.6%	16.6%
Medical Career Grade Vacancies (number)	-	7.5	8.0	8.0
Medical Trainee Grade Vacancies as a percentage of funded Medical Trainee Grade Posts (percentage)	-	9.5%	5.9%	5.9%
Medical Trainee Grade Vacancies (number)	-	10.6	6.6	6.6
Band 5 inpatient nursing vacancies as a percentage of funded B5 inpatient nursing posts (percentage)	-	35.0%	32.0%	32.0%
Band 5 inpatient nursing vacancies (number)	-	82.2	76.8	74.6
Band 6 inpatient nursing vacancies as a percentage of funded B6 inpatient nursing posts (percentage)	-	16.0%	16.0%	18.0%
Band 6 inpatient nursing vacancies (number)	-	20.0	20.0	21.8
Band 5 other nursing vacancies as a percentage of funded B5 non-inpatient nursing posts (percentage)	-	33.7%	32.6%	33.55%
Band 5 other nursing vacancies (number)	-	27.5	26.6	27.4
Band 6 other nursing vacancies as a percentage of funded B6 non-inpatient nursing posts (percentage)	-	18.4%	17.5%	17.6%
Band 6 other nursing vacancies (number)	-	63.2	60.0	60.4
Percentage of vacant posts (Trustwide; all posts)	-	15.0%	14.2%	13.6%
Bank Agency Spend YTD (Cost)	-	15,247,550	17,112,130	19,429,104
Bank Agency Spend YTD (%)		12%	12%	11%

Nursing vacancy measures exclude nursing posts working in corporate/development roles

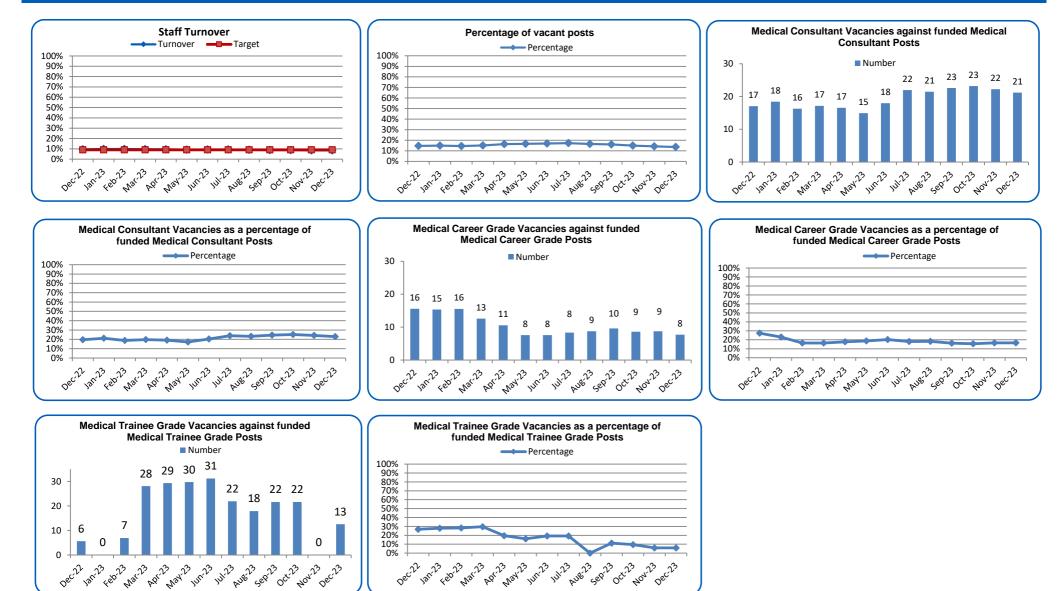
* New measure for Q3 23/24

2

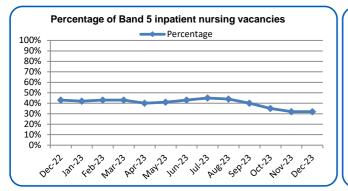
13 month trend: Our Workforce



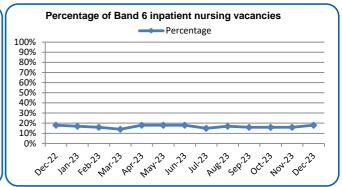
13 month trend: Our Workforce - continued

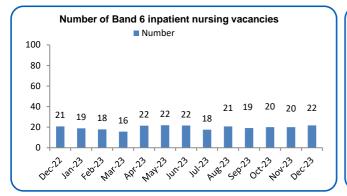


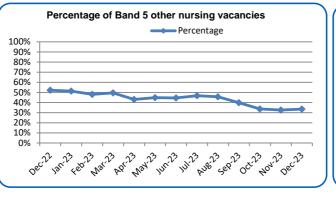
13 month trend: Our Workforce - continued

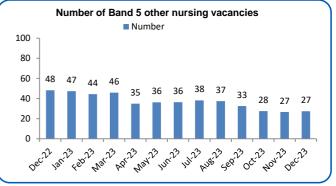


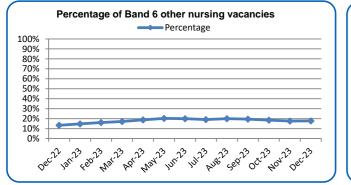






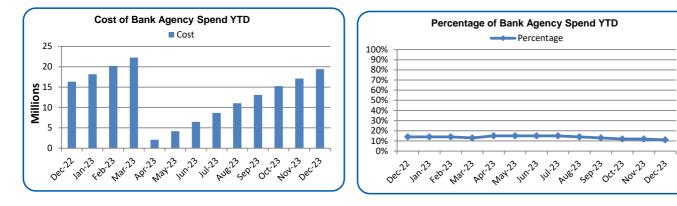








13 month trend: Our Workforce - continued



Local intelligence

PREVIOUS MONTH: NOVEMBER

Workforce

Workforce Personal Development Reviews (PDR): The rate of PDR compliance has increased each month since February 2023 (59.6%) to 83.0% in November, the highest level reported in the 13-month period. The increase in compliance (4.8%) between October (78.2%) and November, was the second-largest step-change between months in the 13-month period. The targeted support offered by the People Analytics and Organisational Development Team is being adapted to reach smaller groups and individuals where one-to-one support is required. The upward trajectory of compliance provides assurance that the Perform system for recording PDRs is working well and training format is upskilling managers in areas where historically, compliance has been challenging.

At the end of November 88.7% of staff had received a recent wellbeing assessment through our Staff Wellbeing Framework, broadly consistent with previous months.

Mandatory Training: Compliance has been stable over the 13-month period averaging 84.6%. Small but successive increases have been seen between February and August, with a small decrease in September to 86.1%. October saw an improvement with compliance at 86.3% and November has seen compliance levels largely maintained at 86.2%.

Clinical Supervision: Clinical supervision in November (72.5%) shows consistent month-on-month improvement since July and is above average levels of compliance over the 13-month period (67.0%). Supervision levels in November were the highest for the 13-month period. Recent improvements have been in part, due to a redefinition of the staff within scope of Clinical Supervision monitoring but we have also seen a general increase in the rate of uptake as the new system settles in to use across the Trust.

Sickness Absence: The in-month sickness absence rate in November remains within normal levels of variation at 6.2%, just above the average for the period starting April 2021 (6.0%). In November, 213 staff days were lost to Covid-19 related absences through sickness or isolation, below the average number of days over the preceding 12 months (438).

Vacancies: The level of vacant posts in November (14.2%), shows a further decrease from October (15.0%), continuing the downward trend for vacancies since July. Vacancy levels in November have fallen below the average for the 13-month period (15.5%).

Local intelligence

CURRENT MONTH: DECEMBER

Workforce

Workforce Personal Development Reviews (PDR): The rate of PDR compliance has increased each month since February 2023 (59.6%) to 83.2% in December, the highest level reported in the 13month period. The targeted support offered by the People Analytics and Organisational Development Team is being adapted to reach smaller groups and individuals where one-to-one support is required. The upward trajectory of compliance provides assurance that the Perform system for recording PDRs is working well and training format is upskilling managers in areas where historically, compliance has been challenging.

At the end of December 86.0% of staff had received a recent wellbeing assessment through our Staff Wellbeing Framework, broadly consistent with previous months.

Mandatory Training: Compliance has been stable over the 13-month period averaging 84.8%. Small but successive increases were seen between February and August, with a small decrease in performance in September, that was broadly recovered in October and November. Compliance has seen a small dip in December, however, compliance with the target has been maintained in December at 85.6%.

Clinical Supervision: Clinical supervision in December (69.6%) is above average for the 13-month period (67.4%) and is broadly consistent with performance over Quarter 2 and Quarter 3. Recent improvements have been in part, due to a redefinition of the staff within scope of Clinical Supervision monitoring but we have also seen a general increase in the rate of uptake as the new system settles in to use across the Trust.

Sickness Absence: The in-month sickness absence rate in December remains within normal levels of variation at 6.1%, just above the average for the period starting April 2021 (6.0%). In December, 240 staff days were lost to Covid-19 related absences through sickness or isolation, below the average number of days over the preceding 12 months (404).

Vacancies: The level of vacancies in December (13.6%), is the lowest seen in the 13-month period following a series of successive improvements since July 23. The average level of vacancies over the 13-month period was 15.5%.

Glossary

Our Workforce	
	The number of staff with an appraisal review recorded on LYPFT's Personal Development Review platform, Learn, as of the end of the reporting
Percentage of staff with an appraisal in the last 12 months	month / The number of staff who have been in post for at least 12 months as of the end of the reporting month
	The number of staff with a wellbeing assessment review recorded on LYPFT's Personal Development Review platform, Learn, as of the end of the
Percentage of staff with a wellbeing assessment completed	reporting month / The total number of staff in post for at least 3 months as of the end of the reporting month
	The total number of training requirements where the member of staff has completed them within the timescales, as of the end of the reporting
Percentage of mandatory training completed	month / The total number of training requirements for staff in post as of the end of the reporting month
	The total number of Safeguarding Adults/Children Level 3 training requirements completed within the Trust's agreed review period, as of the end of
Safeguarding Level 3 training compliance (quarter end snapshot)	the quarter / The total number of Safeguarding Adult/Children Level 3 training requirements as of the end of the quarter
	The total number of clinical staff that have received clinical supervision within the Trust's agreed review period, as of the end of the reporting period
Percentage of staff receiving clinical supervision	/ The total number of clinical staff in post as of the end of the reporting period
	Total number of FTE leavers in the 12 months up to and including the last reporting month / Total number of FTE staff in post across the 12 months
Staff Turnover (Rolling 12 months)	up to and including the latest reporting month
Sickness absence rate in month	Total number of FTE sickness days in the reporting month / Total number of available FTE days for staff in post
	Total number of FTE sickness days in the 12 months up to and including the last reporting month / Total number of available FTE days for staff in
Sickness absence rate (Rolling 12 months)	post in the 12 months up to and including the last reporting month
	Total number of FTE sickness days in the 12 months up to and including the last reporting month, that were due to musculoskeletal issues / Total
Percentage of sickness due to musculoskeletal issues (MSK; rolling 12 months)	number of FTE sickness days in the 12 months up to and including the last reporting month
	Total number of FTE sickness days in the 12 months up to and including the last reporting month, that were due to reasons of mental wellbeing and
Percentage of sickness due to Mental Health & Stress (rolling 12 months)	stress / Total number of FTE sickness days in the 12 months up to and including the last reporting month
Number of Covid19 related absences of staff, either through sickness or self-isolation	1
(staff days)	Total number of FTE sickness days in the reporting month due to sickness related to Covid19 or self-isolation

9

Glossary

Our Workforce	
Medical Consultant Vacancies as a percentage of funded Medical Consultant Posts	Number of vacant FTE Medical Consultant posts as of the end of the reporting month / Total Number of funded FTE Medical consultant posts as of
(percentage)	the end of the reporting month
Medical Consultant Vacancies (number)	Total number of vacant FTE Medical Consultant posts as of the end of the reporting month
Medical Career Grade Vacancies as a percentage of funded Medical Career Grade	Number of vacant FTE Medical Career Grade posts as of the end of the reporting month / Total number of funded FTE Medical Career Grade posts as
Posts (percentage)	of the end of the reporting month
Medical Career Grade Vacancies (number)	Total number of vacant FTE Medical Career Grade posts as of the end of the reporting month
Medical Trainee Grade Vacancies as a percentage of funded Medical Trainee Grade	Number of vacant FTE Medical Trainee Grade posts as of the end of the reporting month / Total number of funded FTE Medical Trainee Grade posts
Posts (percentage)	as of the end of the reporting month
Medical Trainee Grade Vacancies (number)	Total number of vacant FTE Medical Trainee Grade posts as of the end of the reporting month
Band 5 inpatient nursing vacancies as a percentage of funded B5 inpatient nursing	Number of vacant FTE Band 5 inpatient nursing posts as of the end of the reporting month / Total Number of funded FTE Band 5 inpatient nursing
posts (percentage)	posts as of the end of the reporting month
Band 5 inpatient nursing vacancies (number)	Total number of vacant FTE Band 5 inpatient nursing posts as of the end of the reporting month
Band 6 inpatient nursing vacancies as a percentage of funded B6 inpatient nursing	Number of vacant FTE Band 6 inpatient nursing posts as of the end of the reporting month / Total Number of funded FTE Band 6 inpatient nursing
posts (percentage)	posts as of the end of the reporting month
Band 6 inpatient nursing vacancies (number)	Total number of vacant FTE Band 6 inpatient nursing posts as of the end of the reporting month
Band 5 other nursing vacancies as a percentage of funded B5 non-inpatient nursing	Number of vacant FTE Band 5 non-inpatient nursing posts as of the end of the reporting month / Total Number of funded FTE Band 5 non-inpatient
posts (percentage)	nursing posts as of the end of the reporting month
Band 5 other nursing vacancies (number)	Total number of vacant FTE Band 5 non-inpatient nursing posts as of the end of the reporting month
Band 6 other nursing vacancies as a percentage of funded B6 non-inpatient nursing	Number of vacant FTE Band 6 non-inpatient nursing posts as of the end of the reporting month / Total Number of funded FTE Band 6 non-inpatient
posts (percentage)	nursing posts as of the end of the reporting month
Band 6 other nursing vacancies (number)	Total number of vacant FTE Band 6 non-inpatient nursing posts as of the end of the reporting month
	Number of vacant FTE posts for the whole Trust as of the end of the reporting month / Total number of funded FTE posts for the whole Trust as of
Percentage of vacant posts (Trustwide; all posts)	the end of the reporting month
Bank Agency Spend YTD (Cost)	Total financial spend for the whole Trust on Bank and Agency staffing from the start of the current financial year to the end of the reporting month
	Total financial spend for the whole Trust on Bank and Agency staffing from the start of the current financial year to the end of the reporting month /
Bank Agency Spend YTD (%)	Total financial spend for the whole Trust from the start of the current financial year to the end of the reporting month

10



LYPFT Non-Clinical Dataset - Council of Governors

April 2024

Darren Skinner, People and OD Director Andrew McNichol, Head of People Analytics

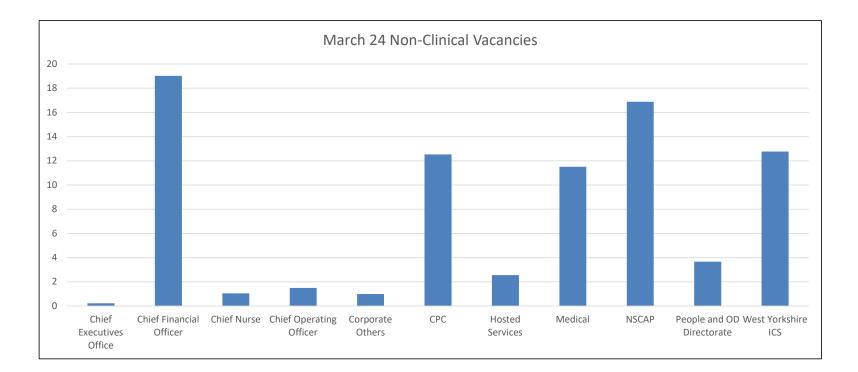
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Non-Clinical Workforce Data Overview – Staff in Post/Distribution

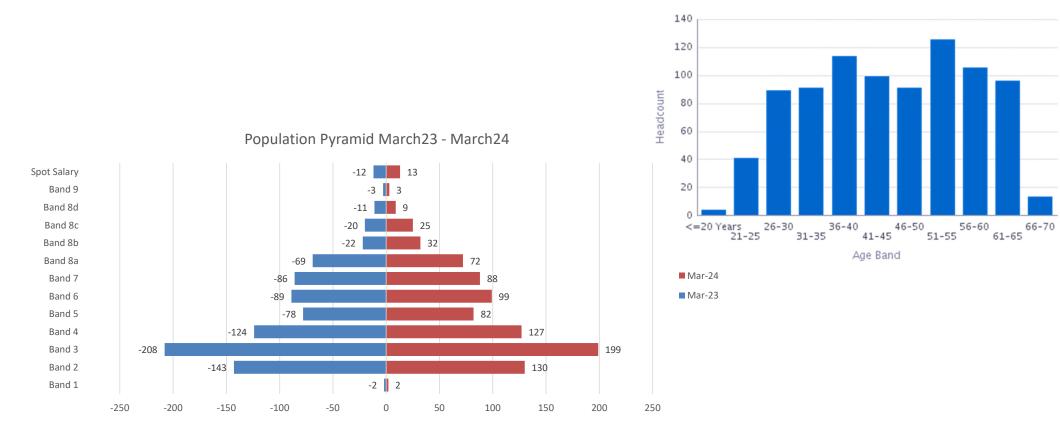
Org L4	2023 / 03	2023 / 04	2023 / 05	2023 / 06	2023 / 07	2023 / 08	2023 / 09	2023 / 10	2023 / 11	2023 / 12	2024 / 01	2024 / 02
Adult Acute Services	34.13	35.51	34.71	32.71	29.99	28.99	28.87	30.87	33.47	33.47	34.47	34.47
Care Services Other	17.20	17.20	17.20	17.20	17.20	18.80	18.80	18.80	18.00	18.00	18.00	19.00
Chief Operating Officer	4.00	3.00	3.00	3.00	3.00	3.60	2.60	2.60	2.60	2.60	3.60	4.40
Children and Young People's Services	12.27	12.57	13.57	13.35	12.69	11.69	11.69	12.69	13.69	13.69	15.09	15.09
Community and Wellbeing Services	51.95	48.59	50.59	50.99	49.99	49.79	50.29	51.29	46.49	47.42	48.42	49.42
Corporate Services	451.91	453.10	459.75	459.41	468.57	468.33	473.84	480.16	486.67	486.46	490.77	493.53
Eating Disorders and Rehabilitation and Gender Services	30.07	29.07	29.07	29.37	28.33	27.53	27.53	30.73	30.73	32.22	32.42	32.42
Forensic Services	18.39	17.79	16.79	17.79	17.79	17.79	17.79	17.79	16.79	15.79	16.79	15.79
Learning Disability Services	18.47	18.47	17.39	15.99	16.65	16.65	16.65	17.85	17.85	17.85	17.85	18.41
Liaison and Perinatal Services	19.70	19.50	19.70	18.70	19.20	18.40	17.60	16.60	17.10	19.10	18.60	18.60
Northern School Of C & A Pschotherapy	11.32	10.82	10.82	10.82	10.82	10.82	5.82	4.82	4.90	4.90	4.90	4.90
Older Peoples Services	36.95	38.35	37.51	38.31	38.11	38.31	37.31	36.81	40.00	40.97	41.77	41.77
Regional and Specialist Services	18.81	17.35	18.35	21.15	21.15	21.15	22.15	22.15	23.15	22.95	23.19	23.99
WY MHLDA Programme Team		9.47	9.47	9.47	9.47	9.47	8.65	8.65	9.65	9.65	9.76	9.76
Grand Total	725.18	730.78	737.90	738.26	742.95	741.31	739.58	751.80	761.09	765.08	775.63	781.55

Non-Clinical Workforce Data Overview – Staff in Post/Distribution

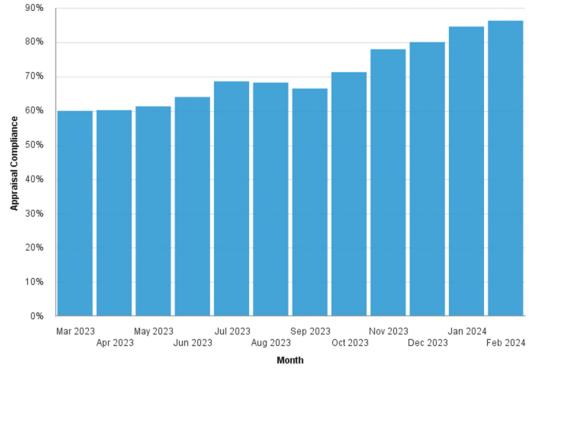


Non-Clinical Workforce Data – Population Pyramid and Age Band Distribution

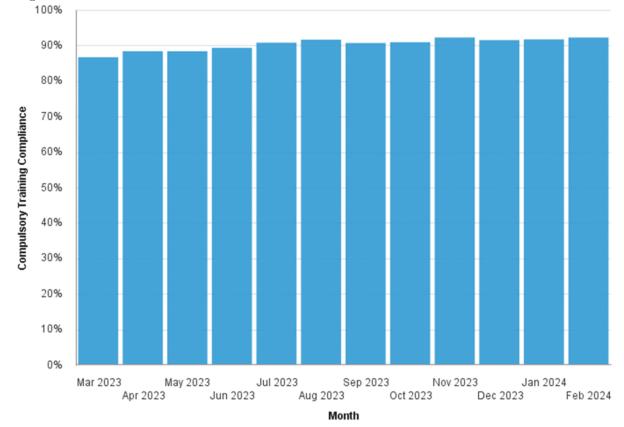
Non-Clinical Staff by Age Band



Non-Clinical Workforce Data Overview – Appraisal Compliance



Non-Clinical Workforce Data Overview – Compulsory Training Compliance



Non-Clinical Workforce Data Overview – Sickness Absence

4.96%

Absence Days

15,175

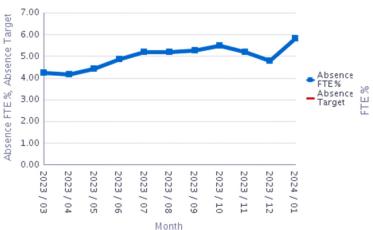
Absence FTE

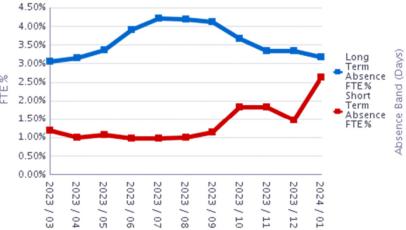
12,987.36

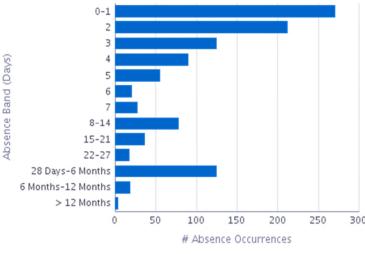
Available FTE

261,988.43

Absence FTE %







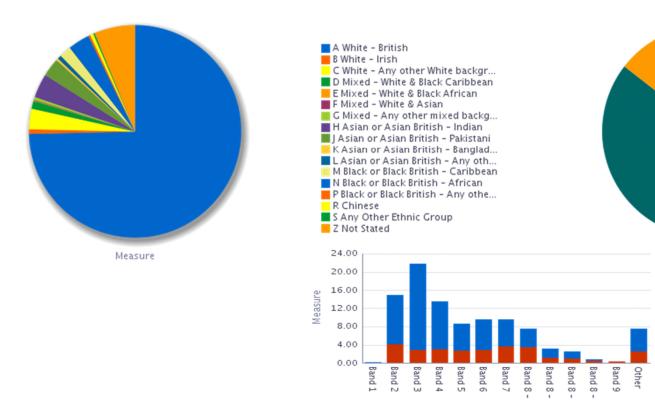
Month

Absence Reason	Headcount	Abs Occurrences	Abs Days	%
S10 Anxiety/stress/depression/other psychiatric illnesses	93	122	4,323	28.5
S15 Chest & respiratory problems	42	48	1,289	8.5
S13 Cold, Cough, Flu - Influenza	233	286	1,281	8.4
S25 Gastrointestinal problems	161	197	1,097	7.2
S27 Infectious diseases	89	94	1,083	7.1
S12 Other musculoskeletal problems	41	45	1,030	6.8
S26 Genitourinary & gynaecological disorders	37	47	987	6.5
S16 Headache / migraine	80	97	714	4.7

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Non-Clinical Workforce Data Overview – EDI Profile and Gender Pay Distribution

Ethnicity Profile





Measure

📕 Female

Male

- Range D - Range C - Range B - Range A

Pay Scale





Thank you

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AGENDA ITEM

12.3

MEETING OF THE COUNCIL OF GOVERNORS

NAME OF PAPER:	Report from the Chair of the Quality Committee: 8 February 2024 and 14 March 2024
DATE OF MEETING:	30 April 2024
PRESENTED BY: (name and title)	Dr Frances Healey, Non-executive Director and Chair of the Committee
PREPARED BY: (name and title)	Kerry McMann, Head of Corporate Governance

THIS PAPER SUPPORTS THE TRUST'S STRATEGIC OBJECTIVE/S (please tick relevant box/s)		
SO1	We deliver great care that is high quality and improves lives	
SO2	We provide a rewarding and supportive place to work	
SO3	We use our resources to deliver effective and sustainable services	\checkmark

EXECUTIVE SUMMARY

This report for the Council of Governors includes the chair's reports from the Quality Committee meetings on 8 February 2024 and 14 March 2024 which were presented to the Board of Directors' meeting on 28 March 2024. The report is divided into four sections: issues to which the Board needs to be alerted, issues to advise the Board on, things on which the Board is to be assured, and items to be referred to other Board sub-committees.

The combined quality and workforce performance report which was presented to the March Quality Committee meeting is included as an appendix to the chair's report and provides supporting performance information.

Do the recommendations in this paper have any impact upon the	State below 'Yes' or 'No'	If yes please set out what action has been taken to address this in your	
requirements of the protected groups identified by the Equality Act?	No	paper	

RECOMMENDATIONS

The Council of Governors is asked to:

• Note this report for information and assurance.



AGENDA ITEM	
12.3	

Chair's Report

Name of the meeting being reported on:	Quality Committee
Date your meeting took place:	8 February 2024
Name of meeting reporting to:	Board of Directors – 28 March 2024 Council of Governors – 30 April 2024

Key discussion points and matters to be escalated:

Issues to which the Board needs to be alerted:

No issues to which the Board needs to be alerted.

Things on which the Board is to be assured:

- The committee reviewed strategic risks one and two on the Board Assurance Framework so that it could be mindful of its responsibilities to assure that these risks were being adequately controlled through the course of the meeting.
- The committee reviewed a report which provided a summary of the approach taken by the Trust to develop its efficiency and productivity programme and detailed the schemes that had been through a quality impact assessment process. The committee welcomed the report and praised the thoroughness of the quality impact assessment that had been undertaken, whilst suggesting changes were made to the report to more clearly reflect the process outcomes.
- The committee received a report which outlined the findings and recommendations from an observation and engagement audit that had been completed across 28 inpatient areas in the Trust between June 2023 and August 2023. It was assured the work being undertaken to address the issues identified by the audit and suggested that feedback on observations should be collected from service users.
- The committee discussed a report which outlined the changes that had been made to the Care Quality Commission's (CQC) approach to regulation and inspection and noted the information provided. The committee also received an update on CQC peer reviews and was assured on the work that was taking place to ensure the Trust met CQC requirements.
- The committee received a report which provided data from Q3 for the Patient Advice and Liaison Service's (PALS) activity, the concerns and complaints handling process, compliments, claims, central alert system, incidents, serious incidents and inquests. It agreed that the Trust

had good systems for understanding quality issues raised through these sources and working to improve them and discussed further potential improvements to the report.

Issues to advise the Board on:

 The committee received and discussed a report which outlined the progress made, nationally and locally, towards the implementation of the National Partnership Agreement: Right Care, Right Person (RCRP). It recognised the breadth of engagement across system partners and the potential for positive benefits. It expressed concern that no timescales or additional funding had been attached to the implementation of RCRP. It also expressed concern at the potential risks identified within the report, which included colleagues in other services not fully understanding RCRP and its application and potential gaps in system service delivery. It agreed that, due to public interest and the complexity of this work, it would advise the board of this discussion.

Items to be referred to other Board sub-committees:

Workforce Committee - The committee received a report which outlined the findings and recommendations from an observation and engagement audit that had been completed between June and August 2023 across 28 inpatient areas in the Trust. It was agreed that this report should be shared with the Workforce Committee following the discussion around temporary staff being allocated a high percentage of observations.

Report completed by:	Dr Frances Healey, February 2024
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AGENDA ITEM	
12.3	

Chair's Report

Name of the meeting being reported on:	Quality Committee
Date your meeting took place:	14 March 2024
Name of meeting reporting to:	Board of Directors – 28 March 2024 Council of Governors – 30 April 2024

Key discussion points and matters to be escalated:

Issues to which the Board needs to be alerted:

No issues to which the Board needs to be alerted.

Things on which the Board is to be assured:

- The committee had sight of strategic risks one and two on the Board Assurance Framework so that it could be mindful of its responsibilities to assure that these risks were being adequately controlled through the course of the meeting.
- The committee reviewed the Draft Strategic Internal Audit Plan 2024/25 and was assured that it addressed the appropriate risk areas.
- The committee received the Clinical Audit Priority Plan for 2023/24 and was assured on the priority topics for 2024/25.
- The committee reviewed a presentation which provided the highlights of the Learning Disability Annual Quality Report, focusing on how the service had defined STEEEP (Safe, Timely, Effective, Efficient, Equitable and Patient Centred) dimensions to enable the conditions for high quality care to flourish. It was assured that the service had good systems in place for understanding its quality issues and to drive improvements.
- The committee received a report which provided a summary of the learning from deaths within the Trust between October 2023 and December 2023. It was assured on the work ongoing within the Trust to improve mortality reporting and recording and the learning across the organisation.
- The committee received a report which outlined how services use data within clinical governance to identify themes and trends in relation to incidents, patient safety investigations, complaints, and PALS and how this information is used to drive improvements in the care delivered by the Trust. It discussed the information provided and explored how reports that provide a thematic, triangulated view of a quality challenge could be developed.

• The committee received an update on the production of the 2023/24 Quality Account. It reviewed the document and explored how it could be further developed.			
Issues to advise the Boar	d on:		
No issues to advise the Board on.			
Items to be referred to other Board sub-committees:			
The committee did not refer any items to other Board sub-committees.			
Report completed by:	Dr Frances Healey, March 2024		

Quality Committee: Monthly Quality and Workforce Update Report





This report is intended as a quick reference report for use by Quality Committee alongside the more indepth topic based reporting schedule at each monthly meeting. It contains:

- Quality and Workforce metrics: Tabular overview.
- Quality and Workforce metrics: 13 month trends.
- Local intelligence.



Quality and Workforce metrics: Tabular overview

Services: Clinical Record Keeping	Target	Nov-23	Dec-23	Jan-24
Data Quality Maturity Index for the Mental Health Services Dataset (MHSDS)	95%	Aug	Sept	Oct
		92.1%	92.3%	92.4%
Percentage of service users with ethnicity recorded	-	81.4%	82.1%	82.1%
Percentage of service users with sexual orientation recorded	-	46.4%	47.9%	47.8%
Quality: Our effectiveness	Target	Nov-23	Dec-23	Jan-24
Number of healthcare associated infections: C difficile	<8	0	0	0
Number of healthcare associated infections: MRSA	0	0	0	0
Number of inpatients diagnosed positive with Covid19	-	3	2	11
Quality: Caring / Patient Experience	Target	Nov-23	Dec-23	Jan-24
Friends & Family Test: Positive experience of care (total responses received)	-	87%(224)	88%(158)	86%(165)
Mortality:				
 Number of deaths reviewed (incidents recorded on Datix)* 	Quarterly	-	74	-
 Number of deaths reported as serious incidents 	Quarterly	-	1	-
 Number of deaths reported to LeDeR 	Quarterly	-	5	-
Number of complaints received	-	10	13	17
Percentage of complaints acknowledged within 3 working days	-	100%	100%	100%
Percentage of complaints completed within timescale agreed with complainant	-	100%	100%	65%
Number of enguiries to the Patient Advice and Liaison Service (PALs)	-	132	110	160

Please note that new metrics are only reported here from the month of introduction onwards.

* All deaths reported via staff on the Trust's incident system, Datix, are reviewed; in addition to this any death for someone who has been a service user with us previously, identified via the NHS SPINE, is given a tabletop review and followed up in more detail if required. Deaths of former service users are reviewed, where the death is reported within 6 months of discharge from the Trust.

2

Quality and Workforce metrics: Tabular overview

Quality: Safety	Target	Nov-23	Dec-23	Jan-24
Number of patient/staff/visitor incidents reported on Datix	-	1,349	1,373	1,312
Number of Self Harm Incidents	-	190	206	140
Number of Violent or Aggressive Incidents	-	166	123	143
Number of never events	-	0	0	0
Number of physical restraints *	-	486	498	457
Number of ended seclusion incidents lasting 24+ hours	-	3	10	7
Number of Rapid Tranquilisation administered	-	126	134	229
No. of patients detained under the MHA (includes CTOs/conditional discharges)	-	540	551	560
Adult acute including PICU: % detained on admission	-	75.7%	73.9%	66.7%
Adult acute including PICU: % of occupied bed days detained	-	87.9%	86.0%	86.0%
Number of medication errors reported on Datix	Quarterly	-	182	-
Percentage of medication errors resulting in no harm	Quarterly	-	90%	-
Safeguarding Adults: Number of advice calls received by the team	Quarterly	-	210	-
Safeguarding Adults: Percentage of advice calls to safeguarding that resulted in a referral to social care	Quarterly	-	6.70%	-
Safeguarding Children: Number of advice calls received by the team	Quarterly	-	67	-
Safeguarding Children: Percentage of advice calls to safeguarding that resulted in a referral to social care	Quarterly	-	14.90%	-
Number of falls related to patients reported on Datix	-	33	34	51
Number of Pressure Ulcers occurring or deteriorating within inpatient or SSL services	-	0	0	0

3

Please note that new metrics are only reported here from the month of introduction onwards.

* Physical restraints only, excludes mechanical restraint, rapid tranquilisation and seclusion.

Quality and Workforce metrics: Tabular overview

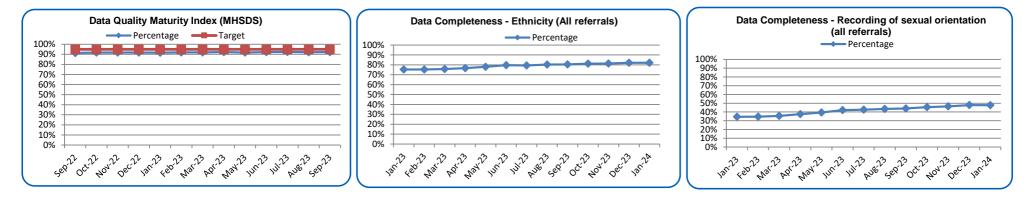
Our Workforce	Target	Nov-23	Dec-23	Jan-24
Percentage of staff with an appraisal in the last 12 months	85%	83.0%	83.2%	85.8%
Percentage of staff with a wellbeing assessment completed	-	88.7%	86.0%	86.8%
Percentage of mandatory training completed	85%	86.2%	85.6%	86.0%
Safeguarding Level 3 training compliance (quarter end snapshot) *	85%	-	81.4%	-
Percentage of staff receiving clinical supervision	85%	72.5%	69.6%	71.3%
Staff Turnover (Rolling 12 months)	8-10%	8.5%	8.4%	8.3%
Sickness absence rate in month	-	6.2%	6.1%	6.9%
Sickness absence rate (Rolling 12 months)	6.0%	6.0%	5.9%	6.0%
Percentage of sickness due to musculoskeletal issues (MSK; rolling 12 months)	-	12.3%	12.4%	12.4%
Percentage of sickness due to Mental Health & Stress (rolling 12 months)	-	34.8%	35.3%	35.5%
Number of Covid19 related absences of staff, either through sickness or self-isolation (staff days)	-	213	240	445
Medical Consultant Vacancies as a percentage of funded Medical Consultant Posts (percentage)	-	24.6%	24.4%	24.3%
Medical Consultant Vacancies (number)	-	22.6	22.4	22.4
Medical Career Grade Vacancies as a percentage of funded Medical Career Grade Posts (percentage)	-	16.6%	16.6%	18.7%
Medical Career Grade Vacancies (number)	-	8.0	8.0	9.0
Medical Trainee Grade Vacancies as a percentage of funded Medical Trainee Grade Posts (percentage)	-	5.9%	5.9%	5.1%
Medical Trainee Grade Vacancies (number)	-	6.6	6.6	5.8
Band 5 inpatient nursing vacancies as a percentage of funded B5 inpatient nursing posts (percentage)	-	32.0%	32.0%	33.0%
Band 5 inpatient nursing vacancies (number)	-	76.8	74.6	77.0
Band 6 inpatient nursing vacancies as a percentage of funded B6 inpatient nursing posts (percentage)	-	16.0%	18.0%	17.0%
Band 6 inpatient nursing vacancies (number)	-	20.0	21.8	20.8
Band 5 other nursing vacancies as a percentage of funded B5 non-inpatient nursing posts (percentage)	-	32.6%	33.6%	37.32%
Band 5 other nursing vacancies (number)	-	26.6	27.4	30.5
Band 6 other nursing vacancies as a percentage of funded B6 non-inpatient nursing posts (percentage)	-	17.5%	17.6%	17.4%
Band 6 other nursing vacancies (number)	-	60.0	60.4	59.4
Percentage of vacant posts (Trustwide; all posts)	-	14.2%	13.6%	13.1%
Bank Agency Spend YTD (Cost)	-	17,112,130	19,429,104	24,324,638
Bank Agency Spend YTD (%)		12%	11%	12%

4

Nursing vacancy measures exclude nursing posts working in corporate/development roles

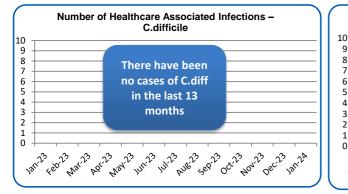
* New measure for Q3 23/24

13 month trend: Clinical Record Keeping

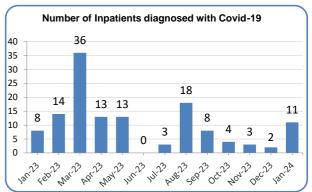


Please note that new metrics are only reported from the month of introduction onwards.

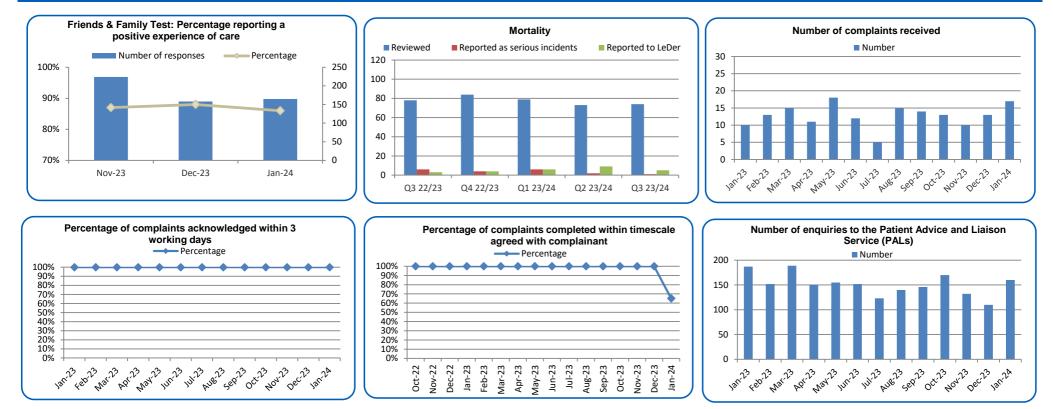
13 month trend: Quality: Effectiveness



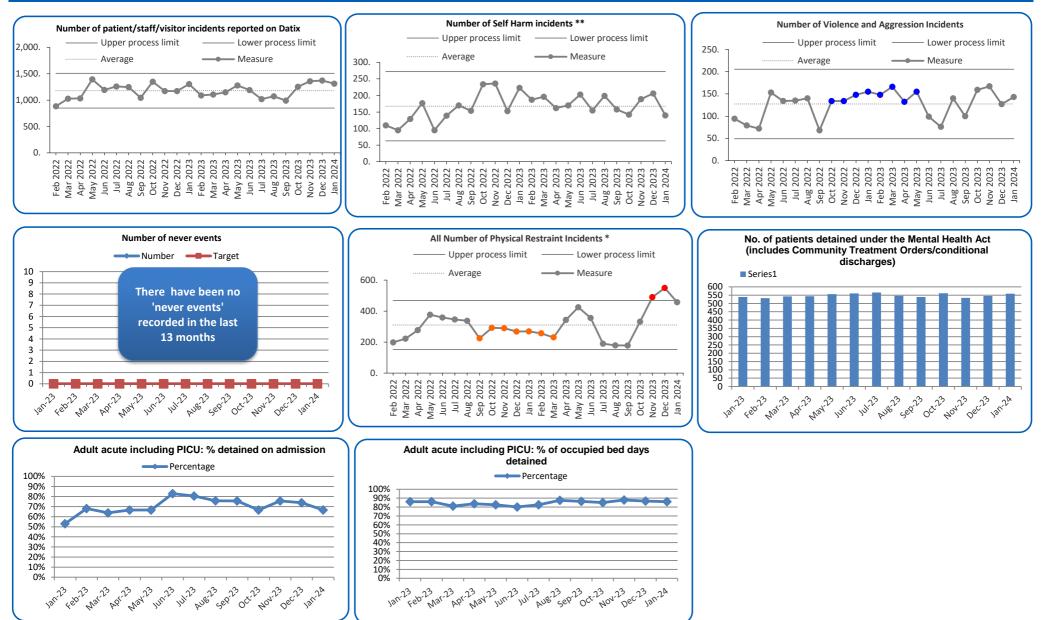
There have been					
	in the last 13 months				



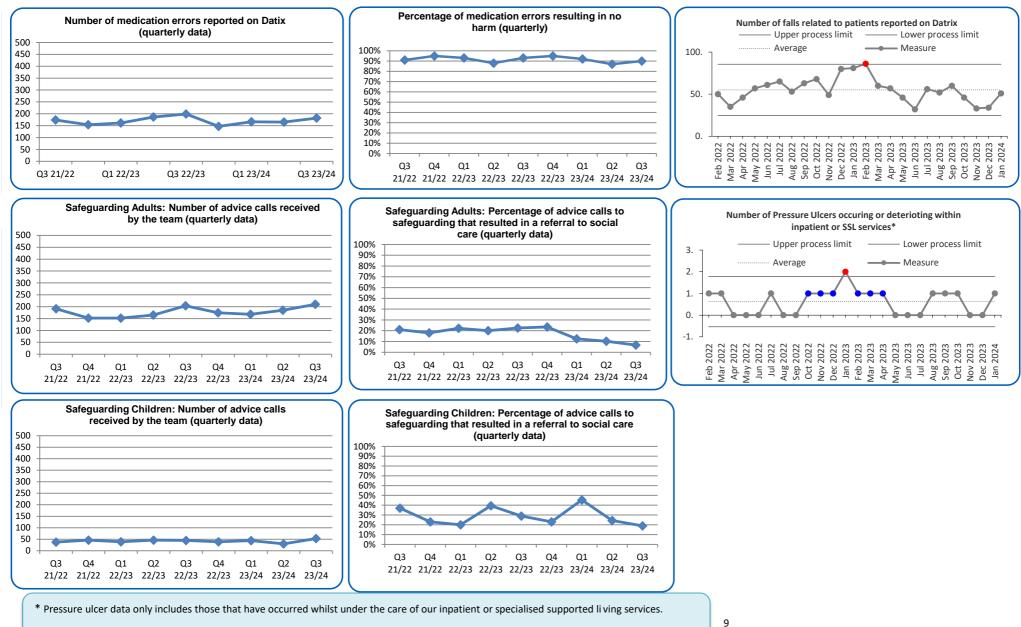
13 month trend: Quality: Caring/Patient Experience



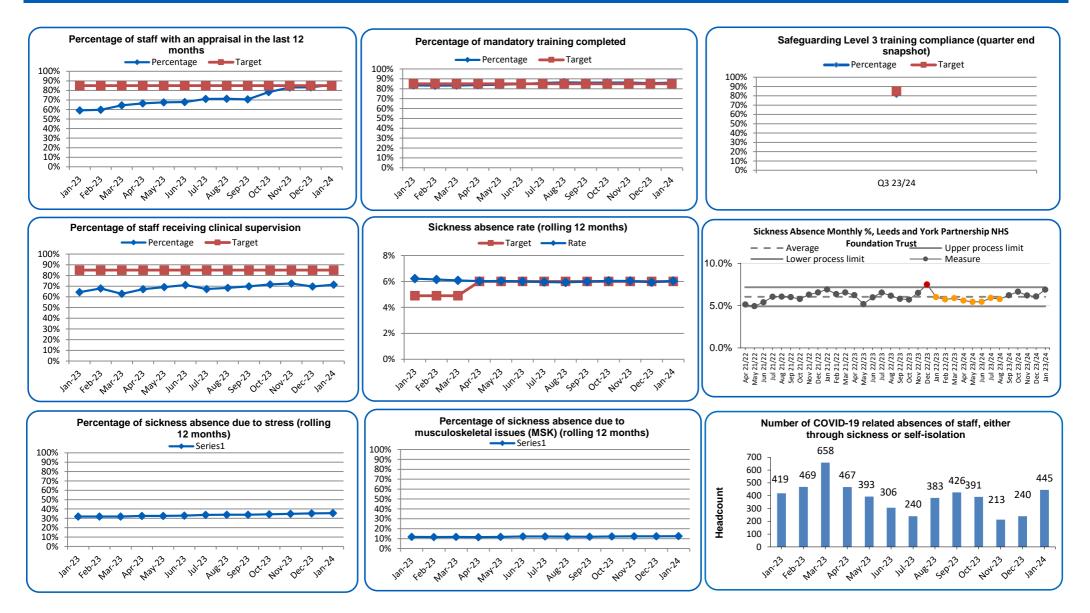
13 month trend: Quality: Safety



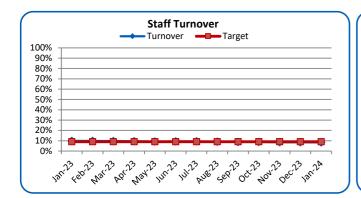
13 month trend: Quality: Safety - continued

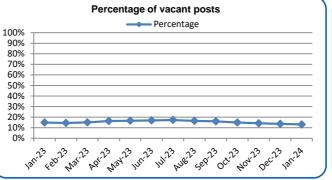


13 month trend: Our Workforce

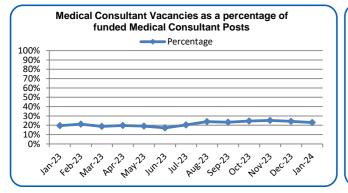


13 month trend: Our Workforce - continued

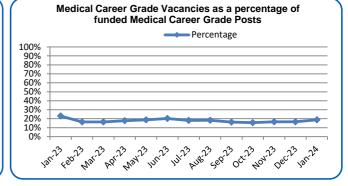


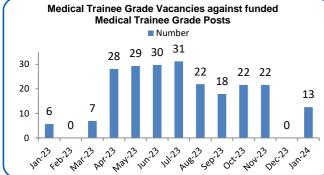


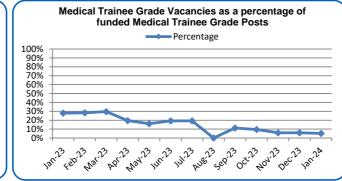




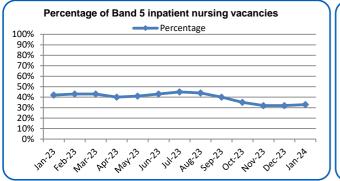


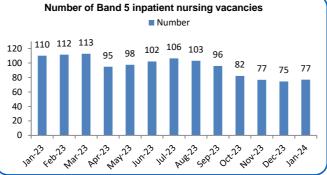


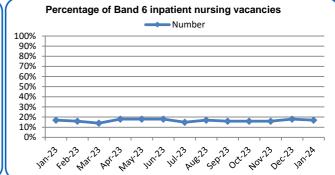


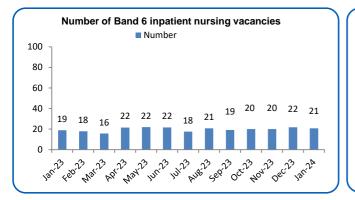


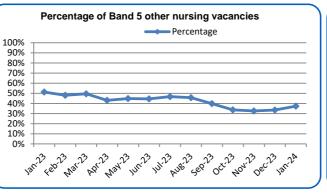
13 month trend: Our Workforce - continued

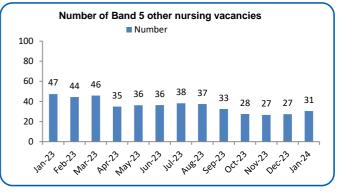


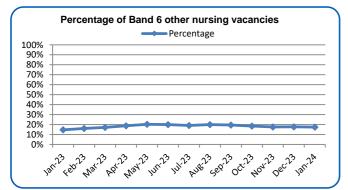


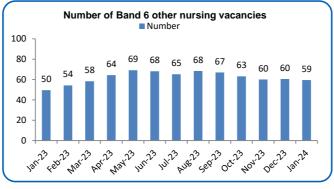




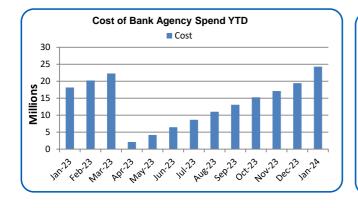


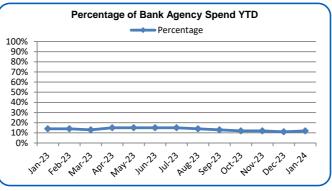






13 month trend: Our Workforce - continued





PREVIOUS MONTH: DECEMBER

Clinical Record Keeping

Data Quality Maturity Index: Our latest DQMI (Data Quality Maturity Index) score for Mental Health Services data, published by NHS Digital, stands at 92.3% as of September 2023, consistent with previous months. Demographic completeness levels are continuing to improve, with ethnicity completeness reaching its highest level for the 13-month period in December 2023 at 82.1%. The average level of ethnicity completeness for the 13-month period was 78.5%. Sexual orientation completeness continues on an upward trajectory, consistent with month-on-month increases since September 2022, reaching the highest level of completeness ever reported, at 47.9% in December 2023. The average level of sexual orientation completeness for the 13-month period was 40.5%.

Our informatics team continue to support staff in achieving expected standards of data quality and further support and training on our CareDirector Electronic Patient Record system. All service lines have been asked to focus on this, and performance against these areas is reviewed in detail within the QDAP (Quality, Delivery & Performance) meetings with each service. We continue to promote data completeness throughout 2023/24 with a rolling programme of focussed data quality discussions aimed at supporting staff in using CareDirector well.

Patient Experience

Complaints: 13 complaints were received in December, in line with the average number of complaints received during the 13-month period (13). 100% of complaints were acknowledged within the 3-days standard, and 100% were completed within agreed timescales. There were 110 enquiries received by the PALS team during December, which is below the average number received during the 13-month period (147). The number of enquiries in December was the second-lowest during the 13-month period, with December 2022 having the least (109).

Friends and Family Test: 158 people gave their feedback in December, 44 people provided feedback by completing Have Your Say postcards and 114 people gave their feedback online. 88% said their overall experience of care was positive, 7% said it was OK/didn't know and 5% rated their experiences as negative. Gender ID Service, Chronic Fatigue Service and Ward 6 Newsam received the most feedback in December. Wards 1 and 4 at The Mount, Veterans High Intensity Service and CLD South and West received an increase in feedback. Overwhelmingly the feedback received for staff is very positive with one person commenting "they saved my life" and another saying "my life has been changed for the better".

S136: Within the S136 service, there were no breaches of the 24-hour detention in December. The last S136 detention to breach was in October 2022.

PREVIOUS MONTH: DECEMBER

Safety

Incidents: Incidents in December (1,373) fell within normal levels of variation, above the average of 1,163 for the 24-month period. Incidents in December were the second-highest for any month during the 13-month period, with incidents in May 2022 (1,394) being the highest.

The number of self-harm incidents in December (206), remained within normal levels of variation and was the fourth-highest for the 24-month period. The average number of incidents per month was 167.

Violence and Aggression incidents in December (123) increased, fell just below the average for the 24-month period (125), remaining within normal levels of variation.

The number of physical restraint incidents in December, increased to 498, the highest level across the 24-months which fell outside normal levels of variation. The average number of physical restraint incidents in the 24-month period was 296.

The number of falls in December (34), is below the average for the 24-month period (54), and remains within normal levels of variation. The number of falls in December was the fourth-lowest for any month in the 24-month period.

There have been 26 acquired pressure ulcers / sores reported since October 2019, with 0 occuring or deteriorating in December.

Of the medication incidents, the most frequently reported related to administration (40% of incidents). On further scrutiny of these incidents, a theme that was noted this quarter was secretion of medication by service users. In November, the Medicines Safety Committee were pleased to hear that the Working Age Adult Medicines Management Meeting along with the Patient Safety Team are going to review the incidents relating to secretion at their next meeting to try and identify trends/themes and would share their learning accordingly. Whilst this work is ongoing the Medicines Safety Committee composed a key message highlighting the issues and proposing strategies that could be employed if secretion is suspected. The committee will support this work and receive regular updates.

Workforce

Workforce Personal Development Reviews (PDR): The rate of PDR compliance has increased each month since February 2023 (59.6%) to 83.2% in December, the highest level reported in the 13month period. The targeted support offered by the People Analytics and Organisational Development Team is being adapted to reach smaller groups and individuals where one-to-one support is required. The upward trajectory of compliance provides assurance that the Perform system for recording PDRs is working well and training format is upskilling managers in areas where historically, compliance has been challenging.

At the end of December 86.0% of staff had received a recent wellbeing assessment through our Staff Wellbeing Framework, broadly consistent with previous months.

Mandatory Training: Compliance has been stable over the 13-month period averaging 84.8%. Small but successive increases were seen between February and August, with a small decrease in performance in September, that was broadly recovered in October and November. Compliance has seen a small dip in December, however, compliance with the target has been maintained in December at 85.6%.

Clinical Supervision: Clinical supervision in December (69.6%) is above average for the 13-month period (67.4%) and is broadly consistent with performance over Quarter 2 and Quarter 3. Recent improvements have been in part, due to a redefinition of the staff within scope of Clinical Supervision monitoring but we have also seen a general increase in the rate of uptake as the new system settles in to use across the Trust.

Sickness Absence: The in-month sickness absence rate in December remains within normal levels of variation at 6.1%, just above the average for the period starting April 2021 (6.0%). In December, 240 staff days were lost to Covid-19 related absences through sickness or isolation, below the average number of days over the preceding 12 months (404).

Vacancies: The level of vacancies in December (13.6%), is the lowest seen in the 13-month period following a series of successive improvements since July 23. The average level of vacancies over the 13-month period was 15.5%.

CURRENT MONTH: JANUARY

Clinical Record Keeping

Data Quality Maturity Index: Our latest DQMI (Data Quality Maturity Index) score for Mental Health Services data, published by NHS Digital, stands at 92.4% as of October 2023, consistent with previous months. Demographic completeness levels have been maintained as of January, above average levels for the 13-month period. Ethnicity completeness in January (82.1%) has been maintained in line with previous months and remains above average for the 13-month period (79.1%). Sexual orientation completeness in January (47.8%), has been maintained above the average for the 13-month period (41.7%), but decreased slightly for the first time after continuing on an upward trajectory since September 2022.

Our informatics team continue to support staff in achieving expected standards of data quality and further support and training on our CareDirector Electronic Patient Record system. All service lines have been asked to focus on this, and performance against these areas is reviewed in detail within the QDAP (Quality, Delivery & Performance) meetings with each service. We continue to promote data completeness throughout 2023/24 with a rolling programme of focussed data quality discussions aimed at supporting staff in using CareDirector well.

Patient Experience

Complaints: 17 complaints were received in January, above the average number of complaints received during the 13-month period (13). 100% of complaints were acknowledged within the 3-days standard, and 65% were completed within agreed timescales. There were 160 enquiries received by the PALS team during January, which is above the average number received during the 13-month period (151).

Friends and Family Test: In January 2024, 165 people provided feedback, 123 people completed the questions on the online survey and 42 people completed the postcards. 86% of people reported that their overall experience of care was good, 9% said it was OK/Didn't know and 5% rated their care as negative. It was great to see increased numbers of feedback this month from the acute inpatient service, Ward 4 Newsam, Ward 5 Becklin and PICU. 19 people from PICU gave their feedback this month. The top 3 teams who received feedback for January were the Gender ID service, Chronic Fatigue and PICU.

S136: Within the S136 service, there were no breaches of the 24-hour detention in January. The last S136 detention to breach was in October 2022.

CURRENT MONTH: JANUARY

Safety

Incidents: Incidents in January (1,312) fell within normal levels of variation, above the average of 1,179 for the 24-month period.

The number of self-harm incidents in December (140), remained within normal levels of variation, falling below the average number of incidents per month (168) in the 24-month period. The decrease in self-harm incidents between December and January was the fifth-largest step change in the 24-month period.

Violence and Aggression incidents in January (143) increased, rising above the mean of 127 for the 24-month period, remaining within normal levels of variation.

The number of physical restraint incidents in January (457) fell within normal levels of variation. The number of physical restraint incidents in January was the third-highest across the 24-month period and considerably above the average of 310.

The number of falls in January (51), is below the average for the 24-month period (55), and remains within normal levels of variation. The increase in falls from December (34) to January was the fifth-largest step change for this indicator in the 24-month period.

There have been 27 acquired pressure ulcers / sores reported since October 2019, with 1 occuring or deteriorating in January.

Workforce

Workforce Personal Development Reviews (PDR): The rate of PDR compliance has increased further in January, exceeding the 85% target, with 85.8% of staff receiving an appraisal within the previous 12 months - the highest level reported in the 13-month period. Recent feedback from Perform users has been extremely positive and the system is seen as intuitive and easy to use, meaning more time can be spent focussing on the important aspects of a meaningful PDR which include reflecting on objectives, career conversations, learning needs and recognition. The People Analytics team are now preparing a case study for the People Plan review based on the success of the new PDR process.

At the end of January 86.8% of staff had received a recent wellbeing assessment through our Staff Wellbeing Framework, broadly consistent with previous months.

Mandatory Training: Compliance has been stable over the 13-month period averaging 85.0%. Small but successive increases were seen between February and August, with a small decrease in performance in September linked to a new element of training being added. Compliance was broadly recovered in October and November and maintained into January with 86.0% of staff having in-date mandatory training, exceeding the 85% target for the seventh month running. The Trust is currently preparing for the Oliver McGowan training and will be expanding the requirement for the broader Learning Disability and Autism training in the coming weeks.

Clinical Supervision: Clinical supervision in January (71.3%) is above average (68.7%) and the third-highest level of compliance for any month during the 13-month period.

Sickness Absence: The in-month sickness absence rate in January remains within normal levels of variation at 6.9%, above the average for the period starting April 2021 (6.0%). In January, 445 staff days were lost to Covid-19 related absences through sickness or isolation, above the average number of days for the 13-month period (388).

Vacancies: The level of vacancies in January (13.1%), is the lowest seen in the 13-month period and the sixth month running where successive improvement has been seen. The average level of vacancies over the 13-month period was 15.4%.

Glossary

Services: Clinical Record Keeping	
	A weighted score based on the completeness and quality of several fields in the Trust's Mental Health Services Dataset (MHSDS) submissions to NHS Digital.
Data Quality Maturity Index for the Mental Health Services Dataset (MHSDS)	The score is derived by NHS Digital from the MHSDS submission and published on their website 3-4 months later.
Percentage of service users with ethnicity recorded	Number of service users with ethnicity recorded / Total number of services users with an open referral to the Trust as of period-end
Percentage of service users with sexual orientation recorded	Number of service users with their sexual orientation recorded / Total number of services users with an open referral to the Trust as of period-end
Quality: Our effectiveness	
Number of healthcare associated infections: C difficile	The number of patients affected by an outbreak of C difficile during the period
Number of healthcare associated infections: MRSA	The number of patients affected by an outbreak of MRSA during the period
	The number of inpatients where a diagnosis of Covid-19 begins in the period
	The Trust is still required to report this on a daily basis through national situation reporting. The Trust is taking part in a national project to do point
Number of inpatients diagnosed positive with Covid19	of contact testing for Flu and Covid-19, which has identified some cases so figures are also included here for monitoring.
Quality: Caring / Patient Experience	
	The number of Friends and Family Test (internally branded Have Your Say) questionnaires returned where the response was either 'Very Good' or
Friends & Family Test: Positive experience of care (total responses received)	'Good'.
Number of deaths reviewed (incidents recorded on Datix)*	Total number of deaths reported on Datix in the period. Deaths of former service users are counted up to 6 months after discharge from the Trust.
Number of deaths reported as serious incidents	Total number of incidents reported on Datix as taking place during the period that resulted in death due to non-natural causes
	Total number of incidents reported on Datix as taking place during the period that related to the death of a person that were subsequently reported
Number of deaths reported to LeDeR	on the 'Learning from Lives and Deaths' portal for people with a Learning Disability or Autism.
Number of complaints received	Total number of complaints reported on Datix as being received during the period
Percentage of complaints acknowledged within 3 working days	Total number of complaints that were acknowledged within 3 working days of receipt by the Trust / Total number of complaints received by the Trus
	Total number of complaints with an investigator allocated within 3 working days of the Trust receiving the complaint / Total number of complaints
Percentage of complaints allocated an investigator within 3 working days	received by the Trust in the period
	Total number of complaints received by the Trust during the period completed within the timescales agreed with the complainant / Total number of
Percentage of complaints completed within timescale agreed with complainant **	complaints received by the Trust in the period
Number of enquiries to the Patient Advice and Liaison Service (PALs)	Total number of enquiries made to the LYPFT Patient Advice and Liaison Service. This could include a telephone or email enquiry.
Quality: Safety	
	Total number of all incidents reported on Datix as taking place during the period. This includes both clinical and non-clinical incidents affecting
Number of patient/staff/visitor incidents reported on Datix	service users, visitors and staff.
Number of Self Harm Incidents	Total number of incidents reported on Datix as taking place during the period which involved the serivce user injuring themselves.
	Total number of incidents reported on Datix as taking place during the period which involved a service user behaving in a violent or aggressive
Number of Violent or Aggressive Incidents	manner towards staff, other service users or visitors. For example, assaulting a person or throwing objects.
	Total number of never events occuring in the period which are collated by the Clinical Governance and Patient Safety Team. Never Events are
	serious, largely preventable patient safety incidents that should not occur if healthcare providers have implemented existing national guidance or
Number of never events	safety recommendations. For example, failure to install functional collapsible shower or curtain rails.
	Total number of incidents reported on Datix as taking place in the period where physical restraint was used. Use of mechanical restraint, rapid
Number of physical restraints	tranquilisation and seclusion are excluded.
	Total number of incidents reported on Datix as ending in the period where the duration of seclusion lasted more than 24 hours. Episodes of
Number of ended seclusion incidents lasting 24+ hours	seclusion that start in month 1, and end in month 2, will be counted against month 2.
	Total number of incidents reported on ePMA, where a drug used for rapid tranquilisation was administered. Where multiple drugs were
Number of Rapid Tranguilisation administered**	administered at the same time, this is counted as one instance of rapid tranguilisation.

Quality: Safety

Quality: Safety	
	The total distinct number of service users subject to a MHA detention, active at any point during the month. Sections that start in a previous month,
	but are active in the reporting month, are counted. Where a service user has more than one section active in the reporting month, they are still
No. of patients detained under the MHA (includes CTOs/conditional discharges)	counted only once.
	Total number of admissions to the Adult Acute and PICU wards where the service user was subject to a MHA detention at the time of admission /
	Total number of admissions to the Adult Acute and PICU wards
	Transfers from other inpatient services are not counted; only those admissions to Adult Acute and PICU wards where the person is becoming an
Adult acute including PICU: % detained on admission	inpatient at LYPFT are counted.
	Total number of occupied bed days where the person was subject to a MHA detention / Total number of occupied bed days
Adult acute including PICU: % of occupied bed days detained	Occupied bed days on the day a MHA detention ends, and no other MHA detention starts, are not counted as a detained occupied bed day.
	Total number of medication errors reported on Datix as taking place in the period. This includes errors related to both clinical and non-clinical
Number of medication errors reported on Datix	practices surrounding dispensing, administering, storing and recording.
Percentage of medication errors resulting in no harm	Number of medication erors reported as resulting in no harm / Total number of medication errors
Safeguarding Adults: Number of advice calls received by the team	Number of enquiries to the LYPFT Safeguarding Team in relation to concerns about an adult.
Safeguarding Adults: Percentage of advice calls to safeguarding that resulted in a	Number of enquiries to the LYPFT Safeguarding Team in relation to concerns about an adult that result in a referral to the local authority
referral to social care	Safeguarding Department / [Safeguarding Adults: Number of advice calls received by the team]
Safeguarding Children: Number of advice calls received by the team	Number of enquiries to the LYPFT Safeguarding Team in relation to concerns about a child.
Safeguarding Children: Percentage of advice calls to safeguarding that resulted in a	Number of enquiries to the LYPFT Safeguarding Team in relation to concerns about a child that result in a referral to the local authority Safeguarding
referral to social care	Department / [Safeguarding Children: Number of advice calls received by the team]
Number of falls related to patients reported on Datix	Total number of falls reported on Datix as taking place in the period. Falls are for patients only.
	Total number of pressure ulcers reported on Datix as having occurred or deteriorated during the period. Pressure ulcers are reported for inpatient
Number of Pressure Ulcers occurring or deteriorating within inpatient or SSL service.	s and Specialised Supported Living services only.
Our Workforce	
	The number of staff with an appraisal review recorded on LYPFT's Personal Development Review platform, Learn, as of the end of the reporting
Percentage of staff with an appraisal in the last 12 months	month / The number of staff who have been in post for at least 12 months as of the end of the reporting month
	The number of staff with a wellbeing assessment review recorded on LYPFT's Personal Development Review platform, Learn, as of the end of the
Percentage of staff with a wellbeing assessment completed	reporting month / The total number of staff in post for at least 3 months as of the end of the reporting month
	The total number of training requirements where the member of staff has completed them within the timescales, as of the end of the reporting
Percentage of mandatory training completed	month / The total number of training requirements for staff in post as of the end of the reporting month
	The total number of Safeguarding Adults/Children Level 3 training requirements completed within the Trust's agreed review period, as of the end of
Safeguarding Level 3 training compliance (quarter end snapshot)	the quarter / The total number of Safeguarding Adult/Children Level 3 training requirements as of the end of the quarter
	The total number of clinical staff that have received clinical supervision within the Trust's agreed review period, as of the end of the reporting period
Percentage of staff receiving clinical supervision	/ The total number of clinical staff in post as of the end of the reporting period
	Total number of FTE leavers in the 12 months up to and including the last reporting month / Total number of FTE staff in post across the 12 months
Staff Turnover (Rolling 12 months)	up to and including the latest reporting month
Sickness absence rate in month	Total number of FTE sickness days in the reporting month / Total number of available FTE days for staff in post
	Total number of FTE sickness days in the 12 months up to and including the last reporting month / Total number of available FTE days for staff in
Sickness absence rate (Rolling 12 months)	post in the 12 months up to and including the last reporting month
	Total number of FTE sickness days in the 12 months up to and including the last reporting month, that were due to musculoskeletal issues / Total
Percentage of sickness due to musculoskeletal issues (MSK; rolling 12 months)	number of FTE sickness days in the 12 months up to and including the last reporting month
	Total number of FTE sickness days in the 12 months up to and including the last reporting month, that were due to reasons of mental wellbeing and
Percentage of sickness due to Mental Health & Stress (rolling 12 months)	stress / Total number of FTE sickness days in the 12 months up to and including the last reporting month
Number of Covid19 related absences of staff, either through sickness or self-isolation	
(staff days)	Total number of FTE sickness days in the reporting month due to sickness related to Covid19 or self-isolation
	19

Glossary

Our Workforce	
Medical Consultant Vacancies as a percentage of funded Medical Consultant Posts	Number of vacant FTE Medical Consultant posts as of the end of the reporting month / Total Number of funded FTE Medical consultant posts as of
(percentage)	the end of the reporting month
Medical Consultant Vacancies (number)	Total number of vacant FTE Medical Consultant posts as of the end of the reporting month
Medical Career Grade Vacancies as a percentage of funded Medical Career Grade	Number of vacant FTE Medical Career Grade posts as of the end of the reporting month / Total number of funded FTE Medical Career Grade posts as
Posts (percentage)	of the end of the reporting month
Medical Career Grade Vacancies (number)	Total number of vacant FTE Medical Career Grade posts as of the end of the reporting month
Medical Trainee Grade Vacancies as a percentage of funded Medical Trainee Grade	Number of vacant FTE Medical Trainee Grade posts as of the end of the reporting month / Total number of funded FTE Medical Trainee Grade posts
Posts (percentage)	as of the end of the reporting month
Medical Trainee Grade Vacancies (number)	Total number of vacant FTE Medical Trainee Grade posts as of the end of the reporting month
Band 5 inpatient nursing vacancies as a percentage of funded B5 inpatient nursing	Number of vacant FTE Band 5 inpatient nursing posts as of the end of the reporting month / Total Number of funded FTE Band 5 inpatient nursing
posts (percentage)	posts as of the end of the reporting month
Band 5 inpatient nursing vacancies (number)	Total number of vacant FTE Band 5 inpatient nursing posts as of the end of the reporting month
Band 6 inpatient nursing vacancies as a percentage of funded B6 inpatient nursing	Number of vacant FTE Band 6 inpatient nursing posts as of the end of the reporting month / Total Number of funded FTE Band 6 inpatient nursing
posts (percentage)	posts as of the end of the reporting month
Band 6 inpatient nursing vacancies (number)	Total number of vacant FTE Band 6 inpatient nursing posts as of the end of the reporting month
Band 5 other nursing vacancies as a percentage of funded B5 non-inpatient nursing	Number of vacant FTE Band 5 non-inpatient nursing posts as of the end of the reporting month / Total Number of funded FTE Band 5 non-inpatient
posts (percentage)	nursing posts as of the end of the reporting month
Band 5 other nursing vacancies (number)	Total number of vacant FTE Band 5 non-inpatient nursing posts as of the end of the reporting month
Band 6 other nursing vacancies as a percentage of funded B6 non-inpatient nursing	Number of vacant FTE Band 6 non-inpatient nursing posts as of the end of the reporting month / Total Number of funded FTE Band 6 non-inpatient
posts (percentage)	nursing posts as of the end of the reporting month
Band 6 other nursing vacancies (number)	Total number of vacant FTE Band 6 non-inpatient nursing posts as of the end of the reporting month
	Number of vacant FTE posts for the whole Trust as of the end of the reporting month / Total number of funded FTE posts for the whole Trust as of
Percentage of vacant posts (Trustwide; all posts)	the end of the reporting month
Bank Agency Spend YTD (Cost)	Total financial spend for the whole Trust on Bank and Agency staffing from the start of the current financial year to the end of the reporting month
	Total financial spend for the whole Trust on Bank and Agency staffing from the start of the current financial year to the end of the reporting month /
Bank Agency Spend YTD (%)	Total financial spend for the whole Trust from the start of the current financial year to the end of the reporting month

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AGENDA ITEM

12.4

MEETING OF THE COUNCIL OF GOVERNORS

NAME OF PAPER:	Report from the Chair of the Mental Health Legislation Committee: 6 February 2024
DATE OF MEETING:	30 April 2024
PRESENTED BY: (name and title)	Kaneez Khan, Non-executive Director and Chair of the Committee
PREPARED BY: (name and title)	Kieran Betts, Corporate Governance Officer

	THIS PAPER SUPPORTS THE TRUST'S STRATEGIC OBJECTIVE/S (please tick relevant box/s)					
SO1	We deliver great care that is high quality and improves lives					
SO2	We provide a rewarding and supportive place to work					
SO3	We use our resources to deliver effective and sustainable services	\checkmark				

EXECUTIVE SUMMARY

This report for the Council of Governors includes the board subcommittee chair's report from the Mental Health Legislation Committee meeting on 6 February 2024 which was presented to the Board of Directors' meeting on 28 March 2024. The report is divided into four sections: issues to which the Board needs to be alerted, issues to advise the Board on, things on which the Board is to be assured, and items to be referred to other Board sub-committees.

Do the recommendations in this paper have any impact upon the	State below 'Yes' or 'No'	If yes please set out what action has been taken to address this in your
requirements of the protected groups identified by the Equality Act?	No	paper

RECOMMENDATIONS

The Council of Governors is asked to:

• Note this report for information and assurance.



Chair's Report

AGENDA ITEM

12.4

Name of the meeting being reported on:	Mental Health Legislation Committee
Date your meeting took place:	Tuesday 6 February 2024
Name of meeting reporting to:	Board of Directors (28 March 2024) Council of Governors (30 April 2024)

Key discussion points and matters to be escalated:

Issues to which the Board needs to be alerted:

 The Committee discussed a legal precedent established based on a case at a neighbouring Trust which had determined that Mental Health Act assessments or renewals and Community Treatment Order extensions which had been based on remote assessments were unlawful. The Committee noted that this had impacted a small number of service users at the Trust, and that the Trust was in the process of conducting a Duty of Candour process to address the impacted service users.

Issues to advise the Board on:

- The Committee noted that a solution for recording the outcomes of Menal Health Legislation Tribunal Hearing outcomes had been developed with the Digital Change Team. This would enable patient demographic data such as ethnicity, and outcome of the hearing to be recorded and compiled in the Mental Health Legislation Activity reports received by the Committee going forward.
- The Committee heard that a working group had been established to monitor any issues which may emerge from the implementation of the "Right Care, Right Person" operational model employed by local police forces.
- The Committee discussed the new Provider Selection Regime. It noted that this process
 had the potential to make it easier for existing health providers to be re-awarded contracts
 to continue the provision of their services, and that this had the potential for less innovation
 to emerge from this sector, in particular, from an equality of health outcome perspective.
 The Committee agreed to monitor this developing area.
- The Committee discussed the overrepresentation of BME Groups in the Community Treatment Order patient population. It noted that work was being conducted by the

Integrated Care Board to examine data for diverging health outcomes which may lead to the introduction of preventative health strategies. The Committee discussed innovative work being conducted in this area elsewhere in the country, such as the use of assertive outreach teams to introduce community-based interventions for a small number of service users who had previously been detained repeatedly under the Mental Health Act.

 The Committee received the Representation at Mental Health Act Managers Hearings report and noted that no Independent Mental Health Advocate (IMHA) had attended a Hearing in Quarter 2 2023. It noted that improvements in recording service user's preferences on whether they wanted an IMHA to attend their hearing had been made, and that this area would be reassessed based on the data available for Quarter 1 2024 to more accurately determine whether the lack of IMHA attendance at Hearings was due to service user preferences, or other factors.

Things on which the Board is to be assured:

- The Committee received the Mental Health Legislation Activity Report for Quarter 2 2023/24 and was assured that the plans in place were sufficient to ensure ongoing compliance with all mental health legislation.
- The Committee was reassured that service users had access to IMHA support in other inpatient settings, including pre and post Mental Health Act Managers Hearings. It was also assured that this area was being actively investigated by the Trust.
- The Committee received an update on the progress and development of the Draft Internal Audit Plan 2024/25. It was agreed that the Committee would collaborate with the internal audit team to better define the scope and overall objectives of audits relevant to the Committee's business.
- The Committee heard that Ward 3 at The Mount had received an inspection from the Care Quality Commission as part of a Mental Health Act review and that the outcomes of this inspection were very positive, in particular, positive feedback received from service users and their families. The Committee commended colleagues for their hard-work and commitment to achieve this outcome.

Items to be referred to other Board sub-committees:

The Committee received the Restrictive Interventions Annual Report 2022-23 which had
previously been received by the Quality Committee for assurance at its 16 November
2023 meeting. It was agreed that this report would now additionally be received for
assurance by the Mental Health Legislation Committee as part of its regular cycle of
business. It was agreed that additional work would be conducted by the Chair of the
Mental Health Legislation Committee and the Chair of the Quality Committee to
determine which aspects of the report fell under each different Committee's purview to
ensure that each Committee could be assured by the contents of the report without
duplicating work across the two Committees.

Report completed by:	Kaneez Khan – March 2024
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AGENDA ITEM 14

MEETING OF THE COUNCIL OF GOVERNORS

PAPER TITLE:	2023 NHS Staff Survey and Bank Staff Survey
DATE OF MEETING:	30 April 2024
PRESENTED BY: (name and title)	Darren Skinner, Director of People and OD
PREPARED BY: (name and title)	Tracey Needham, Head of People Engagement

THIS	PAPER SUPPORTS THE TRUST'S STRATEGIC OBJECTIVE/S (please tick	1
releva	int box/s)	·
SO1	We deliver great care that is high quality and improves lives	
SO2	We provide a rewarding and supportive place to work	\checkmark
SO3	We use our resources to deliver effective and sustainable services	

EXECUTIVE SUMMARY

This paper provides The Council of Governors with a high-level summary of the results and outcomes of the 2023 National Staff Survey for both Substantive and Bank Staff. We are seeing the best results for substantive staff since 2018. Bank staff continue to have a worse experience working at our Trust than our substantive staff and this trend is worsening.

The paper examines, where possible, how the Trust's results compare to previous years for substantive and bank staff, across the seven People Promise elements and the Engagement and Morale themes. It highlights any emerging themes, where we have made improvements or seen deterioration and shares our plans for ensuring these results are incorporated into local and Trustwide plans to drive improvements in how it feels to work at our Trust.

Do the recommendations in this paper have any	State below	
impact upon the requirements of the protected	'Yes' or 'No'	If yes please set out what action has been taken
groups identified by the Equality Act?	No	to address this in your paper

RECOMMENDATION

The Council of Governors is asked to receive and note the high-level report for the 2023 National Staff Survey results to promote further discussion.



MEETING OF THE COUNCIL OF GOVERNORS

30 APRIL 2024

2023 NHS Staff Survey and Bank Staff Survey Results

1 Executive Summary

This paper provides The Council of Governors with a high-level summary of the results and outcomes of the 2023 National Staff Survey for both Substantive and Bank Staff. We are seeing the best results for Substantive Staff since 2018. Bank Staff continue to have a worse experience working at our Trust than our Substantive Staff and this trend is worsening.

The paper examines, where possible, how the Trust's results compare to previous years for Substantive and Bank Staff, across the seven People Promise elements and the Engagement and Morale themes. It highlights any emerging themes, where we have made improvements or seen deterioration and shares our plans for ensuring these results are incorporated into local and Trust-wide plans to drive improvements in how it feels to work at our Trust.

2 Introduction

The purpose of this report is to provide a summary of the key outcomes of the 2023 survey results provided by the National Co-Ordination Centre (NCC) for the Leeds and York Partnership NHS Foundation Trust (LYPFT). This report looks at:

- NHS National Staff Survey Results for Substantive Staff (weighted data)
- Bank Staff Survey Results for Bank Staff (unweighted data)

For NCC to make reasonable comparisons between organisations and to account for Trust size when calculating national results, the NHS Staff Survey data is weighted and the results in this report, for Substantive Staff, are from that 'weighted data'.

3 Background

The 2023 LYPFT NHS (Substantive) Staff Survey and Bank Staff Survey ran from 27 September–24 November 2023. The Trust's official sample size was 3,126 (Substantive) and 652 (Bank) which is a full census of all Staff in post on 1 September 2023. This is consistent with the approach we have taken in previous years.

Once again, we deployed a Task & Finish Group to support the delivery of the Staff Survey. A significant Engagement and Communications campaign was conducted to engage managers and Staff across the Trust, including a toolkit for all line managers, regular news stories about the importance of completing the survey, weekly team manager response rate updates and features in Trustwide. In 2023 our response rates were:

- 50.2% of Substantive Staff (1569 responses) which was +6.2% higher than the previous year.
- 27% of Bank Staff (131 responses) which was +12% higher than the previous year.

We believe the new Engagement plan and increased involvement with service leadership helped to stem the declining response rates from previous years, for both Substantive and Bank Staff.

Survey Coordination Centre **People Promise elements and themes: Overview** NHS more positive than a lower score People Promise eler Ø $(\subset$ We are compassionate We each have a We are alway: We are recognised and inclusive and rewarded voice that counts learning We work flexibly We are a team Staff Engagement Morale 10 The quality of data needs to be reviewed will be shared later. 9 8 7 б Score (0-10) 5 4 on this theme 3 2 1 Data 7.58 6.48 7.07 5.86 7.11 7.13 7.12 6.26 7.93 6.90 7.34 6.45 7.25 7.47 7.45 6.61 7.58 6.41 7.01 5.93 6.84 7.18 7.11 6.17 7.14 6.04 5.17 6.23 6.90 6.23 6.46 5.21 1566 1565 Responses 1566 1549 1493 1557 1564 1566

4 2023 NHS Staff Survey Results

4.1. People Promise Theme Overview (Substantive Staff)

Fig 1: 2023 NHS (Substantive) Staff Survey - People Promise theme results.

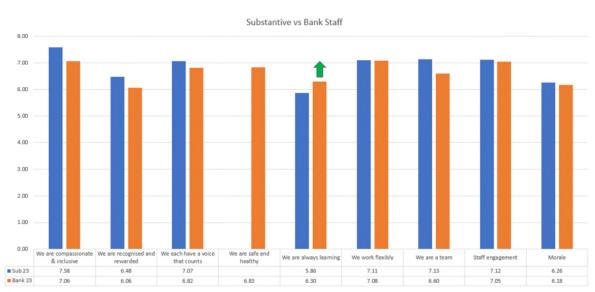
Due to a data processing error at a national level we cannot report on the We are safe and healthy theme at this time. So this report only concentrates on eight key themes currently.

Across the eight key themes for Substantive Staff, in comparison to our sector, we are:

- We are above the sector average in five themes: Recognised & Rewarded, Having a voice that counts, Flexible Working, Staff Engagement and Morale.
- We are below the sector average in two themes 'we are always learning', and 'we are a team'. It's worth noting that whilst 'we are always learning' is behind the sector, we have

made significant changes here on last year's results (up from 5.54 to 5.86). Regarding 'we are a team' this had declined by 0.02.

• We are the same as the average sector score in Compassionate & Inclusive



4.2. People Promise Theme Overview (Bank versus Substantive Staff) People Promise Elements: Bank Staff

Figure 2: People Promise theme results – Substantive vs Bank Staff 2023

Comparing our Bank Staff (unweighted data) to our Substantive Staff (weighted data) across the nine key themes indicates that they are:

- Outperforming in the 'We Are Always Learning' theme, however this is not directly comparable as Bank Staff are not asked questions relating to Appraisals.
- Underperforming against Substantive Staff in all other themes

4.3. National Staff Survey all question results

Please refer to Appendix 1 to see the results for Substantive and Bank Staff against all questions.

4.4. Areas where the Trust is performing well

Overall

- 90% of our Substantive Staff and 91% of Bank Staff feel trusted to do their job
- 85% of Substantive Staff and 88% of Bank Staff feel their role makes a difference to service users
- 81% of Substantive Staff and 90% of Bank Staff always know what their work responsibilities are.

Specifically, our Substantive Staff report feeling:

• that there is enough Staff at our Trust for them to do their job properly (+8.5%)

- able to access the right learning and development opportunities (+7.5%)
- more of them have had an appraisal in the last 12 months (+7.8%) and more of them feeling supported to develop their potential (+5.6%)
- less emotionally exhausted (-6.1%) and less frustrated (-6.1%) by their work
- A reduction in bullying, harassment or abuse from service users/public (-4.8%).

Specifically, our Bank Staff report feeling:

- significant improvements working with colleagues, such as:
 - that more managers ask for their opinion before making decisions that affect their work (+8.8%); more managers are encouraging (+7.9%); more managers are taking an interest in their health and wellbeing (+5.6%) and more managers are working with them to come to an understanding of their problems (+5.0%)
- that they feel supported to develop their potential (+7.2%) and that there are more opportunities to develop their career at our Trust (+6.0%)
- that more of them feel secure when raising concerns about unsafe clinical practice (+5.0%).

4.5. Areas where the Trust has room for improvement

Overall

Bank Staff continue to report worse experience working at our Trust than our Substantive Staff:

- Bank Staff improved, year on year, in 37% of questions in comparison to 59% of questions for our Substantive Staff
- Bank Staff declined, year on year, in 56% of questions in comparison to 20% of questions for Substantive Staff.
- 32% of Bank Staff and 9% of Substantive Staff are experiencing discrimination from service users, their carers/relatives or other members of the public
- 18% of Substantive Staff and 42% of Bank Staff are experiencing physical violence at work from service users, their carers/relatives or other members of the public
- 25% of Substantive Staff and 39% of Bank Staff are experiencing bullying, harassment or abuse from service users, their carers/relatives or other members of the public.

Specifically, our Substantive Staff report feeling:

- that only 25% of them felt their appraisal helped improve how they do their job, 31% felt that it left them feeling valued by the Trust and 38% felt it helped them agree clear objectives for their work.
- that only 37% of them feel there is enough Staff at our Trust for them to do their job properly (favourably increased +8%)
- that only 49% of Staff feel able to meet all the conflicting demands on their time.
- that only 62% of them would be happy with the standard of care provided by the Trust, if a friend or relative needed treatment (favourably increased +3%)

Specifically, our Bank Staff report feeling:

38% of them are involved in deciding on changes introduced into their work area, team or department and 48% of them can make improvements happen in their area of work (-12.8%)

- that their colleagues are kind and understanding to one another (-12.3%), treat each other with respect (-12.3%), show appreciation to one another (-8.4%) and feel valued in their team (-7.8%)
- more of them coming to work when ill (+11.3%)
- more of them experiencing discrimination at work from service users (+5.2%) and other from colleagues (+7.2%)
- more of them are experiencing bullying, harassment, and abuse from colleagues (+5.6%)

4.6. Workforce Race Equality Standards (WRES) – Summary

- In comparison to 2022, all four WRES Standard metrics have shown a favourable change, with two showing significant improvement.
- We are better than the national sector average in three metrics and below the sector average for bullying, harassment or abuse from service users/public

WRES Standard % Staff - ALL ETHNIC GROUPS	2021	2022	2023		YoY Ch	Sector Ave	Against Sector Ave
% experiencing harassment, bullying or abuse from patients, relatives or the public in the last 12 months	37.9%	35.8%	33.7%	-2.1%	Favourable	31.4%	Worse that sector ave
% experiencing harassment, bullying or abuse from staff in the last 12 months	22.8%	22.5%	17.1%	-5.5%	Significantly favourable	21.0%	Better than sector ave
% believing that the organisation provides equal opportunities for career progression or promotion.	42.7%	42.0%	51.9%	9.9%	Significantly favourable	50.5%	Better than sector ave
% experiencing discrimination at work from manager / team leader or other colleagues in the last 12 months	13.8%	11.8%	10.2%	-1.6%	Favourable	13.9%	Better than sector ave

4.7. Workforce Disability Equality Standards (WDES) – Summary

- For Staff with a 'physical or mental health conditions, or illnesses that have lasted, or are expected to last for 12 months or more', we have shown favourable changes in six of the seven metrics in comparison to 2022. With a significant favourable change in less Staff feeling that they are experiencing bullying, harassment, or abuse from service users/public.
- We are better than the sector average in all WDES metrics for 2023.

WDES Standard % Staff with a Long-Term Condition (LTC) or illness	2021	2022	2023		YoY Ch	Sector Ave	Against Sector Ave
% with a LTC/illness, experiencing harassment, bullying or abuse from patients, relatives or the public in the last 12 months	31.2%	30.9%	25.7%	-5.2%	-5.2% Significantly favourable		Better than sector ave
% with a LTC/illness, experiencing harassment, bullying or abuse from managers in the last 12 months	12.2%	9.6%	8.7%	-0.9%	Favourable	11.9%	Better than sector ave
% with a LTC/illness, experiencing harassment, bullying or abuse from colleauges in the last 12 months	22.3%	19.7%	17.2%	-2.5%	Favourable	18.9%	Better than sector ave
% with a LTC/illness, saying that the last time they experienced harassment, bullying or abuse at work, they or a colleague reported it.	66.9%	59.4%	61.2%	1.8%	Favourable	59.9%	Better than sector ave
% with a LTC/illness, believing that the organisation provides equal opportunities for career progression or promotion.	50.0%	57.4%	59.3%	1.9%	Favourable	56.7%	Better than sector ave
% with a LTC/illness, who felt pressure from their manager to come to work, despite not feeling well enough to perform their duties.	17.0%	16.2%	14.9%	-1.4%	Favourable	19.4%	Better than sector ave
% with a LTC/illness, satisfied with the extent to which their organisation values their work	41.5%	49.9%	47.4%	-2.5%	Unfavourable	45.4%	Better than sector ave
% with a LTC/illness, saying employer has made reasonable adjustment(s) to enable them to carry out their work.	n/a	83.5%	86.5%	3.0%	Favourable	79.3%	Better than sector ave

5 Sharing our results with Staff

As with previous years, following the national publication date, our NHS Staff Survey results have been available via Echo for all Staff to access, with a full reporting suite at Trust, Service and Team level data, with year-on-year comparisons, where available.

6 Plans for working with Services and Teams on Intention Planning

We have already started to present results, at the service level, to our senior leadership teams and are asking for them to complete Service-Level Intention Plans. We will during March and April 2024 roll these presentations out to these service sub-directorates and teams. We will be sharing Service-level intention plans with these smaller teams to help them in developing their local intention plans on issues that matter most to their Staff.

Comparing response rate data for 2023 against 2022, we again can conclusively say that those teams, who did an Intention Plans in 2022, are more likely to have seen an increase in their response rates than those without an Intention Plan.

93% of teams with an intention plan increased their response rate, compared to 68% of teams without.

Intention planning is driving engagement with our Staff and helping to increase our response rates.

The Bank Staff Survey Results will be presented to our Bank Workforce Managers for onward discussion and bespoke Intention Planning with our Bank Workforce via the Bank Forum.

9. Conclusion

We were delighted to see increases in our response rates for both Substantive and Bank Staff this year.

Substantive Staff

- Substantive Staff results show the most favourable results since 2018, with 59% of questions for our Substantive Staff showing year-on-year improvements.
- We are above the sector average in five themes: Recognised & Rewarded, Having a voice that counts, Flexible Working, Staff Engagement and Morale.
- We are seeing significant improvements in two themes in comparison to last year; 'We are always learning' and 'Morale'
- We are seeing improvements in all WRES metrics
- We are seeing improvements in seven of the eight WDES metrics.

Bank Staff

- Bank Staff continue to report a worse experience working at our Trust than our Substantive Staff and this trend has worsened over the last four years of surveying our Staff. We currently cannot compare our Bank Staff to a national sector average as that data is not yet available from NHS England.
- Bank Staff are underperforming against Substantive Staff in all other themes except the 'We are always learning' but because the appraisal questions are not asked of our Bank Staff this data is not strictly comparable.
- We are seeing only 37% of questions showing year-on-year improvements for this Staff group.
- Bank Staff declined, year on year, in 56% of questions in comparison to 20% of questions for Substantive Staff.

10 Recommendation

The Council of Governors is asked receive and note the high-level report for the 2023 National Staff Survey results to promote further discussion.

Tracey Needham Head of People Engagement 10 April 2024.

See Data Appendix Attached for data to questions.

				Subs.	Subs.	Subs.	Subs.	Subs	Subs	Subs YoY	Bank	Bank	Bank	Bank	Bank	Bank YoY
For	percer	ntage so	Note: Total No. of RAG may no longer be represented visually in table due to Q changes cores (%):	2018	2019	2020	2021	2022	2023	YoY	2019	2020	2021	2022	2023	YoY
			vourable differences of 5% or more highlighted red/green. Unfavourable differences between 3% ed in amber.	U	U	2	• • • • • • • • • • • • • • • • • • •	2	U	-2		10	13	21	- 22	1
For s	scale s	scores (0.0 to 10.0):	1	3	1	6	5	1	-4		12	5	6	11	5
		able/fav	rourable differences of 5.0 or more highlighted red/green. Unfavourable differences between 3.0 ted in amber	16	2	5	0	1	10	9		15	4	14	8	-6
B 1			*LB = Measures where a lower score is better in italics and idenified with an asterisk (*).	Subs. 2018	Subs. 2019	Subs. 2020	Subs. 2021	Subs 2022	Subs 2023	Subs YoY YoY	Bank 2019	Bank 2020	Bank 2021	Bank 2022	Bank 2023	Bank YoY YoY
1			*1 Questions appear twice in reporting deck so RAG Colour Coded but not counted twice Number of respondents	1420	1410	1311	1384	1322	1569	247	129	125	106	95	131	36
			Response Rate	58.1%	54.5%	47%	47%	44%	50%	6%	26%	25%	22%	15%	27%	12%
				- E	ta .	ta .	, g	. g	ta .							
			National Staff Survey 2023	staff - ed Data	Staff - ed Data	- Staff - ed Data	: Staff - ed Data	ed Da	ed Da	Substantive YoY Difference 2022 vs 2023	- 2019 d Data	- 2020 d Data	- 2021 d Data	- 2023 d Data	- 202: d Dati	Bank YoY Difference 2022 vs 2023
			Leeds and York Partnership NHS Foundation Trust Substantive staff is heat mapped against previous year using 'Weighted Data'	stantive SI Weighted	stantive St Weighted	stantive St Weighted	antive feight	stantive Sta Weighted	antive feight	Differ	Staff	Staff	Staff	Staff	Staff	Bank Differe 2 vs 21
		Bank s	taff 'Unweighted Data' is heat mapped against previous year using 'Unweighted Data'	Subst 2018 M	Substantive 2019 Weighte	Subst 2020 M	Substantive Sta 2021 Weighted I	Subst 2022 M	Substantive Staff - 2023 Weighted Data	YoY 201	Bank Staff - 2 Unweighted C	Bank Staff - 2 Unweighted I	Bank Staff - 2 Unweighted D	Bank Staff - 2022 Unweighted Data	Bank Staff - 2023 Unweighted Data	YoY 202
Drog	mico 1	L We ar	e compassionate and inclusive	Subs.	Subs.	Subs.	Subs.	Subs	Subs	Subs YoY	Bank	Bank	Bank	Bank	Bank	Bank YoY
Sub		ank	Sub Score P1.1: Compassionate culture	2018	2019	2020	2021	2022	2023	YoY	2019	2020	2021	2022	2023	YoY
Q6a		28a	I feel that my role makes a difference to patients/service users. (Agree/Strongly Agree)	87.1%	84.7%	86.2%	83.3%	83.6%	84.8%	1.2%	96.0%	94.0%	82.0%	90.8%	88.1%	-2.7%
Q25 Q25		230a 230b	Care of patients / service users is my organisation's top priority. (Agree/Strongly Agree) My organisation acts on concerns raised by patients/service users. (Agree/Strongly Agree)	77.3% 73.2%	77.5% 72.4%	80.2% 75.0%	78.5% 74.5%	78.7% 72.5%	78.5% 73.3%	-0.2% 0.8%	93.0% 84.0%	89.0% 83.0%	85.0% 80.0%	85.6% 83.5%	84.0% 81.7%	-1.6% -1.8%
Q25	ic Q	Q30c	I would recommend my organisation as a place to work. (Agree/Strongly Agree)	65.7%	66.6%	71.2%	65.4%	63.8%	67.4%	3.6%	83.0%	82.0%	81.0%	79.3%	74.6%	-4.7%
Q25	id Q	230d	If a friend or relative needed treatment I would be happy with the standard of care provided by this organisation. (Agree/Strongly Agree)	64.1%	64.2%	67.3%	63.5%	58.6%	62.0%	3.4%	77.0%	78.0%	72.0%	73.6%	69.5%	-4.1%
Tota	al Sub	Score P	1.1: Compassionate culture				7.20	7.10	7.23	0.13			6.90	7.85	7.70	-0.15
Sub	R	Bank	Sub Score P1.2: Compassionate leadership	2018	2019	2020	2021	2022	2023	YoY	2019	2020	2021	2022	2023	YoY
0.9f		Q14f	My immediate managerworks together with me to come to an understanding of problems.	1010	2315	2.520	78.1%	77.5%	79.2%	1.7%	2015	2320	64.0%	56.7%	61.7%	5.0%
160	ų	414I	(Agree/Strongly Agree) My immediate manageris interested in listening to me when I describe challenges I face.				70.170									
Q9g		14g	(Agree/Strongly Agree)				81.3%	80.8%	81.4%	0.5%			68.0%	63.3%	62.0%	-1.3%
Q9h	n Q	Q14h	My immediate managercares about my concerns. (Agree/Strongly Agree) My immediate managertakes effective action to help me with any problems I face.				80.4%	80.7%	80.2%	-0.5%			68.0%	57.1%	60.9%	3.8%
Q9i	Q	Q14i	(Agree/Strongly Agree)				74.5%	75.0%	76.6%	1.6%			69.0%	56.7%	58.1%	1.4%
Tota	al Sub .	Score P	21.2: Compassionate leadership				7.60	7.60	7.60	0.00			5.80	6.74	6.59	-0.16
Sub	В	Bank	Sub Score P1.3: Diversity and equality	2018	2019	2020	2021	2022	2023	YoY	2019	2020	2021	2022	2023	YoY
Q15	i q	220	My organisations acts fairly with regard to career progression/promotion, regardless of ethnic	57.8%	58.7%	57.3%	56.0%	58.7%	59.5%	0.8%	76.0%	48.0%	50.0%	54.8%	56.3%	1.5%
			background, gender, religion, sexual orientation, disability or age. (Yes) In the last 12 months I have personally experienced discrimination at work													
B Q16	a u	Q21a	frompatients/service users, their relatives or other members of the public. (Yes)	10.0%	8.3%	9.1%	8.9%	8.9%	8.6%	-0.3%	28.0%	27.0%	21.0%	26.9%	32.1%	5.2%
в Q16	ib Q	Q21b	In the last 12 months I have personally experienced discrimination at work frommanager/team leader or other colleagues. (Yes)	5.4%	6.2%	6.5%	6.9%	6.1%	6.1%	-0.1%	13.0%	13.0%	14.0%	9.0%	16.2%	7.2%
Q21	Q	226	I think that my organisation respects individual differences (e.g. cultures, working styles,				72.1%	75.2%	75.3%	0.1%			77.0%	75.5%	71.8%	-3.7%
Tota	al Sub .	Score P	backgrounds, ideas, etc). (Agree/Strongly Agree) 21.3: Diversity and equality				8.20	8.30	8.33	0.03			6.80	7.36	7.36	0.00
Sub Q7h		Bank Q11f	Sub Score P1.4: Inclusion I feel valued in my team. (Agree/Strongly Agree)	2018	2019	2020	2021 72.1%	2022 76.2%	2023 75.4%	-0.8%	2019	2020	2021 69.0%	2022 76.3%	2023	YoY -7.8%
Q7i	Q	Q11g	I feel a strong personal attachment to my team. (Agree/Strongly Agree)				62.4%	67.3%	65.1%	-2.2%			50.0%	54.3%	52.3%	-2.0%
Q8b Q8c		012b 012c	The people I work with are understanding and kind to one another. (Agree/Strongly Agree) The people I work with are polite and treat each other with respect. (Agree/Strongly Agree)				75.5% 77.9%	78.4% 79.7%	76.9% 79.2%	-1.6%			67.0% 74.0%	73.1% 73.4%	60.8% 61.1%	-12.3% -12.3%
			14: Inclusion				7.00	7.20	7.16	-0.04		-	5.90	7.04	6.60	-0.45
PRO	OMISE	1: We a	are compassionate and inclusive Theme Score				7.50	7.56	7.58	0.02			6.10	7.25	7.06	-0.19
Pron	mise 2	2: We ar	e recognised and rewarded	Subs.	Subs.	Subs.	Subs.	Subs	Subs	Subs YoY	Bank	Bank	Bank	Bank	Bank	Bank YoY
Sub		Bank	We are recognised and rewarded	2018	2019	2020 67.3%	2021	2022 63.3%	2023 64.3%	YoY 1.0%	2019	2020	2021	2022	2023	YoY
Q4a	i Q	26a	I am satisfied withthe recognition I get for good work. (Statisfied/V.Satisfied)	63.8%	66.6%	D/.5%			D4.5%	1.17%	61.0%	66.0%	62.0%	30.5%	55.0%	-1.5%
Q4b)6h		40.00	E1 /0/		E0.3%				60.00/	E0 00/	E0 00/	E7 00/	E 1 - 5 - 6	E 50/
C •		26b	I am satisfied withthe extent to which the organisation values my work. (Statisfied/V.Satisfied)	49.6%	51.6%	51.1%	50.3%	52.4%	53.5%	1.1%	60.0%	58.0%	58.0%	57.0%	51.5%	-5.5%
Q4c Q8d	. Q	26b 26c 212d	I am satisfied withthe extent to which the organisation values my work. (Statisfied/V.Satisfied) I am satisfied withmy level of pay. (Statisfied/V Satisfied) The people I work with show appreciation to one another. (Agree/Strongly Agree)	49.6% 38.8%	51.6% 41.2%		50.3% 40.6% 72.5%				60.0% 34.0%	58.0% 39.0%	58.0% 36.0% 67.0%	57.0% 28.7% 69.9%	51.5% 31.3% 61.5%	-5.5% 2.6% -8.4%
Q8d Q9e		26c 212d 214e	I am satisfied withmy level of pay. (Statisfied/V.Satisfied) The people I work with show appreciation to one another. (Agree/Strongly Agree) My immediate managersvalues my work. (Agree/Strongly Agree)			51.1%	40.6% 72.5% 80.8%	52.4% 33.4% 74.0% 81.0%	53.5% 37.5% 74.6% 80.4%	1.1% 4.1% 0.6% -0.6%			36.0% 67.0% 75.0%	28.7% 69.9% 64.8%	31.3% 61.5% 68.3%	2.6% -8.4% 3.5%
Q8d Q9e		26c 212d 214e	I am satisfied withmy level of pay. (Statisfied/V.Satisfied) The people I work with show appreciation to one another. (Agree/Strongly Agree)	38.8%	41.2%	51.1% 42.3%	40.6% 72.5%	52.4% 33.4% 74.0%	53.5% 37.5% 74.6%	1.1% 4.1% 0.6%	34.0%	39.0%	36.0%	28.7%	31.3% 61.5%	2.6%
Q8d Q9e PRO	: Q I Q P Q PMISE : mise 3	26c 212d 214e 2: We a 3: We ea	I am satisfied withmy level of pay. (Statisfied/V-Satisfied) The people I work with show appreciation to one another. (Agree/Strongly Agree) My immediate managersvalues my work. (Agree/Strongly Agree) are recognised and rewarded Theme Score tch have a voice that counts	38.8% 80.0% Subs.	41.2% 82.3% Subs.	51.1% 42.3% 82.1% Subs.	40.6% 72.5% 80.8% 6.40 Subs.	52.4% 33.4% 74.0% 81.0% 6.36 Subs	53.5% 37.5% 74.6% 80.4% 6.48 Subs	1.1% 4.1% 0.6% -0.6% 0.12 Subs YoY	34.0% 71.0% Bank	39.0% 81.0% Bank	36.0% 67.0% 75.0% 5.60 Bank	28.7% 69.9% 64.8% 6.25 Bank	31.3% 61.5% 68.3% 6.06 Bank	2.6% -8.4% 3.5% -0.19 Bank YoY
Q8d Q9e PRO Pron Sub	: Q I Q P Q DMISE : DMISE 3	26c 212d 214e 2: We a 3: We ea Bank	I am satisfied withmy level of pay. (Statisfied/V Satisfied) The people I work with show appreciation to one another. (Agree/Strongly Agree) My immediate managersvalues my work. (Agree/Strongly Agree) re recognised and rewarded Theme Score ch have a voice that counts Sub Score P3.1: Autonomy and control	38.8% 80.0% Subs. 2018	41.2% 82.3% Subs. 2019	51.1% 42.3% 82.1% Subs. 2020	40.6% 72.5% 80.8% 6.40 Subs. 2021	52.4% 33.4% 74.0% 81.0% 6.36 Subs 2022	53.5% 37.5% 74.6% 80.4% 6.48 Subs 2023	1.1% 4.1% 0.6% -0.6% 0.12 Subs YoY YoY	34.0% 71.0% Bank 2019	39.0% 81.0% Bank 2020	36.0% 67.0% 75.0% 5.60 Bank 2021	28.7% 69.9% 64.8% 6.25 Bank 2022	31.3% 61.5% 68.3% 6.06 Bank 2023	2.6% -8.4% 3.5% -0.19 Bank YoY YoY
Q8d Q9e PRO	C Q Q Q Q Q DMISE M M S B M Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q	26c 212d 214e 2: We a 3: We ea	I am satisfied withmy level of pay. (Statisfied/V-Satisfied) The people I work with show appreciation to one another. (Agree/Strongly Agree) My immediate managersvalues my work. (Agree/Strongly Agree) are recognised and rewarded Theme Score tch have a voice that counts	38.8% 80.0% Subs.	41.2% 82.3% Subs.	51.1% 42.3% 82.1% Subs.	40.6% 72.5% 80.8% 6.40 Subs.	52.4% 33.4% 74.0% 81.0% 6.36 Subs	53.5% 37.5% 74.6% 80.4% 6.48 Subs	1.1% 4.1% 0.6% -0.6% 0.12 Subs YoY	34.0% 71.0% Bank	39.0% 81.0% Bank	36.0% 67.0% 75.0% 5.60 Bank	28.7% 69.9% 64.8% 6.25 Bank	31.3% 61.5% 68.3% 6.06 Bank	2.6% -8.4% 3.5% -0.19 Bank YoY
Q8d Q9e PRO Pron Sub Q3a Q3b Q3c	: Q d Q e Q DMISE : DMISE : B d Q d Q c Q c: Q	26c 212d 214e 2: We a 3: We ea 3ank 25a 25b 25c	I am satisfied withmy level of pay. (Statisfied)/ Satisfied) The people I work with show appreciation to one another. (Agree/Strongly Agree) My immediates my work. (Agree/Strongly Agree) the avoice that counts Sub Score P3.1: Autonomy and control I always know what my work responsibilites are. (Agree/Strongly Agree) I am trusted to do my job. (Agree/Strongly Agree) I am trusted to opportunities for me to show initiative in my role. (Agree/Strongly Agree)	38.8% 80.0% Subs. 2018 83.0% 90.6% 78.7%	41.2% 82.3% Subs. 2019 81.9% 90.3% 79.1%	51.1% 42.3% 82.1% 5ubs. 2020 82.5% 91.4% 78.5%	40.6% 72.5% 80.8% 6.40 Subs. 2021 81.0% 91.2% 76.5%	52.4% 33.4% 74.0% 81.0% 6.36 Subs 2022 82.6% 92.1% 78.8%	53.5% 37.5% 74.6% 80.4% 6.48 2023 81.2% 89.6% 79.9%	1.1% 4.1% 0.6% -0.6% 0.12 Subs YoY YoY -1.4% -2.5% 1.1%	34.0% 71.0% 8ank 2019 94.0% 94.0% 75.0%	39.0% 81.0% 81.0% 89.0% 93.0% 78.0%	36.0% 67.0% 75.0% 5.60 Bank 2021 89.0% 90.0% 71.0%	28.7% 69.9% 64.8% 6.25 8ank 2022 87.2% 94.6% 72.8%	31.3% 61.5% 68.3% 6.06 Bank 2023 90.0% 90.7% 71.5%	2.6% -8.4% 3.5% -0.19 Bank YoY YoY 2.8% -3.9% -1.3%
Q8d Q9e PRO Q3a Q3b Q3d	: Q d Q e Q DMISE : DMISE : B d Q d Q d Q d Q d Q d Q d Q	26c 212d 214e 2: We a 3: We ea 3ank 25a 25b 25c 25c 25d	I am satisfied withmy level of pay. (Statisfied/V Satisfied) The people I work with show appreciation to one another. (Agree/Strongly Agree) My immediate managersaulues my work. (Agree/Strongly Agree) tech have a voice that counts Stub Score P3.1: Autonomy and control I always know what my work responsibilities are. (Agree/Strongly Agree) I always to do my job. (Agree/Strongly Agree)	38.8% 80.0% 2018 83.0% 90.6% 83.2% 81.2%	41.2% 82.3% 2019 81.9% 90.3% 79.1% 81.2%	51.1% 42.3% 82.1% 5ubs. 2020 82.5% 91.4% 78.5% 81.0%	40.6% 72.5% 80.8% 6.40 Subs. 2021 81.0% 91.2% 76.5% 78.3%	52.4% 33.4% 74.0% 81.0% 6.36 Subs 2022 82.6% 92.1% 78.8% 79.5%	53.5% 37.5% 74.6% 80.4% 6.48 2023 81.2% 89.6% 79.9% 81.2%	1.1% 4.1% 0.6% -0.6% 0.12 Subs YoY YoY -1.4% -2.5% 1.1% 1.7%	34.0% 71.0% 2019 94.0% 94.0% 75.0% 69.0%	39.0% 81.0% 81.0% 93.0% 93.0% 78.0% 66.0%	36.0% 67.0% 75.0% 5.60 8ank 2021 89.0% 90.0% 71.0% 64.0%	28.7% 69.9% 64.8% 6.25 8nk 2022 87.2% 94.6% 72.8% 62.0%	31.3% 61.5% 68.3% 6.06 8ank 2023 90.0% 90.7% 71.5% 58.5%	2.6% -8.4% 3.5% -0.19 Bank YoY YoY 2.8% -3.9% -1.3% -3.5%
Q8d Q9e PRO Sub Q3a Q3b Q3c Q3d Q3e	: Q I Q POMISE : PMISE : B B D Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q	26c 212d 214e 2: We a 3: We ea 3: We ea 3: We ea 3: We ea 3: We ea 3: So ea 3: So ea 2: So ea	I am satisfied withmy level of pay. (Statisfied)/ Satisfied) The people I work with show appreciation to one another. (Agree/Strongly Agree) My immediate managersvalues my work. (Agree/Strongly Agree) exceeding and rewarded Theme Score Sub Score P3.1: Autonomy and control I always know what my work responsibilities are. (Agree/Strongly Agree) I am trusted to do my job. (Agree/Strongly Agree) There are frequent opportunities for me to show initiative in my role. (Agree/Strongly Agree) I am involved in deciding on changes introduced that affect my work area/team/dept. (Agree/Strongly Agree)	38.8% 80.0% 2018 83.0% 90.6% 78.7% 81.2% 58.8%	41.2% 82.3% 2019 81.9% 90.3% 79.1% 81.2% 61.6%	51.1% 42.3% 82.1% Subs. 2020 82.5% 91.4% 78.5% 81.0% 59.6%	40.6% 72.5% 80.8% 6.40 5021 81.0% 91.2% 76.5% 78.3% 57.7%	52.4% 33.4% 74.0% 81.0% 6.36 Subs 2022 82.6% 92.1% 78.8% 79.5% 60.5%	53.5% 37.5% 74.6% 80.4% 6.48 Subs 2023 81.2% 89.6% 79.9% 81.2% 60.3%	1.1% 4.1% 0.6% -0.6% 0.12 Subs YoY YoY -1.4% -2.5% 1.1% 1.7% -0.2%	34.0% 71.0% 2019 94.0% 94.0% 75.0% 69.0% 30.0%	39.0% 81.0% 81.0% 2020 89.0% 93.0% 66.0% 34.0%	36.0% 67.0% 75.0% 5.60 8ank 2021 89.0% 90.0% 64.0% 28.0%	28.7% 69.9% 64.8% 6.25 87.2% 94.6% 72.8% 62.0% 39.8%	31.3% 61.5% 68.3% 6.06 8ank 2023 90.0% 90.7% 71.5% 58.5% 37.7%	2.6% -8.4% 3.5% -0.19 Bank YoY 2.8% -3.9% -1.3% -3.5% -2.1%
Q8d Q9e PRO Q3a Q3b Q3d	: Q d Q e Q DMISE : DMISE : DMISE : DMISE : DMISE : Q d Q d Q d Q d Q d Q	26c 212d 214e 2: We a 3: We ea 3ank 25a 25b 25c 25c 25d	I am satisfied withmy level of pay. (Statisfied/V Satisfied) The people I work with show appreciation to one another. (Agree/Strongly Agree) My immediate managersauleus my work. (Agree/Strongly Agree) ter recognised and rewarded Theme Score State avoice that counts State Score P3.1: Autonomy and control I am trusted to do my job. (Agree/Strongly Agree) I am trusted to do my job. (Agree/Strongly Agree) I am trusted to do my job. (Agree/Strongly Agree) I am trusted to do my job. (Agree/Strongly Agree) I am trusted to do my job. (Agree/Strongly Agree) I am involved in deciding on changes introduced that affect my work area/team/dept. (Agree/Strongly Agree) I am able to make suggestions to improve the work of my team/dept. (Agree/Strongly Agree) I am involved in deciding on changes introduced that affect my work area/team/dept. (Agree/Strongly Agree) I am able to make improvements happen in my area of work. (Agree/Strongly Agree)	38.8% 80.0% 2018 83.0% 90.6% 78.7% 81.2% 58.8% 62.0%	41.2% 82.3% 2019 81.9% 90.3% 79.1% 81.2% 61.6% 62.1%	51.1% 42.3% 82.1% 2020 82.5% 91.4% 78.5% 81.0% 59.6% 65.1%	40.6% 72.5% 80.8% 6.40 Subs. 2021 81.0% 91.2% 76.5% 78.3%	52.4% 33.4% 74.0% 81.0% 6.36 Subs 2022 82.6% 92.1% 78.8% 79.5%	53.5% 37.5% 74.6% 80.4% 6.48 2023 81.2% 89.6% 79.9% 81.2%	1.1% 4.1% 0.6% -0.6% 0.12 Subs YoY YoY -1.4% -2.5% 1.1% 1.7%	34.0% 71.0% 2019 94.0% 75.0% 69.0% 30.0% 46.0%	39.0% 81.0% 2020 89.0% 93.0% 78.0% 66.0% 34.0% 48.0%	36.0% 67.0% 75.0% 5.60 8ank 2021 89.0% 90.0% 71.0% 64.0%	28.7% 69.9% 64.8% 6.25 8nk 2022 87.2% 94.6% 72.8% 62.0%	31.3% 61.5% 68.3% 6.06 8ank 2023 90.0% 90.7% 71.5% 58.5%	2.6% -8.4% 3.5% -0.19 Bank YoY 2.8% -3.9% -1.3% -3.5%
Q8d Q9e PRO Q3a Q3b Q3c Q3d Q3e Q3f Q5b	: Q d Q e Q DMISE : DMISE : DMISE : DMISE : DMISE : Q d Q d Q d Q d Q d Q d Q d Q d Q d Q d	26c 212d 214e 2: We a 3: We a 3: We a 3: We a 3: De a 2: De a	I am satisfied withmy level of pay. (Statisfied)/ Satisfied) The people I work with show appreciation to one another. (Agree/Strongly Agree) My immediate managersvalues my work. (Agree/Strongly Agree) exceeding and rewarded Theme Score Sub Score P3.1: Autonomy and control I always know what my work responsibilities are. (Agree/Strongly Agree) I am trusted to do my job. (Agree/Strongly Agree) There are frequent opportunities for me to show initiative in my role. (Agree/Strongly Agree) I am involved in deciding on changes introduced that affect my work area/team/dept. (Agree/Strongly Agree)	38.8% 80.0% 2018 83.0% 90.6% 78.7% 81.2% 58.8%	41.2% 82.3% 2019 81.9% 90.3% 79.1% 81.2% 61.6%	51.1% 42.3% 82.1% Subs. 2020 82.5% 91.4% 78.5% 81.0% 59.6%	40.6% 72.5% 80.8% 6.40 Subs. 2021 81.0% 91.2% 76.5% 78.3% 57.7% 61.1%	52.4% 33.0% 31.0% 6.36 Subs 2022 82.6% 92.1% 78.8% 79.5% 60.5% 63.3%	53.5% 37.5% 74.6% 80.4% 6.48 2023 81.2% 89.6% 79.9% 81.2% 60.3% 64.0%	1.1% 4.1% 0.6% 0.12 SUBY VY YOY -1.4% -2.5% 1.1% 1.7% -0.2% 0.6%	34.0% 71.0% 2019 94.0% 94.0% 75.0% 69.0% 30.0%	39.0% 81.0% 81.0% 2020 89.0% 93.0% 66.0% 34.0%	36.0% 67.0% 75.0% 5.60 8ank 2021 89.0% 90.0% 71.0% 64.0% 28.0% 43.0%	28.7% 69.9% 64.8% 6.25 8ank 2022 87.2% 94.6% 72.8% 62.0% 39.8% 56.5%	31.3% 61.5% 68.3% 6.06 80.0% 90.0% 90.7% 71.5% 58.5% 37.7% 43.8%	2.6% -8.4% 3.5% -0.19 Bank YoY 2.8% -3.9% -1.3% -3.5% -2.1% -12.8%
Q8d Q9e PRO Q3a Q3b Q3c Q3d Q3c Q3d Q3e Q3f Tota	: Q d Q e Q DMISE = B d Q d Q d Q d Q d Q d Q d Q d Q d Q d Q	26c 212d 214e 2: We a 3: We ea 3: We ea	I am satisfied withmy level of pay. (Statisfied/V Satisfied) The people I work with show appreciation to one another. (Agree/Strongly Agree) My immediate managersauleus my work. (Agree/Strongly Agree) tech have a voice that counts Status and rewarded Theme Score Tch have a voice that counts Status and rewarded Theme Score I always know what my work responsibilities are. (Agree/Strongly Agree) I always know what my work responsibilities are. (Agree/Strongly Agree) I am trusted to do my job. (Agree/Strongly Agree) There are frequent opportunities for me to show initiative in my role. (Agree/Strongly Agree) I am able to make suggestions to improve the work of my team/dept. (Agree/Strongly Agree) I am involved in deciding on changes introduced that affect my work area/team/dept. (Agree/Strongly Agree) I am able to make improvements happen in my area of work. (Agree/Strongly Agree) I have a choice in deciding how to do my work. (Often/Always) 32.1: Autonomy and control	38.8% 80.0% Subs. 2018 83.0% 90.6% 78.7% 81.2% 58.8% 62.0% 61.6%	41.2% 82.3% 2019 81.9% 90.3% 79.1% 81.2% 61.6% 62.1% 63.0%	51.1% 42.3% 82.1% 2020 82.5% 91.4% 78.5% 81.0% 59.6% 65.1% 63.7%	40.6% 72.5% 80.8% 6.40 81.0% 91.2% 76.5% 78.3% 57.7% 61.1% 62.5% 7.20	52.4% 23.4% 74.0% 81.0% 6.36 2022 82.6% 92.1% 78.8% 79.5% 60.5% 63.3% 64.9% 7.30	53.5% 37.5% 74.6% 80.4% 6.48 2023 81.2% 89.6% 79.9% 81.2% 60.3% 64.0% 67.6% 7.31	1.1% 4.1% 0.6% 0.6% 0.12 Subs YoY YoY -1.4% -2.5% 1.1% 1.7% -0.2% 0.6% 2.7% 0.01	34.0% 71.0% 2019 94.0% 75.0% 69.0% 30.0% 46.0%	39.0% 81.0% 2020 89.0% 93.0% 78.0% 66.0% 34.0% 48.0% 41.0%	36.0% 67.0% 75.0% 5.60 89.0% 90.0% 71.0% 64.0% 28.0% 43.0% 40.0% 5.90	28.7% 69.9% 64.8% 6.25 87.2% 94.6% 72.8% 62.0% 39.8% 56.5% 37.6% 6.70	31.3% 61.5% 68.3% 6.06 80.06 90.7% 71.5% 58.5% 37.7% 43.8% 40.3% 6.65	2.6% -8.4% 3.5% -0.19 Bank YoY 2.8% -3.9% -1.3% -2.1% -2.1% -2.1% -0.04
Q8d Q9e PRO Sub Q3a Q3b Q3c Q3d Q3d Q3d Q3d Q3d Q3d Q3d Q3d Q3f Q5b Tota Sub Q203	: Q i Q d Q i Q i B i Q i Q i Q i Q i Q i Q i Q i Q i Q i Q i Q i Q i Q i Q i Q i Q i Q i Q j Q j Q j Q j Q j Q j Q j Q j Q j Q j Q j Q j Q j Q	2,6c 2,12d 2,14e 2: We a 3: We a 3: We a 3: We a 3: We a 3: Solution 2: Solution 3: Solution 2: Soluti	I am satisfied withmy level of pay. (Statisfied/V Satisfied) The people I work with show appreciation to one another. (Agree/Strongly Agree) My immediate managersauleus my work. (Agree/Strongly Agree) ser recognised and rewarded Theme Score Stab Score P3.1: Autonomy and control I always know what my work responsibilities are. (Agree/Strongly Agree) I am trusted to do my job. (Agree/Strongly Agree) I am trusted to do my job. (Agree/Strongly Agree) I am trusted to do my job. (Agree/Strongly Agree) I am involved in deciding on changes introduced that affect my work area/team/dept. (Agree/Strongly Agree) I am able to make suggestions to improve the work of my team/dept. (Agree/Strongly Agree) I am able to make improvements happen in my area of work. (Agree/Strongly Agree) I have a choice in deciding how to do my work. (Often/Always) 3:1: Autonomy and control Sub Score P3.2: Raising concerns I would feel secure nising concerns about unsafe clinical practice. (Agree/Strongly Agree)	38.8% 80.0% 2018 83.0% 90.6% 78.7% 81.2% 58.8% 62.0% 61.6% 2018 72.6%	41.2% 82.3% 81.9% 90.3% 79.1% 81.2% 61.6% 62.1% 63.0% 2019 72.5%	51.1% 42.3% 82.1% 2020 91.4% 78.5% 81.0% 59.6% 65.1% 63.7% 2020 74.0%	40.6% 72.5% 80.8% 6.40 5005 91.2% 76.5% 78.3% 57.7% 61.1% 62.5% 7.20 2021 78.0%	52.4% 23.4% 74.0% 81.0% 6.36 Subs 2022 82.6% 92.1% 78.8% 79.5% 60.5% 63.3% 64.9%	53.5% 37.5% 74.6% 80.4% 6.48 5002 89.6% 79.9% 81.2% 60.3% 64.0% 7.31 2023 78.0%	1.1% 4.1% 0.6% 0.6% 0.12 50bs YoY YoY -2.5% 1.1% -2.5% -1.1% -0.2% 0.6% 2.7% 0.6% 2.7% 0.61 0.01	34.0% 71.0% Bank 2019 94.0% 94.0% 94.0% 69.0% 30.0% 46.0% 46.0% 2019 73.0%	39.0% 81.0% 81.0% 89.0% 93.0% 78.0% 66.0% 34.0% 48.0% 41.0% 2020 70.0%	36.0% 67.0% 75.0% 5.60 88.0% 90.0% 71.0% 64.0% 28.0% 43.0% 43.0% 5.90 2021 74.0%	28.7% 69.9% 64.8% 6.25 89.0% 94.6% 72.8% 62.0% 94.6% 72.8% 62.0% 39.8% 56.5% 6.70 2022 68.1%	31.3% 61.5% 68.3% 6.06 80.0% 90.7% 71.5% 90.7% 71.5% 58.5% 37.7% 40.3% 6.65 2023 73.1%	2.6% -8.4% 3.5% -0.19 YoY 2.8% -3.9% -1.3% -3.5% -2.1% -12.8% 2.7% -0.04
Q8d Q9e Pron Sub Q3a Q3b Q3c Q3d Q3d	: Q : Q d Q e Q o B i Q	2060 2012d 2014e 2014e 2014e 2014e 2014e 2014e 2014e 2015e 2	I am satisfied withmy level of pay. (Statisfied/V Satisfied) The people I work with show appreciation to one another. (Agree/Strongly Agree) My immediate managersaulues my work. (Agree/Strongly Agree) tere recognised and rewarded Theme Score tch have a voice that counts Sub Score P3.1: Autonomy and control laways know what my work responsibilities are. (Agree/Strongly Agree) I always know what my work responsibilities are. (Agree/Strongly Agree) I am trusted to do my job. (Agree/Strongly Agree) I am able to make suggestions to improve the work of my team/(dept. (Agree/Strongly Agree) I am involved in deciding on changes introduced that affect my work area/team/dept. (Agree/Strongly Agree) I am able to make improvements happen in my area of work. (Agree/Strongly Agree) I amable to make improvements happen in my area of work. (Agree/Strongly Agree) I have a choice in deciding how to do my work. (Often/Always) 32.1: Autonomy and control Sub Score P3.2: Raising concerns I would feel secure raising concerns about unsafe clinical practice. (Agree/Strongly Agree) I am confident that my organisation would address my concern. (Agree/Strongly Agree)	38.8% 38.0% 80.0% 2018 83.0% 90.6% 78.7% 81.2% 58.8% 62.0% 61.6% 2018	41.2% 82.3% 2019 81.9% 90.3% 79.1% 81.2% 61.6% 62.1% 63.0% 2019	51.1% 42.3% 82.1% 2020 82.5% 91.4% 78.5% 81.0% 59.6% 65.1% 63.7% 2020 74.0% 62.0%	40.6% 72.5% 80.8% 6.40 5ubs. 2021 76.5% 78.3% 57.7% 61.1% 62.5% 7.20 2021 78.0% 63.4%	52.4% 33.4% 74.0% 81.0% 6.36 5005 2022 82.6% 92.1% 78.8% 79.5% 60.5% 63.3% 64.9% 7.30 2022 76.6% 60.2%	53.5% 37.5% 74.6% 80.4% 6.48 81.2% 83.6% 79.9% 81.2% 60.3% 64.0% 67.6% 7.31 2023 78.0% 61.8%	1.1% 4.1% 0.6% 0.6% 0.12 505 YOY YOY -1.4% -2.5% 1.1% 1.1% -0.2% 0.6% 2.7% 0.0% 2.7% 0.0% 1.4% 1.4% 1.6%	34.0% 71.0% 71.0% 94.0% 94.0% 75.0% 69.0% 30.0% 46.0% 46.0% 2019	39.0% 81.0% 81.0% 93.0% 78.0% 66.0% 34.0% 48.0% 41.0% 2020 70.0% 63.0%	36.0% 67.0% 75.0% 5.60 89.0% 90.0% 71.0% 64.0% 28.0% 43.0% 43.0% 5.90 2021 74.0% 71.0%	28.7% 69.9% 64.8% 6.25 87.2% 94.6% 72.8% 62.0% 39.8% 56.5% 37.6% 62.0% 39.8% 56.5% 37.6% 62.0%	31.3% 68.3% 6.06 80.0% 90.0% 90.7% 71.5% 58.5% 37.7% 40.3% 6.65 2023 73.1% 63.8%	2.6% -8.4% 3.5% -0.19 Bank YoY YoY 2.8% -3.9% -1.3% -2.1% -2.1% -2.1% -2.1% -2.1% -0.04 YoY 5.0% 1.0%
Q8d Q9e PRO Sub Q3a Q3b Q3c Q3d Q3d Q3d Q3d Q3d Q3d Q3d Q3d Q3f Q5b Tota Sub Q203	: Q : Q d Q e Q o B i Q	2,6c 2,12d 2,14e 2: We a 3: We a 3: We a 3: We a 3: We a 3: Solution 2: Solution 3: Solution 2: Soluti	I am satisfied withmy level of pay. (Statisfied/V Satisfied) The people I work with show appreciation to one another. (Agree/Strongly Agree) My immediate managersauleus my work. (Agree/Strongly Agree) ter recognised and rewarded Theme Score Ish have a volce that counts Sub Score P3.1: Autonomy and control I am trusted to do my job. (Agree/Strongly Agree) I am trusted to do my job. (Agree/Strongly Agree) I am trusted to do my job. (Agree/Strongly Agree) I am trusted to do my job. (Agree/Strongly Agree) I am trusted to do my job. (Agree/Strongly Agree) I am trusted to do my job. (Agree/Strongly Agree) I am trusted to do my job. (Agree/Strongly Agree) I am trusted to do my job. (Agree/Strongly Agree) I am able to make suggestions to improve the work of my team/dept. (Agree/Strongly Agree) I am able to make suggestions to improve the work of my team/dept. (Agree/Strongly Agree) I am able to make improvements happen in my area of work. (Agree/Strongly Agree) I have a choice in deciding how to do my work. (Often/Always) 32.1: Autonomy and control Sub Score P3.2: Raising concerns I would feel secure raising concerns about unsafe clinical practice. (Agree/Strongly Agree) I am confident that my organisation would address my concern. (Agree/Strongly Agree) I feel safe to speak up about anything that concerns me in this organisation. (Agree/Strongly	38.8% 80.0% 2018 83.0% 90.6% 78.7% 81.2% 58.8% 62.0% 61.6% 2018 72.6%	41.2% 82.3% 81.9% 90.3% 79.1% 81.2% 61.6% 62.1% 63.0% 2019 72.5%	51.1% 42.3% 82.1% 2020 91.4% 78.5% 81.0% 59.6% 65.1% 63.7% 2020 74.0%	40.6% 72.5% 80.8% 6.40 5005 91.2% 76.5% 78.3% 57.7% 61.1% 62.5% 7.20 2021 78.0%	52.4% 3.4% 74.0% 81.0% 6.36 Subs 2022 82.6% 92.1% 78.8% 79.5% 60.5% 64.9% 7.30 2022 76.6%	53.5% 37.5% 74.6% 80.4% 6.48 5002 89.6% 79.9% 81.2% 60.3% 64.0% 7.31 2023 78.0%	1.1% 4.1% 0.6% 0.6% 0.12 50bs YoY YoY -2.5% 1.1% -2.5% -1.1% -0.2% 0.6% 2.7% 0.6% 2.7% 0.61 0.01	34.0% 71.0% Bank 2019 94.0% 94.0% 94.0% 69.0% 30.0% 46.0% 46.0% 2019 73.0%	39.0% 81.0% 81.0% 89.0% 93.0% 78.0% 66.0% 34.0% 48.0% 41.0% 2020 70.0%	36.0% 67.0% 75.0% 5.60 88.0% 90.0% 71.0% 64.0% 28.0% 43.0% 43.0% 5.90 2021 74.0%	28.7% 69.9% 64.8% 6.25 89.0% 94.6% 72.8% 62.0% 94.6% 72.8% 62.0% 39.8% 56.5% 6.70 2022 68.1%	31.3% 61.5% 68.3% 6.06 80.0% 90.7% 71.5% 90.7% 71.5% 58.5% 37.7% 40.3% 6.65 2023 73.1%	2.6% -8.4% -3.5% -0.19 VoY 2.8% -3.9% -1.3% -3.5% -2.1% -12.8% 2.7% -0.04 YoY 5.0%
Q8d Q9e Pron Sub Q3a Q3b Q3c Q3d Q3d	Q Q	2060 2012d 2014e 2014e 2014e 2014e 2014e 2014e 2014e 2015e 2	I am satisfied with_my level of pay. (Statisfied/V Satisfied) The people I work with show appreciation to one another. (Agree/Strongly Agree) My immediate managersvalues my work. (Agree/Strongly Agree) Sub Score P3.1: Autonomy and control I am trusted to do my job. (Agree/Strongly Agree) I am able to make suggestions to improve the work of my team/dept. (Agree/Strongly Agree) I am able to make suggestions to improve the work of my team/dept. (Agree/Strongly Agree) I am able to make improvements happen in my area of work. (Agree/Strongly Agree) I have a choice in deciding how to do my work. (Often/Always) 3.1: Autonomy and control Sub Score P3.2: Raising concerns I would feel secure raising concerns about unsafe clinical practice. (Agree/Strongly Agree) I am confloet that my organisation would address my concern. (Agree/Strongly Agree) I deel safe to speak up about anything that concerns me in this organisation. (Agree/Strongly Agree) I feel safe to speak up about something that concerned me I am confident my organisation would address	38.8% 80.0% 2018 83.0% 90.6% 78.7% 81.2% 58.8% 62.0% 61.6% 2018 72.6%	41.2% 82.3% 81.9% 90.3% 79.1% 81.2% 61.6% 62.1% 63.0% 2019 72.5%	51.1% 42.3% 82.1% 2020 82.5% 91.4% 78.5% 81.0% 59.6% 65.1% 63.7% 2020 74.0% 62.0%	40.6% 72.5% 80.8% 6.40 5ubs. 2021 76.5% 78.3% 57.7% 61.1% 62.5% 7.20 2021 78.0% 63.4%	52.4% 33.4% 74.0% 81.0% 6.36 5005 2022 82.6% 92.1% 78.8% 79.5% 60.5% 63.3% 64.9% 7.30 2022 76.6% 60.2%	53.5% 37.5% 74.6% 80.4% 6.48 81.2% 83.6% 79.9% 81.2% 60.3% 64.0% 67.6% 7.31 2023 78.0% 61.8%	1.1% 4.1% 0.6% 0.6% 0.12 505 YOY YOY -1.4% -2.5% 1.1% 1.1% -0.2% 0.6% 2.7% 0.0% 2.7% 0.0% 1.4% 1.4% 1.6%	34.0% 71.0% Bank 2019 94.0% 94.0% 94.0% 69.0% 30.0% 46.0% 46.0% 2019 73.0%	39.0% 81.0% 81.0% 93.0% 78.0% 66.0% 34.0% 48.0% 41.0% 2020 70.0% 63.0%	36.0% 67.0% 75.0% 5.60 89.0% 90.0% 71.0% 64.0% 28.0% 43.0% 43.0% 5.90 2021 74.0% 71.0%	28.7% 69.9% 64.8% 6.25 87.2% 94.6% 72.8% 62.0% 39.8% 56.5% 37.6% 62.0% 39.8% 56.5% 37.6% 62.0%	31.3% 68.3% 6.06 80.0% 90.0% 90.7% 71.5% 58.5% 37.7% 40.3% 6.65 2023 73.1% 63.8%	2.6% -8.4% 3.5% -0.19 Bank YoY YoY 2.8% -3.9% -1.3% -2.1% -2.1% -2.1% -2.1% -2.1% -0.04 YoY 5.0% 1.0%
Q8d Q9e PRO PRO Q3a Q3c Q3d Q3c Q3f Tota Q200 Q255 Q25 Q25	Construction C	2466 2426 2424 244 25 We a 36 We as 36 Me as 36	I am satisfied withmy level of pay. (Statisfied/V Satisfied) The people I work with show appreciation to one another. (Agree/Strongly Agree) My immediate managersauleus my work. (Agree/Strongly Agree) ter recognised and rewarded Theme Score Ish have a volce that counts Sub Score P3.1: Autonomy and control I am trusted to do my job. (Agree/Strongly Agree) I am trusted to do my job. (Agree/Strongly Agree) I am trusted to do my job. (Agree/Strongly Agree) I am trusted to do my job. (Agree/Strongly Agree) I am trusted to do my job. (Agree/Strongly Agree) I am trusted to do my job. (Agree/Strongly Agree) I am trusted to do my job. (Agree/Strongly Agree) I am trusted to do my job. (Agree/Strongly Agree) I am able to make suggestions to improve the work of my team/dept. (Agree/Strongly Agree) I am able to make suggestions to improve the work of my team/dept. (Agree/Strongly Agree) I am able to make improvements happen in my area of work. (Agree/Strongly Agree) I have a choice in deciding how to do my work. (Often/Always) 32.1: Autonomy and control Sub Score P3.2: Raising concerns I would feel secure raising concerns about unsafe clinical practice. (Agree/Strongly Agree) I am confident that my organisation would address my concern. (Agree/Strongly Agree) I feel safe to speak up about anything that concerns me in this organisation. (Agree/Strongly	38.8% 80.0% 2018 83.0% 90.6% 78.7% 81.2% 58.8% 62.0% 61.6% 2018 72.6%	41.2% 82.3% 81.9% 90.3% 79.1% 81.2% 61.6% 62.1% 63.0% 2019 72.5%	51.1% 42.3% 82.1% 2020 82.5% 91.4% 78.5% 81.0% 59.6% 65.1% 63.7% 2020 74.0% 62.0%	40.6% 72.5% 80.8% 6.40 91.2% 76.5% 78.3% 57.7% 61.1% 62.5% 7.20 2021 78.0% 63.4% 68.6%	52.4% 33.4% 74.0% 81.0% 6.36 50bs 2022 82.6% 92.1% 78.8% 79.5% 60.5% 60.5% 63.3% 64.9% 7.30 2022 76.6% 60.2% 70.8%	53.5% 37.5% 74.6% 80.4% 6.48 50bs 2023 81.2% 69.6% 79.9% 81.2% 60.3% 61.2% 67.6% 7.31 2023 78.0% 61.8% 69.9%	1.1% 4.1% 0.6% 0.0% 0.12 505 YoY YoY 1.4% -2.5% 1.1% -0.2% 0.6% 0.27% 0.6% 2.7% 0.6% 1.4% 1.6% -0.9%	34.0% 71.0% Bank 2019 94.0% 94.0% 94.0% 69.0% 30.0% 46.0% 46.0% 2019 73.0%	39.0% 81.0% 81.0% 93.0% 78.0% 66.0% 34.0% 48.0% 41.0% 2020 70.0% 63.0%	36.0% 67.0% 75.00 5.00 89.0% 90.0% 71.0% 64.0% 28.0% 43.0% 5.90 2021 74.0% 71.0% 76.0%	28.7% 69.9% 64.2% 6.25 87.2% 94.6% 72.8% 62.0% 39.8% 56.5% 56.7% 6.70 2022 05.3% 6.70	31.3% 68.3% 6.06 Bank 2023 90.7% 71.5% 58.5% 37.7% 40.3% 6.65 2023 73.1% 63.8% 69.2%	2.6% -8.4% 3.5% -0.19 Bank YoY YoY 2.8% -3.9% -1.3% -3.3% -2.1% -2.1% -2.1% -2.1% -0.04 VoY 5.0% 1.0% 0.7%

For percentage		2018 0	2019 0	2020 2	2021 6	2022 2	2023 0	YoY -2	2019	2020 10	2021 13	2022 21	2023 22	
Unfavourable/favourable differences of 5% or more highlighted red/green. Unfavourable differences between 3% and 5% highlighted in amber. For scale scores (0.0 to 10.0):		1	3	1	6	5	1	-4		12	5	6	11	
	favourable differences of 5.0 or more highlighted red/green. Unfavourable differences between 3.0	16	2	5	0	1	10	9		15	4	14	8	
UADD 4.99 NIPRII	*LB = Measures where a lower score is better in italics and idenified with an asterisk (*). *1 Questions appear twice in reporting deck so RAG Colour Coded but not counted twice	Subs. 2018	Subs. 2019	Subs. 2020	Subs. 2021	Subs 2022	Subs 2023	Subs YoY YoY	Bank 2019	Bank 2020	Bank 2021	Bank 2022	Bank 2023	Ĺ
	Number of response Rate		1410 54.5%	1311 47%	1384 47%	1322 44%	1569 50%	247	129	125	106	95 15%	131 27%	_
National Staff Survey 2023		e Staff - ted Data	aff - Data	fff - Data	taff - Data	. e	aff - Data	a 9 e	019 Data	2020 Data	2021 Data	022 Data	023 Data]
	Leeds and York Partnership NHS Foundation Trust Substantive staff is heat mapped against previous year using 'Weighted Data' k staff 'Unweighted Data' is heat mapped against previous year using 'Unweighted Data'	Substantive 2018 Weights	Substantive 2019 Weighte	Substantive 2020 Weighte	Substantive 2021 Weight	Substantive Staff - 2022 Weighted Dat	Substantive 2023 Weight	Substar YoY Diffe 2022 vs	Bank Staff - Unweighted					
Sub Bank	are safe and healthy Sub Score P4:1 Health and safety climate	Subs. 2018	Subs. 2019	Subs. 2020	Subs. 2021	Subs 2022	Subs 2023	Subs YoY YoY	Bank 2019	Bank 2020	Bank 2021	Bank 2022	Bank 2023	
Q3g Q5g Q3h Q5h	I am able to meet all the conflicting demands on my time at work. (Agree/Strongly Agree) I have adequate materials, supplies and equipment to do my work. (Agree/Strongly Agree)	48.7% 65.3%	48.9% 65.3%	47.9% 68.3%	44.9% 65.9%	44.1% 61.3%	48.3% 65.6%	4.2%	59.0% 73.0%	69.0% 78.0%	64.0% 74.0%	62.4% 77.2%	60.9%	¢
Q3i Q5i		37.6%	39.1%	41.7%	30.7%	28.0%	36.5%	8.5%	41.0%	57.0%	42.0%	44.1%	46.9%	٩
Q5a Q7a	There are enough staff at this organisation for me to do my job properly. (Agree/Strongly Agree) I never/rarely have unrealistic time pressures (Never/Rarely).	29.0%	31.6%	30.6%	29.4%	31.4%	32.6%	1.2%	34.0%	43.0%	45.0%	45.7%	43.1%	đ
Q11a Q16a	My organisation takes positive action on health and well-being. (Agree/Strongly Agree) The last time you experienced physical violence at work, did you or a colleague report it.	35.9%	35.7%	41.3%	64.0%	65.1%	68.1%	3.0%	48.0%	52.0%	75.0%	69.1%	65.9%	
Q13d Q18d	(% Staff or Colleague who reported it and excludes DN/NA) The last time you experienced harassment, bullying or abuse at work, did you or a colleague	94.4%	92.3%	90.9%	94.5%	92.1%	tbc	#VALUE!	85.0%	84.0%	91.0%	97.1%	96.1%	_
Q14d Q19d	report it. (% Staff or Colleague who reported it and excludes DN/NA) e P4.1: Health and safety climate	61.5%	59.0%	64.6%	63.2% 5.80	64.1% 5.70	61.8%	-2.3%	74.0%	65.0%	64.0% 5.90	62.9% 6.75	62.3% 6.67	_
	Sub Score P4-2 Burrout	2018	2019	2020	2021	2022	2023	YoY	2019	2020	2021	2022	2023	
Q12a Q17a	How often, if at all, do you find your work emotionally exhausting? (Often/Always)	2018	2019	2020	36.0%	38.1%	32.0%	-6.1%	2019	2020	18.0%	12.8%	15.3%	╢
Q12b Q17b Q12c Q17c	How often, if at all, do you feel burnt out because of your work? (Often/Always) How often, if at all, does your work frustrate you? (Often/Always)				27.8% 34.3%	28.1% 37.9%	24.3% 31.8%	-3.8% -6.1%			13.0% 18.0%	7.5% 7.6%	6.9% 10.9%	
Q12d Q17d	How often, if at all, are you exhausted at the thought of another day/shift at work? (Often/Always)				26.3%	25.5%	22.1%	-3.4%			11.0%	8.6%	10.0%	
Q12e Q17e	How often, if at all, do you feel worn out at the end of your working day/shift? (Often/Always)				39.6%	39.6%	35.7%	-3.9%			21.0%	17.4%	13.8%	
Q12f Q17f	How often, if at all, do you feel that every working hour is tiring for you? (Often/Always) How often, if at all, do you not have enough energy for family and friends during leisure time?				16.1%	15.1%	13.9%	-1.2%			11.0%	3.2%	7.6%	
Q12g Q17g Total Sub Score	(Often/Always)				27.2% 5.20	27.8% 5.10	25.2% 5.37	-2.6%	_		17.0% 5.40	7.5% 6.53	6.15	
Sub Bank	Sub Score P4:3 Negative experiences	2018	2019	2020	2021	2022	2023	YoY	2019	2020	2021	2022	2023	
Q11b Q16b	In the last 12 months have you experienced musculoskeletal problems (MSK) as a result of work activities? (Yes)	2018	2015	2020	26.8%	26.6%	2023	-4.1%	13.0%	19.0%	2021	23.9%	23.1%	-
Q11c Q16c	During the last 12 months have you felt unwell as a result of work related stress? (Yes)	39.8%	37.4%	45.3%	44.3%	44.7%	40.2%	-4.5%	12.0%	20.0%	25.0%	23.7%	23.7%	-
Q11d Q16d	In the last three months have you ever come to work despite not feeling well enough to perform your duties? (Yes)	51.3%	52.1%	43.1%	51.4%	54.4%	51.7%	-2.7%	22.0%	11.0%	23.0%	18.5%	29.8%	
Q13a Q18a	In the last 12 months how many times have you personally experienced physical violence at work fromPatients / service users, their relatives or other members of the public (% staff saying they experienced at least one incident)	22.2%	21.6%	19.2%	17.7%	19.3%	tbc	#VALUE!	37.0%	41.0%	38.0%	39.4%	41.5%	
Q13b Q18b	In the last 12 months how many times have you personally experienced physical violence at work frommanagers. (% staff saying they experienced at least one incident)	0.1%	0.1%	0.3%	0.4%	0.2%	tbc	#VALUE!	0.0%	2.0%	1.0%	1.1%	7.0%	
Q13c Q18c	In the last 12 months how many times have you personally experienced physical violence at work fromother colleagues. (% staff saying they experienced at least one incident) In the last 12 months how many times have you personally experienced harassment, bullying or	1.0%	0.8%	0.7%	1.1%	0.8%	tbc	#VALUE!	3.0%	4.0%	5.0%	4.3%	10.9%	
Q14a Q19a	abuse at work fromPatients / service users, their relatives or other members of the public. (% staff saying they experienced at least one incident)	29.8%	29.1%	27.3%	28.5%	29.1%	24.4%	-4.8%	39.0%	39.0%	42.0%	37.2%	38.9%	_
Q14b Q19b	In the last 12 months how many times have you personally experienced harassment, bullying or abuse at work frommanagers. (% staff saying they experienced at least one incident).	7.6%	8.0%	7.2%	8.0%	6.2%	6.0%	-0.2%	3.0%	6.0%	13.0%	4.4%	7.0%	
Q14c Q19c	In the last 12 months how many times have you personally experienced harassment, bullying or abuse at work fromother colleagues. (% staff saying they experienced at least one incident).	15.5%	14.4%	13.8%	13.9%	14.1%	12.0%	-2.1%	18.0%	16.0%	21.0%	17.8%	23.4%	
	e P4.3: Negative experiences e are safe and healthy Theme Score				7.90 6.30	7.80 6.20	tbc tbc	#VALUE! #VALUE!			6.90 6.00	8.10 7.13	7.69 6.83	
Promise 5: We	are always learning	Subs.	Subs.	Subs.	Subs.	Subs	Subs	Subs YoY	Bank	Bank	Bank	Bank	Bank	
Sub Bank Q24a Q29a	Sub Score P5.1: Development This organisation offers me challenging work (Agree/Strongly Agree)	2018	2019	2020	2021 72.9%	2022 76.1%	2023 76.9%	YoY 0.8%	2019	2020	2021 52.0%	2022 47.8%	2023 48.1%	
Q24b Q29b	There are opportunities for me to develop my career in this organisation. (Agree/Strongly Agree)				56.6%	57.2%	59.4%	2.2%			55.0%	50.5%	56.5%	
Q24c Q29c Q24d Q29d	I have opportunities to improve my knowledge and skills. (Agree/Strongly Agree) I feel supported to develop my potential. (Agree/Strongly Agree)				73.6% 60.4%	75.1% 61.2%	79.1% 66.8%	4.0%			66.0% 54.0%	64.8% 42.4%	67.2% 49.6%	
Q24e Q29e	I am able to access the right learning and development opportunities when I need to. (Agree/Strongly Agree)				61.7%	61.1%	68.6%	7.5%			61.0%	57.6%	56.5%	1
Total Sub Score	e P5.1: Development				6.60	6.70	6.89	0.19			5.50	6.19	6.30	
Sub Bank	Sub Score P5.2: Appraisals	2018	2019	2020	2021	2022	2023	YoY	2019	2020	2021	2022	2023	
Q23a Q28	In the last 12 months, have you had an appraisal, annual review, development review, or Knowledge and Skills Framework (KSF) development review. (Yes)	86.8%	86.6%	Not asked	78.1%	75.9%	83.7%	7.8%				29.7%	29.2%	
Q23b na Q23c na	It helped me to improve how I do my job. (Yes/definitely) It helped me agree clear objectives for my work. (Yes/definitely)	25.2% 39.6%	28.2% 41.5%	Not asked Not asked	21.6% 35.0%	23.3% 37.8%	24.7% 37.0%	1.4% -0.8%						
Q23d na Total Sub Score	It left me feeling that my work is valued by my organisation. (Yes/definitely) e P5.2: Appraisals	31.8%	30.9%	Not asked	29.4% 4.40	29.3% 4.40	31.1% 4.83	1.8% 0.43			0.00	0.00	0.00	
PROMISE 5: We	e are always learning Theme Score				5.50	5.54	5.86	0.32			5.50	6.19	6.30	
Promise 6: We Sub Bank		Subs. 2018	Subs. 2019	Subs. 2020	Subs. 2021	Subs 2022	Subs 2023	Subs YoY YoY	Bank 2019	Bank 2020	Bank 2021	Bank 2022	Bank 2023	4
Q6b Q8b	Sub Score P6.1: Support for work-life balance My organisation is committed to helping me balance my work and home life. (Agree/Strongly Arree)	2010	2015	2020	55.6%	58.6%	63.6%	5.0%	2015	2020	64.0%	61.3%	61.1%	1
Q6c Q8c	Agree) I achieve a good balance between my work life and my home life. (Agree/Strongly Agree)				58.7%	59.7%	63.7%	4.0%			86.0%	78.7%	80.0%	
Q6d na	I can approach my immediate manager to talk openly about flexible working. (Agree/Strongly Agree)				80.5%	82.5%	82.5%	0.0%			72.0%			
	e P6.1: Support for work-life balance				6.70	6.80	6.96	0.16			6.40	6.92	7.08	1
									_					_
	Sub Score P6.2: Flexible working I am satisfied withthe opportunities for flexible working patterns. (Satisfied/V.Satisfied)	2018 66.9%	2019 66.3%	2020 72.6%	2021 68.7%	2022 70.3%	2023 72.4%	YoY 2.1%	2019 80.0%	2020 83.0%	2021 80.0%	2022	2023	┨┟

For percentage Unfavourable/fa and 5% highligh	vourable differences of 5% or more highlighted red/green. Unfavourable differences between 3%	Subs. 2018 0	Subs. 2019 0	Subs. 2020 2	Subs. 2021 6	Subs 2022 2	Subs 2023 0	Subs YoY YoY -2	Bank 2019	Bank 2020 10	Bank 2021 13	Bank 2022 21	Bank 2023 22	
For scale scores		1	3		6	5	1	-4		12	5	6	11	
and 4 99 hishliehted in amber *UE = Measures where a lower score is better in italics and idenified with an asterisk (*). *1 Questions appear twice in reporting deck so RAG Colour Coded but not counted twice		16 Subs. 2018	2 Subs. 2019	5 Subs. 2020	0 Subs. 2021	1 Subs 2022	10 Subs 2023	9 Subs YoY YoY	Bank 2019	15 Bank 2020	4 Bank 2021	14 Bank 2022	8 Bank 2023	
	Number of respondents Response Rate		1410 54.5%	1311 47%	1384 47%	1322 44%	1569 50%	247 6%	129 26%	125 25%	106 22%	95 15%	131 27%	Ⅎ╘
Bank	National Staff Survey 2023 Leeds and York Partnership NHS Foundation Trust Substantive staff is heat mapped against previous year using 'Weighted Data' staff 'Unweighted Data' is heat mapped against previous year using 'Unweighted Data'	Substantive Staff - 2018 Weighted Data	Substantive Staff - 2019 Weighted Data	Substantive Staff - 2020 Weighted Data	Substantive Staff - 2021 Weighted Data	Substantive Staff - 2022 Weighted Data	Substantive Staff - 2023 Weighted Data	Substantive YoY Difference 2022 vs 2023	Bank Staff - 2019 Unweighted Data	Bank Staff - 2020 Unweighted Data	Bank Staff - 2021 Unweighted Data	Bank Staff - 2022 Unweighted Data	Bank Staff - 2023 Unweighted Data	
Promise 7: We a Sub Bank	Sub Score P7.1: Team working	Subs. 2018	Subs. 2019	Subs. 2020	Subs. 2021	Subs 2022	Subs 2023	Subs YoY YoY	Bank 2019	Bank 2020	Bank 2021	Bank 2022	Bank 2023	
Q7a na	The team I work in has a set of shared objectives. (Agree/Strongly Agree)	72.3%	76.0%	75.0%	73.7%	74.1%	74.3%	0.2%	70.0%	68.0%	70.0%			-
Q7b na Q7c Q11a	The team I work in often meets to discuss the team's effectiveness. (Agree/Strongly Agree) I receive the respect I deserve from my colleagues at work. (Agree/Strongly Agree)	66.9% 75.7%	68.4% 76.5%	68.7% 75.9%	66.2% 73.9%	68.0% 77.4%	70.1%	-1.5%	58.0%	55.0% 74.0%	54.0% 75.0%	80.9%	70.0%	
Q7d Q11b	Team members understand each other's roles. (Agree/Strongly Agree)	13.770	10.570	13.570	67.0%	68.2%	65.5%	-2.8%	75.070	74.070	71.0%	77.4%	65.4%	
Q7e Q11c Q7f Q11d	I enjoy working with the colleagues in my team. (Agree/Strongly Agree) I enjoy working with the colleagues in my team. (Agree/Strongly Agree)	-			81.4% 61.0%	85.7% 64.8%	83.4% 68.0%	-2.3% 3.2%	-		77.0% 58.0%	79.6% 57.6%	72.3%	┫┝
Q7g Q11e	In my team disagreements are dealt with constructively. (Agree/Strongly Agree)				61.3%	61.9%	61.1%	-0.8%			56.0%	52.7%	55.8%	
Q8a Q12a	Teams within this organisation work well together to achieve their objectives. (Agree/Strongly Agree)				52.1%	50.8%	53.4%	2.6%			67.0%	71.0%	67.2%	
Total Sub Score	P7.1: Team working				6.70	6.80	6.85	0.05			5.90	7.03	6.77	10
Sub Bank	Sub Score P7.2: Line management	2018	2019	2020	2021	2022	2023	YoY	2019	2020	2021	2022	2023	1
Q9a Q14a Q9b Q14b	My immediate managerencourages me at work. (Agree/Strongly Agree) My immediate managergives me clear feedback on my work. (Agree/Strongly Agree)	79.4% 70.1%	80.5% 73.8%	81.5% 74.0%	80.5% 73.1%	81.0% 72.1%	80.4% 74.3%	-0.6% 2.2%	63.0% 54.0%	64.0% 53.0%	66.0% 56.0%	54.3% 53.3%	62.2% 55.8%	∯
Q9c Q14c	My immediate managerasks for my opinion before making decisions that affect my work. (Agree/Strongly Agree)	65.5%	69.5%	68.8%	69.9%	72.0%	69.1%	-2.9%	39.0%	45.0%	53.0%	38.5%	47.3%	
Q9d Q14d	My immediate managertakes a positive interest in my health and well-being. (Agree/Strongly	77.5%	79.7%	81.5%	81.8%	79.9%	81.7%	1.8%	62.0%	69.0%	66.0%	54.9%	60.5%	╢
	Agree) P7.2: Line management				7.40	7.50	7.43	-0.07			5.60	6.17	6.44	4
PROMISE 7: We	are a team Theme Score				7.10	7.15	7.13	-0.02			5.70	6.60	6.60	
The following m	easures (previously 'themes') will also continue to be reported:													
Measure: Staff	Engagement Sub Score E.1: Motivation	Subs. 2018	Subs. 2019	Subs. 2020	Subs. 2021	Subs 2022	Subs 2023	Subs YoY YoY	Bank 2019	Bank 2020	Bank 2021	Bank 2022	Bank 2023	4
Q2a Q4a	I look forward to going to work. (Often/Always)	59.9%	58.0%	60.4%	54.0%	54.5%	55.9%	1.4%	80.0%	78.0%	70.0%	72.2%	66.4%	
Q2b Q4b Q2c Q4c	I am enthusiastic about my job. (Often/Always) Time passes quickly when I am working. (Often/Always)	73.3% 72.3%	74.0% 73.4%	74.4% 75.0%	69.2% 72.0%	68.3% 72.5%	68.8% 72.5%	0.5%	85.0% 67.0%	91.0% 68.0%	79.0% 67.0%	74.7% 62.1%	72.7%	┥┝
Total Sub Score		72.376	73.476	73.0%	7.00	7.00	7.00	0.00	07.070	00.076	6.80	7.65	7.24	
Sub Bank	Sub Score E.2: Involvement	2018	2019	2020	2021	2022	2023	YoY	2019	2020	2021	2022	2023	٦г
Q3c Q5c	There are frequent opportunities for me to show initiative in my role. (Agree/Strongly Agree)	78.7%	79.1%	78.5%	76.5%	78.8%	79.9%	1.1%	75.0%	78.0%	71.0%	72.8%	71.5%	
Q3d Q5d	I am able to make suggestions to improve the work of my team/dept. (Bank 'Work we do')	81.2%	81.2%	81.0%	78.3%	79.5%	81.2%	1.7%	69.0%	66.0%	64.0%	62.0%	58.5%	đŀ
Q30 Q30 Q3f Q5f	(Agree/Strongly Agree) I am able to make improvements happen in my area of work. (Agree/Strongly Agree)	62.1%	62.1%	65.0%	61.1%	63.3%	64.0%	0.6%	46.0%	48.0%	43.0%	56.5%	43.8%	
	E2: Involvement				7.10	7.20	7.32	0.12			5.80	6.61	6.44	
Sub Bank	Sub Score E.3: Advocacy	2018	2019	2020	2021	2022	2023	YoY	2019	2020	2021	2022	2023	ПП
Q23a Q27a	Care of patients/service users is my organisation's top priority. (Agree/Strongly Agree) I would recommend my organisation as a place to work. (Agree/Strongly Agree)	77.3%	77.5%	80.2%	78.5% 65.4%	78.7%	78.5%	-0.2%	93.0%	89.0%	85.0%	85.9%	84.0% 74.6%][
Q23c Q27c Q23d Q27d	If a friend or relative needed treatment I would be happy with the standard of care provided by	65.7% 64.1%	66.6% 64.2%	71.2% 67.3%	63.5%	63.8% 58.6%	67.4% 62.0%	3.6%	83.0%	82.0% 78.0%	81.0%	79.3%	69.5%	
Total Sub Score	this organisation. (Agree/Strongly Agree) E3: Advocacv	04.176	04.276	07.3%	6.90	6.80	7.04	0.24	77.0%	78.0%	6.80	7.70	7.49	4
	nt: Engagement Theme Score	7.1	7.1	7.2	7.00	7.00	7.12	0.12	7.5	7.40	6.40	7.33	7.05	11
Measure: Mora Sub Bank	e	Subs. 2018	Subs. 2019	Subs. 2020	Subs. 2021	Subs 2022	Subs 2023	Subs YoY YoY	Bank 2019	Bank 2020	Bank 2021	Bank 2022	Bank 2023	
Q24a na	I often think about leaving this organisation. (Agree/Strongly Agree)	29.1%	25.9%	24.9%	28.8%	31.2%	26.8%	-4.4%	16.0%	10.0%	12.0%	2022	2023	
Q24b na	I will probably look for a job at a new organisation in the next 12 mths. (Agree/Strongly Agree)	22.8%	21.1%	19.6%	21.9%	24.0%	21.0%	-3.0%	11.0%	9.0%	10.0%	1		
Q24c na Total Sub Score	As soon as I can find another job, I will leave this organisation. (Agree/Strongly Agree) M1: Thinking about leaving	14.7%	12.4%	12.2%	13.8% 6.20	14.4% 6.10	12.6% 6.35	-1.8% 0.25	6.0%	10.0%	3.0% 6.30			4
Sub Bank Q3g Q5g	Sub Score M2: Work pressure I am able to meet all the conflicting demands on my time at work. (Agree/Strongly Agree)	2018 48.7%	2019 48.9%	2020 47.9%	2021 44.9%	2022 44.1%	2023 48.3%	YoY 4.2%	2019 59.0%	2020 69.0%	2021 64.0%	2022 62.4%	2023 60.9%	╢
Q3h Q5h	I have adequate materials, supplies and equipment to do my work. (Agree/Strongly Agree)	65.3%	65.3%	68.3%	65.9%	61.3%	65.6%	4.3%	73.0%	78.0%	77.0%	77.2%	66.9%	4 F
Q3i Q5i Total Sub Score	There are enough staff at this organisation for me to do my job properly. (Agree/Strongly Agree) M2: Work pressure	37.6%	39.1%	41.7%	30.7% 5.40	28.0% 5.20	36.5% 5.67	8.5%	41.0%	57.0%	42.0% 5.70	44.1% 6.37	46.9% 6.46	╋
Sub Bank	Sub Score M3: Stressors (HSE index)	2018	2019	2020	2021	2022	2023	YoY	2019	2020	2021	2022	2023	
Q3a Q5a	I always know what my work responsibilities are. (Agree/Strongly Agree) I am involved in deciding on changes introduced that affect my work area/team/dept.	83.0%	81.9%	82.5%	81.0%	82.6%	81.2%	-1.4%	94.0%	89.0%	89.0%	87.2%	90.0%	Ŧ
Q3e Q5e	(Agree/Strongly Agree)	58.8%	61.1%	59.6%	57.7%	60.5%	60.3%	-0.2%	30.0%	34.0%	28.0%	39.8%	37.7%	╢
Q5a Q7a Q5b Q7b	I (never/rarely) have unrealistic time pressures. (never/rarely) I have a choice in deciding how to do my work. (Often/Always)	29.0% 61.6%	31.6% 63.0%	30.6% 63.7%	29.4% 62.5%	31.4% 64.9%	32.6% 67.6%	1.2%	34.0% 46.0%	43.0% 41.0%	45.0% 40.0%	45.7% 37.6%	43.1% 40.3%	╀
Q5c Q7c	Relationships at work are (Never/Rarely) strained. (Never/Rarely)	48.9%	52.6%	54.0%	50.9%	52.4%	54.3%	1.9%	43.0%	40.0%	45.0%	57.6%	51.9%	
Q7c Q10d Q9a Q13a	I receive the respect I deserve from my colleagues at work. (Agree/Strongly Agree) My immediate managerencourages me at work. (Agree/Strongly Agree)	75.7% 79.4%	76.5% 80.5%	75.9% 81.5%	73.9% 80.5%	77.4% 81.0%	75.9% 80.4%	-1.5%	75.0%	74.0% 64.0%	75.0% 66.0%	80.9% 54.3%	70.0% 62.2%	
	M3: Stressors (HSE index)	6.30	6.50	6.50	6.60 6.10	6.70 6.02	6.77 6.26	0.07	6.6	6.70	5.60 5.90	6.47 6.13	6.44 6.18	╢
	for 2023 - Not yet sure if linked to a theme	2018	2019	2020	2021	2022	2023	YoY	2019	2020	2021	2022	2023][
	In the last 12 months, how many times have you been the target of unwanted behaviour of a													1
Q17a Q22a	sexual nature in the workplace? This may include offensive or inappropriate sexualised conversation (including jokes), touching or assault From patients/service users, their relatives						9.5%	currently NA					16.2%	
Q178 Q228	or other members of the public. (% staff saying they experienced at least one incident).													11
Q176 Q226	or other members of the public. (% staff saying they experienced at least one incident). In the last 12 months, how many times have you been the target of unwanted behaviour of a sexual nature in the workplace? This may include offensive or inappropriate sexualised conversation (including jakes); touching or assoult… From staff/colleagues. (% staff saying they						4.0%	currently NA					4.6%	
	In the last 12 months, how many times have you been the target of unwanted behaviour of a sexual nature in the workplace? This may include offensive or inappropriate sexualised						4.0%	currently NA					4.6%	