

Public Council of Governors' meeting

Tuesday 4 February 2025 at 1pm

in the Cheer Room, The Studio Leeds, Riverside West, Whitehall Road, Leeds, LS1 4AW

Agenda

	LEAD	TIME
1 Welcome and introductions (verbal)	Merran McRae	1:00pm
2 Apologies for absence (verbal)	Merran McRae	-
3 Changes to any declaration of interest and declaration of any conflicts of interest in respect of agenda items (paper to read)	Merran McRae	-
4 Sharing Stories: Healthwatch and its relationship to the Trust (presentation on the day)	Hannah Davies	1:05pm
5 Minutes	Merran McRae	1:35pm
5.1 Minutes of the public Council of Governors' meeting held on the 7 November 2024 (paper to read)	Merran McRae	-
6 Matters arising (verbal)	Merran McRae	-
6.1 Consideration of "care experienced" becoming a recognised protected characteristic at the Trust (paper to follow)	Darren Skinner	-
6.2 Questions from members of the public for the Council of Governors (verbal)	Merran McRae	-
7 Cumulative Action Log – actions outstanding from previous public meetings (paper to read)	Merran McRae	-
8 Presenting our New Five-Year Strategy (paper to read)	Oliver Tipper	1:50pm
9 Report from the Chair of the Trust (paper to read)	Merran McRae	2:10pm

<u>BREAK</u>		2:15pm
10	Report from the Lead Governor (verbal)	Ian Andrews 2:30pm
11	Report from the Chief Executive (slides to read)	Dr Sara Munro 2:35pm
12	Report from the Chief Financial Officer (paper to read)	Dawn Hanwell 2:55pm
13	Annual Strategic Risk Analysis (paper to read)	Clare Edwards 3:15pm
<u>BREAK</u>		3:25pm
14	Board Subcommittee Chair's Reports and performance data:	3:40pm
14.1	Reports from the Chair of the Finance and Performance Committee: 30 October and 25 November 2024 (paper to read)	Cleveland Henry Joanna Forster Adams -
14.2	Reports from the Chair of the Quality Committee: 10 October and 14 November 2024 (paper to read)	Dr Frances Healey Nichola Sanderson -
14.3	Report from the Chair of the Workforce Committee: 17 October 2024 (paper to read)	Zoe Burns- Shore Darren Skinner -
14.4	Report from the Chair of the Audit Committee: 22 October 2024 (paper to read)	Martin Wright Dawn Hanwell -
14.5	Report from the Chair of the Mental Health Legislation Committee: 5 November 2024 (paper to read)	Kaneez Khan Dr Chris Hosker -
<u>END</u>		4:30pm

The next public meeting of the Council of Governors will be held on the 6 May 2025 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)

Email: clare.edwards34@nhs.net

Telephone: 07815 924 185

Name: Merran McRae (Chair of the Trust)

Email: merran.mcrae1@nhs.net

Telephone: 0113 8555913

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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 GOVERNORS								
Miranda Arie	Founder HEROES Programme Ltd.	Founder HEROES Programme Ltd.	Founder HEROES Programme Ltd.	None.	None.	None.	None.	None.
Ian 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	None.	None.	None.	None.	None.	None.	None.	None.
Les France	None.	None.	None.	Company Secretary Leeds Music Trust	None.	None.	None.	Management Committee Member Joanna Project Leeds
Gail Harrison	None.	None.	None.	None.	None.	None.	None.	None.

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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.
Nicola Lister	Finance Director NDL Software Ltd. Finance Director Reallflare Ltd.	None.	None.	None.	None.	None.	None.	None.
Carole Myers	None.	None.	None.	Co-chair Service User Network, Leeds and York Partnership NHS Foundation Trust	None.	None.	None.	None.
Ivan Nip	None.	None.	None.	Trustee Advonet	Trustee Advonet	Trustee Advonet	None.	None.
Peter Ongley	None.	None.	None.	None.	None.	None.	None.	None.
Becky Oxley	None.	None.	None.	None.	Leeds Way Welcome Volunteer Leeds Teaching Hospitals NHS Trust	None.	None.	None.

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Amy Pratt	None.	None.	None.	None.	None.	None.	Committee member Food Services Specialist Group of the British Dietetic Association Clinical Leader British Dietetic Association	None.
Adam Redhead	None.	None.	None.	None.	None.	None.	None.	None.
Jon Salway	None.	None.	None.	None.	None.	None.	None.	None.
Madhulika Singh	Co-founder and Director Koru Foundation, India	None.	None.	Co-founder and Director Koru Foundation, India	None.	None.	None.	None.
Anne Toone	Trustee / Non-executive Director Disability Positive	None.	None.	None.	None.	None.	None.	Non-executive Director Northern Nuclear Alliance Ltd.

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
APPOINTED GOVERNORS								
Cllr 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	None.	None.	None.	Chief Executive Officer Women's Counselling and Therapy Service	Chief Executive Officer Women's Counselling and Therapy Service	None.	None.	None.
Gabriella Obeng Nyarko	None.	None.	None.	None.	None.	None.	None.	None.
Cllr Fiona Venner	None.	None.	None.	Trustee Leeds Rugby Foundation	None.	None.	Councillor Labour – Kirkstall Ward Executive Board Member Equality, Health and Wellbeing, Leeds City Council	None.

Public Council of Governors' Meeting 7 November 2024 at 1pm via Microsoft Teams

PRESENT:

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

Public Governors

Miranda Arie
Oliver Beckett
Les France
Matthew Knight
Nicola Lister
Dr Ivan Nip
Madhulika Singh

Service User Governors

None

Carer Governors

Peter Ongley
Jon Salway

Executive Directors

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

Staff Governors

Ian Andrews
Nicola Binns
Dr Gail Harrison
Amy Pratt
Adam Redhead
Anne Toone

Appointed Governors

Cllr Ian Cuthbertson
Cllr Fiona Venner
Tessa Denham
Gabriella Obeng Nyarko

Non-Executive Directors

Cleveland Henry
Kaneez Khan
Zoe Burns-Shore
Martin Wright

IN ATTENDANCE:

Kieran Betts, Corporate Governance Officer
Rose Cooper, Deputy Head of Corporate Governance
Bill Cunliffe, The Value Circle (observing the meeting)
Clare Edwards, Associate Director for Corporate Governance
Josef Faulkner, Head of Operations – Forensic Services
Dan Hunt, Matron, York Forensic Inpatient Service (for agenda item 4)
Alison Kenyon, Deputy Director of Service Development
Kerry McMann, Head of Corporate Governance / Deputy Trust Board Secretary
Tim Richardson, Interim Deputy Director Children and Young People's Services (for agenda item 4)
Vicky Search, Clinical Operations Manager – Community Forensic Services (for agenda item 4)
Holly Tetley, Associate Director of Employment (deputising for Darren Skinner)
Dominic Wells, Senior Forensic Psychologist (for agenda item 4)

Action

24/058 Welcome and introductions (agenda item 1)

Merran McRae opened the meeting at 1pm and welcomed everyone. Merran introduced Bill Cunliffe from The Value Circle and explained that he was observing the meeting as part of the Trust's Independent Well Led Review.

24/059 Apologies for absence (agenda item 2)

Apologies were noted from the following governors: Carole Myers (Service User Governor) and Becky Oxley (Service User Governor).

Apologies were received from Darren Skinner, Director of People and Organisational Development. It was noted that Holly Tetley was in attendance to deputise for Darren Skinner. Apologies had also been received from the following Non-executive Directors: Dr Frances Healey and Katy Wilburn.

The meeting was not quorate. The Council noted that, due to this meeting not being quorate, any decisions made would need to be emailed out to governors for endorsement.

CGT

24/060 Changes to any declaration of interests and declaration of any conflicts of interest in respect of agenda items (agenda item 3)

Cllr Fiona Venner informed the Council that her job title had changed to Executive Board Member for Equality, Health and Wellbeing. The Corporate Governance Team noted this and agreed to update the register of interests.

CGT

The Council **noted** the update provided.

24/061 Sharing Stories: The Trust's York services (agenda item 4)

Firstly, the Council received a presentation on the York Forensic Service based at Clifton House from Dan Hunt, Vicky Search and Dominic Wells. The presentation provided a brief history of Clifton House, the current provision of the service and the psychological work offered, and an overview of the achievements and challenges. The Council then received a presentation on the York-based Children and Young People's (CYP) services which included the CYP Mental Health Inpatient Service at Mill Lodge and the Deaf Child and Adolescent Mental Health Service (CAMHS). Tim Richardson provided an overview of the history of the two services and how they function today.

The Council then discussed the information provided. Matthew Knight asked about the

demand for inpatient forensic services and if Clifton House had the required resources to cope with this, noting that the service worked within a different provider collaborative and Integrated Care Board (ICB) system compared to the majority of the Trust. The Council heard how Clifton House functioned as the low-secure provider for assessment and treatment as part of the Humber and North Yorkshire Provider Collaborative and was the only provider in the patch delivering women's forensic services and heard how this affected demand.

The Council then asked how the services experienced being situated in York and if being geographically separate from Leeds-based services caused any operational issues. The Council heard about some of the challenges linked to Clifton House being a standalone service and how these were managed. Tim Richardson explained that Mill Lodge was key to the CYP Mental Health Provider Collaborative in Humber and North Yorkshire but also worked closely with Red Kite View in the West Yorkshire Provider Collaborative. He went on to provide some reassurance to the Council about the developments that had taken place since the service had moved to the standalone site at Mill Lodge.

Joanna Forster Adams then provided some reassurance to the Council on the importance of the connection between the York-based services and their counterparts in Leeds. She also explained how both the York services functioned as part of provider collaboratives which had wider regional footprints and outlined the benefits and challenges associated with this, noting that requests for mutual aid would also be directed to partners within each provider collaborative if required. In addition to this, she highlighted the development of an eating disorders day service at Mill Lodge as an excellent example of working in partnership with provider collaborative colleagues. However, she went on to acknowledge some of the operational challenges experienced by the York services including the pressures linked to staffing and the cost of living in York which had caused some issues in terms of recruiting staff in those areas. In summary, she recognised the challenges but also highlighted the flexible and partnership ways of working which were present in the York services and key to the services functioning as part of the Trust and the wider provider collaboratives.

The Council **received** the presentations on the Trust's services based in York and **thanked** the teams for the information provided.

24/062 Minutes of the public Council of Governors' meeting held on the 2 July 2024 (agenda item 5.1)

The minutes of the public Council of Governors' meeting held on the 2 July 2024 were **approved** as a true record.

24/063 Minutes of the Annual Members' Meeting held on the 30 July 2024 – for information (agenda item 5.2)

The minutes of the Annual Members' Meeting held on the 30 July 2024 were **received** for information.

24/064 Matters arising (agenda item 6)

The Council **agreed** that there were no matters arising that were not either on the agenda or on the action log.

24/065 Questions from members of the public for the Council of Governors (agenda item 6.1)

The Council did not receive any questions from members of the public.

24/066 Cumulative Action Log – actions outstanding from previous public meetings (agenda item 7)

Cllr Venner referred to action log number 24/009 which was a request from the 2024 Annual Members' Meeting that consideration was given as to whether the Trust would recognise "care experienced" as a protected characteristic at a future Council of Governors' meeting. She noted that no timeframe had been provided for when this would be discussed, and it was agreed by the Council that this would come back to the February 2025 meeting for consideration. Cllr Venner then offered to contact the person who had started the campaign to recognise "care experienced" as a protected characteristic to ask if they knew of any other trusts that had implemented this approach and if there was any learning that could be shared. Merran thanked Cllr Venner for this offer.

The Council noted that Les France would provide an update on action log number 24/052 as part of his Lead Governor Report later on the agenda.

Tessa Denham noted the response provided for action log number 24/051 and asked what competencies the Trust used to assess for trauma informed practice training as a development need. Nichola Sanderson responded that trauma awareness formed part of the Trust's standard of care and compassion and in addition to this there were competency standards for Band 5 and Band 6 nurses relating to trauma informed practice. She also informed the Council that the Trust's psychology department was leading on a longer-term piece of work to deliver trauma informed training throughout the organisation. The Council noted the update provided.

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

Dawn Hanwell and Amy Pratt joined the meeting.

24/067 Volunteering in Inpatient Services (agenda item 8)

The Council received an update on the role of volunteers within inpatient services and an overview of the next steps for the development of volunteers within the Trust. Alison Kenyon summarised the main points in the paper, referencing the work of the Care Services Strategic Plan and the launch of NHS England's Inpatient Culture of Care initiative both of which would provide opportunities to increase the number of volunteers within inpatient services. She added that work was ongoing to ensure there was the appropriate infrastructure in place to support a growing number of volunteers in the Trust. The Council then discussed some of the reasons why people with lived experience may want to volunteer in the organisation which for some could be a step back into employment and heard about the different ways that the Trust involved people with lived experience.

Anne Toone asked if the Trust had encountered any barriers to volunteering and how these were overcome. Alison explained the integral role that Christine Heath, Voluntary Services Manager, and the Voluntary Services Team had in developing the infrastructure to enable people to volunteer in the Trust which included an induction programme as well as ongoing support. She also explained that the team worked with HR and other colleagues to ensure there were robust processes in place to support both the volunteers and the services where they are placed. Madhulika Singh asked if there was any provision to link with universities in order to give students the opportunity to volunteer in an NHS setting to build up their skills before applying for jobs upon graduation. Alison confirmed that the Trust regularly linked with universities in the area and attended university fairs to talk about volunteering opportunities. Alison then drew the Council's attention to the update that 28 new Leeds University sports volunteers would be starting with the Trust across sites in Leeds and York in the coming months.

Merran noted that when the Voluntary Services Team had presented at the Council meeting in November 2023, some staff governors had commented that not all staff were aware that volunteers were available to inpatient services. She then asked that part of this work continued to be raising the profile of the Voluntary Services Team and what they can offer.

The Council **noted** the update provided.

24/068 Report from the Chair of the Trust (agenda item 9)

Merran McRae presented her report and highlighted the key points. The Council noted that, since its last meeting, Helen Pyne had stepped down as a public governor, Leila Abadi-Bulmer had stepped down as a carer governor, and Joseph Riach had stepped down as a service user governor.

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

24/069 Report from the Chief Executive (agenda item 10)

Dr Sara Munro presented her report and summarised the key points for the Council to note. She referenced the Trust's Independent Well Led Review and noted that once the final version of the report and recommendations had been received then an update would be brought to a future Council meeting. She also noted that the Trust's Five-Year Strategy was now in the final stages of completion and included consideration of the feedback provided by governors at its recent meetings. She added that the next step would be to look at providing the strategy in a variety of accessible formats as suggested by governors. She then referenced the government's intention to develop a new 10-year plan for health and noted that she would keep governors updated on this and any opportunities for input. She also referenced the launch of Career Compass Leeds which was an innovative platform to support people to find personalised opportunities in health and care roles in Leeds and agreed to circulate the link to governors for them to share across their health and care networks. Sara then invited governors to ask questions on the updates provided.

SM

SM

Gabriella Obeng Nyarko noted the information provided on community mental health transformation and the success of the early adopter sites and asked if there was an update on the plan for it to be rolled out city-wide. Sara confirmed that the next stage was to roll out the model across all the other primary care networks over the coming months. It was agreed that a more detailed update on the community transformation programme would be scheduled for a future Council of Governors' meeting.

SM /
JFA

The Council then had a detailed discussion on the Trust's decision to temporarily suspend new non-urgent referrals to the Trust's Adult Attention Deficit Hyperactivity Disorder (ADHD) service from 11 October 2024 due to the long waiting times and unsustainable level of demand. Ivan Nip asked what the Trust's plans were to review the existing service model in order to better meet the current level of demand. Sara explained that within Leeds they were currently piloting a different pathway for the assessment and treatment of adults with ADHD with primary care colleagues to try to meet people's needs more effectively. However, she cautioned that this may not be able to address all the demand, and it was unclear at this stage if there would be a significant shift in the level of resources being made available for this service. She added that any learning from different approaches happening in other organisations was being shared across the Mental Health Network.

Tessa Denham noted the reference to the Right to Choose pathway and asked what the impact of this was for the Trust. Sara explained that it was a legal entitlement for people seeking access to diagnostic services for ADHD which was why it had been mentioned as part of the communications regarding the Trust's pause to new non-urgent referrals. She went on to explain the indirect impact of Right to Choose on the Trust and the NHS more widely. In response to a question from Peter Ongley about demand, Sara provided some information on the work commissioned by NHS England to understand the increase in the demand for ADHD services at both a national and international level and how this was being responded to. Cllr Venner then queried why governors had not been informed in advance about the decision to pause to new non-urgent ADHD referrals given the significance of the decision and its implications for the people of Leeds. Sara thanked Cllr Venner for the feedback and explained that a detailed communications plan had been put in place but acknowledged that there had been a timing issue with the update to the governors. The Council noted that further updates on access to the Trust's ADHD service would be provided in due course.

The Council then asked questions on other aspects of Sara's report. Tessa Denham queried why the Equality Impact Assessment box on cover sheets was not always completed and asked what guidance was given to paper authors about this process. Sara acknowledged the issue and assured Tessa that the consistent application of the impact assessment and guidance around how to do this had been identified as one of the key actions of the Trust's Health Equity Strategy. Tessa also requested some information on the interviews and focus groups that had been held as part of the Well Led Review and Sara provided the details. In response to a question from Cllr Venner, Sara confirmed that the Trust and wider system would be responding to the consultation following Lord Darzi's report on the current performance of the NHS. Cllr Venner then asked for an update on out of area placements (OAPs) and Joanna informed the Council that the Trust was now off-plan in terms of its trajectory to reduce OAPs. She outlined the current position and what had contributed to this and explained how they were continuing to work with colleagues across the health and care system to improve patient flow.

Due to time constraints, Merran asked that any remaining questions were added to the chat function to be responded to outside of the meeting.

The Council **received** the report from the Chief Executive and **noted** the updates provided.

24/070 Report from the Lead Governor (agenda item 11)

Firstly, Les noted that it was his last report to the Council as Lead Governor and thanked those on the call for their support while he carried out this role. He also thanked Ian Andrews for putting himself forward to be the next Lead Governor.

Les then reported back on the discussion that had taken place at the governor pre-meet on the format of the papers for Council meetings and the performance data that is provided to governors. He acknowledged that a few different approaches had been trialled in recent months and suggested that going forward a more detailed executive summary was provided for the performance report which included key data alongside supporting narrative, possibly utilising Artificial Intelligence (AI) tools to produce this summary. He went on to suggest that the full data sets were provided as an appendix for those governors who wished to read more of the detail. Anne Toone provided positive feedback on her experience of trialling AI tools to produce document summaries in her own area of work. Ian Andrews offered to provide more detail on this and the various options available and Merran asked that the Corporate Governance Team discuss this further with Ian Andrews outside of the meeting.

CGT

Les also reported on the Governor Focus Conference that he had attended in July 2024 and outlined the key information provided and the areas that were discussed.

The Council **noted** the updates and formally **thanked** Les for his commitment and the contributions that he had made whilst undertaking the additional role of Lead Governor.

24/071 Finance Update (agenda item 12)

Dawn Hanwell provided a verbal update on the financial position of the Trust and the West Yorkshire Integrated Care System (ICS). She reminded the Council that, as per the new statutory arrangements, the Trust now functioned as part of the West Yorkshire ICS which consisted of 10 NHS statutory providers and five Integrated Care Board (ICB) 'places' which meant that the financial position of the Trust was linked to the other organisations in the system. She then gave an update on the Trust's financial position at month 6, which was broadly on plan and highlighted the Trust's efforts to improve its efficiency and productivity which were helping to support this position. However, she cautioned this by saying that there were risks associated with the Trust's position and areas causing financial pressure, such as OAPs.

Dawn then discussed the National Oversight Framework which had been put in place by NHS England to categorise the financial performance of both trusts and ICBs, with level 1 being the lowest level of concern around the delivery of a financial plan and level 4 being the highest level of concern. She explained that level 4 meant individual organisations or ICBs would be subject to increased external scrutiny. She informed the Council that the West Yorkshire ICB had moved into a level 3+ rating based on its financial position at month 6. She explained that as part of this move to level 3+, all organisations in the West Yorkshire ICB had volunteered to receive an external assessment of their financial governance and controls which had been carried out by Pricewaterhouse Coopers (PwC) who would be providing a full report to the Trust on their findings. Dawn then invited governors to ask questions on the update provided.

Ivan Nip asked if there was a contingency plan in place to support the Trust's finances for the remainder of the financial year. Dawn explained that the Trust had carried out a risk assessment of any areas of spend that could deteriorate further over the coming months and any areas requiring further improvement and acceleration. She confirmed that she was reasonably confident that based on the current risk assessment the Trust could deliver its financial plan this year. Gabriella then asked if it was known how the government's new budget would impact on the Trust's finances. Dawn responded that the detail of the impact for the next financial year was still unclear, but she provided some indication of what changes the new budget might bring.

Next, Gail Harrison asked how the system way of working that Dawn had described could impact on the parity of esteem between mental and physical healthcare and if mental health trusts which may be in a better financial position could be asked to support other trusts that may be struggling. Dawn provided some assurance that, although the Trust may be asked to contribute to the wider system balance, this would be done on a non-recurrent basis, and the Trust's baseline funding and resource allocations would remain protected. Gail then noted that the workforce was integral to providing mental health services and treatment and received confirmation that this was being taken into account as part of the financial negotiations at ICB level.

Amy Pratt then noted that the Trust's messaging around the current financial constraints may be having a negative impact on staff morale. She also asked if it was known how the increased scrutiny associated with level 4 of the National Oversight Framework might affect staff. Dawn explained that the scrutiny would instead focus on the organisation's financial systems and thresholds and reassured the Council that the Trust was not approaching this scale of intervention.

The Council thanked Dawn for the update but queried why it was provided as a verbal report given the complex nature of both the Trust and system finances and asked to receive a written update at future meetings as good governance. It was agreed that Dawn would provide a written finance report going forward.

DH

Dawn then provided a verbal response to action log number 24/031 relating to the Trust's procurement processes. She explained some of the challenges that had contributed to delays in this area and outlined the ongoing work to improve requisition turnaround time and ensure the timely payment of invoices. She noted that significant progress had been made in recent months towards achieving the key performance indicators. The Council thanked Dawn for the update and assurance provided.

The Council **received** the update on the Trust's financial position and assurance on the work to improve the Trust's procurement processes.

Jon Salway left the meeting.

24/072 Presentation from the Workforce Committee (agenda item 13)

The Council received the presentation from the Workforce Committee which provided an overview of the key performance areas and associated data as reviewed by the Committee ahead of the September Board of Directors' meeting. It also explained how the Committee monitored performance in these areas and what actions were being taken to improve performance further.

The Council first discussed the diversity and inclusion section of the presentation and noted that the Trust had improved its performance in six of the nine Workforce Race Equality Standard (WRES) metrics and worsened in three of the metrics. The Council noted that the metrics which had seen unfavourable changes were the relative likelihood of white staff being appointed from shortlisting compared to that of Black Minority Ethnic (BME) staff; the relative likelihood of BME staff entering the formal disciplinary process compared to white staff; and the percentage difference between the organisation's Board voting membership and its overall workforce (BME representation). The Council heard what factors may have contributed to the unfavourable changes and received some assurance from Holly Tetley and Zoe Burns-Shore about what plans were being put in place to address performance in these areas. Zoe also explained that some of the metrics used small data sets which meant that a decline in score when compared to 2023 data may not always be statistically significant, particularly with regard to disciplinary data as in this instance the overall number of cases had reduced.

The Council then discussed the information provided on non-medical agency usage. Zoe talked governors through the graph provided on page 13 of the presentation and explained that the blue line referred to the Trust's non-medical agency usage over the last calendar year which had seen a significant reduction and outlined how the Trust had achieved this. She explained that the grey line depicted usage in 2023 which had remained fairly static at around 8%. The Council noted that good progress had been made to reduce non-medical agency usage over the last year which was having a positive impact on the Trust's financial position and that the Trust now only used agency for clinical staff.

The Council also received an update on the Spotlight platform and understood that this had become a key part of the Reward and Recognition Strategy for staff now that the Trust was working in a more financially constrained way. Zoe informed the Council that the platform had been well received and thanked colleagues for their efforts to engage staff with the platform.

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

24/073 Council of Governors' Meeting Governance: Review of the Terms of Reference
(agenda item 14.1)

The Council was **assured** that the Terms of Reference had been reviewed to ensure they continue to be fit for purpose and **approved** the updates as per the cover sheet.

24/074 Council of Governors' Meeting Governance: Annual Cycle of Business for 2025
(agenda item 14.2)

The Council **received** its Annual Cycle of Business for 2025; was **assured** that it included all the statutory duties which the Council must carry out and was **assured** that the areas which governors had asked to be kept informed on had been captured. The Council **approved** the Annual Cycle of Business for 2025, with the understanding that two of the items were still under review by the Council and the timing of one item was subject to approval at the private Council of Governors' meeting in November.

24/075 Council of Governors' Meeting Governance: 2025 and 2026 Meeting Dates
(agenda item 14.3)

The Council **noted** its meeting dates for 2025 and 2026 and the request to inform the Corporate Governance Team if they were unable to attend any of the meetings.

The Chair of the meeting closed the public meeting of the Council of Governors of Leeds and York Partnership NHS Foundation Trust at 3:36pm. She thanked governors and members of the public for their attendance.

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Meeting of the Council of Governors

4 February 2025

Answers to the additional questions posed at the meeting on 7 November 2024

Question: Is there any link between female out of area (long term?) placements issue and the 'failure' of the female PD ward talked about in one of the service presentations? I might not have fully understood but if we are a ward down might that be part of the issue and can we address that?

Answer: We do not believe that the current issues faced in our Acute services are affected by the service changes made in York many years ago. The impact is driving by changes in clinical presentation and accompanying demand.

Question: Which body funds the right to choose assessments? This is an extremely costly service to the NHS in place of employing full time practitioners who are qualified to assess/diagnose. Is there a reason for this - is it challenging to recruit for example? Just trying to understand the rationale behind why this system of paying for people to go private rather than NHS providing 'in house' has occurred in the first place.

Answer: The ICB funds the right to choose. We agree that instead of funding private appointments the ICB could invest more in NHS provision and this is being worked through as part of the model redesign work, and understanding roles needed. Where we have tried to get additional staff non-recurrently on fixed term contracts this has been very problematic, but until we are clear on recurrent funding and the model we cannot recruit additional permanent staff, without additional funding.

Question: Is there finance available for families who need to visit their family members outside of the city please? I had a lady reach out to me who was visiting her daughter in a unit that is a two hour drive away every day as she was under 18, and she was struggling to afford to do this.

Answer: Yes, on a case-by-case basis if families evidence this issue to us we can support financially.

Question: Given the current challenges in ADHD care management and the lack of existing models, are there any considerations or future plans to explore community outreach initiatives or similar approaches that could help ease the demand on trust resources?

Answer: Community non pharma support is being explored as part of the developing model at a Leeds and West Yorkshire level.

Question (in relation to the data below): I'm interested in metric 5 & 6 which are green however white staff experience has increased more than ethnic minority staff experience so both great but ethnic minority experience improving more slowly so maybe not green? maybe amber?

Answer: The RAG rating process is a local Trust assurance method and further work is being undertaken to further develop our local RAG reporting processes.

Year	2022	2022	2023	2023	Comparison 2023	Sector Average 2023
WRES Metric	White Score	Ethnic Minority Score	White Score	Ethnic Minority Score	White vs Ethnic Minority	
5 - Percentage of staff experiencing harassment, bullying or abuse from patients / service users, their relatives or the public in the last 12 months.	25.8%	35.8%	21.0%	33.7%	+12.7%	31.4%
6 - Percentage of staff experiencing harassment, bullying or abuse from staff in the last 12 months.	16.2%	22.5%	14.9%	17.1%	+2.2%	21.0%
7 - Percentage of staff believing that there are equal opportunities for career progression / promotion.	62.3%	42.0%	62.0%	51.9%	-10.1%	50.5%
8 - Percentage of staff who in the last 12 months personally experienced discrimination from any of the following: Manager / team leader or other colleagues.	5.3%	11.8%	5.1%	10.2%	+5.1%	13.9%

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	MEETING TO BE BROUGHT BACK TO / DATE TO BE COMPLETED BY	COMMENTS
<p>Opportunity to Receive Questions from Members of the Public (Annual Members' Meeting - 30 July 2024 - 24/009)</p> <p>It was agreed that consideration would be given as to whether the Trust would recognise "care experienced" as a recognised protected characteristic at a future Council of Governors meeting.</p>	<p>Darren Skinner</p>	<p>4 February 2025</p>	<p><u>ACTION FROM THE ANNUAL MEMBERS' MEETING</u></p> <p>Darren Skinner to present a briefing paper with a recommendation at the February meeting for consideration by the Council.</p>
<p>24/071 - Finance Update (November 2024 - agenda item 12)</p> <p>The Council queried why Dawn Hanwell's finance update was provided as a verbal report given the complex nature of both the Trust and system finances and asked to receive a written update at future meetings as good governance. It was agreed that Dawn would provide a written finance report going forward.</p>	<p>Dawn Hanwell</p>	<p>4 February 2025</p>	<p>A written finance report has been provided for the February meeting. The requirement for a written finance report at each meeting has also been noted on the Council of Governors' cycle of business for future agenda planning.</p>

ACTION (INCLUDING THE TITLE OF THE PAPER THAT GENERATED THE ACTION)	PERSON LEADING	MEETING TO BE BROUGHT BACK TO / DATE TO BE COMPLETED BY	COMMENTS
<p>24/069 - Report from the Chief Executive (November 2024 - agenda item 10)</p> <p>Sara Munro referenced the Trust's Independent Well Led Review and noted that once the final version of the report and recommendations had been received then an update would be brought to a future Council meeting.</p>	Sara Munro	4 February and 6 May 2025	An update on the Well Led Review has been provided as part of the Report from the Chief Executive at the February meeting. A more detailed update including next steps will be presented to the May meeting.
<p>24/014 - Report from the Chair of the Quality Committee (February 2024 - agenda item 14)</p> <p>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.</p>	Chris Hosker	6 May 2025	This has been added to the forward plan for the May 2025 meeting.
<p>24/009 - Report from the Chief Executive (February 2024 - agenda item 9)</p> <p>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.</p>	Sara Munro	22 July 2025	This has been added to the forward plan for the July 2025 meeting.

ACTION (INCLUDING THE TITLE OF THE PAPER THAT GENERATED THE ACTION)	PERSON LEADING	MEETING TO BE BROUGHT BACK TO / DATE TO BE COMPLETED BY	COMMENTS
<p>24/069 - Report from the Chief Executive (November 2024 - agenda item 10)</p> <p>It was agreed that a more detailed update on the community transformation programme would be scheduled for a future Council of Governors' meeting.</p>	<p>Joanna Forster Adams / Luke Shepherd</p>	<p>22 July 2025</p>	<p>This has been added to the forward plan for the July 2025 meeting.</p>
<p>24/051 - Update on the Patient and Carer Race Equality Framework and the work to address health inequalities (July 2024 - agenda item 15)</p> <p>Miranda asked if trauma-informed practice training could become compulsory for all staff as she felt that educating staff about trauma and its impact on people throughout their lives was key to supporting patients' mental and physical health and reducing health inequalities. Merran asked that this was discussed further outside of the meeting.</p>	<p>Joanna Forster Adams / Darren Skinner</p>	<p>Management action</p>	<p>At the November meeting, the Council was informed that the Trust's psychology department was leading on a longer-term piece of work to deliver trauma-informed training throughout the organisation.</p>

ACTION (INCLUDING THE TITLE OF THE PAPER THAT GENERATED THE ACTION)	PERSON LEADING	MEETING TO BE BROUGHT BACK TO / DATE TO BE COMPLETED BY	COMMENTS
<p>Opportunity to Receive Questions from Members of the Public (Annual Members' Meeting - 30 July 2024 - 24/009)</p> <p>It was agreed that the prospect of creating reciprocal mentorship partnerships between individuals with lived experience and members of staff at all levels within the Trust, including at a very senior level, would be explored further with colleagues from the Patient Experience Team and in Staff Networks.</p>	<p>Nichola Sanderson / Joanna Forster Adams</p>	<p>Management Action</p>	<p><u>ACTION FROM THE ANNUAL MEMBERS' MEETING</u></p> <p>This is being discussed and will be progressed wherever possible, in the new calendar year (led by the Deputy Director of Nursing and the Deputy Director of Operations with support from the Organisational Development team).</p>
<p>24/070 - Report from the Lead Governor (November 2024 - agenda item 11)</p> <p>Les France reported back on the discussion that had taken place at the governor pre-meet on the format of the papers for Council meetings and the performance data that is provided to governors. He suggested that going forward a more detailed executive summary was provided for the performance report which included key data alongside supporting narrative with the full data sets provided as an appendix. Ian Andrews offered to provide more information on the AI tools available to produce document summaries and Merran asked that the Corporate Governance Team discuss this further with Ian Andrews outside of the meeting.</p>	<p>Corporate Governance Team / Ian Andrews</p>	<p>Management action</p>	<p>The Corporate Governance Team are working with Ian Andrews along with Information Governance and Informatics colleagues to scope out the potential to use AI tools to produce summaries for Council of Governors' papers.</p>

ACTION (INCLUDING THE TITLE OF THE PAPER THAT GENERATED THE ACTION)	PERSON LEADING	MEETING TO BE BROUGHT BACK TO / DATE TO BE COMPLETED BY	COMMENTS
<p>24/059 - Apologies for absence (November 2024 - agenda item 2)</p> <p>The meeting was not quorate. The Council noted that, due to this meeting not being quorate, any decisions made would need to be emailed out to governors for endorsement.</p>	<p>Corporate Governance Team</p>	<p>Management action</p>	<p><u>COMPLETE</u></p> <p>The decisions made at the private Council of Governors' meeting in November have been endorsed by a quorate number of governors.</p>
<p>24/060 - Changes to any declaration of interests and declaration of any conflicts of interest in respect of agenda items (November 2024 - agenda item 3)</p> <p>Cllr Fiona Venner informed the Council that her job title had changed to Executive Board Member for Equality, Health and Wellbeing. The Corporate Governance Team noted this and agreed to update the register of interests.</p>	<p>Corporate Governance Team</p>	<p>Management action</p>	<p><u>COMPLETE</u></p> <p>The register of interests has been updated to reflect Cllr Venner's new job title.</p>
<p>24/069 - Report from the Chief Executive (November 2024 - agenda item 10)</p> <p>Sara Munro referenced the launch of Career Compass Leeds which was an innovative platform to support people to find personalised opportunities in health and care roles in Leeds and agreed to circulate the link to governors for them to share across their health and care networks.</p>	<p>Sara Munro</p>	<p>Management action</p>	<p><u>COMPLETE</u></p> <p>The link to the Career Compass Leeds website has been circulated to governors via email.</p>

Historic closed actions

ACTION (INCLUDING THE TITLE OF THE PAPER THAT GENERATED THE ACTION)	PERSON LEADING	MEETING TO BE BROUGHT BACK TO / DATE TO BE COMPLETED BY	COMMENTS
<p>23/054 - Sharing Stories: The Trust's Voluntary Services (November 2023 - agenda item 2)</p> <p>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.</p>	<p>Alison Kenyon</p>	<p>November 2024</p>	<p>This was received at the November meeting.</p>
<p>24/031 - Report from the Chair of the Finance and Performance Committee: 25 March 2024 (April 2024 - agenda item 12.1)</p> <p>A staff governor on the Council referred to the update on the Trust's Procurement and Logistics function in the Finance and Performance Committee Chair's Report and mentioned the challenges experienced by some staff regarding delayed payments. Merran asked that Dawn provide some assurance to governors on this issue as part of her finance update at the next meeting.</p>	<p>Dawn Hanwell</p>	<p>November 2024</p>	<p>A verbal update was provided as part of Dawn Hanwell's finance update at the November meeting.</p>

ACTION (INCLUDING THE TITLE OF THE PAPER THAT GENERATED THE ACTION)	PERSON LEADING	MEETING TO BE BROUGHT BACK TO / DATE TO BE COMPLETED BY	COMMENTS
<p>24/052 - Report from the Lead Governor (July 2024 - agenda item 11)</p> <p>It was agreed that the conversation about the Council of Governors' paperwork would continue at the next meeting in November, with Les France to facilitate the discussion.</p>	<p>Les France <i>supported by the</i> Corporate Governance Team</p>	<p>November 2024</p>	<p>Les France sought feedback from governors on this at the governor pre-meet ahead of the November Council of Governor's meeting. A summary of this discussion was given as part of his Lead Governor Report at the November meeting.</p>
<p>Opportunity to Receive Questions from Members of the Public (Annual Members' Meeting - 30 July 2024 - 24/009)</p> <p>It was agreed that the Trust would review the guidance which was shared with user-networks regarding the payment of expenses for service users who were consulting on lived experience co-production, in particular, to check whether "PE-0005 – Policy for the Payment and Reimbursement of Service Users, Patients, Carers, and Members of the Public" was widely shared.</p>	<p>Nichola Sanderson</p>	<p>Management Action</p>	<p><u>ACTION FROM THE ANNUAL MEMBERS' MEETING</u></p> <p>Nichola Sanderson asked the Patient Experience Team to share the policy widely. Nichola also asked Audit Yorkshire to undertake an audit on the use and effectiveness of the policy.</p>

ACTION (INCLUDING THE TITLE OF THE PAPER THAT GENERATED THE ACTION)	PERSON LEADING	MEETING TO BE BROUGHT BACK TO / DATE TO BE COMPLETED BY	COMMENTS
<p>24/043 - Minutes of the public Council of Governors' meeting held on the 30 April 2024 (July 2024 - agenda item 5.1)</p> <p>Gabriella Obeng Nyarko noted that the April minutes stated that Tessa Denham was an appointed governor representing Volition and clarified that although Volition had nominated Tessa, Tessa was the Chief Executive Officer of the Women's Counselling and Therapy Service and did not work for Volition. It was agreed that the minutes of the April meeting would be amended.</p>	<p>Corporate Governance Team</p>	<p>Management action</p>	<p>The April minutes were amended to reflect that Tessa Denham is the Chief Executive Officer of the Women's Counselling and Therapy Service.</p>

Meeting of the Council of Governors

Paper title:	Improving the health and lives of the communities we serve: from 2025 to 2030 - Presenting our new Five-Year Strategy
Date of meeting:	4 February 2025
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.	✓
SO2	We provide a rewarding and supportive place to work.	✓
SO3	We use our resources to deliver effective and sustainable services.	✓

THIS PAPER RELATES TO THE TRUST'S STRATEGIC RISK/S (please tick relevant box/s)		✓
SR1	Quality including safety assurance processes	
SR2	Delivery of the Quality Strategic Plan	
SR3	Culture and environment for the wellbeing of staff	
SR4	Financial sustainability	
SR5	Adequate working and care environments	
SR6	Digital technologies	
SR7	Plan and deliver services that meet the health needs of the population we serve.	✓

Executive summary

This paper presents the COG with our new five-year strategy: Improving the health and lives of the communities we serve: from 2025 to 2030. It can be accessed in various formats [on our website here](#). Members are asked to read it in advance. There will be a short presentation at the meeting which will explain how we want to keep the strategy alive through storytelling, and how they can help.

Do the recommendations in this paper have any impact upon the requirements of the protected groups identified by the Equality Act? State below, 'Yes'. Alternative formats of the strategy have been developed for people with specific communications needs.

Recommendation

Governors are asked to:

- Read and familiarise themselves with the new five-year strategy document which can be found [on our website here](#),
- Understand its purpose (high level) and how its positioned above the five core strategic plans (where the detail is),
- Support the delivery of the strategy where it is within their gift, and hold the Trust Board accountable for its delivery,
- Support our call for case studies by suggesting or nominating LYPFT colleagues to be featured as a strategy delivery story. The briefing documents referenced above can be shared after the meeting if required.

Meeting of the Council of Governors

4 February 2025

Improving the health and lives of the communities we serve: from 2025 to 2030
– Presenting our New Five-Year Strategy

1 Executive Summary

This paper presents the COG with our new five-year strategy: Improving the health and lives of the communities we serve: from 2025 to 2030. It can be accessed in various formats [on our website here](#).

This follows an extensive development process to refresh its predecessor document: Living our values to improve health and lives 2018 – 2023, which Governors were very much a part of and we are grateful for their input.

The five-year strategy document is intended to be an accessible overarching narrative that summarises our longer-term vision and how we'll achieve it following our five core strategic plans. These can also be accessed via the weblink above. As a refresher, they are (in alphabetical order):

1. Care Services Strategic Plan,
2. Digital Plan,
3. Estates Strategic Plan (new version to be ratified March 2025),
4. People Plan, and
5. Quality strategic Plan.

Its purpose is to clearly and succinctly communicate our vision, mission and objectives for the next five years, and is intended to be accessible to a broad audience. This could be service users and carers, staff at any level of seniority, prospective employees, or stakeholders and partners.

2 Refresh process

The strategy has been through a nine-month development process which started in March 2024 with a clear briefing on expectations from a Trust Board development session. Since then, a consultation and drafting process has taken place which has included the following groups and individuals:

- Our executive and non-executive directors,
- Our Council of Governors,
- Our Service User Network members,
- Members of our three staff networks, and

- Colleagues in our partner organisations who are contributing to our well-led review process.

3 Publication, socialisation and ‘keeping it alive’ through storytelling

During January and February 2025, the new five-year strategy is being socialised amongst key stakeholder groups and networks. This includes the sub committees of the Board who are being asked to support its delivery and maintaining its profile.

To keep it alive and maintain its profile, colleagues in the Communications Team are looking for case study examples to showcase how the strategy is being delivered by colleagues - fulfilling our mission of improving the health and lives of the communities we serve by providing outstanding mental health, learning disability and neurodiversity services.

To help us find and tell these great stories, we have created:

- A briefing that can be cascaded to colleagues (in Word doc format),
- A briefing that can be presented to colleagues (in presentation format)

These are being shared and presented at various staff groups and network meetings during the roll out phase.

To help capture these stories, we’ve created [this quick and simple form](#) which captures some basic details. This will help us manage the throughput of ideas so we can then have follow up conversations with the relevant people.

4 Recommendations

All Group members are asked to:

- Read and familiarise themselves with the new five-year strategy document which can be found [on our website here](#),
- Understand its purpose (high level) and how its positioned above the five core strategic plans (where the detail is),
- Support the delivery of the strategy where it is within their gift, and hold the Trust Board accountable for its delivery,
- Support our call for case studies by suggesting or nominating LYPFT colleagues to be featured as a strategy delivery story. The briefing documents referenced above can be shared after the meeting if required.

Author:
Oliver Tipper
Head of Communications
16 January 2025

CHAIR'S REPORT

**PUBLIC COUNCIL OF GOVERNORS' MEETING
HELD 4 FEBRUARY 2025**

Changes to the membership of the Council of Governors

There have been no changes to the membership of the Council of Governors since the last meeting on 7 November 2024.

Changes to the membership of the Appointments and Remuneration Committee

An election to the Appointments and Remuneration Committee was held in late 2024. I am happy to confirm that Nicola Lister and Peter Ongley have been elected to join the membership of this committee.

As of 17 December 2024, the membership of the Appointments and Remuneration Committee is: Ian Andrews, Oliver Beckett, Matthew Knight, Nicola Lister, and Peter Ongley.

I would like to thank all governors who took part in the election process, whether it was to nominate yourself or to vote in the ballot.

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 7 November 2024.

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

Name	28 March 2024	30 May 2024	20 June 2024 (Extraordinary)	25 July 2024	26 September 2024	28 November 2024
Merran McRae (Chair)	✓	✓	✓	✓	✓	✓
Frances Healey	✓	✓	✓	✓	✓	✓
Cleveland Henry	✓	✓	✓	-	✓	✓
Kaneez Khan	✓	✓	✓	✓	-	-
Martin Wright	✓	✓	✓	✓	✓	✓
Katy Wilburn	✓	✓	✓	✓	✓	✓
Zoe Burns-Shore	-	✓	✓	✓	✓	✓


✓ 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	28 March 2024	30 May 2024	20 June 2024 (Extraordinary)	25 July 2024	26 September 2024	28 November 2024
Sara Munro	✓	✓	✓	✓	✓	✓
Joanna Forster Adams	✓	✓	✓	✓	✓	✓
Dawn Hanwell	✓	✓	✓	✓	✓	✓
Chris Hosker	✓	✓	✓	✓	✓	✓
Darren Skinner	✓	✓	✓	✓	-	✓
Nichola Sanderson	-	✓	✓	✓	✓	✓


- ✓ Shows attendance
- 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	30 April 2024	2 July 2024	7 November 2024
Merran McRae (Chair)	✓	✓	✓
Frances Healey	✓	✓	-
Cleveland Henry	-	-	✓
Kaneez Khan	-	✓	✓
Martin Wright	✓	✓	✓
Katy Wilburn	✓	✓	-
Zoe Burns-Shore	-	✓	✓

- ✓ Shows attendance
- 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	8 February 2024	14 March 2024	11 April 2024	9 May 2024	13 June 2024	11 July 2024	12 September 2024	10 October 2024	14 November 2024	12 December 2024	16 January 2025
Frances Healey	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Zoe Burns-Shore	✓	✓	✓	✓	✓	✓	✓	✓	-	-	✓

Audit Committee	16 April 2024	18 June 2024 (Extraordinary)	16 July 2024	22 October 2024	21 January 2025
Martin Wright	✓	✓	✓	✓	✓
Frances Healey	✓	✓	✓	✓	✓
Cleveland Henry	✓	✓	-	✓	✓

Mental Health Legislation Committee	6 February 2024	13 June 2024	12 September 2024	5 November 2024
Kaneez Khan	✓	✓	-	✓
Katy Wilburn	✓	✓	✓	-

Finance and Performance Committee	25 March 2024	23 April 2024	24 May 2024	23 July 2024	23 September 2024	30 October 2024	25 November 2024
Cleveland Henry	✓	✓	✓	-	✓	✓	✓
Martin Wright	-	✓	✓	✓	✓	✓	-
Katy Wilburn	✓	✓	✓	✓	✓	-	✓

Workforce Committee	15 February 2024	15 April 2024	6 June 2024	8 August 2024	17 October 2024
Kaneez Khan	✓	✓	-	✓	✓
Zoe Burns-Shore	-	✓	✓	✓	✓

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

Name	Appointed (A) or elected (E)	COUNCIL BUSINESS MEETINGS ATTENDED			
		1 February 2024	30 April 2024	2 July 2024	7 November 2024
Leila Abadi-Bulmer	E			-	
Ian Andrews	E	✓	✓	✓	✓
Miranda Arie	E			✓	✓
Oliver Beckett	E	✓	✓	✓	✓
Nicola Binns	E	✓	✓	-	✓
Ian Cuthbertson	A	-	✓	✓	✓
Tessa Denham	A		-	✓	✓
Les France	E	✓	-	-	✓
Rachel Gibala	E	-	✓		
Oliver Hanson	E	-	-		
Gail Harrison	E	✓	✓	✓	✓
Matthew Knight	E	✓	-	✓	✓
Nicola Lister	E			-	✓
Carole Myers	E			✓	-
Ivan Nip	E	✓	✓	✓	✓
Gabriella Obeng Nyarko	A	✓	-	✓	✓
Peter Ongley	E	✓	✓	✓	✓
Becky Oxley	E	-	✓	✓	-
Amy Pratt	E	✓	✓	✓	✓
Helen Pyne	E			-	
Adam Redhead	E			✓	✓
Joseph Riach	E	✓	✓	-	
Jon Salway	E	✓	✓	-	✓
Madhulika Singh	E			✓	✓
Anne Toone	E			✓	✓
Fiona Venner	A	-	-	✓	✓

✓ Shows attendance

- Indicates when a governor sent apologies

█ Indicates when a governor was not eligible to attend the meeting.

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
21 January 2025

Learning visits undertaken by Non-Executive Directors and Governors

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	<ul style="list-style-type: none"> - 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 6UH	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

Learning visits undertaken by Non-Executive Directors and Governors

Date of visit	Team / Service	Location	Organised with	Non-Exec Director	Governor(s)
Tuesday 19 March 2024	Specialist Supported Living Service	Supported Living: Methley Lodge and Sledmere Lane	Debbie Dominy, Clinical Team Manager	Merran McRae	Peter Ongley
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	Frances Healey	Nicola Binns
Tuesday 14 May 2024	York Low Secure Forensic Service	Clifton House, Bluebeck Drive, Shipton Road, Rawcliffe, York, YO30 5RA	Josef Faulkner, Head of Operations Dan Hunt, Modern Matron	Frances Healey	Nicola Binns and Ian Cuthbertson
Wednesday 29 May 2024	Acute and Crisis Services	Becklin Centre, Alma Street, Leeds, LS9 7BE	Laura McDonagh, Head of Operations	Cleveland Henry	Gabi Obeng Nyarko

Learning visits undertaken by Non-Executive Directors and Governors

Date of visit	Team / Service	Location	Organised with	Non-Exec Director	Governor(s)
Wednesday 14 August 2024	Eating Disorders Service	The Newsam Centre, Seacroft Hospital, York Road, Leeds, LS14 6UH	Richard Carroll, Head of Operations	Merran McRae	Ian Cuthbertson and Peter Ongley
Friday 23 August 2024	Leeds Recovery College	Jamyang Buddhist Centre, Holbeck, LS11 9RQ	Simon Burton, Recovery College Development Manager	Zoe Burns-Shore	Nicola Lister and Jon Salway
Thursday 10 October 2024	Older People's Inpatient Service	The Mount, 44 Hyde Terrace, Leeds, LS2 9LN	Paul Fotherby, Head of Operations	Merran McRae	Adam Redhead
Thursday 17 October 2024	Community Transformation and Wellbeing	Aire Court and The Conservation Volunteers	Luke Shepherd, Head of Operations	Martin Wright	N/A (apologies sent by governor)
TBC	Emerge Leeds (Complex Emotional Needs Service)	St Mary's Hospital, Green Hill Road Leeds, LS12 3QE			

Learning visits undertaken by Non-Executive Directors and Governors

Date of visit	Team / Service	Location	Organised with	Non-Exec Director	Governor(s)
TBC	Workforce Department	Linden House, St Mary's Hospital			
TBC	Learning Disability Inpatient Services	Woodland Square, St Mary's Hospital			
TBC	Estates Department	St Mary's Hospital, Green Hill Road Leeds, LS12 3QE			
TBC	Deaf Child and Adolescent Mental Health Service	National Deaf CAMHS, Innovation Way, York, YO10 5NP			
TBC	Domestics Team	St Mary's Hospital, Green Hill Road Leeds, LS12 3QE			

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Council of Governors

Chief Executive Update

Dr Sara Munro

21st January 2025

Content

- Trust Strategy approved and next steps
- Planning for 2025/6
- Independent review of our Well-led arrangements
- Staff survey and staff networks updates
- Care services coping through winter pressures and weather challenges
- Security, sustainability and current capital projects updates
- Reasons to be proud

And remember all this and more is covered in my monthly huddles and public board papers



Our new five-year strategy has landed

Improving the health and lives of the communities we serve: from 2025 to 2030.

In various formats [on our website](#).

An accessible overarching narrative summarising our longer-term vision and how we'll achieve it following our five core strategic plans.

But we need your help to keep it alive . . .

See you in the Spring

Exec team will be out and about in the Spring.

Talking national strategy, Trust priorities for 2025/6, staff survey results and more.

Chance to ask questions about these things and anything you want to (if time!).

More info about where we'll be and when will be shared as soon as poss.



Planning for 2025/6

NHS England typically issues planning guidance and information on budget allocations to systems and NHS Trusts in December for the following financial year.

At the time of governor's we still haven't received the planning guidance for 2025/6 but hope to have done so in time for the governors council so a verbal update will be provided to the meeting.

Well – led Governance Review

The independent review of our trust using the CQC well-led framework by the Value Circle has now concluded.

A report is being shared at the public board meeting on the 30th January and will be shared with governors.

We will share next steps at the next council of governors meeting.

Overall the review was very positive with lots of examples of great practice and culture of psychological safety, improvement and learning and having our service users at the heart of our decision making.

Thank you to governors who contributed to the review.



People and Organisational Development Services

Updates from Health and Wellbeing, People Engagement, Staff Networks, People Analytics and Recruitment and Resourcing.

People Engagement

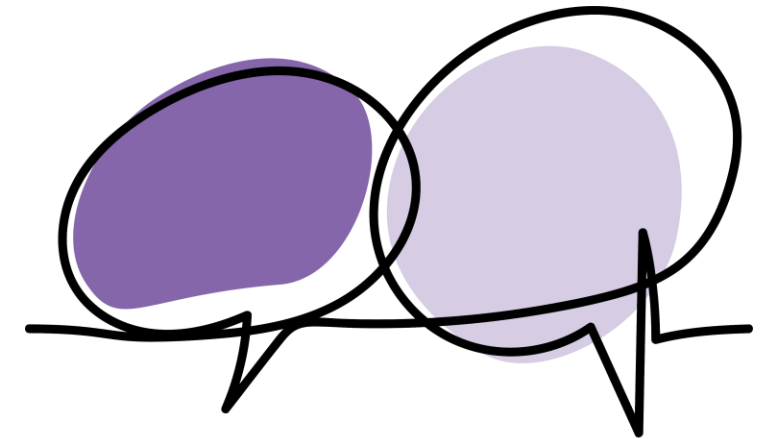


Thank You!

We want to thank all staff who took part in the **2024 NHS Staff Survey**.

The annual NHS Staff Survey is an official national statistic. This means all results, including approximately 700,000 responses nationally, undergo rigorous checks to ensure the highest standards of accuracy, quality, and confidentiality with the results typically released around March.

Join us this Spring when we will be sharing the results in Sara's All Staff Huddle.



We each have
a voice that counts

Staff Networks



We strive To help reduce inequalities and support our colleagues, drive change and improve culture, staff networks provide a space for visibility, voice and guidance around equality, diversity and inclusion. In 2024 the networks were a visible presence and open to supporting staff at LYPFT.

Updates from DaWN (Disability and Wellbeing Network)

- **Community Engagement:** DaWN hosted online social lunches discussing UK Disability History Month and Winter Wellbeing in November and December 2024.
- **Advocacy & Good Practice:** Recent meetings focused on member input on Trust policies and also emphasising disability equality through guidance like improving communication with deaf and hard of hearing colleagues.

What's coming up from Rainbow Alliance

- **LGBT+ History Month:** Running 1–28 February 2025, reflecting on the civil rights movement, ongoing discrimination, and celebrating the 20th anniversary with the theme “Activism and Social Change.”
 - Recognising individuals who shaped and advanced social change for the LGBT+ community.
- **Network Activities:** Rainbow Alliance will host a Trustwide learning session with Leeds Recovery College. Updates and resources will be shared on the Staffnet page.

Staff Networks



Updates from WREN

- **Awareness Campaigns:** WREN supports key events like Black History Month (October) and Islamophobia Awareness Month, with resources available on Staffnet.
- **Black History Month 2024:** Featured 'meet and greet' events at Trust sites with WREN chairs and the Freedom to Speak Up Guardian.
- **Promoting Engagement:** Events focused on visibility and opportunities for colleagues to learn about WREN and its mission.

A photograph of three healthcare professionals walking in a hallway. On the left is a Black man with glasses wearing a black V-neck scrub top. In the center is a woman wearing a bright blue hijab, a white long-sleeved top, and patterned leggings, with a blue lanyard and ID badge. On the right is a woman with long dark hair wearing a grey and red striped sweater, blue jeans, and a lanyard with an ID badge. They are all looking towards the right. The background is a hallway with wooden doors and a light-colored floor.

Care Services

Updates from around the Trust, our partners and the ICB

Care Services

Recent cold weather

A thank you message from Joanna Forster Adams,
Chief Operating Officer

- Thank you for your dedication and resilience during challenging weather, looking after each other and those in our community.
- A big thank you to the Estates and Facilities team who worked hard to keep our sites safe and support staff.
- Please let us know if there are any suggestions for improvement, we welcome your feedback to ensure we can continue to support our community.





Professional Support Services

Updates from our Digital and Estates and Facilities

Estates and Facilities

Security

- Lone Working has is now Live! **PeopleSafe App** went live on 1 December 2024. We encourage all team managers and members to contact us today for your App – Lone Working
- Control Room installation will start in January 25.
- This will be our first step to significantly upgrade our Security Infrastructure and will be the hub for all Security related systems.



Estates and Facilities

Sustainability

- Our EV Policy is now ratified so we will look to now turn on EV Charging points and install more charges across our sites
- We have planted trees at St Marys Hospital site and we are currently installing Solar Panels at Millfield House.



We are looking to rebrand during Quarter 4 – updates coming soon!

Estates and Facilities

Projects

- Parkside Lodge – strip out of internal space continues ahead of main construction works.
- The Mount – All enabling works are now complete and work has now commenced on Level 2
- Backlog Maintenance programme is now picking up pace across the entire estate – roof replacements and repairs, door replacements, fire safety improvements, heating upgrades and more!



A photograph of four NHS staff members in a clinical setting. Three women are standing and one is sitting. They are all wearing NHS uniforms and lanyards. The background shows shelves with medical supplies and a desk with a computer monitor. The image has a blue overlay.

Reasons to be proud

Celebrating the achievements of our staff and services and the good things that happen!

Award Winners!

Celebrating our Annual Recognition Award in Trauma Winners

- Clinical Psychologists Dr. Katie Splevens and Laura Edmeade have received an Annual Recognition Award in Trauma for their exceptional clinical initiative improving practice and outcomes for service users.
- Their submission: "Development and Evaluation of a Brief Compassion-Focused Therapy Group Intervention for Mums and Babies in an Inpatient Perinatal Service;" stood out for its innovation and impact.



Great feedback for Red Kite View!

The thread that has pulled everything together'

The parents of a service user at Red Kite View have described how staff made them feel 'heard and validated' at a time when things for the family were 'uncertain and fragile'.

Sharing their experiences of the service, they said: "You were generous with your time and allowed us to offload five months' of worry and frustration. Thank you for recognising how much we needed that before we could move forward.

"After meeting you we left feeling reassured, understood and a valued part of our daughter's life again...this instantly made us trust you and know that our daughter was in good hands.

"From then on things started to feel different. Your approach made us feel 'held' and that we were in a partnership rather than things being done to / at us.

"...This shift would not have happened without this, and I think we will be ok because of it."

Well done to all involved!

A group of seven NHS staff members, four men and three women, are standing in a hallway. They are all wearing blue lanyards with ID badges. In the center, two people are holding a large, multi-colored circular graphic. The graphic is divided into segments with the words 'Caring' and 'Integrity' visible. The background is a blurred hallway with a brick wall on the right.

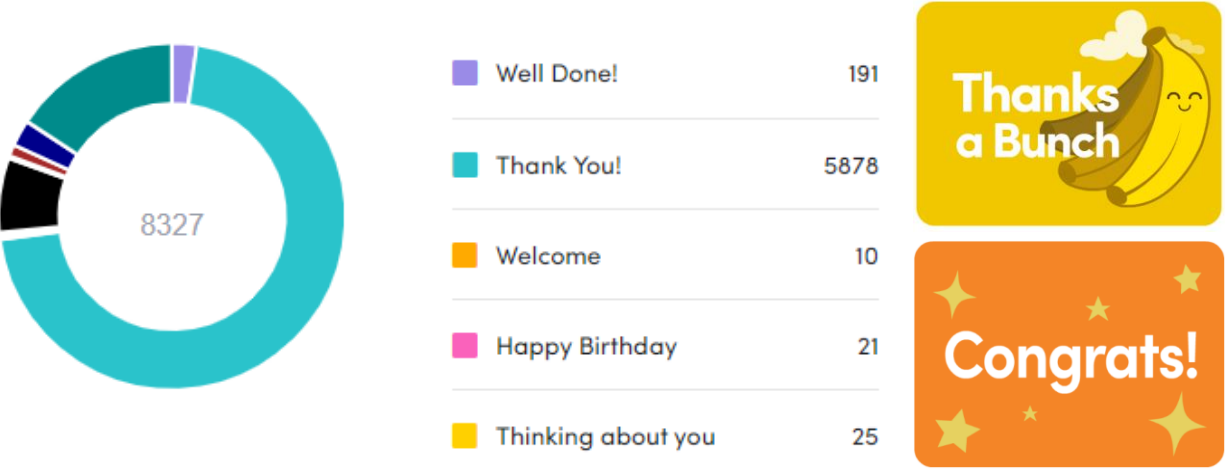
Reward and Recognition

Reward Highlight
Team of the Month
Individual of the Month
Research Hero

Reward Highlight



A total of 8,327 Ecards sent during 2024



Top 3 teams to send Ecards in 2024	
1. Becklin Ward 5	508
2. Rehab and Recovery Inpatients Asket House	101
3. Perinatal Community Team	61

- You can download the Each Person app to your phone to send Ecards and access exclusive offers from wherever you may be
- Earn cashback as Epoints on purchases, check out the Top Cashback section on the platform
- Access a range of deals and discounts



Brighten someone's day
– send an ecard today!

111 LYPFT trees planted



Thank you!

People Engagement

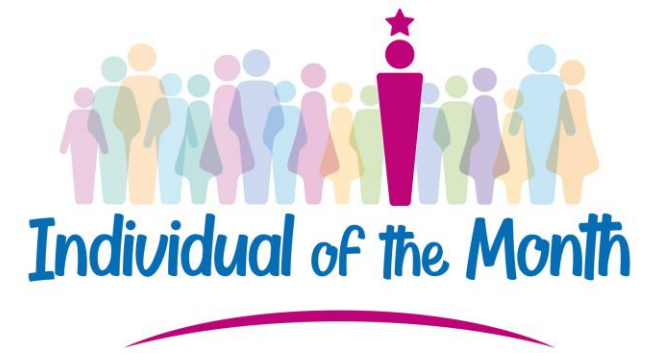


Team of the Month – Clinical Systems Team



The Clinical Systems team has demonstrated outstanding commitment to supporting West Yorkshire ICB's Project Hope, a widening participation initiative for young care leavers. Despite the project being outside their usual scope, the team embraced this challenge with openness, flexibility, and a collaborative spirit. By adopting accessible recruitment methods and showing empathy, they welcomed a new team member and created an inclusive environment, demonstrating the power of teamwork and compassionate leadership.

People Engagement



Scott Walker, Clinical Team Manager The Mount – Ward 1

Scott has been nominated for this award by his team, with overwhelming support and admiration for his leadership, dedication, and compassion. Described as selfless, approachable, and always going above and beyond, Scott consistently prioritises patient care and staff wellbeing. His team praises his respect for others, and ability to empower and inspire those around him. Known for his honesty, person-centered approach, and innovative ideas, Scott is recognised as a fantastic manager, nurse, and leader, making him an invaluable asset to the service and a true role model.





Research and Development

**Programme Management Office
Amanda, Donna and Tom.
Their work to establish a clinical research hub.**





This month, we celebrate the Programme Management Office (PMO) for their vital role in building research capacity across the Trust. Research delivery is a Trust-wide effort, with many behind-the-scenes activities enabling clinically relevant studies for our service users.

Our varied research portfolio increasingly includes studies requiring blood samples and other physical measurements, such as UKMinds and Diamonds. To meet these needs, we identified a lack of dedicated clinical space for safe, confidential, and comfortable sample collection.

The PMO team rose to the challenge, recognising the importance of research and collaborating with us to establish a clinical research hub at Kippax Health Centre. This new space now supports blood processing and other critical study components.

Donna and Tom said:

“We are really pleased to have been part of the discussions and consultation process for finding a suitable clinic space for the R&D team to expand their work into. It is lovely to receive this nomination and we thank the R&D team for this and their kind words. We wish them every success in their future working from Kippax.”

Meeting of the Council of Governors

Paper title:	Report from the Chief Financial Officer
Date of meeting:	4 February 2025
Presented by: (name and title)	Dawn Hanwell, Chief Financial Officer, and Deputy Chief Executive
Prepared by: (name and title)	Jonathan Saxton, Deputy Director of Finance

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.	✓

THIS PAPER RELATES TO THE TRUST'S STRATEGIC RISK/S (please tick relevant box/s)		✓
SR1	Quality including safety assurance processes	
SR2	Delivery of the Quality Strategic Plan	
SR3	Culture and environment for the wellbeing of staff	
SR4	Financial sustainability	✓
SR5	Adequate working and care environments	
SR6	Digital technologies	
SR7	Plan and deliver services that meet the health needs of the population we serve.	

Executive summary

At month 9 the Trust's financial position remains broadly stable. The income and expenditure position is now a surplus year to date. Due to the system financial position the enhanced financial governance arrangements remain in place and reviews of organisations balance sheets have been initiated.

More work is required to drive efficiency and productivity, specifically on a recurrent basis as we continue to underpin the position with fortuitous non-recurrent measures. It is vital that the organisation identifies recurrent savings plans to move towards a sustainable position into 25/26 planning round. At this stage it is not clear if the

Integrated Care System as a whole will deliver its plan and the consequences of not doing so would significantly impact into next year.

Do the recommendations in this paper have any impact upon the requirements of the protected groups identified by the Equality Act? **No**

If yes, please set out what action has been taken to address this in your paper.

Recommendation

The Council is asked to be assured that:

- Note the Trust revenue and capital plans position 2024/25
- Note the intervention that will take place if the West Yorkshire system is significantly off plan.

MEETING OF THE COUNCIL OF GOVERNORS

4 FEBRUARY 2025

CHIEF FINANCIAL OFFICER REPORT

1 Introduction

This report provides an overview of the Trust financial position at month 9 2024/25. It also considers the key risks and issues the Trust is facing, in the context of the wider financial challenges across the Integrated Care System (ICS).

2 Income and Expenditure Performance 2024/25

At month 9 the Trust reported a £0.2m surplus against the year-to-date deficit budge of £0.6m, a £0.8m favourable variance. The monthly run rate continues to improve however not at the anticipated required rate. The year-to-date position is largely underpinned by non-recurrent benefits as well as other fortuitous variances across service lines.

The overall summary reported position is shown in table below

Income & Expenditure Budget Position	Budget Annual £'000	Month 9		
		Budget YTD £'000	Actual YTD £'000	Variance YTD £'000
Income:				
Patient Care Income	225,948	174,661	177,013	2,352
Other Income	31,516	20,437	22,323	1,886
Total Income	257,464	195,098	199,336	4,238
Expenditure:				
Pay Expenditure	(193,378)	(145,024)	(142,938)	2,086
Non Pay Expenditure	(60,037)	(48,340)	(53,501)	(5,161)
Total Expenditure	(253,415)	(193,364)	(196,439)	(3,075)
Surplus/ (Deficit)	4,049	1,734	2,897	1,163
System adjustments	(3,054)	(2,294)	(2,653)	(359)
NHSE Adj. Surplus / (Deficit)	995	(560)	244	804

The significant items to note are:

- The calculated impact of the national pay awards has generated a further pressure due to insufficient funding allocated through the central NHS payment mechanism

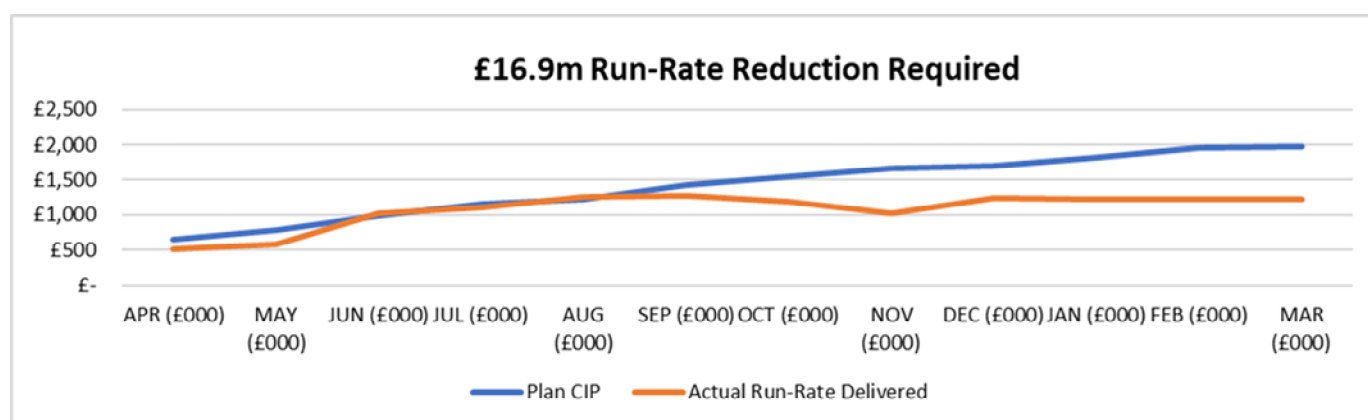
- Continuing positive improvements have been made in the Trusts use of agency, bank and overtime, with medical agency still the main high-cost challenge.
- Inpatient wards continue as key area of focus for overspending, most notably Adult Acute wards £0.8m and Older Peoples wards £1.2m. Work is concluding on the review of establishments, which will help inform additional actions needed.
- Whilst significant improvements (reductions) in Working Age Out of Area Placements (OAPs) had been made in the first half of the year, activity has remained relatively consistent since October, and the cumulative overspend against trajectory is £1.5m.
- The Specialist Supported Living contract is £0.3m overspent, despite some good progress to address the voids and agreement on prior year inflationary uplift. Further work is still required on this contract model, and current year pay award shortfall.
- The two Provider Collaboratives which the Trust is lead for, Adult Eating Disorders (AED) and Children and Young People (CYP) are both currently overspending. Plans are in place to address, and CYP overspend is partially mitigated from investment reserves brought forward.
- Corporate departments, doctors in training and pharmacy continue to underspend, supporting the in-year position non recurrently.
- Interest receivable remains high, £0.7m better than budget year to date, however interest rates have reduced twice during the period and are anticipated to continue to do so, reducing further in year benefit.

3 Efficiency Programme

The Trust efficiency programme for 24/25 is to deliver in year run-rate savings of £16.9m. This is based on the external plan which reflects the actual forecast income and expenditure profile compared with prior year.

As at month 9, against the £16.9m run-rate reduction target the Trust had planned £11.2m run-rate reductions, of which £9.2m were delivered (£2.0m behind plan). A prudent forecast of run-rate reductions has been made until the end of the financial year. This demonstrates that further run-rate reductions totalling £4.1m are required before then end of the financial year.

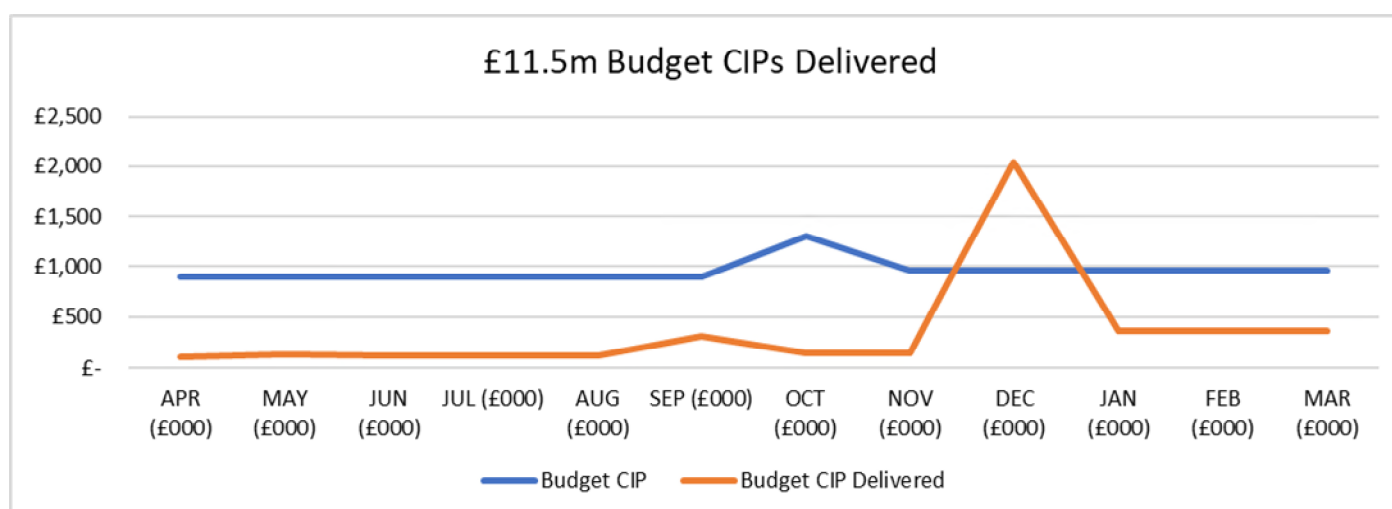
Actual and forecast reductions in run-rate against planned reductions are shown below:



	APR (£000)	MAY (£000)	JUN (£000)	JUL (£000)	AUG (£000)	SEP (£000)	OCT (£000)	NOV (£000)	DEC (£000)	JAN (£000)	FEB (£000)	MAR (£000)	TOTAL (£000)
Plan CIP	654	793	997	1,164	1,232	1,434	1,555	1,669	1,698	1,813	1,961	1,980	16,950
Actual Run-Rate Delivered	514	583	1,024	1,101	1,261	1,276	1,189	1,029	1,244	1,222	1,222	1,222	12,887
Variance	(141)	(210)	27	(64)	29	(158)	(365)	(640)	(453)	(591)	(739)	(758)	(4,063)
Cumulative Variance	(141)	(351)	(323)	(387)	(358)	(516)	(881)	(1,521)	(1,974)	(2,565)	(3,305)	(4,063)	

Alongside the run rate efficiency target improvements, the Trust started the financial year with a recurrent £10.8m budget saving programme (recurrent CIP). This is based on allocated budgets not run rate profiles. This is a lower target figure as it represents what is required to be taken out of our budgets to balance the organisation, assuming every service and department is starting from their opening base budget position, not what is being spent (run rate).

Against the £11.5m budget CIP target, the Trust has delivered £4.3m. This has been agreed and considered through the Quality Impact Assessment process. Clearly this falls significantly short of the recurrent requirement. We are reconsidering the range of approaches which will be required to achieve the remaining gap, linked to what will be an even bigger additional challenge in 25/26 (see section on 25/26 planning below). The below table and graph demonstrate the budget CIP achieved year to date:



	APR (£000)	MAY (£000)	JUN (£000)	JUL (£000)	AUG (£000)	SEP (£000)	OCT (£000)	NOV (£000)	DEC (£000)	JAN (£000)	FEB (£000)	MAR (£000)	TOTAL (£000)
Budget CIP	900	900	900	900	900	900	1,308	963	963	963	963	963	11,521
Budget CIP Delivered	110	130	120	120	120	316	152	152	2,044	363	363	360	4,348
Variance	(790)	(770)	(780)	(780)	(780)	(584)	(1,156)	(810)	1,081	(600)	(600)	(602)	(7,173)
Cumulative Variance	(790)	(1,561)	(2,341)	(3,122)	(3,902)	(4,486)	(5,642)	(6,452)	(5,371)	(5,971)	(6,571)	(7,173)	

4 Income and Expenditure Forecast

The Trust continues to forecast and report that it will achieve its financial plan this year, that is a £1m surplus. Whilst the Trust has not made the required planned progress to achieving its target savings, we have assessed the risks and likely variables and anticipate there is sufficient tolerance in the overall position to deliver the plan. To achieve this will include the use of technical flexibilities and an ongoing

reliance on non-recurrent items (interest receivable, vacancy management, one off income). The underlying position of the Trust is not balanced based on the current expenditure patterns and overspends. This is clearly a significant concern going into 25/26 when the expectation is an even more challenging financial regime (see below re planning for 25/26).

5 Capital Expenditure

5.1 Operational Capital

The Trusts share of the operational capital allocation for West Yorkshire is £4m. At month 9 expenditure is £2.2m against a plan of £2.2m. Expenditure year to date includes the Mount perinatal expansion scheme. The forecast remains on plan for the year.

5.2 Public Dividend Capital (PDC)

The Trust has several planned capital schemes anticipated in year from nationally funded PDC. These are all at different stages as noted below.

- £11.2m High Intensity (West Yorkshire Complex Rehabilitation Scheme) – approved and progressing, but with some timing risks which are being managed.
- £1m Electronic Document Management – part of a multi-year funding approval but confirmation required for 2024-25.
- £5m Perinatal Expansion – It has been confirmed that this funding will be CDEL only and will be available in 2025-26.

5.3 Lease (IFRS16)

Lease (IFRS16) expenditure is £105k at M9, which is £912k behind plan due to the timing of new leases being finalised, however, the forecast remains in line with plan for the year.

6 West Yorkshire System Position

6.1 Revenue

The collective month 9 year-to-date position for the ICS was an actual £54.5m deficit against a planned £21.7m deficit; a shortfall/adverse variance against plan of £32.8m. This is a worsening of the position since M8 of £8.1m and is all within the provider organisations. Leeds as a place is on plan at month 09, with favourable variances by this Trust and Leeds Community offsetting a marginal adverse variance at Leeds Teaching.

The current most likely forecast for the ICS without significant improvements could be in the region of c£33m deficit against breakeven plan (after allowing for the £50m deficit support agreed). Under the current regime if the system does not recover its position any shortfall plus the £50m would be repayable (up to £83m on current forecast). Additionally, the ICS could expect to lose c.10% of operational capital next year (£16m). At month 09 the system is still reporting an expectation to deliver breakeven and rapid work is underway to achieve this, with a commitment to a coordinated approach across the whole system.

6.2 Operational Capital

Year to date the system has a year-to-date underspend against operational capital plan of £7.8m. Due to the risk of deliverability on some schemes across providers, we have been able to negotiate £30m brokerage with another ICS. This was transacted this month and LYPFT included £5m as part of this which will be returned in 25/26.

7 2025/26 Planning

At the time of writing this report the Planning Guidance for 2025/26 had not been released, due 28th January. However, NHSE have held several briefing sessions where some early indications of what is likely be included have been shared. It is clear there will be a reduction in the number of targets required. It is likely that after accounting for potential pay awards and inflation, the efficiency challenge will be a minimum of 2%. Whilst commitment to the Mental Health Investment standard has been confirmed, the construct of this is unclear. Most service development funding (SDF) will no longer be ringfenced, and will be contained in base allocations, but this should not apply to Mental Health SDF. There will be an expectation of a net workforce reduction in non-clinical areas (reflecting pre-pandemic versus current growth). Importantly one of the key messages being set out very clearly is that organisations and systems will be asked to plan on what they can afford and deliver within their resource envelope. This is a subtle change from previous years where organisations started planning based on what resource they determined they needed, hence the scale of deficit plans

In advance of guidance financial planning sessions have been held in the West Yorkshire system where broad assumptions have been discussed and modelled. Detailed work is now underway and will be adjusted to reflect the final guidance. At this stage the Trust has modelled a likely opening gap of c£14m, subject to changes and impacts of planning guidance. The options and approaches for delivering a balanced plan for 25/26 are under review and discussion with the Executive Management Team. A first draft financial plan will be required for submission by mid-February. This will not be complete and will only give an indication of the challenge and risks. The expectation is a final plan will be submitted to Board for consideration in March, based on the estimated national timetable.

8 Conclusion

At month 9 the Trust's financial position remains broadly stable. The income and expenditure position is now a surplus year to date. Due to the system financial position the enhanced financial governance arrangements remain in place and reviews of organisations balance sheets have been initiated.

More work is required to drive efficiency and productivity, specifically on a recurrent basis as we continue to underpin the position with fortuitous non-recurrent measures. It is vital that the organisation identifies recurrent savings plans to move towards a sustainable position into 25/26 planning round. At this stage it is not clear if the ICS as a whole will deliver its plan and the consequences of not doing so would significantly impact into next year.

9 Recommendation

The Council is asked to:

- Note the Trust revenue and capital plans position 2024/25
- Note the intervention that will take place if the West Yorkshire system is significantly off plan.

Meeting of the Council of Governors

Paper title:	Annual Strategic Risk Analysis
Date of meeting:	4 February 2025
Presented by: (name and title)	Clare Edwards, Associate Director of Corporate Governance
Prepared by: (name and title)	Clare Edwards, Associate Director of Corporate Gov

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.	✓

THIS PAPER RELATES TO THE TRUST'S STRATEGIC RISK/S (please tick relevant box/s)		✓
SR1	Quality including safety assurance processes	✓
SR2	Delivery of the Quality Strategic Plan	✓
SR3	Culture and environment for the wellbeing of staff	✓
SR4	Financial sustainability	✓
SR5	Adequate working and care environments	✓
SR6	Digital technologies	✓
SR7	Plan and deliver services that meet the health needs of the population we serve.	✓

Executive summary

This paper advises the Council of the key strategic risks as reported through the Board Assurance Framework (BAF). It is a requirement for all Trust Boards to ensure there is an effective process in place to identify, understand, address, and monitor risks. This includes the requirement to have a Board Assurance Framework that sets out the risks to the strategic plan by bringing together in a single place all the relevant information on the risks to the Board being able to deliver the organisation's objectives.

The BAF helps to focus the Executive and Board of Directors on the principal risks to achieving the Trust's strategic goals and in-year objectives and to seek assurance that adequate controls and actions are in place to manage the risks appropriately.

Do the recommendations in this paper have any impact upon the requirements of the protected groups identified by the Equality Act? **No**

Recommendation

The Council of Governors is asked to be assured that the Board has agreed the strategic risks and that those risks are monitored by the Board of Directors and its committees to ensure these are being effectively controlled and mitigated.

Meeting of the Council of Governors

Tuesday 4 February 2025

Annual Strategic Risk Analysis

1 Executive summary

This paper advises the Council of the key strategic risks as reported through the Board Assurance Framework (BAF). It is a requirement for all Trust Boards to ensure there is an effective process in place to identify, understand, address, and monitor risks. This includes the requirement to have a Board Assurance Framework that sets out the risks to the strategic plan by bringing together in a single place all the relevant information on the risks to the Board being able to deliver the organisation's objectives.

2 Board Assurance Framework

2.1 Strategic Objectives

The Board Assurance Framework is informed by Trust strategy and the related strategic objectives. These are:

1. Through our Care Services: we deliver great care that is high quality and improves lives.
2. For our People: we provide a rewarding and supportive place to work.
3. Using our resources wisely: we deliver effective and sustainable services.

2.2 The BAF

This BAF sets out the principal risks and how they could impact on the strategic goals.

The Board Assurance Framework has seven strategic risks. Each strategic risk has an assigned lead Executive Director who has oversight of the detail within the risk ensure identified actions are appropriate and have correct timeframes.

	Strategic risk	Oversight group	Exec lead
SR1	If there is a breakdown of quality including safety assurance processes, we risk not being able to maintain standards of safe practice, meeting population health needs and compliance with regulatory requirements.	Quality Committee	Nichola Sanderson
SR2	There is a risk that we fail to make the improvements outlined in the Quality Strategic Plan and that this has an impact on how we understand and act on the care of those who use our services.	Quality Committee	Chris Hosker
SR3	There is a risk that we fail to deliver a culture and environment that recruits, retains, and attends to the wellbeing of staff to enable them to be their best and deliver quality services now and in the future.	Workforce committee	Darren Skinner
SR4	There is a risk that a lack of financial sustainability results in the destabilisation of the organisation and an inability to meet our objectives.	Finance and Performance Committee	Dawn Hanwell
SR5	Due to an inability to provide adequate working and care environments we risk being unable to deliver safe and effective services.	Finance and Performance Committee	Dawn Hanwell
SR6	As a result of insecure, inadequate and poorly utilised digital technologies there is a risk the quality and continuity of services is compromised.	Finance and Performance Committee	Dawn Hanwell
SR7	There is a risk we fail to understand, plan and deliver services that meet the health needs of the population we serve.	Finance and Performance Committee	Joanna Forster Adams

2.1 Risk Management

Overall responsibility for the BAF sits with the Chief Executive and this is administered by the Associate Director for Corporate Governance who has a co-ordinating role in respect of the information, and for ensuring the document moves through its governance pathway effectively and provides check and challenge to the content.

Board Committees review the BAF at their meetings to ensure that the risks remain appropriate and provide assurance that they are appropriately managed.

The Executive Risk Management Group has oversight of all Trust risks, with specific focus on the strategic risks and risks rated 15 or above. There is a clear escalation route to the Executive Management Team and the Trust Board for any identified risk or action required.

The BAF is received and monitored both at Board and at Board sub-committee level. It is also received and monitored within our governance structure. The table below shows where the BAF is received and how often.

Where received	How often	Reason for receiving the Board Assurance Framework
Board of Directors	Quarterly	<p>The Board is accountable for the effectiveness of risk management in the Trust</p> <p>It seeks assurance on the controls in place and the effectiveness of those controls through receipt of the Board Assurance Framework and reports from its sub-committees that risks are being managed effectively.</p>
Audit Committee	Twice a year	<p>Receives assurance that the Board Assurance Framework is in place, fit for purpose, and is being used by the organisation appropriately.</p> <p>The degree to which risks are being controlled may also inform any deep-dives which the committee might decide to undertake itself or that it might suggest for another Board sub-committee.</p>
Board sub-committees (Workforce Committee, Quality Committee, Finance and Performance Committee)	As agreed for each Committee (quarterly minimum)	<p>Where a Board sub-committee has been named as an assurance receiver, it will receive a report (the BAF) on those strategic risks.</p> <p>The committee seeks assurance on behalf of the Board that those strategic risks where it has been listed as an assurance receiver are being managed appropriately. It may also inform any deep-dive which it may wish to undertake (or have delegated to it by the Audit Committee).</p>

Where received	How often	Reason for receiving the Board Assurance Framework
Executive Risk Management Group	Each meeting	To allow an assessment of the information on the BAF ensuring it is up to date and to ensure that any new or emerging risks are identified that may need to be captured on the BAF as a contributory risk.
	Quarterly	Risk scores for the strategic risks are reviewed and where necessary moderated to take account of the interconnectivity of the strategic risks
Internal Audit	Annually	To support the Head of Internal Audit Opinion and the Corporate Governance Statement

3 Conclusion

The BAF helps to focus the Executive and Board of Directors on the principal risks to achieving the Trust's strategic goals and in-year objectives and to seek assurance that adequate controls and actions are in place to manage the risks appropriately.

Governors are reminded that by observing Board or committee meetings they can observe Board members using the BAF in the context in which it is received.

4 Recommendation

The Council of Governors is asked to be assured that the Board has agreed the strategic risks and that those risks are monitored by the Board of Directors and its committees to ensure these are being effectively controlled and mitigated.

Clare Edwards
Associate Director of Corporate Governance
7 January 2025

Agenda
item
14.1

Meeting of the Council of Governors

Paper title:	Chair's Report from the Finance and Performance Committee meeting on 30 October 2024
Date of meeting:	4 February 2025
Presented by: (name and title)	Cleveland Henry, Non-executive Director and Chair of the Finance and Performance Committee
Prepared by: (name and title)	Rose Cooper, Deputy 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.	✓

This paper relates to the Trust's strategic risk/s (please tick relevant box/s)		✓
SR1	Quality including safety assurance processes	
SR2	Delivery of the Quality Strategic Plan	
SR3	Culture and environment for the wellbeing of staff	
SR4	Financial sustainability	✓
SR5	Adequate working and care environments	✓
SR6	Digital technologies	✓
SR7	Plan and deliver services that meet the health needs of the population we serve.	✓

Committee details:	
Name of Committee:	Finance and Performance Committee – Part A
Date of Committee:	30 October 2024
Chaired by:	Cleveland Henry, Non-executive Director

ALERT – items to alert the Board to

The Committee reviewed the Workforce and Agency Group trajectories at month 6 and noted that the previously positive position had deteriorated, and the Trust was now only marginally ahead of plan. The Committee agreed to alert the Board to this via the Chair's Report. The Committee acknowledged that there may be improvement at month 7 when re-forecasting would take place; however, it noted the risks associated with the Trust's approach of "tail-ending" its cost improvement plans especially given the expected increase in pressure over winter. The Committee asked that some analysis of the impact of the trajectories was provided in the next report.

ADVISE – items to advise the Board on

The Committee received an overview of the Trust's financial performance at month 6 and noted that the position was broadly stable. The Committee noted the risk areas which could worsen the Trust's financial position further as outlined in the paper and noted the potential non-recurrent measures which could help to address the in-year shortfall and support the Trust to deliver its plan. The Committee noted that the West Yorkshire Integrated Care Board (ICB) had moved from a level 2 to a level 3+ rating of the oversight framework and understood that significant accelerated action was required to deliver the Trust's plan and move towards a sustainable position with a particular focus on the productivity and efficiency of the organisation. The Committee agreed that a more detailed discussion on this and the implications for the Trust should take place at the private Board of Directors' meeting in November 2024. The Committee also discussed Provider Collaboratives and agreed that these needed to be covered in more detail in reports to the Committee, noting that there were issues linked to governance and risk allocation that members needed to be fully sighted on. The Committee also noted that the external review by PricewaterhouseCoopers was due to conclude in early November and heard that an update on the findings would be provided at the November Board of Directors' meeting.

The Committee received the report from the Chief Operating Officer and discussed the following areas: the Attention Deficit Hyperactivity Disorder (ADHD) update and agreed that the situation had been managed well; was assured by the update on the work to improve Crisis response times; noted that the Improving Patient Flow Programme was broadly on trajectory; and noted the update on the annual assessment against the Emergency Preparedness, Resilience and Response Core Standards and heard that the Trust had achieved 74% compliance this year and that the outcome would be reported retrospectively to the public Board of Directors' meeting in November 2024.

The Committee received the update on the Digital Plan for 2023-2025 which included updates on progress with replacing the Trust's Electronic Patient Record (EPR) and the Patient Portal both of which were key initiatives relating to the Trust's strategic priorities for 2024/25. The Committee heard that the aim was to have a new EPR provider by mid-2027 ahead of the October 2029 deadline, noted that a review into single solution verses best of breed approach was being undertaken and discussed the potential funding options linked to the Frontline Digitalisation Programme. The Committee also discussed the convergence between EPR systems with both NHS and third sector partners in the region, noted the issues caused by the current lack of interoperability, and highlighted the opportunity for collaboration as part of the West Yorkshire Integrated Care System. With regard to the Patient Portal,

the Committee noted the intention to engage the same solution as Leeds Teaching Hospitals NHS Trust. The Committee also received an update on the Electronic Prescribing and Medicines Administration (EPMA) solution and noted the issue linked to upgrading the current platform.

The Committee agreed that the revised business case, partnership agreement and risk share agreement for the Yorkshire and Humber Perinatal Provider Collaborative would provisionally be scheduled for review at the January 2025 meeting, ahead of go-live in April 2025.

ASSURE – items to provide assurance to the Board on

The Committee received the annual update on off-payroll engagements as of 30 September 2024 and noted the position.

The Committee received the Estates and Clinical Environments Report, noted that there were no high-risk issues for escalation, and was assured that good progress was being made across the key projects.

REFER - Items to be referred to other Committees:

- No items to be referred to other committees.

Recommendation

The Council of Governors is asked to note the contents of the Chair's Report which summarises the discussions held at the October 2024 Finance and Performance Committee meeting, as reported to the November 2024 Board of Director's meeting.

Agenda
item
14.1

Meeting of the Council of Governors

Paper title:	Chair's Report from the Finance and Performance Committee meeting on 25 November 2024
Date of meeting:	4 February 2025
Presented by: (name and title)	Cleveland Henry, Non-executive Director and Chair of the Finance and Performance Committee
Prepared by: (name and title)	Rose Cooper, Deputy 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.	✓

This paper relates to the Trust's strategic risk/s (please tick relevant box/s)		✓
SR1	Quality including safety assurance processes	
SR2	Delivery of the Quality Strategic Plan	
SR3	Culture and environment for the wellbeing of staff	
SR4	Financial sustainability	✓
SR5	Adequate working and care environments	✓
SR6	Digital technologies	✓
SR7	Plan and deliver services that meet the health needs of the population we serve.	✓

Committee details:	
Name of Committee:	Finance and Performance Committee – Part A
Date of Committee:	25 November 2024
Chaired by:	Cleveland Henry, Non-executive Director

ALERT – items to alert the Board to

No items to alert the Board to.

ADVISE – items to advise the Board on

The Committee received an overview of the Trust's financial performance at month 7 and noted that the position remained broadly stable. A summary of the discussion has been included in the private Chair's Report. The Committee also reviewed the Workforce and Agency Group trajectories at month 7 which showed that the position had deteriorated since the last report. The Committee noted that Medical Locums were still a significant area of spend which was not expected to improve until early next year, that Bank expenditure had increased linked to the reduction in agency usage, and that there had been limited progress in reducing the use of overtime. The Committee also had a robust discussion on whether data could support efficiencies in clinical practice.

The Committee received the report from the Chief Operating Officer and the Winter Resilience and Operating Plan and heard about the increased scrutiny on reducing Emergency Department (ED) waiting times for mental health assessment and treatment. The Committee was mindful that this presented a challenge heading into winter and heard about the plans to improve reporting on ED waiting times following a referral to or assessment by the Trust. The Committee also noted that the Trust was off plan in terms of delivering the Improving Patient Flow trajectory, but heard that the position was improving, and consideration was being given as to how the programme could expand further.

The Committee received the Cyber Security Dashboard and was assured that the Trust continued to maintain a robust position in relation to its cyber defences. The Committee queried why the non-compliant standards from the cyber security 'deep dive' undertaken as part of the EPRR self-assessment were not reflected in the dashboard and noted the reasons for this.

The Committee reviewed the Board Assurance Framework and discussed Strategic Risk 4, in particular contributory risk 651 which related to cost improvement plan (CIP) requirements and had a current risk score of 12. The Committee agreed to review this risk score once the Star Chamber analysis had taken place, and there was a better understanding of the recurrent CIP delivery.

ASSURE – items to provide assurance to the Board on

The Committee reviewed the declared position of the Trust against NHS England's mandatory core standards for Emergency Preparedness, Resilience and Response (EPRR), noted the final assessment submission was 74% which, although non-compliant, was a significant improvement compared to 2023, and recommended that the Board of Directors accept the declared and verified assurance rating. The Committee was mindful that the self-assessment process could lead to variation in scores between sectors but was reassured to note that the Trust's score was consistent with other mental health trusts in West Yorkshire, and was assured by the Trust's approach to ensure there was robust evidence to justify all standards.

The Committee considered the proposed amendments to Standing Financial Instruction (SFI) 8 (Tendering and Contracting) and supported the amendments for ratification by the Board of Directors. The Committee noted that the amendments would bring the SFI up to date and in line with other organisations and received assurance that there were no risks associated with the proposed update to the thresholds for quotation and tenders.

The Committee reviewed the Organisational Priorities Quarter 2 Progress Report and was assured as to the systems and processes in place for monitoring and supporting the delivery of each priority's high-level milestones and underpinning tasks.

REFER - Items to be referred to other Committees:

- No items to be referred to other committees.

Recommendation

The Council of Governors is asked to note the contents of the Chair's Report which summarises the discussions held at the November 2024 Finance and Performance Committee meeting, as reported to the November 2024 Board of Director's meeting.

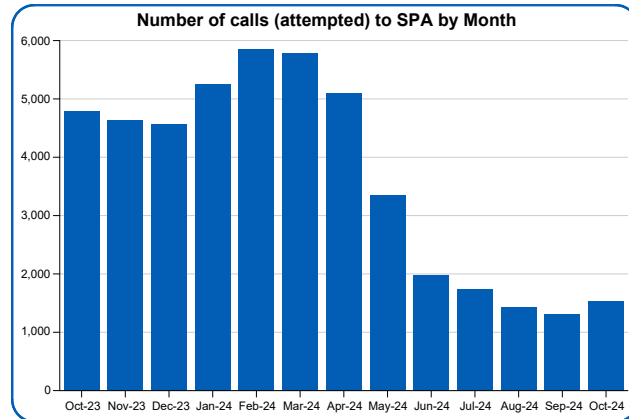
Service Performance - Chief Operating Officer

Services: Access & Responsiveness: Our response in a crisis	Target	Aug 2024	Sep 2024	Oct 2024
Percentage of crisis calls (via the single point of access) answered within 1 minute	-	73.6%	71.9%	72.3%
Percentage of ALPS referrals responded to within 1 hour	-	77.8%	78.6%	65.2%
Percentage of S136 referrals assessed within 3 hours of arrival	-	9.7%	8.2%	9.4%
Number of S136 referrals assessed	-	31	49	53
Number of S136 detentions over 24 hours	0	0	1	1
Percentage of appropriate crisis referrals seen face to face for assessment within 4 hours of referral	90.0%	57.4%	51.2%	65.9%
Percentage of service users who stayed on CRISS caseload for less than 6 weeks	70.0%	85.5%	86.2%	85.3%
Percentage of service users seen or visited at least 5 times within first week of receiving CRISS support	50.0%	39.5%	34.8%	36.5%
Percentage of CRISS caseload where source of referral was acute inpatients	-	22.0%	10.5%	7.9%
Services: Access & Responsiveness to Learning Disabilities, Regional & Specialist Services	Target	Aug 2024	Sep 2024	Oct 2024
Gender Identity Service: Number on waiting list	-	6,074	6,143	6,200
Deaf CAMHS: average wait from referral to first face to face (inc. telemedicine) contact in days	-	190.94	179.22	200.24
Community LD: Percentage of referrals seen within 4 weeks of receipt of referral	90.0%	55.6%	70.7%	83.7%
Leeds Autism Diagnostic Service (LADS): Assessment to Diagnostic Decision within 26 Weeks (quarterly)	-	-	48.5%	-
Leeds Autism Diagnostic Service (LADS): Percentage starting assessment within 13 weeks (quarterly)	-	-	34.6%	-
CAMHS inpatients: Proportion of people assessed within 7 days of admission (HoNOSCA / GBO) (quarterly)	100.0%	-	100.0%	-
Perinatal Community: Percentage waiting less than 48 hours for first contact (urgent/emergency) (quarterly)	-	-	88.0%	-
Perinatal Community: Percentage of routine referrals waiting less than 2 weeks for assessment (quarterly)	85.0%	-	94.7%	-
Perinatal Community: Total number of distinct women seen in rolling 12 months (quarterly)	920	-	1,020	-
Perinatal Community: Face to Face DNA Rate (quarterly)	-	-	10.8%	-
Services: Our acute patient journey	Target	Aug 2024	Sep 2024	Oct 2024
Number of admissions to adult facilities of patients who are under 16 years old	-	0	0	0
Crisis Assessment Unit (CAU) bed occupancy	-	100.5%	99.4%	97.3%
Crisis Assessment Unit (CAU) length of stay at discharge	-	41.25	61	28.5
Liaison In-Reach: attempted assessment within 24 hours	90.0%	74.5%	79.8%	84.5%
Bed Occupancy rates for (adult acute excluding PICU) inpatient services:	94.0% - 98.0%	100.3%	100.0%	99.8%
Becklin Ward 1 (Female)	-	104.7%	102.7%	102.1%
Becklin Ward 3 (Male)	-	98.9%	97.5%	98.5%
Becklin Ward 4 (Male)	-	99.0%	98.9%	100.4%
Becklin Ward 5 (Female)	-	99.0%	100.5%	99.0%
Newsam Ward 4 (Male)	-	99.7%	100.2%	99.1%
Older adult (total)	-	96.7%	94.6%	91.1%
The Mount Ward 1 (Male Dementia)	-	98.6%	103.8%	97.9%

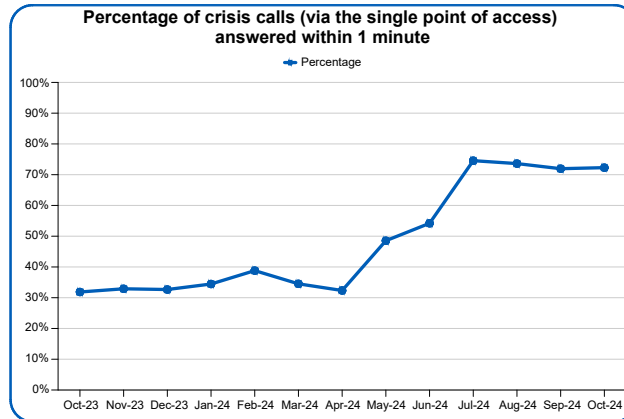
Service Performance - Chief Operating Officer

Services: Our acute patient journey	Target	Aug 2024	Sep 2024	Oct 2024
The Mount Ward 2 (Female Dementia)	-	91.8%	69.8%	74.4%
The Mount Ward 3 (Male)	-	95.6%	101.2%	90.3%
The Mount Ward 4 (Female)	-	99.8%	100.0%	99.2%
Percentage CRFD	-	37.2%	38.3%	39.7%
Out of Area Trajectory Active Placements at Month End	16	20	18	22
Total: Number of out of area placements beginning in month	-	12	11	13
Total: Total number of bed days out of area (new and existing placements from previous months)	-	533	557	604
Acute: Active Placements at Month End	-	15	14	19
Acute: Number of out of area placements beginning in month	-	8	7	9
Acute: Total number of bed days out of area (new and existing placements from previous months)	-	421	429	453
PICU: Active Placements at Month End	-	5	4	3
PICU: Number of out of area placements beginning in month	-	3	4	4
PICU: Total number of bed days out of area (new and existing placements from previous months)	-	104	128	151
Older people: Active Placements at Month End	-	0	0	0
Older people: Number of out of area placements beginning in month	-	1	0	0
Older people: Total number of bed days out of area (new & existing placements from previous months)	-	8	0	0
Cardiometabolic (physical health) assessments completed: Inpatients (quarterly)	80.0%	-	72.2%	-
Services: Our Community Care	Target	Aug 2024	Sep 2024	Oct 2024
Percentage of inpatients followed up within 3 days of discharge (Trust Level monthly local tracking)	80.0%	81.2%	76.5%	73.5%
Percentage of inpatients followed up within 3 days of discharge (HCP commissioned services only)	80.0%	85.5%	74.6%	75.3%
Number of service users in community mental health team care (caseload)	-	3,250	3,300	3,313
Percentage of referrals to memory services seen within 8 weeks (quarter to date)	70.0%	76.0%	76.8%	76.5%
Percentage of referrals to memory services with a diagnosis recorded within 12 weeks (quarter to date)	50.0%	62.8%	59.4%	64.3%
Early intervention in psychosis (EIP) or at risk mental state (ARMS): Percentage starting treatment within 2 weeks	60.0%	53.3%	85.0%	55.0%
Early intervention in psychosis (EIP) : Percentage of people discharged to primary care (quarterly)	-	-	54.7%	-
Cardiometabolic (physical health) assessments completed: Early Intervention in Psychosis Service (quarterly)	80.0%	-	82.9%	-
Services: Clinical Record Keeping	Target	Aug 2024	Sep 2024	Oct 2024
Percentage of service users with NHS Number recorded	-	99.4%	99.3%	99.4%
Percentage of service users with ethnicity recorded	-	81.1%	81.2%	81.5%
Percentage of service users with sexual orientation recorded	-	46.5%	46.8%	46.8%
Services: Clinical Record Keeping - DQMI	Target	May 2024	Jun 2024	Jul 2024
DQMI (MHSDS) % Quality %	95.0%	89.2%	88.0%	90.5%

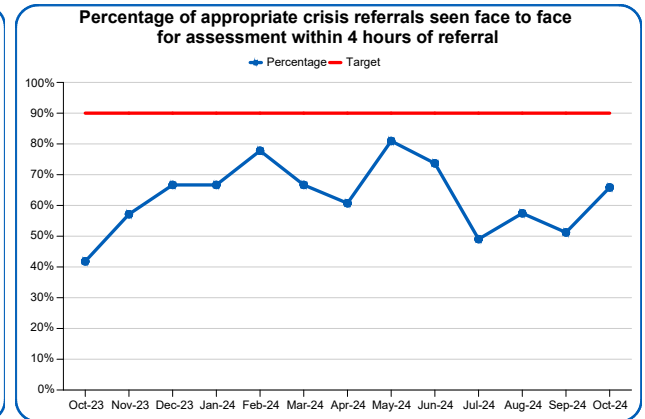
Services: Access & Responsiveness: Our Response in a crisis



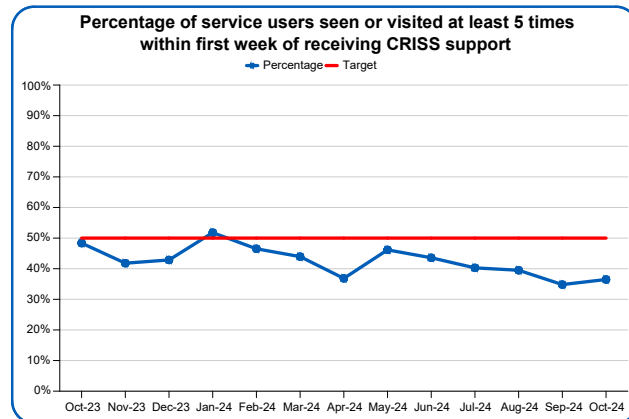
Number of calls : October 1,548



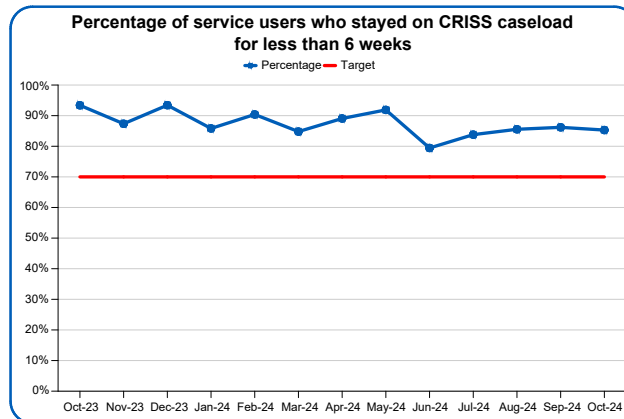
Local target - within 1 minute: October 72.3%



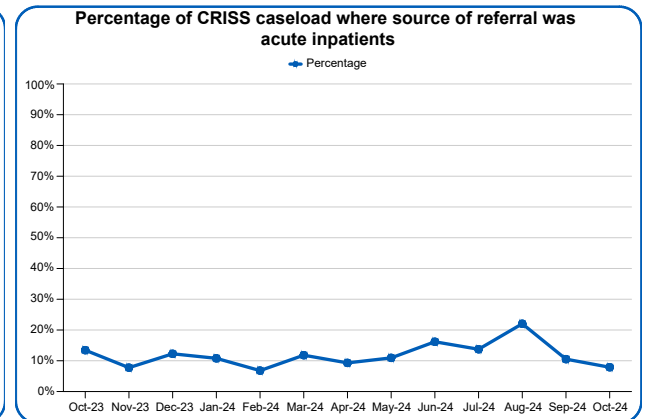
Contactual Target 90%: October 65.9%



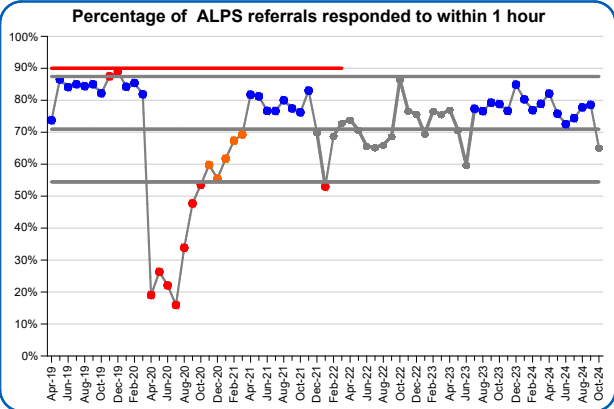
Contractual Target 50%: October 36.5%



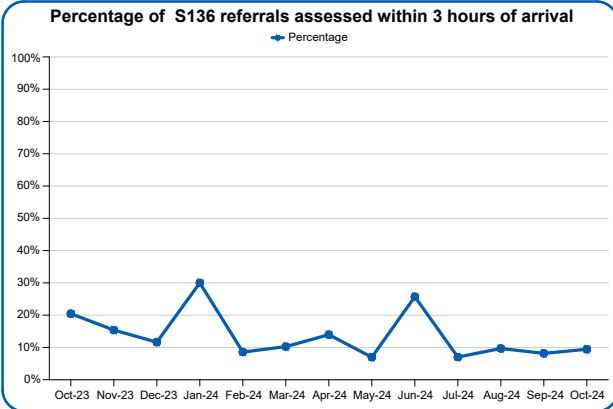
Contractual Target 70%: October 85.3%



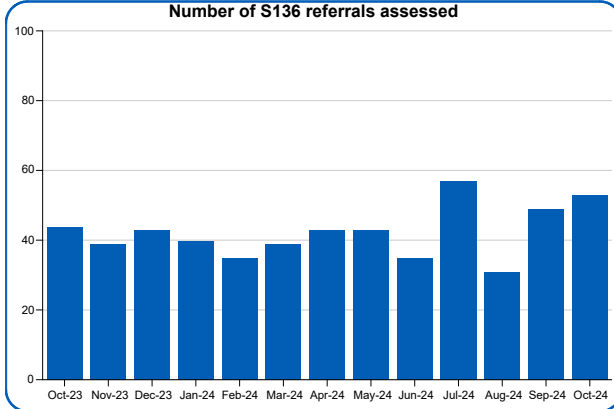
Contractual Target tba: October 7.9%



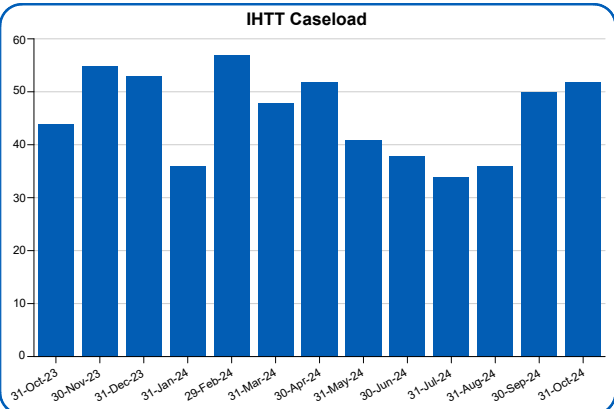
Contractual Target : October 65.2%



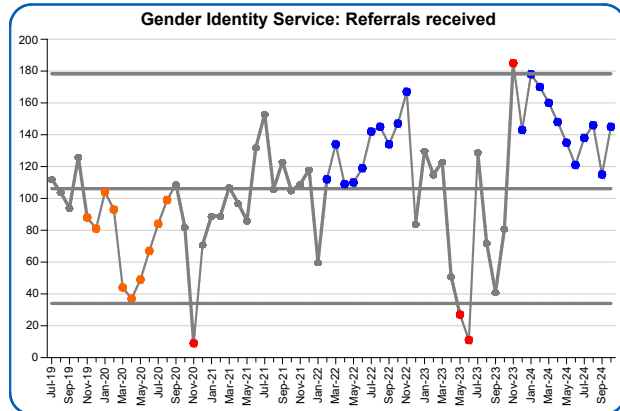
Contractual Target : October 9.4%



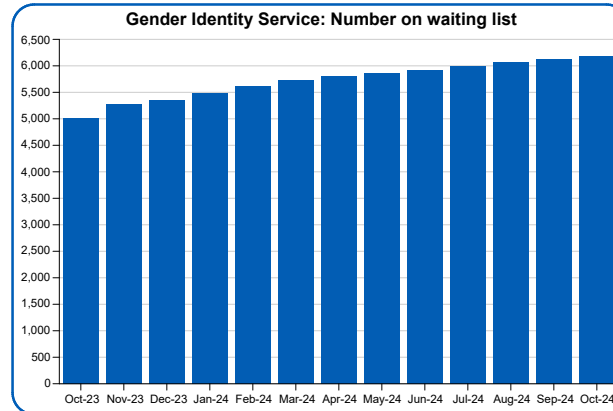
Total referrals assessed: October 53



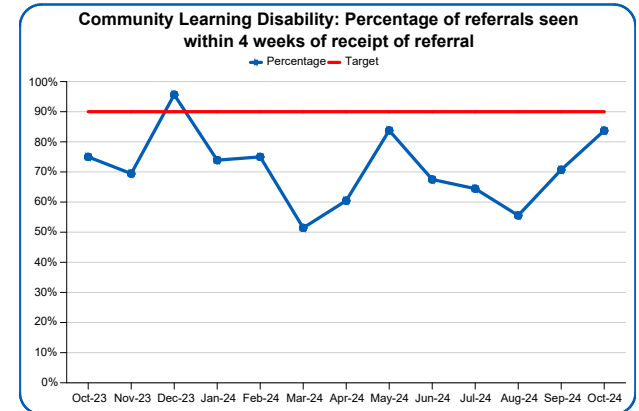
Caseload: October 52



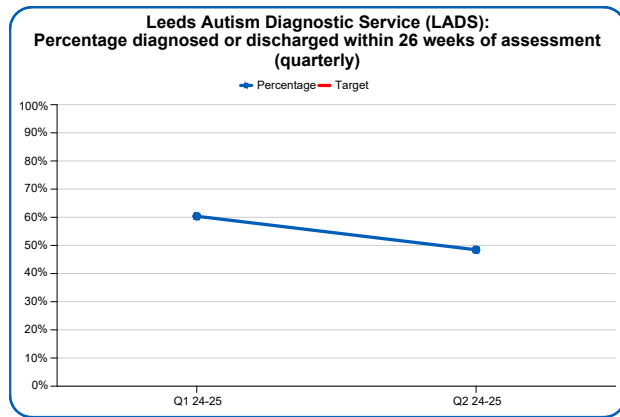
Total referrals: October 145



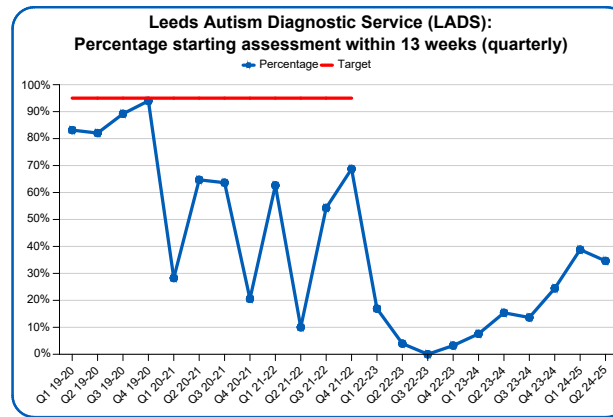
Number on waiting list: October 6,200



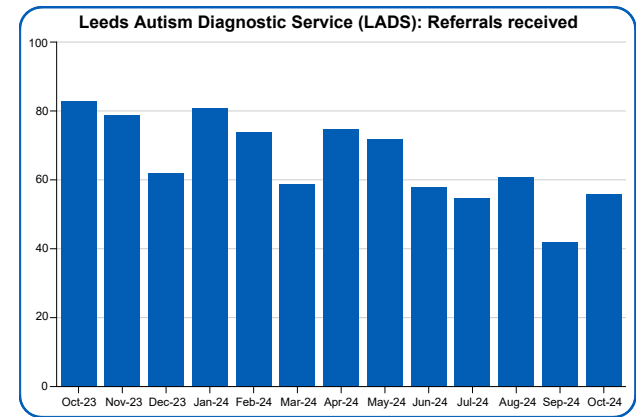
Contractual Target 90%: October 83.7%



Contractual Target : Q2 48.5%



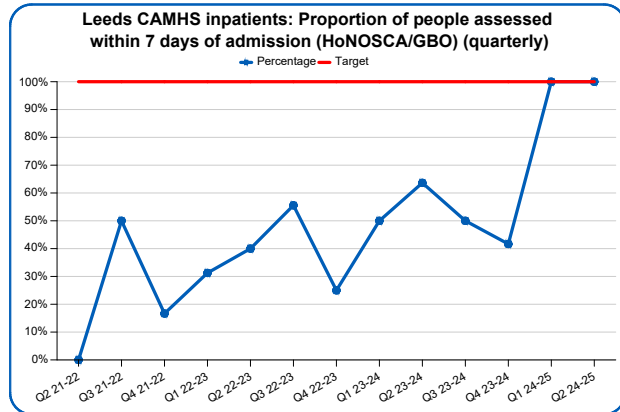
Contractual Target : Q2 34.6%



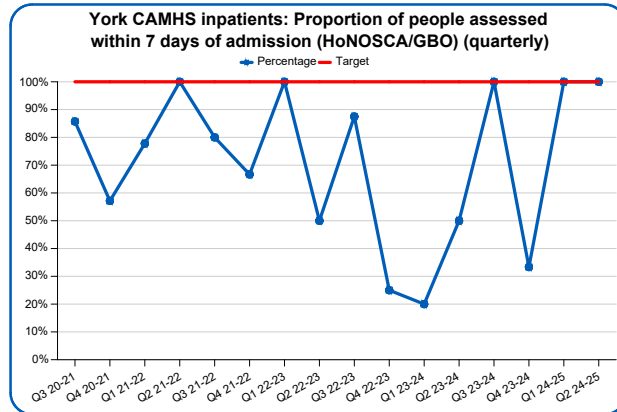
Local measure: October 56

SPC Chart Key

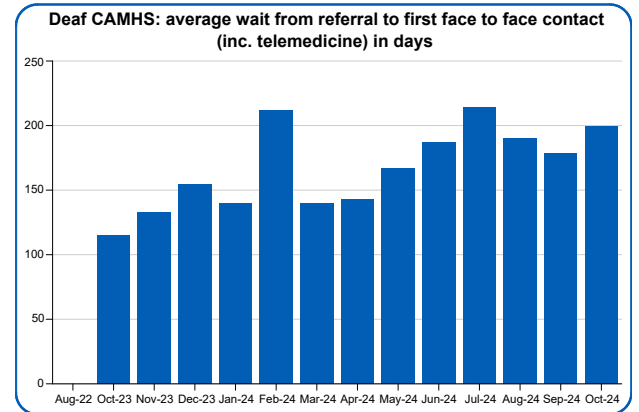




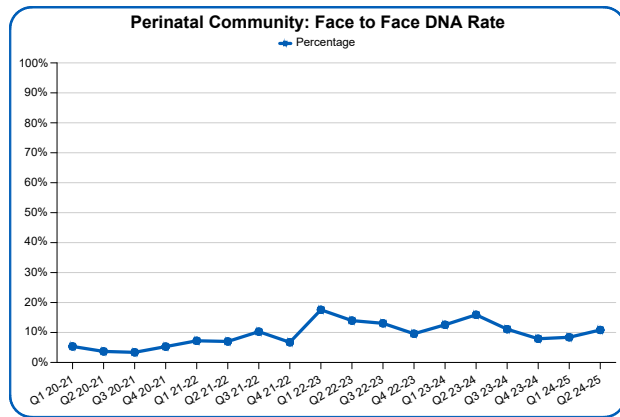
Contractual Target 100%: Q2 100.0%



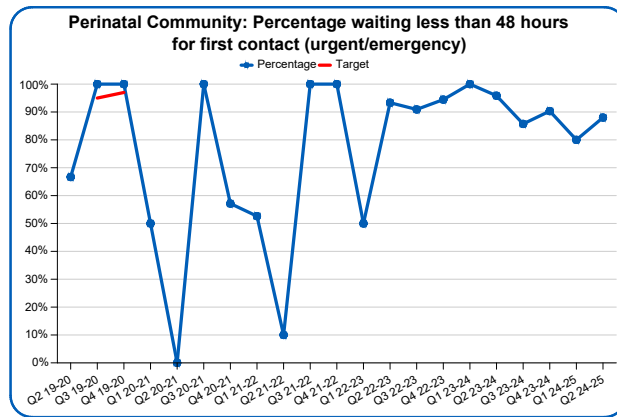
Contractual Target 100%: Q2 100.0%



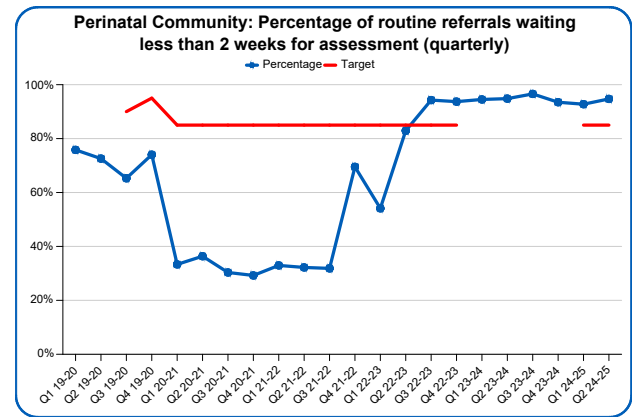
Local measure: October 200



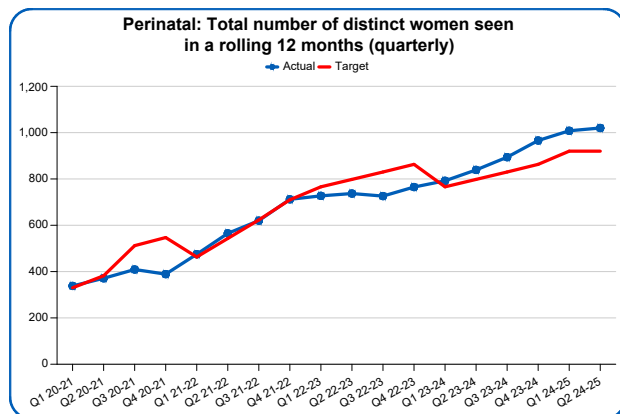
Contractual measure: Q2 10.8%



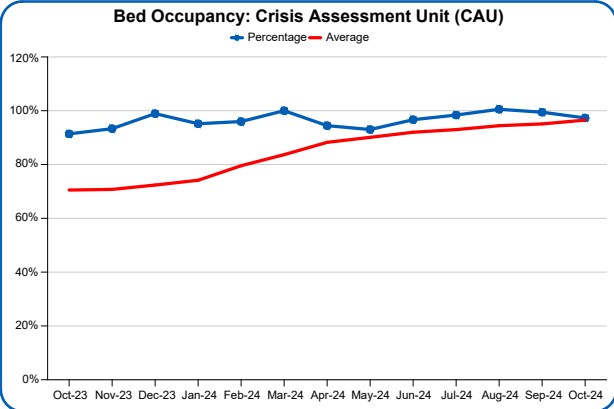
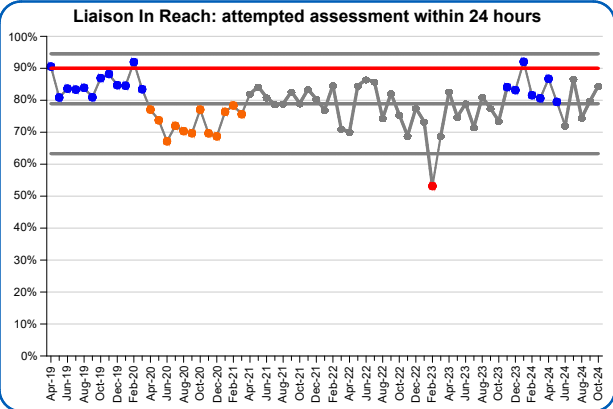
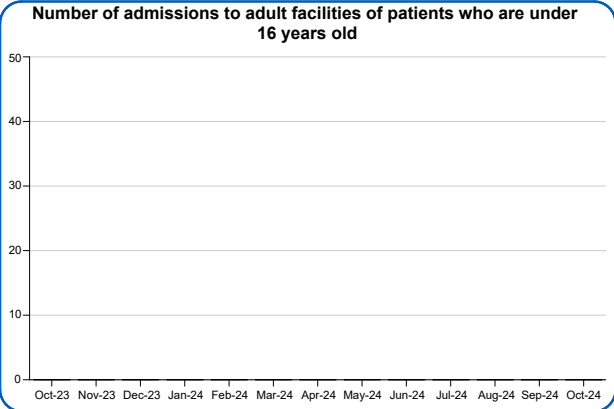
Contractual Target tba: Q2 88.0%



Contractual Target 85%: Q2 94.7%



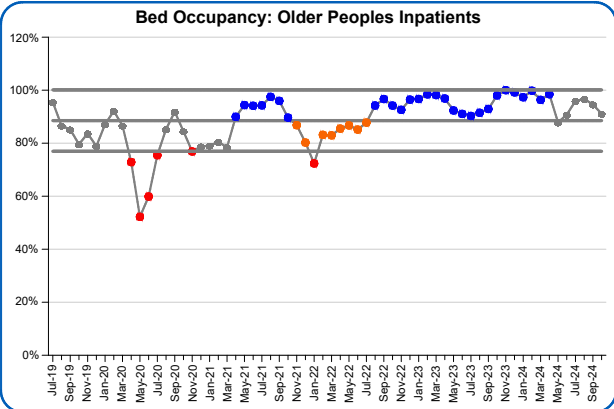
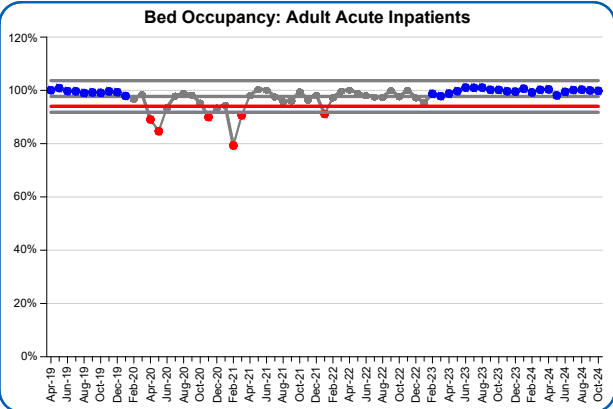
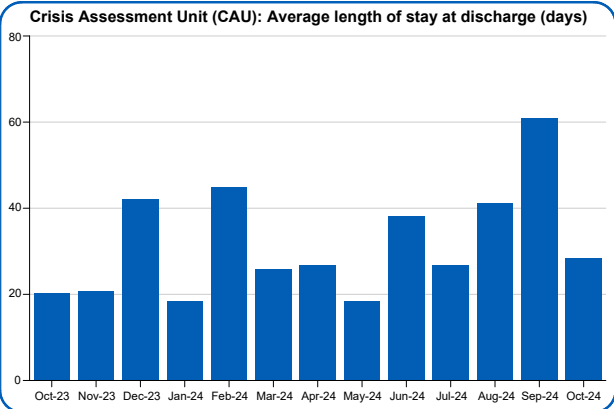
Local measure 920: Q2 1,020



National (NOF) No target : October 0

Contractual Target 90%: October 84.5%

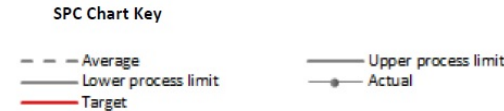
Local measure: October 97.3%



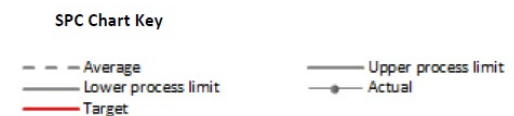
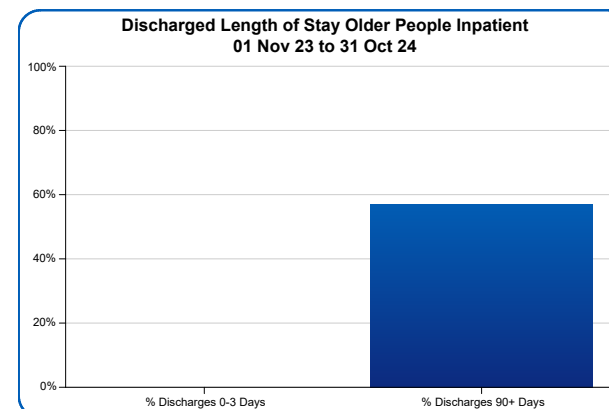
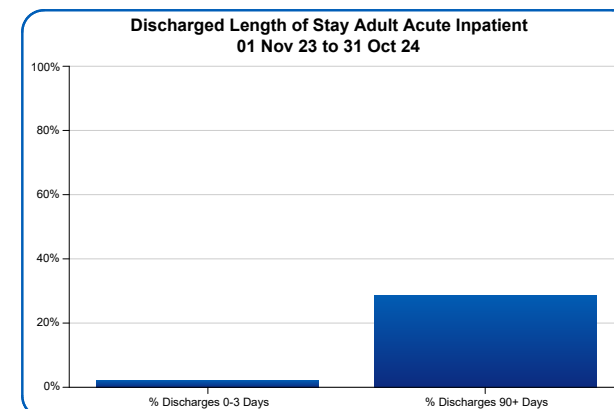
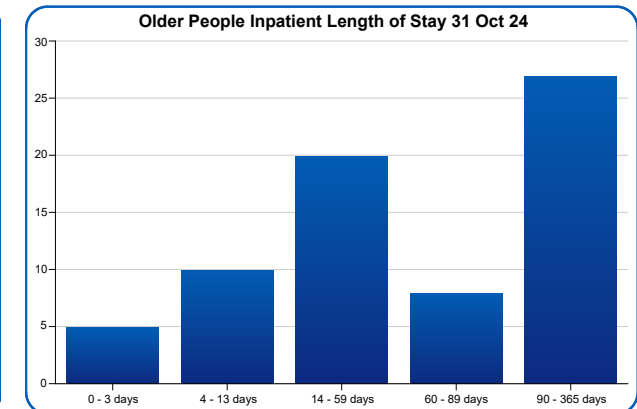
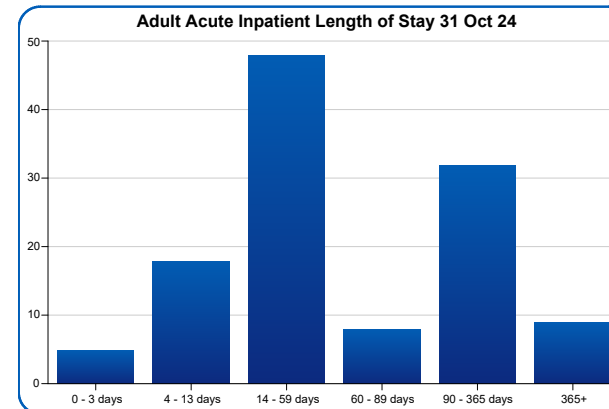
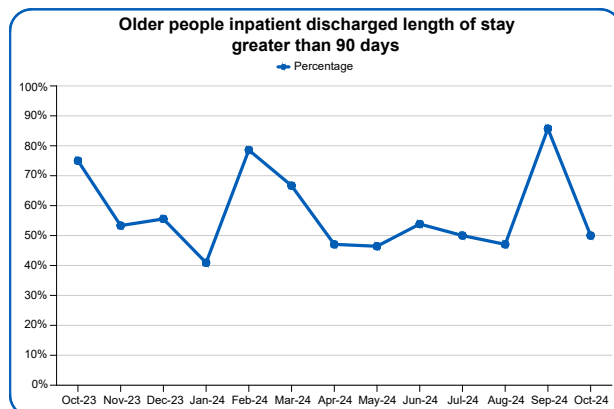
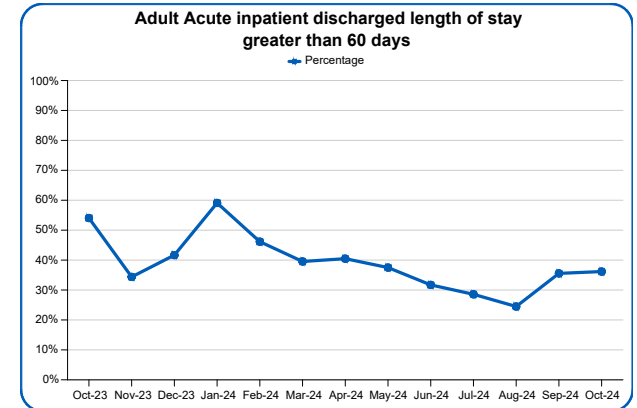
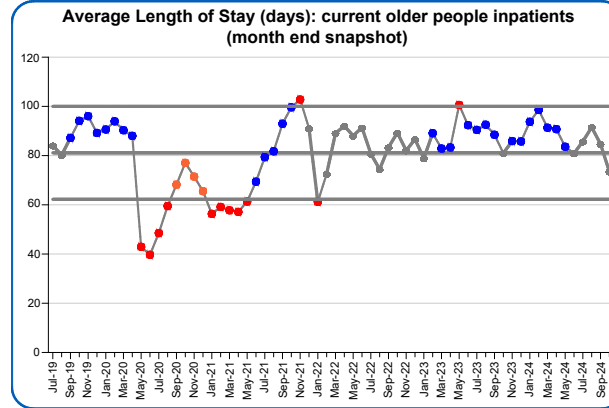
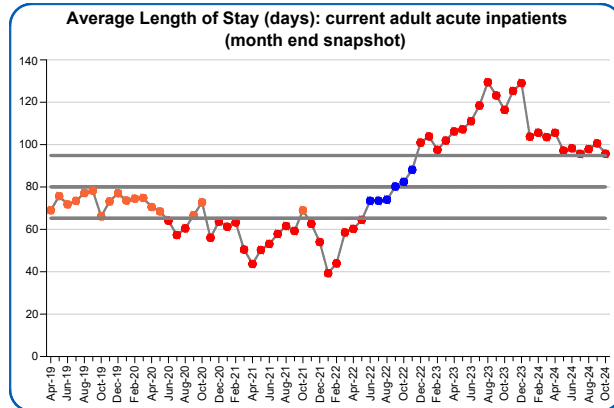
Local measure: October 28 days

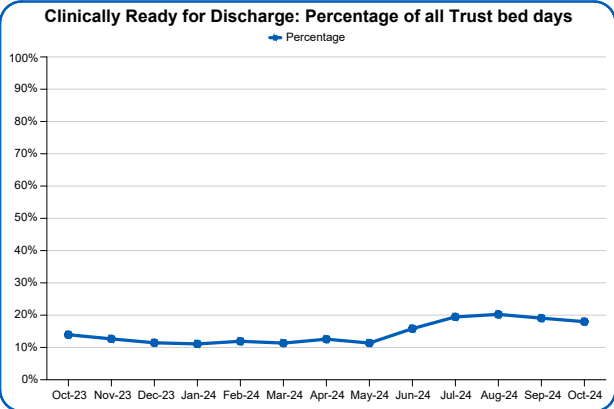
Contractual Target 94%: October 99.8%

Local measure and target : October 91.1%

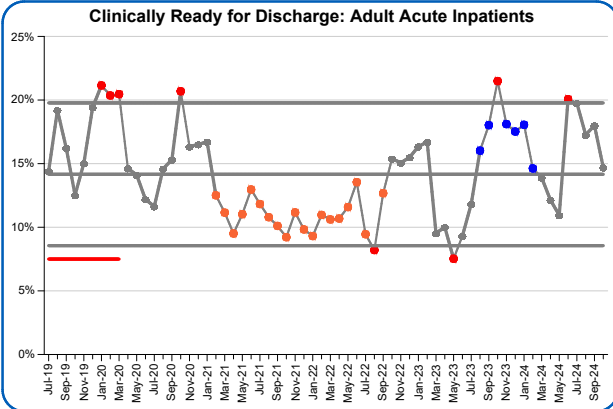


Services: Our acute patient journey (continued)

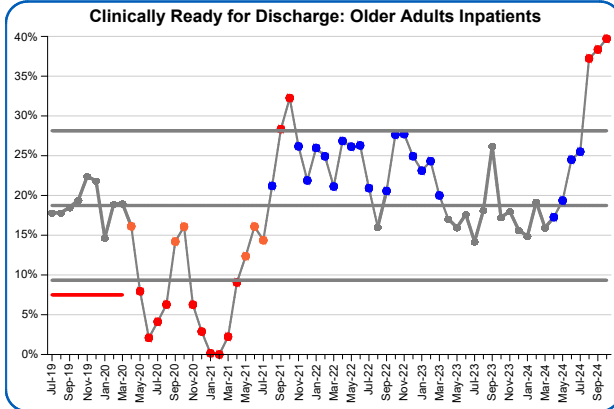




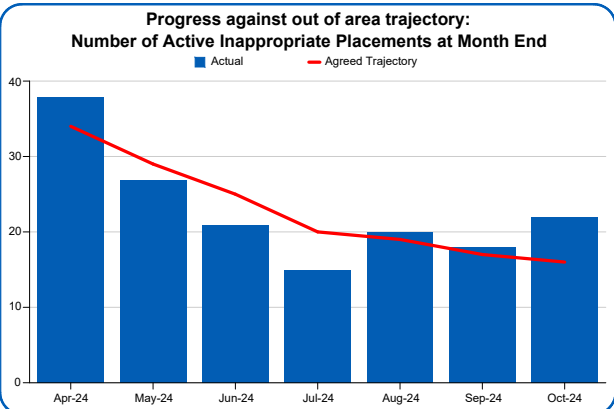
Local tracking measure: October 18.0%



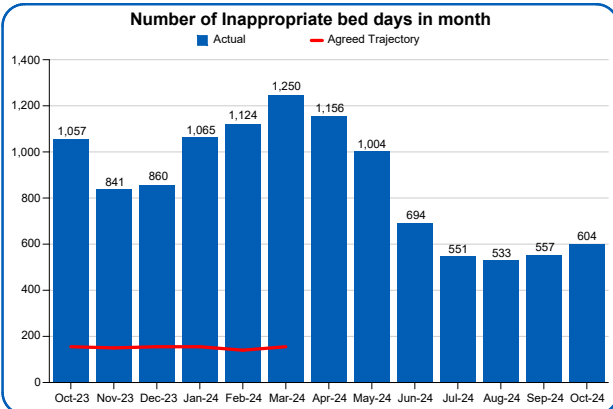
Local tracking measure: October 14.7%



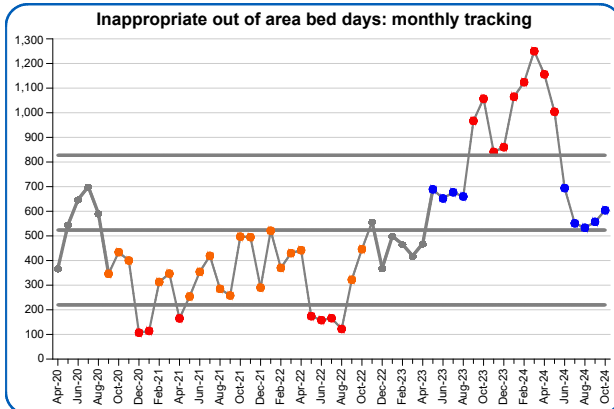
Local tracking measure: October 39.7%



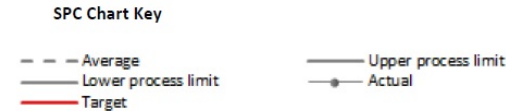
Nationally agreed trajectory (October: 16): October 22 active placements

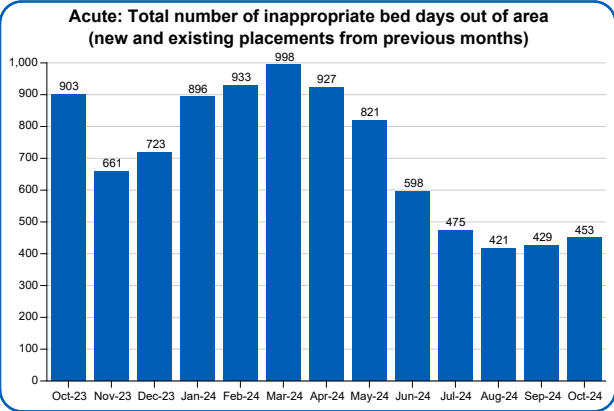


Local tracking measure: October 604 bed days

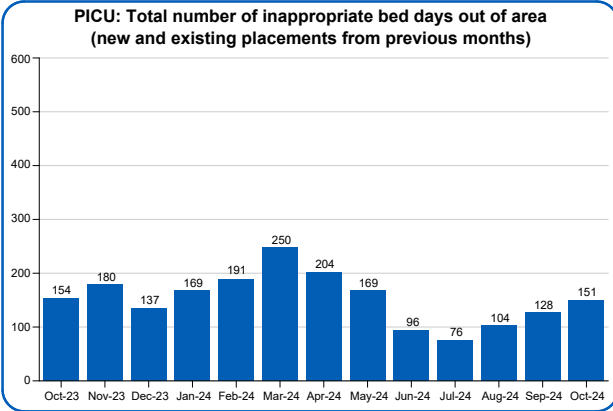


Local tracking measure: October 604 bed days

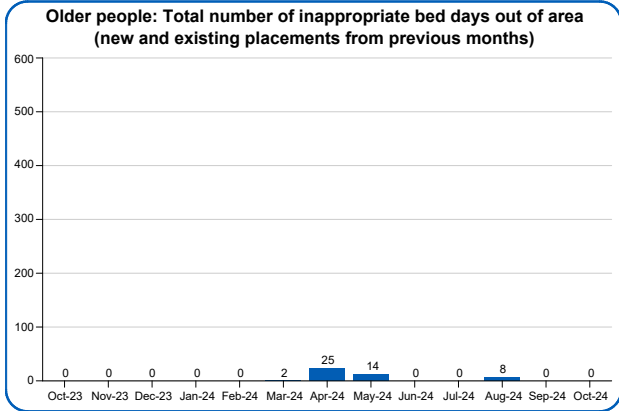




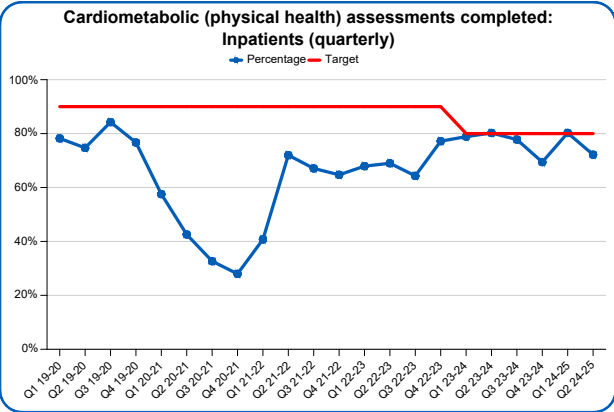
Nationally agreed trajectory (): October 453 days



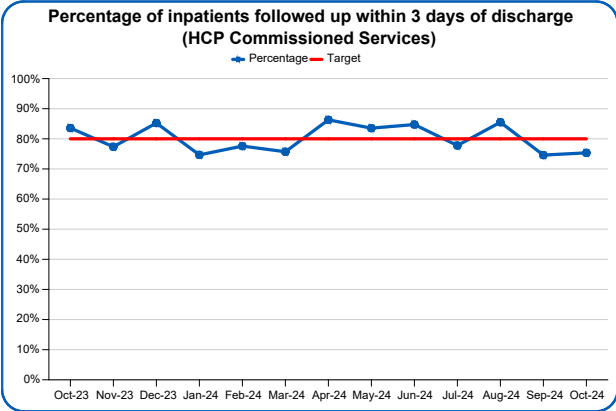
Nationally agreed trajectory (): October 151 days



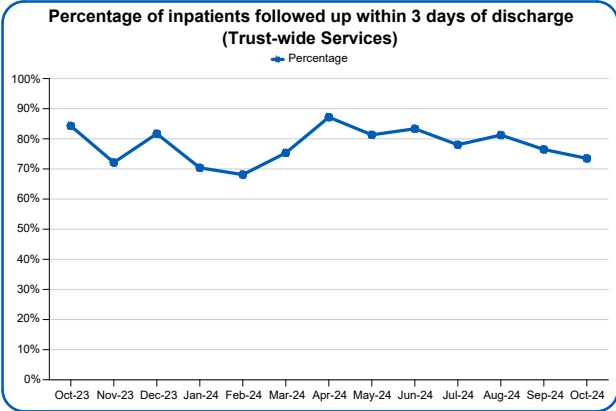
Local measure : October 0 days



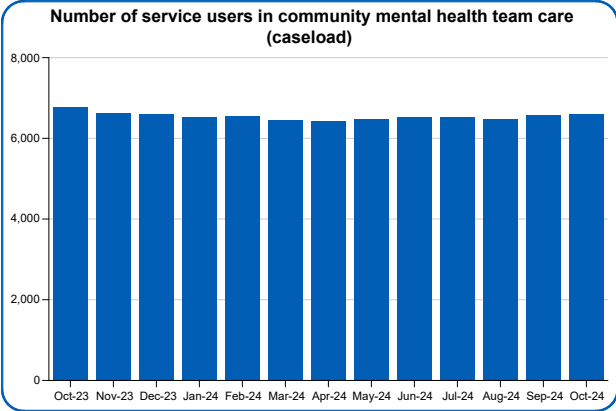
Contractual target 80%: Q2 72.2%



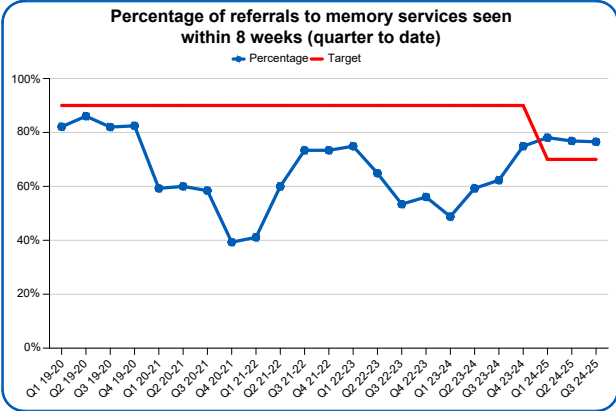
Contractual target 80%: October 75.3%



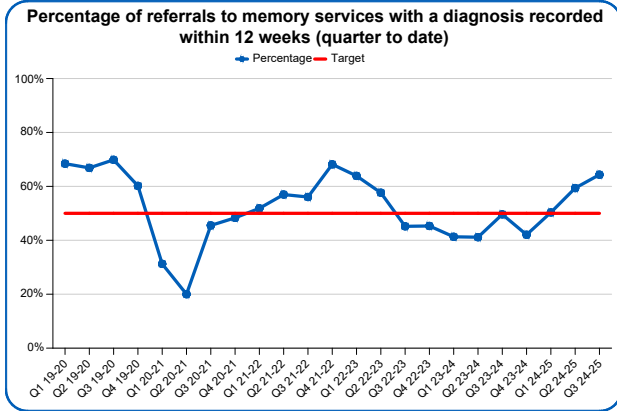
Local Tracking Measure 80%: October 73.5%



Local measure : October 3,225



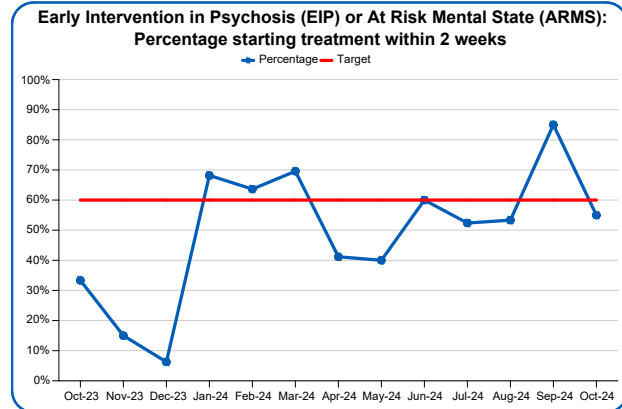
Contractual target 70%: Q3 24-25 76.5%



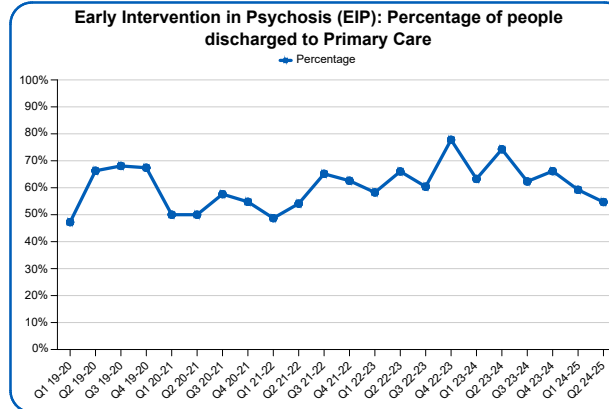
Contractual target 50%: Q3 24-25 64.3%

SPC Chart Key

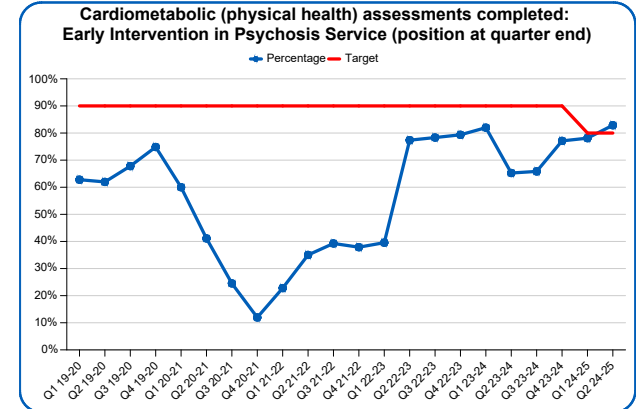
- Average
- Upper process limit
- Lower process limit
- Target
- Actual



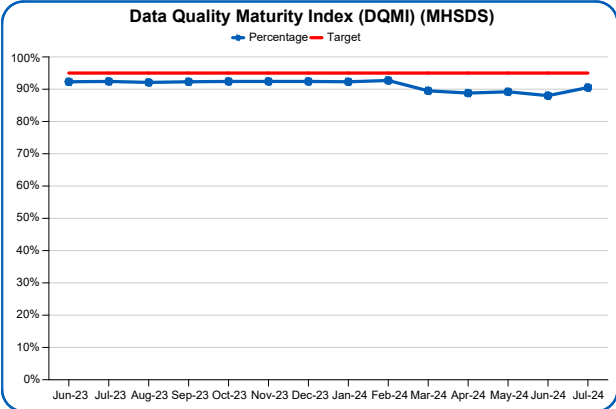
Contractual target 60%: October **55.0%**



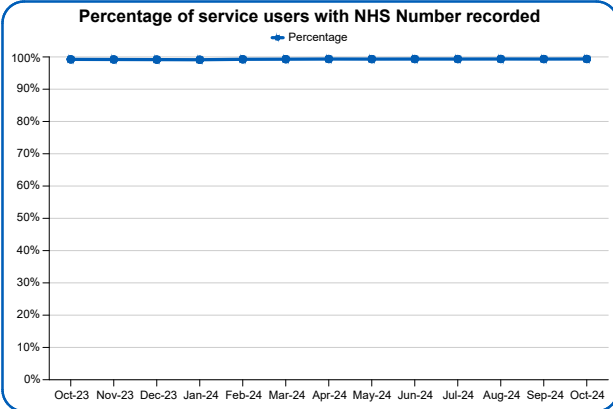
Contractual target tbc: Q2 **54.7%**



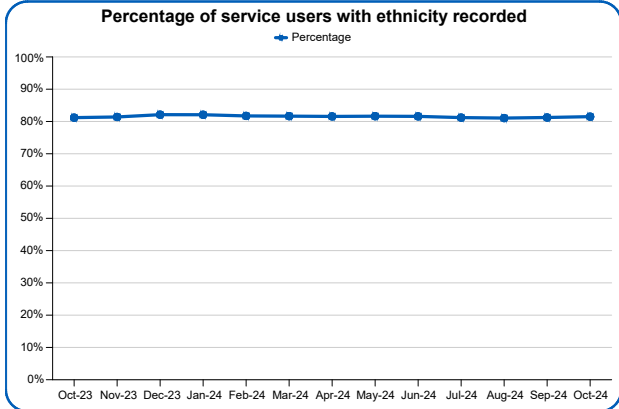
Contractual target 80%: Q2 **82.9%**



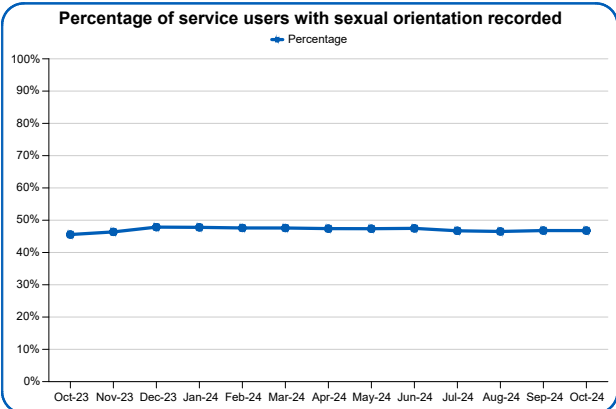
CQUIN / NHSOF Target 95%: July **90.5%**



Local measure: October **99.4%**



Local measure: October **81.5%**



Local measure: October **46.8%**

Glossary

Services: Access & Responsiveness: Our response in a crisis

Percentage of crisis calls (via the single point of access) answered within 1 minute	Of all the telephone calls made to our crisis line that were answered, the proportion that were answered within 1 minute.
Percentage of ALPS referrals responded to within 1 hour	Of all the referrals from Accident & Emergency, to the Acute Liaison Psychiatry Service (ALPS) that were assessed, the proportion that were assessed within 1-hour.
Percentage of S136 referrals assessed within 3 hours of arrival	Of all the Section 136 (S136) referrals assessed, the proportion that were assessed within 3-hours of arrival at the Place of Safety
Number of S136 referrals assessed	The number of Section 136 (S136) referrals receiving their first face-to-face mental health assessment after they were detained under S136.
Number of S136 detentions over 24 hours	Number of Section 136 (S136) detentions that exceeded the 24-hour review period.
Percentage of appropriate crisis referrals seen face to face for assessment within 4 hours of referral	Of all the referrals receiving a face-to-face assessment following referral to the crisis service, the proportion that were assessed within 4-hours of referral.
Percentage of service users who stayed on CRISS caseload for less than 6 weeks	Of all the referrals discharged from Crisis Resolution or Intensive Support Service (CRISS), the proportion that had a length of referral of 6-weeks or less at the time of discharge.
Percentage of service users seen or visited at least 5 times within first week of receiving CRISS support	Of all the referrals discharged from Crisis Resolution or Intensive Support Service (CRISS) that were open for at least 7-days, the proportion that had at least 5 successful face-to-face contacts during the first 7-days of service involvement.
Percentage of CRISS caseload where source of referral was acute inpatients	Of all the referrals open to the Intensive Support Service (ISS) at the end of the period, the proportion that were an inpatient at the time of referral.

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

Gender Identity Service: Number on waiting list	The number of referrals open at the end of the period where the service user was waiting for an assessment
Deaf CAMHS: average wait from referral to first face to face (inc. telemedicine) contact in days	For all the referrals in Deaf Child and Adolescent Mental Health Services (CAMHS) receiving their first face-to-face or video contact during the period, the average number of days between referral and the first contact.
Community LD: Percentage of referrals seen within 4 weeks of receipt of referral	Of all the referrals to a Community Learning Disability Team that received their first attended, direct contact in the period, the proportion where the contact took place within 28-days of referral.
Leeds Autism Diagnostic Service (LADS): Percentage starting assessment within 13 weeks (quarterly)	Of all the Leeds Autism Diagnostic Service (LADS) referrals receiving their first direct, attended assessment taking place face-to-face or by video, with an 'Autism Assessment' intervention recorded as part of the contact in the period, the proportion where the assessment took place within 91-days of referral.
CAMHS inpatients: Proportion of people assessed within 7 days of admission (HoNOSCA / GBO) (quarterly)	Of all the admissions to a Child and Adolescent Mental Health Services (CAMHS) ward that received either a Health of the Nation Outcome Scales for Children and Adolescents (HoNOSCA) or Goal Based Outcomes (GBO) assessment, the proportion where either assessment took place within 7-days of admission.
Perinatal Community: Percentage waiting less than 48 hours for first contact (urgent/emergency) (quarterly)	Of all the referrals to the Perinatal Community service with an 'Emergency' or 'Urgent' referral priority that received a first direct, attended contact in the period, the proportion where the contact took place within 48-hours of referral.
Perinatal Community: Percentage of routine referrals waiting less than 2 weeks for assessment (quarterly)	Of all the referrals to the Perinatal Community service with a 'Routine' referral priority that received a first direct, attended face-to-face or video contact in the period, the proportion where the contact took place within 14-days of referral.
Perinatal Community: Total number of distinct women seen in rolling 12 months (quarterly)	The total number of women with a direct, attended, face-to-face or video contact, during the 12-months ending in the period; women seen multiple times are counted once.
Perinatal Community: Face to Face DNA Rate (quarterly)	Of all the face-to-face, attended and did not attend (DNA), contacts with the Perinatal Community Team in the period, the proportion of face-to-face contacts that the service user did not attend.

Services: Our acute patient journey

Number of admissions to adult facilities of patients who are under 16 years old	Number of admissions to inpatient services, excluding Child and Adolescent Mental Health Services (CAMHS), where the service user was aged under 16 on the day of admission.
Crisis Assessment Unit (CAU) bed occupancy	Of the total number of available beds on the ward and the number of days each bed was available, the proportion of those days where a bed was occupied. For example, on a 10-bed ward in the month of April where no beds were unavailable due to maintenance/repairs, etc., there are 300 available bed days. Where there were service users in beds for 150 of those days, this would result in 50% occupancy.
Crisis Assessment Unit (CAU) length of stay at discharge	For all the discharges from the Crisis Assessment Unit in the period, the average number of days each service user stayed on the ward.
Liaison In-Reach: attempted assessment within 24 hours	Of all the service users assessed by Hospital Mental Health Inreach following referral from Leeds Teaching Hospitals Trust (LTHT), the proportion that were assessed within 24-hours of referral.
Bed Occupancy rates for (adult acute excluding PICU) inpatient services:	Of the total number of beds available in the period on Adult Acute wards, excluding Psychiatric Intensive Care Unit (PICU), the proportion where a service user was occupying the bed.
Bed Occupancy rates for individual wards (multiple measures)	Of the total number of beds available in the period on the ward, the proportion where a service user was occupying the bed, including any leave days.
Percentage of CRFD	Of the total number of occupied bed days in the period, the proportion where the service user was ready for discharge from inpatient care.
Out of Area Trajectory Active Placements at Month End (multiple measures)	The total number of out of area placements active at the end of the period, where the placement was not the result of patient choice e.g. where a staff member needed inpatient care.
Total: Number of out of area placements beginning in month (multiple measures)	The total number of all out of area placements that begin during the period.
Total: Total number of bed days out of area (new and existing placements from previous months) (multiple measures)	The total number of occupied bed days that take place as part of an out of area placement during the period, regardless of whether the placement started during or before the period.
Cardiomatabolic (physical health) assessments completed: Inpatients (quarterly)	Of the number of service user on a ward at the end of the period, the proportion with all elements of the cardiomatabolic assessment completed within the same admission, and during the previous 12-months.

Services: Our Community Care

Percentage of inpatients followed up within 3 days of discharge (Trust Level monthly local tracking)	Of all discharges from Trust inpatient services, the proportion where the service user received a direct, attended, face-to-face, video or telephone contact within 3-days of discharge (excluding day of discharge).
Percentage of inpatients followed up within 3 days of discharge (HCP commissioned services only)	Of all discharges from Trust Leeds Healthcare Partnership (HCP) commissioned inpatient services, the proportion where the service user received a direct, attended, face-to-face, video or telephone contact within 3-days of discharge (excluding day of discharge).
Number of service users in community mental health team care (caseload)	Number of service users allocated to a named member of staff in an Adult or Older People's community team at the end of the period (waiting list allocations are excluded).
Percentage of referrals to memory services seen within 8 weeks (quarter to date)	Of the number of service users referred to the Memory Assessment Service (MAS) from an external source that do not have a prior Dementia diagnosis, that receive a first direct, attended face-to-face or video contact, the proportion that receive the first contact within 8-weeks of referral.
Percentage of referrals to memory services with a diagnosis recorded within 12 weeks (quarter to date)	Of all the referrals where the service user receives a Dementia diagnosis in the period, the proportion where the diagnosis was given within 12-weeks of referral.
Early intervention in psychosis (EIP) or at risk mental state (ARMS): Percentage starting treatment within 2 weeks	Of the referrals where a care coordinator allocation starts in the period, or the first direct, attended, face-to-face, video or telephone contact in the referral took place in the period, the proportion where the latest of these two events, took place within 14-days of referral.
Early intervention in psychosis (EIP) : Percentage of people discharged to primary care (quarterly)	Of all the referrals discharged from the Early Intervention in Psychosis service in the period, the proportion where the service user was referred back to Primary Care.
Cardiomatabolic (physical health) assessments completed: Early Intervention in Psychosis Service (quarterly)	Of the total number of referrals open to the Early Intervention in Psychosis (EIP) service with a care coordinator allocation active at the end of the period, the proportion with all elements of the cardiomatabolic assessment completed during the previous 12-months.

Services: Clinical Record Keeping

Percentage of service users with NHS Number recorded	Of all the referrals open during the period, the proportion where the service user's NHS number is recorded on their CareDirector record.
Percentage of service users with ethnicity recorded	Of all the referrals open during the period, the proportion where the service user's ethnicity is recorded on their CareDirector record. Where a service user declines to provide an answer, this is counted as complete; however, any ethnicity recorded as 'Unknown' is not counted as complete.
Percentage of service users with sexual orientation recorded	Of all the referrals open during the period, the proportion where the service user's sexual orientation is recorded on their CareDirector record. Where a service user declines to provide an answer or their sexual orientation is recorded as 'Unknown', this is counted as incomplete.

Services: Clinical Record Keeping - DQMI

DQMI (MHSDS) % Quality %	The Data Quality Maturity Index (DQMI), is 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. The score is derived by NHS Digital from the MHSDS submission and published on their website 3-4 months later.
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Meeting of the Council of Governors

Paper title:	Chair's Report from the Quality Committee meeting on 10 October 2024
Date of meeting:	4 February 2025
Presented by: (name and title)	Dr Frances Healey, Non-executive Director and Chair of the Quality 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.	✓

This paper relates to the Trust's strategic risk/s (please tick relevant box/s)		✓
SR1	Quality including safety assurance processes	✓
SR2	Delivery of the Quality Strategic Plan	✓
SR3	Culture and environment for the wellbeing of staff	
SR4	Financial sustainability	
SR5	Adequate working and care environments	
SR6	Digital technologies	
SR7	Plan and deliver services that meet the health needs of the population we serve.	

Committee details:	
Name of Committee:	Quality Committee
Date of Committee:	10 October 2024
Chaired by:	Dr Frances Healey, Non-executive Director

ALERT – items to alert the Board to

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

ADVISE – items to advise the Board on

- The committee noted that access was the biggest quality issue for the Gender Identity Service. It was suggested that the Board of Directors should have a discussion to receive reassurance on how the Trust supported and set expectations for those on the waiting list and to agree a strategic position for services with high numbers of individuals on waiting lists and long waiting times. Dr Hosker noted that a national review of adult Gender Identity Services would be taking place and agreed to notify Ms Edwards when the Board discussion should take place.
- The committee received an update on the progress the Trust had made in improving health equity. It noted that the first draft of the new Improving Health Equity Strategy 2024-29 had been developed and work was underway to engage with Trust staff and external partners to agree priorities and objectives. It queried which committee should monitor the delivery of the Improving Health Equity Strategy and it was suggested that, as the development of the Improving Health Equity Strategy was one of the Trust's 14 organisational priorities, the Board of Directors should have oversight of this work.
- The committee reviewed and approved its Terms of Reference. It agreed that a further conversation should take place at the next Board of Directors meeting to consider whether section 6.1 should be updated to acknowledge that the Trust commissioned beds in other providers, e.g. out of area placements, and whether this should also be reflected in the terms of reference for other sub-committees.

ASSURE – items to provide assurance to the Board on

- The committee received and discussed a report which highlighted how the Trust published information related to quality and performance on its website. It agreed that the relevant pages should be reviewed to ensure the content is appropriate and aligned to the Trust's Quality Strategic Plan and noted that the Corporate Governance Team would ensure the information and documents were kept up to date.
- The committee reviewed an extract from the Board Assurance Framework which detailed strategic risks one and two 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 Preparations for Care Quality Commission Follow-up Internal Audit Report. It noted that the audit had received an opinion of moderate assurance and was reassured that progress was being made with the actions recommended within the report.
- The committee received an update on the progress made following the implementation and roll out of the National Partnership Agreement, Right Care, Right Person. It agreed this was a helpful update and acknowledged this was a complex change that the Trust and partners appeared to be working on together in the right spirit. It noted the governance structure that had been established which would allow any risk and learning to be identified within the Trust and across the system and was assured on the work that had been carried out.
- The committee received a report which outlined the key findings from two surveys that had been developed to gather insights into the performance of outcome measures across services and understand the challenges clinicians faced and the barriers to the effective implementation of outcome measures.
- The committee received presentations from the services within the Rehab. Eating Disorders and Gender Identity Service Line which focused on how the services had scored themselves against the Learning, Culture and Leadership Framework and the STEEEP dimensions of quality to enable the conditions for high quality care to flourish. It recognised that difficulties in accessing data for the timely domain of STEEEP was a common theme for the services. It suggested that the internal audit team could provide advice on best practice in peer trusts around the presentation of waiting list data. It also noted that services may need further support in understanding how equitable they are but was reassured that the Trust was developing an 'Improving Health Equity Strategic Plan' which would set out a framework for services to understand equity in the context of their service.

Overall, the committee was assured that the services had good systems in place for understanding their quality issues and to drive improvements, and good knowledge of their strengths and weaknesses in relation to learning, culture and leadership. The committee was also assured that the Executive Team had a clear understanding of the services strengths, weaknesses, challenges and blind spots and how issues were being managed.

REFER - Items to be referred to other Committees:

- No items to be referred to other committees.

Recommendation

The Council of Governors is asked to note the contents of the Chair's Reports which summarise the discussions held at the October 2024 and November 2024 Quality Committee meetings, as reported to the November 2024 Board of Director's meeting.

Meeting of the Council of Governors

Paper title:	Chair's Report from the Quality Committee meeting on 14 November 2024
Date of meeting:	4 February 2025
Presented by: (name and title)	Dr Frances Healey, Non-executive Director and Chair of the Quality 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.	✓

This paper relates to the Trust's strategic risk/s (please tick relevant box/s)		✓
SR1	Quality including safety assurance processes	✓
SR2	Delivery of the Quality Strategic Plan	✓
SR3	Culture and environment for the wellbeing of staff	
SR4	Financial sustainability	
SR5	Adequate working and care environments	
SR6	Digital technologies	
SR7	Plan and deliver services that meet the health needs of the population we serve.	

Committee details:	
Name of Committee:	Quality Committee
Date of Committee:	14 November 2024
Chaired by:	Dr Frances Healey, Non-executive Director

ALERT – items to alert the Board to

- No issues to which the Board needs to be alerted

ADVISE – items to advise the Board on

- The committee received and discussed the Annual Report from the Positive and Safe Working Group 2023/24. The committee agreed on the need for inpatient environments to become safer and less stimulating for individuals that are neurodivergent. It also suggested that the Trust should consider setting a target for having zero incidents of prone restraint to administer intramuscular injections.

ASSURE – items to provide assurance to the Board on

- The committee reviewed an extract from the Board Assurance Framework which detailed strategic risks one and two 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 received a report which provided a summary of the approach taken by the Trust to develop its efficiency and productivity programme and detailed the second tranche of schemes that had been through a quality impact assessment process. It agreed that it was assured on the process for assessing the efficiencies, the governance arrangements in place to monitor the Trust's efficiency and productivity programme, and the rigour of the quality impact assessment process. It requested that the next report include further information on whether unintended consequences were monitored at service level, trust level or system level, and what metrics were in place for the monitoring these.
- The committee reviewed a presentation which provided the highlights of the Community Mental Health Team's Annual Quality Report, focusing on how the service had scored itself against the STEEP dimensions of quality to enable the conditions for high quality care to flourish. It acknowledged the challenges faced by the service during the reporting period and was pleased to hear that the service had achieved recovery from business continuity. It was reassured that the leadership team was engaged with the transformation process underway.

Overall, the committee was assured that the service had good systems in place for understanding its quality issues and to drive improvements, and good knowledge of its strengths and weaknesses in relation to learning and culture. The committee was also assured that the Executive Team had a clear understanding of the service's strengths, weaknesses, challenges and blind spots and how issues were being managed.

- The committee received and discussed a report which provided data from Q2 for PALS activity, the concerns and complaints handling process, compliments, claims, central alert system, incidents, serious incidents and inquests. It welcomed the establishment of the Suicide Prevention and Self Harm Group.
- The committee received and discussed a report which provided an update on the Quality Improvement Priorities (QIPs) for 2024/25 and the development of the Quality Account for 2024/25.

REFER - Items to be referred to other Committees:

- No items to be referred to other committees.

Recommendation

The Council of Governors is asked to note the contents of the Chair's Reports which summarise the discussions held at the October 2024 and November 2024 Quality Committee meetings, as reported to the November 2024 Board of Director's meeting.

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	Jul-24	Aug-24	Sep-24
Data Quality Maturity Index for the Mental Health Services Dataset (MHSDS)	95%	Apr 88.8%	May 89.2%	June 88.0%
Percentage of service users with ethnicity recorded	-	81.2%	81.1%	81.2%
Percentage of service users with sexual orientation recorded	-	46.7%	46.5%	46.8%
Quality: Our effectiveness	Target	Jul-24	Aug-24	Sep-24
Number of healthcare associated infections: C difficile	<8	0	0	0
Number of healthcare associated infections: MRSA	0	0	0	0
Quality: Caring / Patient Experience	Target	Jul-24	Aug-24	Sep-24
Friends & Family Test: Positive experience of care (total responses received)	-	88%(215)	94%(156)	90%(158)
Mortality:				
· Number of deaths reviewed (incidents recorded on Datix)*	Quarterly	-	-	71
· Number of deaths reviewed via PSII	Quarterly	-	-	2
· Number of deaths reported to LeDeR	Quarterly	-	-	11
Number of complaints received	-	16	10	18
Percentage of complaints acknowledged within 3 working days	-	91%	100%	100%
Percentage of complaints completed within timescale agreed with complainant	-	90%	84%	100%
Number of enquiries to the Patient Advice and Liaison Service (PALs)	-	189	223	210

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.

Quality and Workforce metrics: Tabular overview

Quality: Safety	Target	Jul-24	Aug-24	Sep-24
Number of patient/staff/visitor incidents reported on Datix	-	1,335	1,348	1,218
Number of Self Harm Incidents	-	208	231	177
Number of Violent or Aggressive Incidents	-	108	131	108
Number of never events	-	0	0	0
Number of physical restraints *	-	341	439	265
Number of ended seclusion incidents lasting 24+ hours	-	1	0	3
Number of Rapid Tranquilisation administered	-	105	117	128
No. of patients detained under the MHA (includes CTOs/conditional discharges)	-	551	540	552
Adult acute including PICU: % detained on admission	-	52.0%	78.0%	79.6%
Adult acute including PICU: % of occupied bed days detained	-	76.5%	88.3%	86.5%
Number of medication errors reported on Datix	Quarterly	-	-	212
Percentage of medication errors resulting in no harm	Quarterly	-	-	95%
Safeguarding Adults: Number of advice calls received by the team	Quarterly	-	-	165
Safeguarding Adults: Percentage of advice calls to safeguarding that resulted in a referral to social care	Quarterly	-	-	13%
Safeguarding Children: Number of advice calls received by the team	Quarterly	-	-	55
Safeguarding Children: Percentage of advice calls to safeguarding that resulted in a referral to social care	Quarterly	-	-	25%
Number of falls related to patients reported on Datix	-	51	43	32
Number of Pressure Ulcers occurring or deteriorating within inpatient or SSL services	-	0	0	1

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.

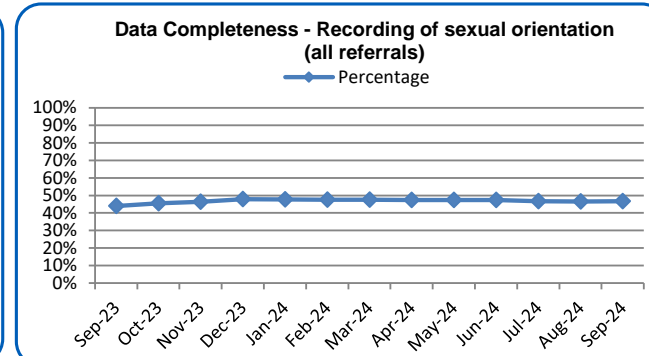
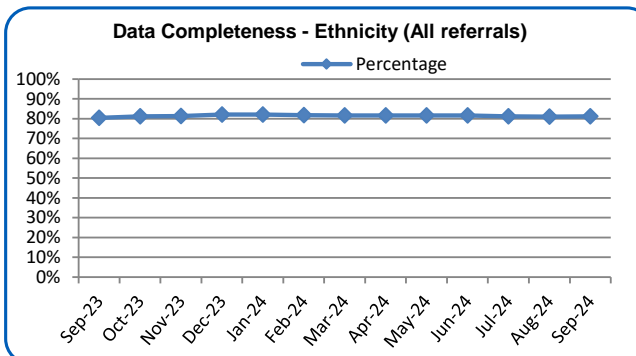
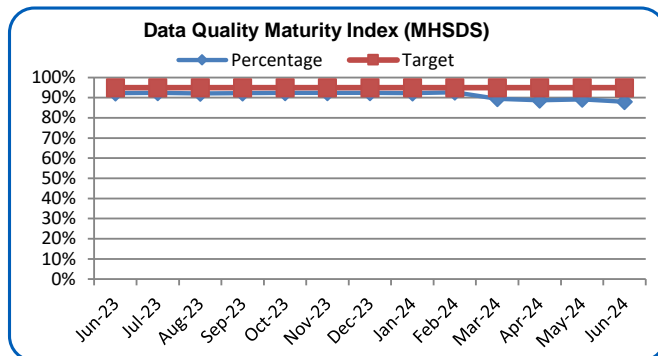
Quality and Workforce metrics: Tabular overview

Our Workforce	Target	Jul-24	Aug-24	Sep-24
Percentage of staff with an appraisal in the last 12 months	85%	85.3%	84.4%	85.6%
Percentage of staff with a wellbeing assessment completed	85%	84.9%	85.0%	85.0%
Percentage of mandatory training completed	85%	87.4%	87.6%	87.9%
Safeguarding Level 3 training compliance (quarter end snapshot) *	85%	-	-	88.3%
Percentage of staff receiving clinical supervision	85%	72.1%	72.1%	74.1%
Staff Turnover (Rolling 12 months)	8-10%	7.5%	8.1%	8.2%
Sickness absence rate in month	-	6.0%	6.0%	5.8%
Sickness absence rate (Rolling 12 months)	6.0%	6.0%	6.0%	5.9%
Percentage of sickness due to musculoskeletal issues (MSK; rolling 12 months)	-	12.6%	11.7%	11.5%
Percentage of sickness due to Mental Health & Stress (rolling 12 months)	-	39.5%	38.0%	38.4%
Medical Consultant Vacancies as a percentage of funded Medical Consultant Posts (percentage)	-	24.2%	23.3%	22.6%
Medical Consultant Vacancies (number)	-	22.2	21.5	20.8
Medical Career Grade Vacancies as a percentage of funded Medical Career Grade Posts (percentage)	-	15.9%	5.0%	10.4%
Medical Career Grade Vacancies (number)	-	7.8	2.5	5.1
Medical Trainee Grade Vacancies as a percentage of funded Medical Trainee Grade Posts (percentage)	-	0.5%	0.0%	0.0%
Medical Trainee Grade Vacancies (number)	-	0.5	0.0	0.0
Band 5 inpatient nursing vacancies as a percentage of funded B5 inpatient nursing posts (percentage)	-	30.0%	29.0%	30.0%
Band 5 inpatient nursing vacancies (number)	-	71.3	69.4	73.5
Band 6 inpatient nursing vacancies as a percentage of funded B6 inpatient nursing posts (percentage)	-	19.0%	20.0%	17.0%
Band 6 inpatient nursing vacancies (number)	-	24.0	24.8	20.6
Band 5 other nursing vacancies as a percentage of funded B5 non-inpatient nursing posts (percentage)	-	45.5%	48.5%	45.84%
Band 5 other nursing vacancies (number)	-	39.3	41.9	39.5
Band 6 other nursing vacancies as a percentage of funded B6 non-inpatient nursing posts (percentage)	-	14.2%	14.4%	15.3%
Band 6 other nursing vacancies (number)	-	47.6	48.1	51.4
Percentage of vacant posts (Trustwide; all posts)	-	13.6%	12.3%	12.9%
Bank Agency Spend YTD (Cost)	-	8,272,197	10,416,243	12,360,134
Bank Agency Spend YTD (%)	-	14%	14%	13%

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

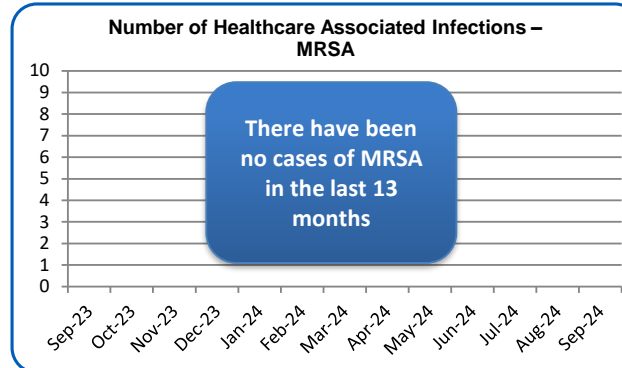
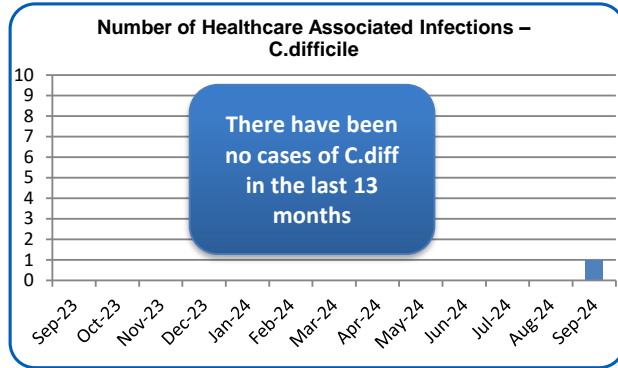
* New measure for Q3 23/24

13 month trend: Clinical Record Keeping



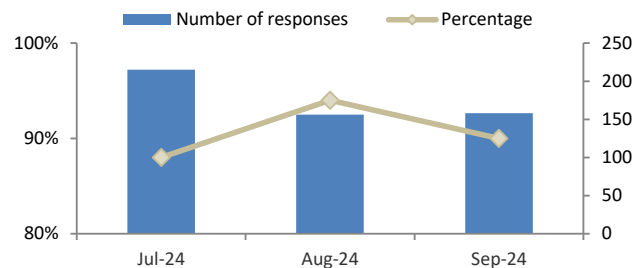
Please note that new metrics are only reported from the month of introduction onwards.

13 month trend: Quality: Effectiveness

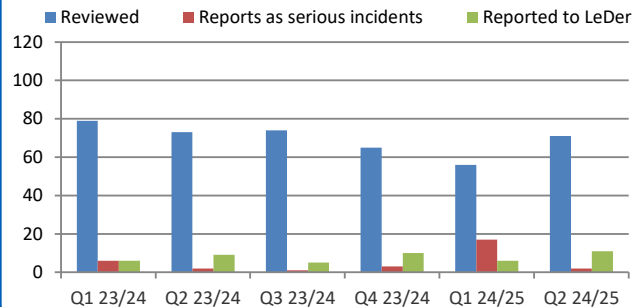


13 month trend: Quality: Caring/Patient Experience

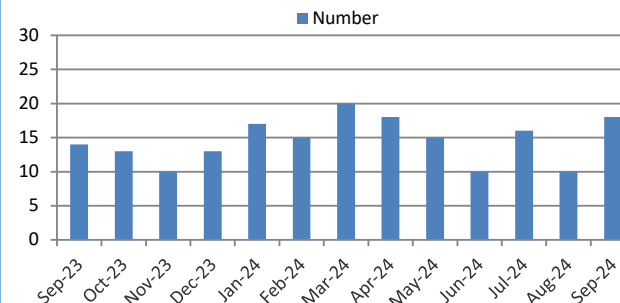
Friends & Family Test: Percentage reporting a positive experience of care



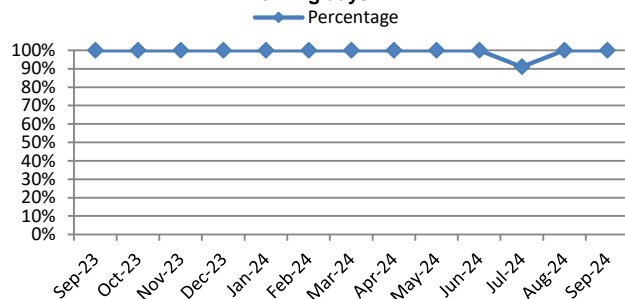
Mortality



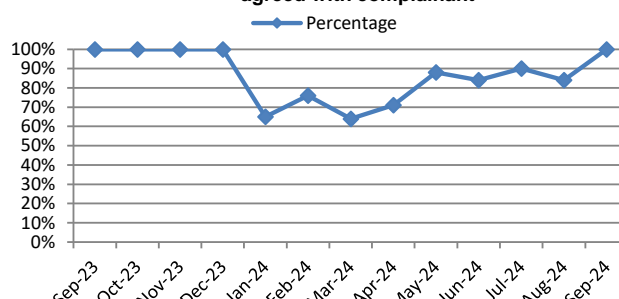
Number of complaints received



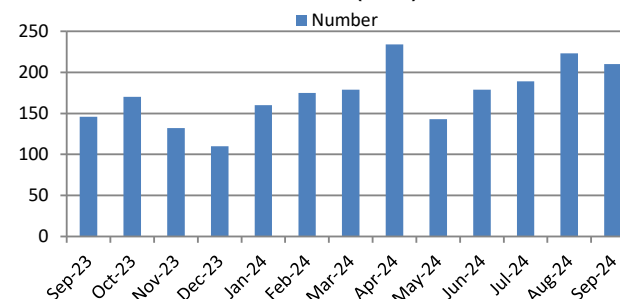
Percentage of complaints acknowledged within 3 working days



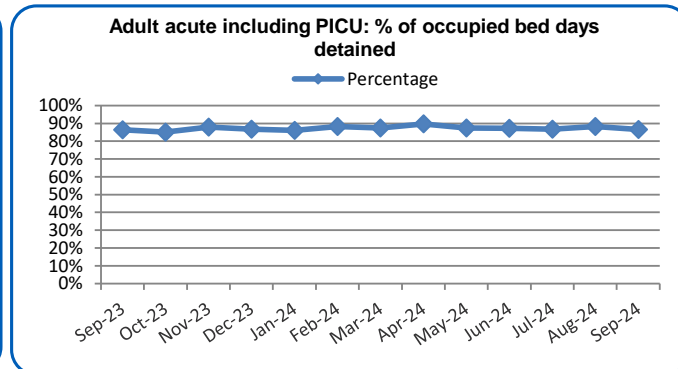
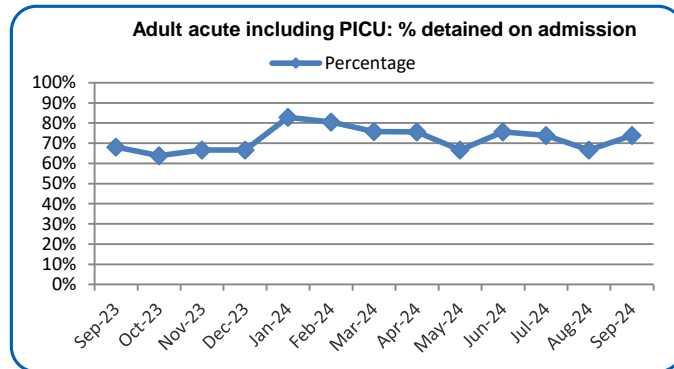
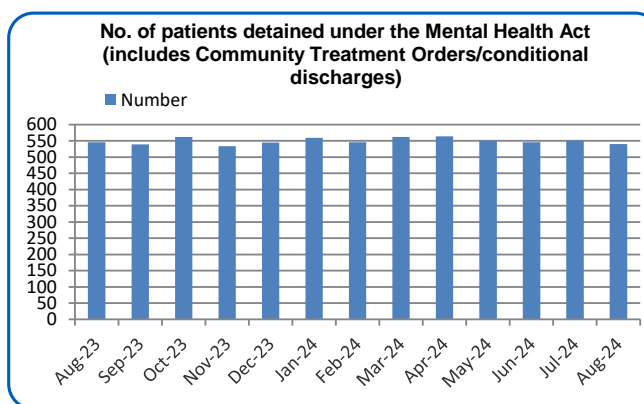
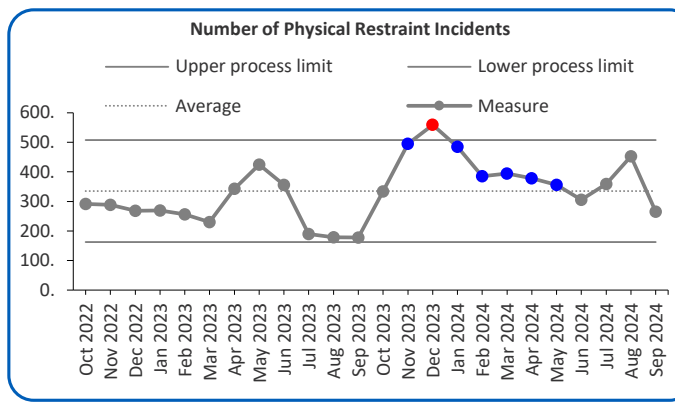
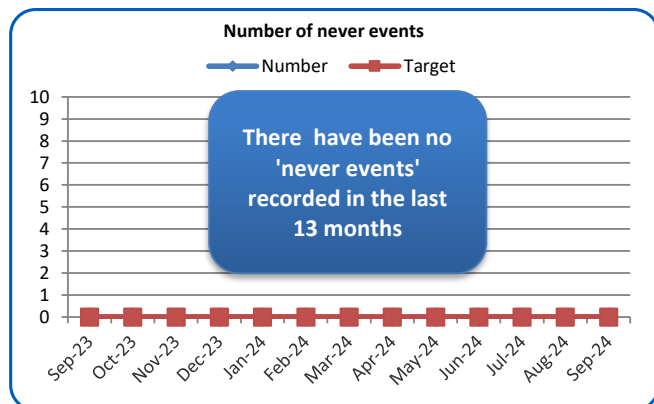
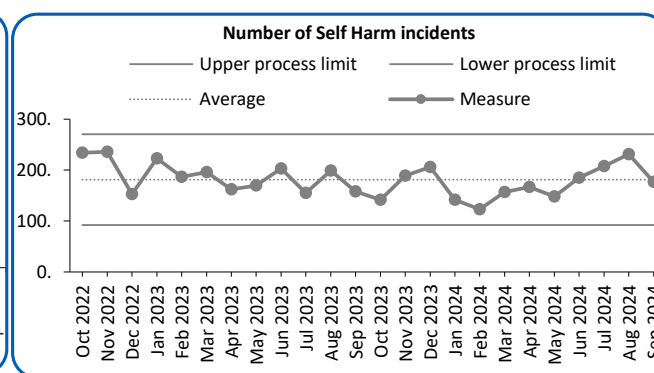
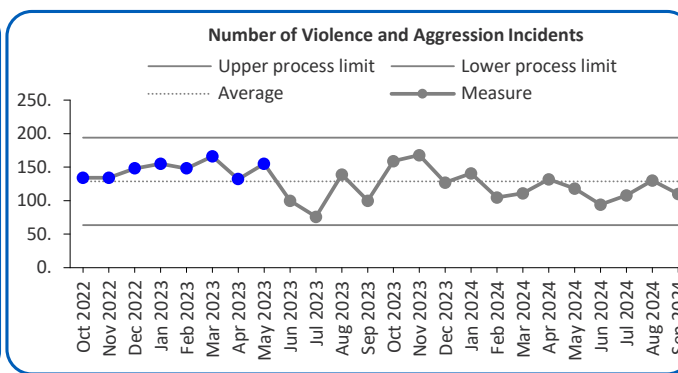
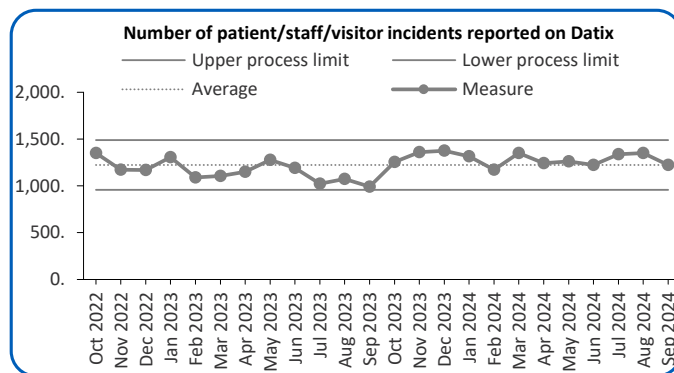
Percentage of complaints completed within timescale agreed with complainant



Number of enquiries to the Patient Advice and Liaison Service (PALs)

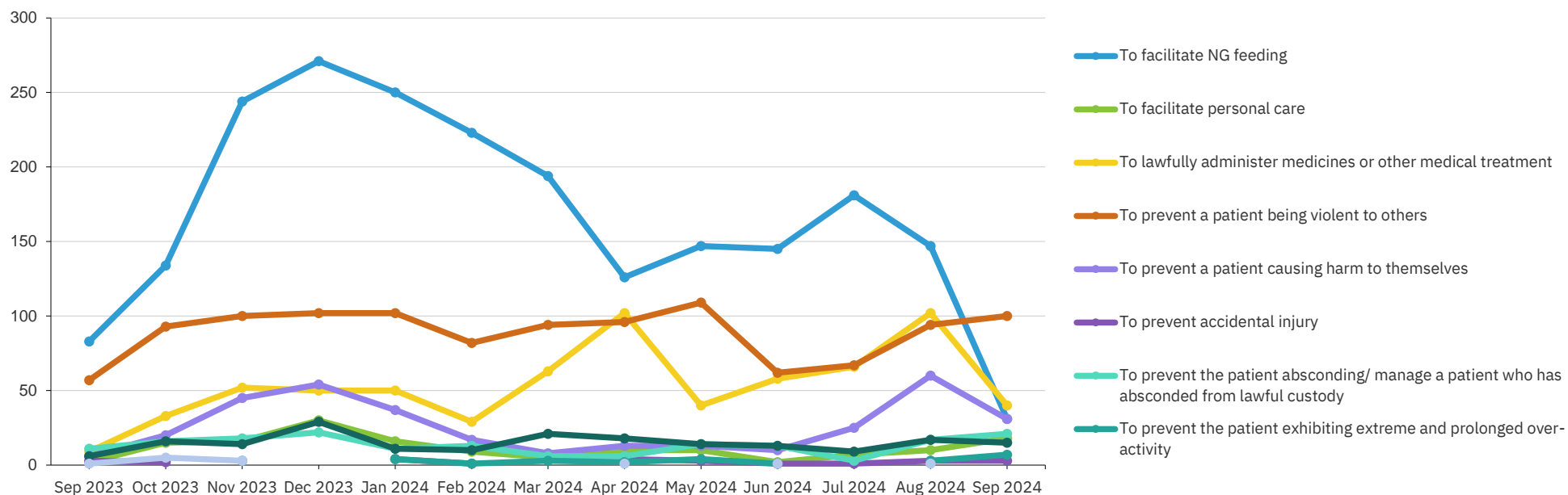


13 month trend: Quality: Safety

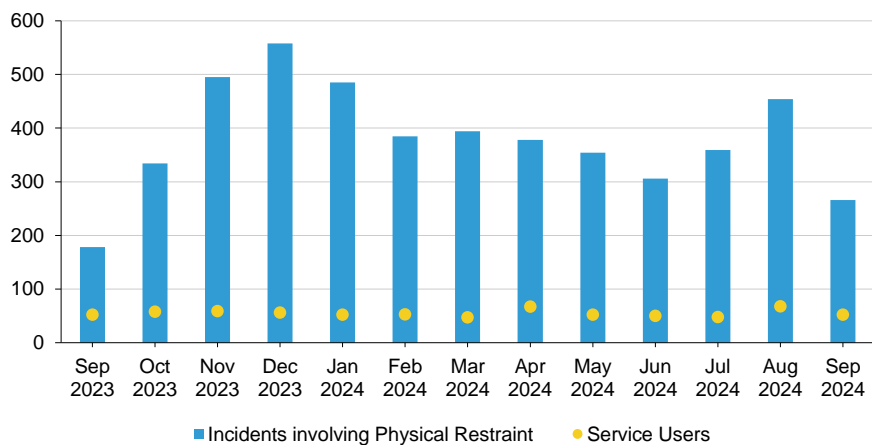


13 month trend: Quality: Safety - continued

Physical Restraint by Reason

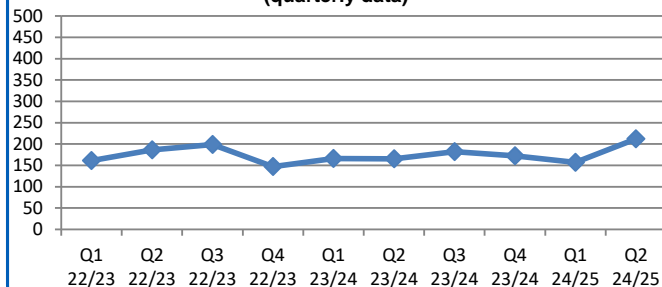


Physical Restraint Incidents and Service Users Involved

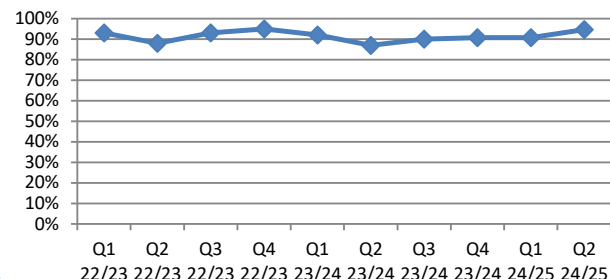


13 month trend: Quality: Safety - continued

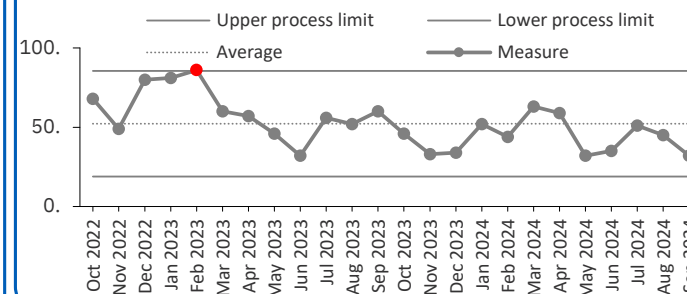
Number of medication errors reported on Datix (quarterly data)



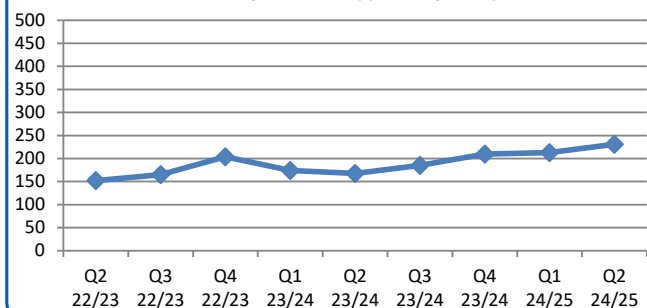
Percentage of medication errors resulting in no harm (quarterly)



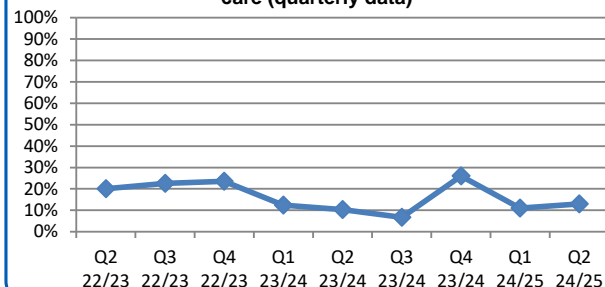
Number of falls related to patients reported on Datix



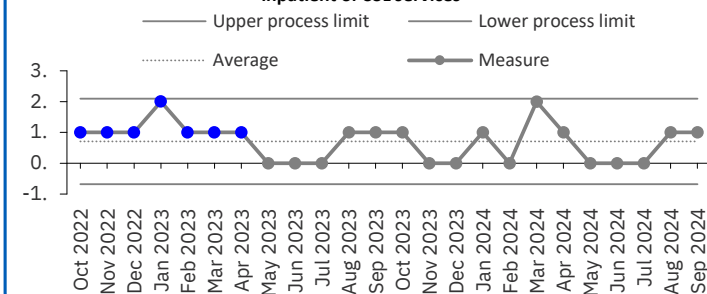
Safeguarding Adults: Number of advice calls received by the team (quarterly data)



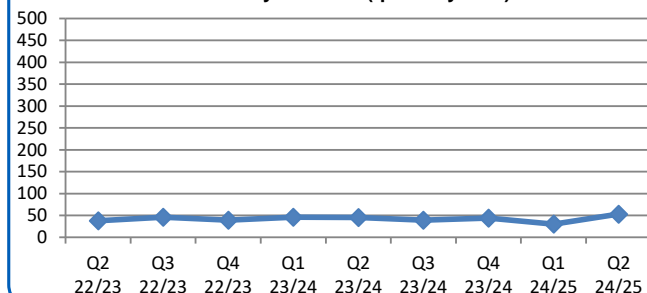
Safeguarding Adults: Percentage of advice calls to safeguarding that resulted in a referral to social care (quarterly data)



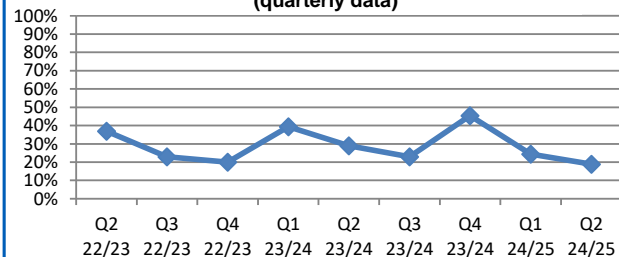
Number of Pressure Ulcers occurring or deteriorating within inpatient or SSL services



Safeguarding Children: Number of advice calls received by the team (quarterly data)



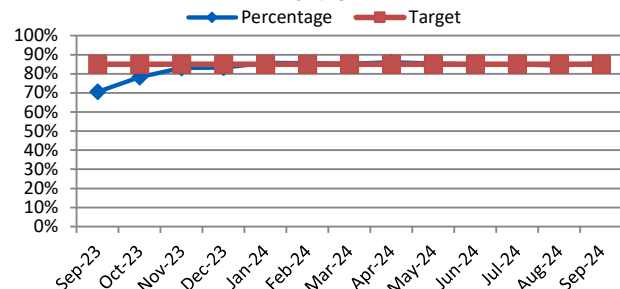
Safeguarding Children: Percentage of advice calls to safeguarding that resulted in a referral to social care (quarterly data)



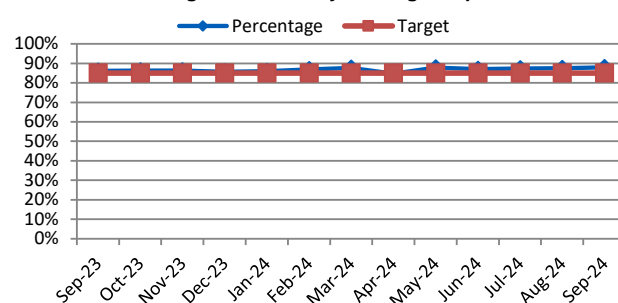
* Pressure ulcer data only includes those that have occurred whilst under the care of our inpatient or specialised supported living services.

13 month trend: Our Workforce

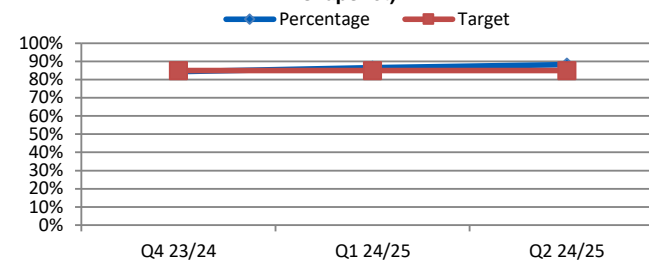
Percentage of staff with an appraisal in the last 12 months



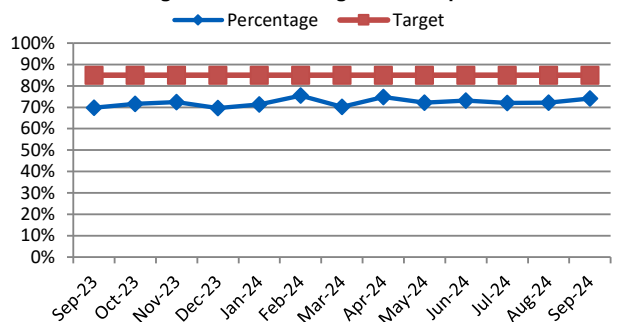
Percentage of mandatory training completed



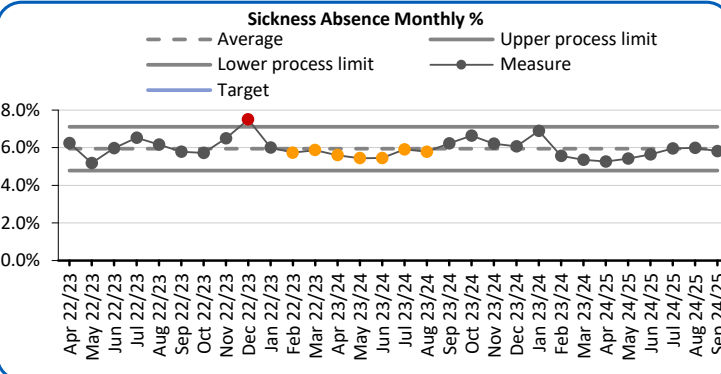
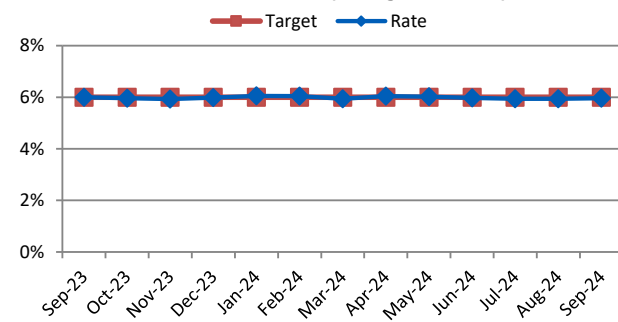
Safeguarding Level 3 training compliance (quarter end snapshot)



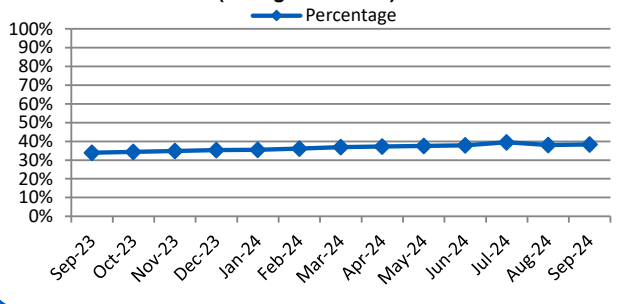
Percentage of staff receiving clinical supervision



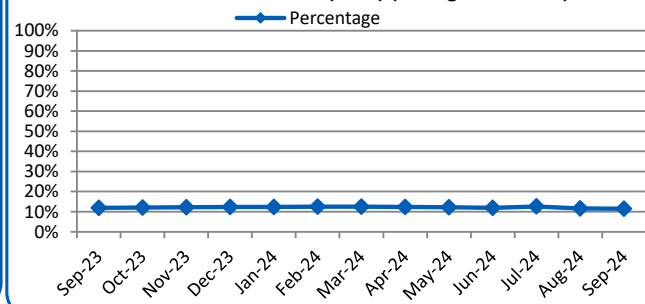
Sickness absence rate (rolling 12 months)



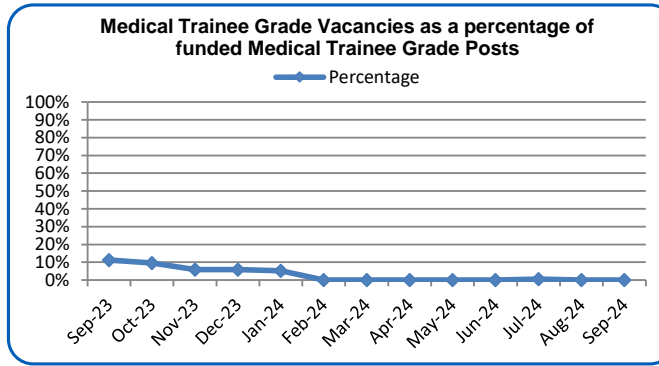
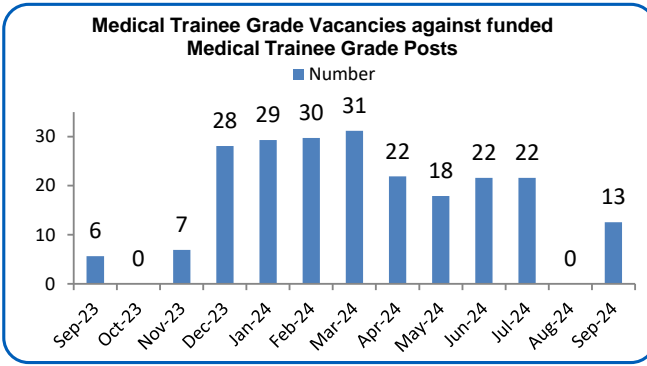
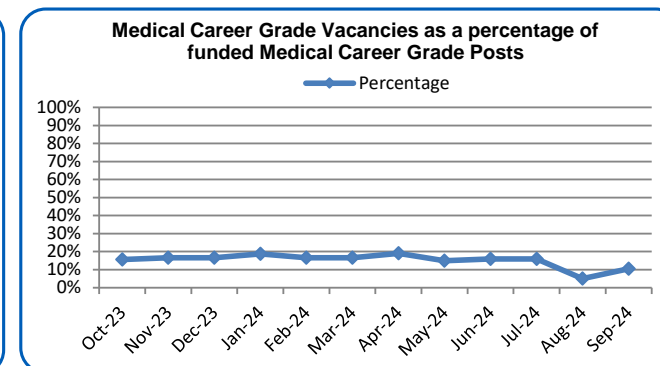
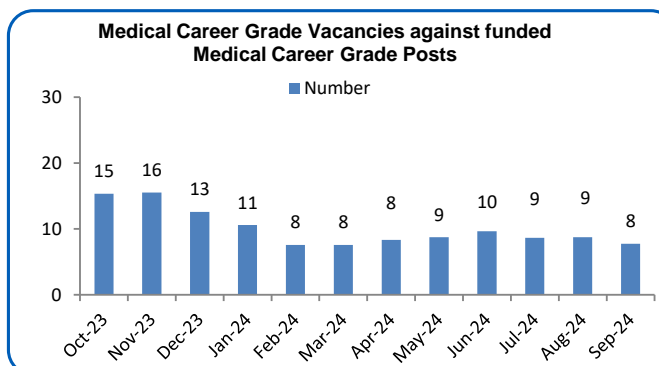
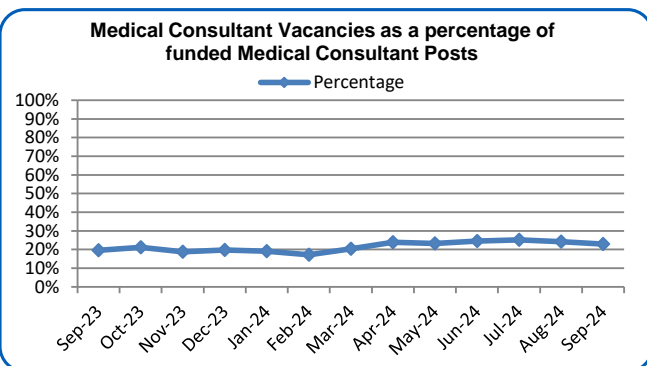
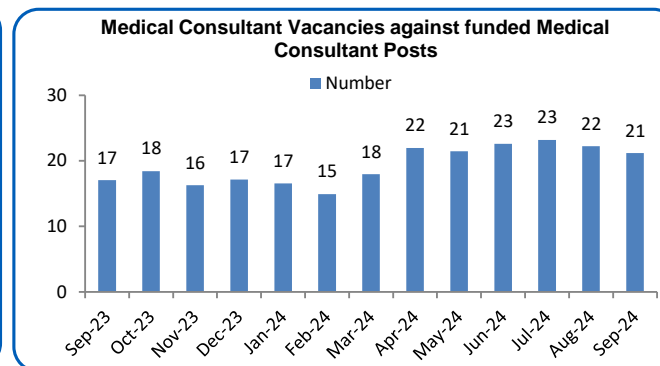
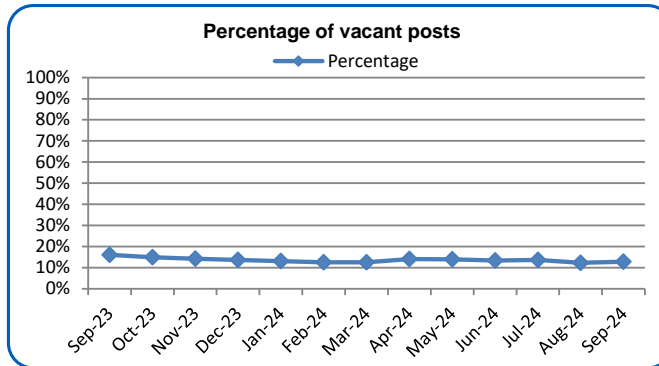
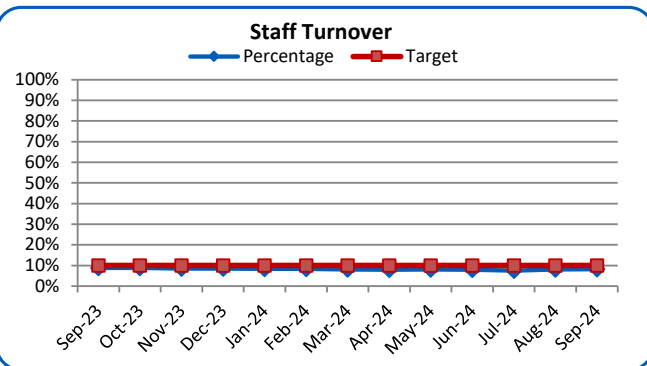
Percentage of sickness absence due to stress (rolling 12 months)



Percentage of sickness absence due to musculoskeletal issues (MSK) (rolling 12 months)

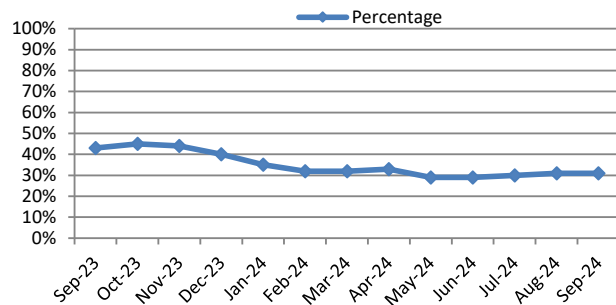


13 month trend: Our Workforce - continued

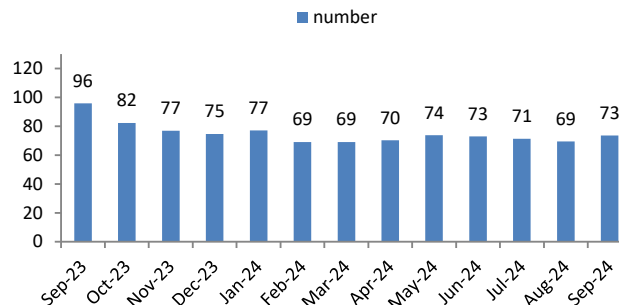


13 month trend: Our Workforce - continued

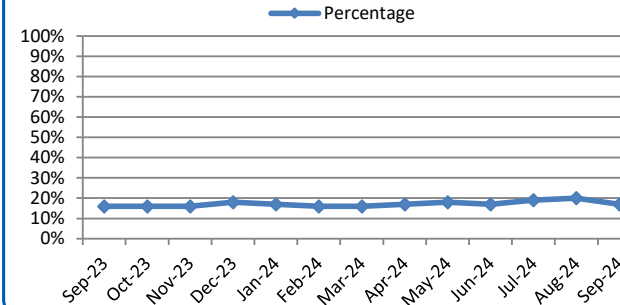
Percentage of Band 5 inpatient nursing vacancies



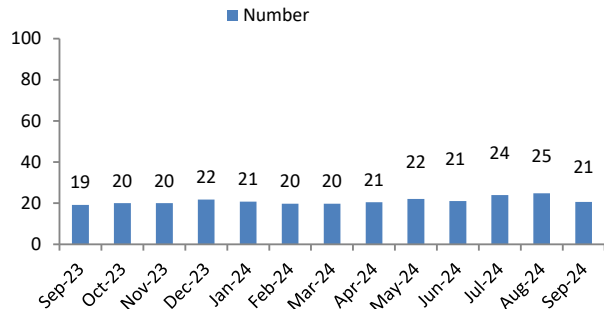
Number of Band 5 inpatient nursing vacancies



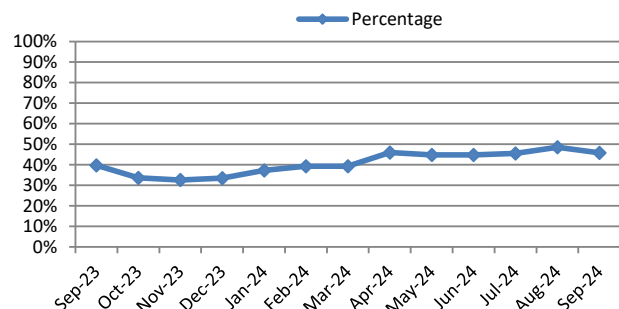
Percentage of Band 6 inpatient nursing vacancies



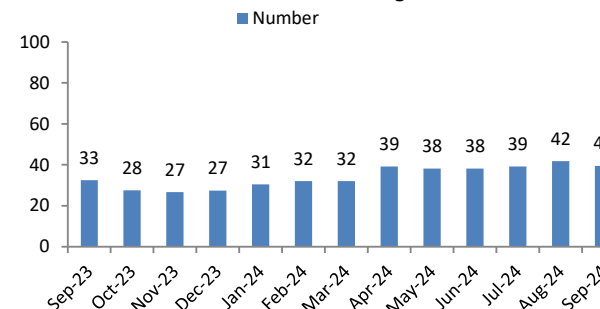
Number of Band 6 inpatient nursing vacancies



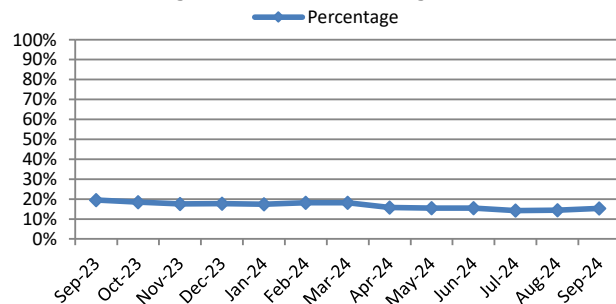
Percentage of Band 5 other nursing vacancies



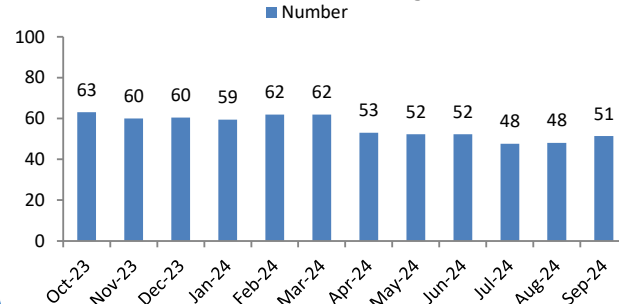
Number of Band 5 other nursing vacancies



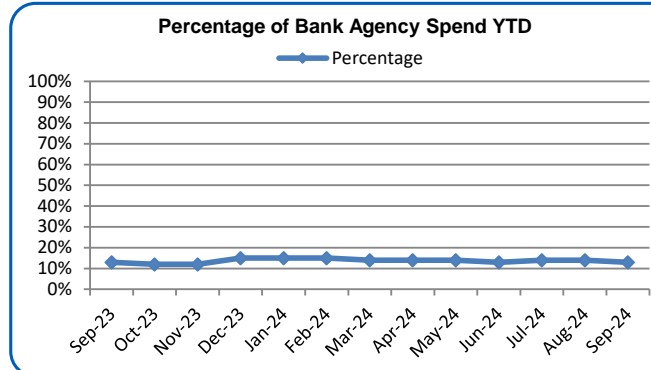
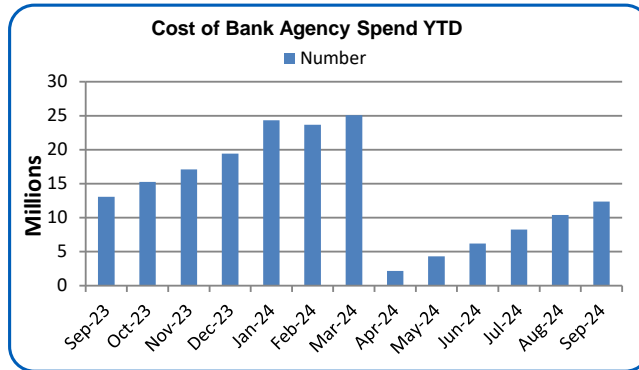
Percentage of Band 6 other nursing vacancies



Number of Band 6 other nursing vacancies



13 month trend: Our Workforce - continued



PREVIOUS MONTH: AUGUST

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 89.2% as of May 2024, just under the average for the 13-month period ending May 24 (90.9%). Demographic completeness levels have decreased slightly overall in August. Ethnicity completeness in August (81.1%) fell just below the average for the 13-month period of 81.4%. Similarly, sexual orientation completeness in August (46.5%), fell just below the average for the 13-month period of 46.6%.

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 2024/25 with a rolling programme of focussed data quality discussions aimed at supporting staff in using CareDirector well.

Patient Experience

Complaints: 10 complaints were received in August, below the average number of complaints received during the 13-month period (14). 100% of complaints were acknowledged within the 3-days standard, and 84% were completed within agreed timescales. There were 223 enquiries received by the PALS team during August, which is above the average number received during the 13-month period (168), and the second-highest number received during the 13-month period. April 2024 saw the highest number of enquiries with 234 being received by the PALS team.

Friends and Family Test: 156 people, from 25 different LYPFT teams provided their feedback via the Have Your Say Trustwide feedback measure in August. 94% of people rated their overall experience of care as positive, 4% said it was OK/didn't know and 2% of people reported that it was negative. 131 people gave us their feedback by completing the questions online whilst 28 people completed their feedback using postcards. Gender ID, CFS and Connect were the services who received the most responses.

S136: Within the S136 service, there were 0 breaches of the 24-hour detention in August. The last S136 detention to breach was in July 2024.

PREVIOUS MONTH: AUGUST

Safety

Incidents: Incidents in August (1,348) fell within normal levels of variation, above the average of 1,216 for the 24-month period. August had the fifth-highest number of incidents during the 24-month period.

The number of self-harm incidents in August (231), remained within normal levels of variation, above the average number of incidents per month (180) in the 24-month period. August had the third-highest number of self-harm incidents in the 24-month period.

Violence and Aggression incidents in August (131), were within normal levels of variation and just above the mean of 127 for the 24-month period.

The number of physical restraint incidents in August (439) fell within normal levels of variation, above the mean for the 24-month period 339. August had the four-highest number of physical restraint incidents in the 24-month period.

The number of falls in August (43), fell within normal levels of variation, and below the average for the 24-month period (53).

There have been 31 acquired pressure ulcers / sores reported since October 2019, with 1 occurring or deteriorating in August.

Workforce

Workforce Personal Development Reviews (PDR): The rate of PDR compliance has fallen slightly below the 85% target, with 84.4% of staff receiving an appraisal within the previous 12 months. Compliance in August has been maintained above average for the 13-month period of 82.2%.

At the end of August 85.0% of staff had received a recent wellbeing assessment through our Staff Wellbeing Framework, consistent with previous months.

Mandatory Training: Compliance has been stable over the 13-month period averaging 86.6%. Small but successive increases were seen between February and August, with a small decrease in performance in September 2023 linked to a new element of training being added. In August 87.6% of staff have in-date mandatory training, above the 85% target. Learning Disability and Autism training was made live in April and, as predicted, has affected the April compliance rate by a reduction of approximately 3%.

Clinical Supervision: Clinical supervision in August (72.1%), remains above the average level of compliance during the 13-month period (71.8%). February had the highest level of compliance at 75.4%.

Sickness Absence: The in-month sickness absence rate in August remains within normal levels of variation at 6.0%, in line with the average for the period starting April 2022 (6.0%).

Vacancies: The level of vacancies in August (12.3%), remains below average for the 13-month period (13.9%), following a decrease in vacant posts compared to April. The slight increase in April is a pattern seen at the start of the new financial year over the last few years.

CURRENT MONTH: SEPTEMBER

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 88.0% as of June 2024, below the average for the 13-month period ending June 24 (91.3%). Demographic completeness levels have decreased slightly in September. Ethnicity completeness in September (81.2%) fell just below the average for the 13-month period of 81.4%. Sexual orientation completeness in September (46.8%), is in line with the average for the 13-month period of 46.8%.

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 2024/25 with a rolling programme of focussed data quality discussions aimed at supporting staff in using CareDirector well.

Patient Experience

Complaints: 18 complaints were received in September, above the average number of complaints received during the 13-month period (15). 100% of complaints were acknowledged within the 3-days standard, and 100% were completed within agreed timescales. There were 210 enquiries received by the PALS team during September, which is above the average number received during the 13-month period (173), and the third-highest number received during the 13-month period. April 2024 saw the highest number of enquiries with 234 being received by the PALS team.

Friends and Family Test: 160 people provided us with their feedback in September 24 (158 for FFT reporting purposes). 16 people gave us their feedback by completing Have Your Say postcards and 144 provided their feedback via the online Have Your Say survey. 90% of people said that their overall experience of care was positive, 7% reported that it was OK/don't know and 3% of people said that it was negative. Gender ID and Chronic Fatigue services continue to receive the most feedback on a month-on-month basis, which demonstrates that their leadership team and staff members clearly value the HYS feedback tool. Increased numbers of feedback was received for the WAA inpatient wards at the Becklin Centre (25 pieces of feedback) and our psychosexual service received 9 pieces of feedback.

S136: Within the S136 service, there was 1 breach of the 24-hour detention in September. The last S136 detention to breach was in July 2024.

CURRENT MONTH: SEPTEMBER

Safety

Incidents: Incidents in September (1,222) fell within normal levels of variation, just below the average of 1,223 for the 24-month period.

The number of self-harm incidents in September (177), remained within normal levels of variation, above the average number of incidents per month (181) in the 24-month period. The decrease in self-harm incidents in September was the third-largest step-change in the 24-month period.

Violence and Aggression incidents in September (110), were within normal levels of variation and just above the mean of 129 for the 24-month period.

The number of physical restraint incidents in September (265) fell within normal levels of variation, below the mean for the 24-month period (335). The decrease in physical restraints in September, was the largest step-change in the 24-month period.

The number of falls in September (32), fell within normal levels of variation, and below the average for the 24-month period (52). September saw the lowest number of referrals in the 24-month period, jointly with June 2023 and May 2024.

There have been 32 acquired pressure ulcers / sores reported since October 2019, with 1 occurring or deteriorating in September.

Workforce

Workforce Personal Development Reviews (PDR): The rate of PDR compliance has is above the 85% target, with 85.6% of staff receiving an appraisal within the previous 12 months. Compliance in September is above the average for the 13-month period of 83.3%.

At the end of September 93.0% of staff had received a recent wellbeing assessment through our Staff Wellbeing Framework, above the average of 86.5% for the 13-month period.

Mandatory Training: Compliance has been stable over the 13-month period averaging 86.7%. Small but successive increases were seen between February and August, with a small decrease in performance in September 2023 linked to a new element of training being added. In September 87.9% of staff have in-date mandatory training, above the 85% target. Learning Disability and Autism training was made live in April and, as predicted, has affected the April compliance rate by a reduction of approximately 3%.

Clinical Supervision: Clinical supervision in September (74.1%), remains above the average level of compliance during the 13-month period (72.2%). February had the highest level of compliance at 75.4%.

Sickness Absence: The in-month sickness absence rate in September remains within normal levels of variation at 5.8%, just below the average for the period starting April 2022 (5.9%).

Vacancies: The level of vacancies in September (12.9%), remains below average for the 13-month period (13.6%), following a decrease in vacant posts compared to April. The slight increase in April is a pattern seen at the start of the new financial year over the last few years.

Glossary

Services: Clinical Record Keeping

Data Quality Maturity Index for the Mental Health Services Dataset (MHSDS)	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. 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

Quality: Caring / Patient Experience

Friends & Family Test: Positive experience of care (total responses received)	The number of Friends and Family Test (internally branded Have Your Say) questionnaires returned where the response was either 'Very Good' or '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 reviewed via PSII	Total number of incidents reported on Datix as taking place during the period that related to the death of a person that were subsequently reviewed as part of a Patient Safety Incident Investigation (PSII)
Number of deaths reported to LeDeR	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 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 Trust
Percentage of complaints allocated an investigator within 3 working days	Total number of complaints with an investigator allocated within 3 working days of the Trust receiving the complaint / Total number of complaints received by the Trust in the period
Percentage of complaints completed within timescale agreed with complainant **	Total number of complaints received by the Trust during the period completed within the timescales agreed with the complainant / Total number of 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

Number of patient/staff/visitor incidents reported on Datix	Total number of all incidents reported on Datix as taking place during the period. This includes both clinical and non-clinical incidents affecting 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 service user injuring themselves.
Number of Violent or Aggressive Incidents	Total number of incidents reported on Datix as taking place during the period which involved a service user behaving in a violent or aggressive manner towards staff, other service users or visitors. For example, assaulting a person or throwing objects.
Number of never events	Total number of never events occurring 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 safety recommendations. For example, failure to install functional collapsible shower or curtain rails.
Number of physical restraints	Total number of incidents reported on Datix as taking place in the period where physical restraint was used. Use of mechanical restraint, rapid tranquilisation and seclusion are excluded. Incidents are counted once, even where multiple positions are used.
Physical Restraint by Reason	Total number of incidents reported on Datix as taking place in the period where physical restraint was used broken down by reason. Use of mechanical restraint, rapid tranquilisation and seclusion are excluded.
Physical Restraint Incidents and Service Users Involved	Total number of service users involved in a physical restraint. Service users are counted once, even when involved in multiple incidents.
Number of ended seclusion incidents lasting 24+ hours	Total number of incidents reported on Datix as ending in the period where the duration of seclusion lasted more than 24 hours. Episodes of seclusion that start in month 1, and end in month 2, will be counted against month 2.
Number of Rapid Tranquilisation administered**	Total number of incidents reported on ePMA, where a drug used for rapid tranquilisation was administered. Where multiple drugs were administered at the same time, this is counted as one instance of rapid tranquilisation.

Glossary

Quality: Safety

No. of patients detained under the MHA (includes CTOs/conditional discharges)	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 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
Adult acute including PICU: % detained on admission	Transfers from other inpatient services are not counted; only those admissions to Adult Acute and PICU wards where the person is becoming an 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.
Number of medication errors reported on Datix	Total number of medication errors reported on Datix as taking place in the period. This includes errors related to both clinical and non-clinical practices surrounding dispensing, administering, storing and recording.
Percentage of medication errors resulting in no harm	Number of medication errors 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 referral to social care	Number of enquiries to the LYPFT Safeguarding Team in relation to concerns about an adult that result in a referral to the local authority 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 referral to social care	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 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.
Number of Pressure Ulcers occurring or deteriorating within inpatient or SSL services	Total number of pressure ulcers reported on Datix as having occurred or deteriorated during the period. Pressure ulcers are reported for inpatient and Specialised Supported Living services only.

Our Workforce

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

Glossary

Our Workforce

Medical Consultant Vacancies as a percentage of funded Medical Consultant Posts (percentage)	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 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 Posts (percentage)	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 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 Posts (percentage)	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 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 posts (percentage)	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 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 posts (percentage)	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 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 posts (percentage)	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 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 posts (percentage)	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 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
Percentage of vacant posts (Trustwide; all posts)	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 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
Bank Agency Spend YTD (%)	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 from the start of the current financial year to the end of the reporting month

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Agenda
item
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Meeting of the Council of Governors

Paper title:	Chair's Report from the Workforce Committee meeting on 17 October 2024
Date of meeting:	4 February 2025
Presented by: (name and title)	Zoe Burns-Shore, Non-executive Director and Chair of the Workforce Committee
Prepared by: (name and title)	Rose Cooper, Deputy 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.	

This paper relates to the Trust's strategic risk/s (please tick relevant box/s)		✓
SR1	Quality including safety assurance processes	
SR2	Delivery of the Quality Strategic Plan	
SR3	Culture and environment for the wellbeing of staff	✓
SR4	Financial sustainability	
SR5	Adequate working and care environments	
SR6	Digital technologies	
SR7	Plan and deliver services that meet the health needs of the population we serve.	

Committee details:	
Name of Committee:	Workforce Committee – Part A
Date of Committee:	17 October 2024
Chaired by:	Zoe Burns-Shore, Non-executive Director

ALERT – items to alert the Board to

No items to alert the Board to.

ADVISE – items to advise the Board on

The Committee received a verbal Chair's report from the People and Organisational Development (POD) Governance Group and noted the recent changes to the POD governance structure and the work taking place across the Mental Health, Learning Disability and Autism collaborative to align training strategies across the region to support NHS England's move toward shared resources. The Committee also heard that the Trust's strategic objective to reduce sickness absence by 1% was unlikely to be achieved at year end, based on the current position at month 6, but that HR business partners were working with services to develop action plans to address sickness absence cases. The Committee discussed the importance of staff mental health and wellbeing support as a preventative measure to sickness absence, acknowledging that role demands were a key reason for mental health related absence. The Committee considered if there was a culture piece needed on the importance of staff wellbeing and for there to be clearer guidance on how much time staff were allowed to take out of work for wellbeing activities.

The Committee received an update on the delivery of the Trust's People Plan 2024-27 and was pleased to note that good progress had been made against each of the ambitions. The Committee heard about some of the challenges associated with delivering new initiatives which sat across multiple portfolios and doing this in a way that was consistent and not duplicative or burdensome for staff. Ms Burns-Shore agreed to give some thought as to how the Committee could revisit this at a future meeting.

The Committee received a report on the Trust's Retention Strategy for 2024-25 including an update on the high-level action plan and an overview of new starters, leavers and turnover data from April 2021 to March 2024. The Committee supported there being an evaluation into the impact of flexible working from a Trust productivity perspective now that it was embedded in the organisation, and it was agreed that an update on this would be provided at a future meeting if it required further consideration by the Committee. The Committee also received the final data from the Exit Questionnaire Pilot which had now concluded and noted that the results were generally positive and consistent with NHS England's findings. The Committee noted that an overview and key themes from exit interviews would continue to be presented at this Committee and the detailed responses would be shared quarterly with the Heads of Operations and service leads so that any service specific issues could be identified and actioned.

The Committee received an update on the KPIs and Quality Indicators which had been established in order to measure and evaluate the impact of the Collective Leadership programme. The Committee noted that these KPIs used existing data sets to ensure that they were aligned with the Trust's People Plan. It was agreed that the Collective Leadership KPIs would undergo further review and consultation and be brought back to the Committee for consideration if they had changed.

The Committee received the Workforce Performance Report and noted that mandatory training compliance was above the 85% target, staff attrition was currently at around 8% and sickness absence

remained a challenge at 6%. The Committee discussed the variation in vacancy rate across inpatient services and considered how best to receive data on this.

The Committee received a report on Health and Safety and discussed the update on reducing violence and aggression, noting that this was a key risk for the Trust, and was encouraged by the multi-disciplinary approach across different teams. The Committee heard that hot spots for violence and aggression in services had been identified and the team were starting their audit and inspections in these high incident areas. The Committee asked that violence and aggression benchmarking data was included in the next report to provide context and assurance that the Trust was not an outlier.

ASSURE – items to provide assurance to the Board on

The Committee received a report on the use of Spotlight and was encouraged by the update and pleased to hear how the team were continuing to introduce new initiatives for engagement through pilot schemes and measuring the impact to identify the most effective approaches. The Committee also highlighted the importance of utilising Spotlight as a key facet of the Trust's Reward and Recognition Strategy given the current financial constraints and acknowledged the hard work the team put into this.

The Committee reviewed the Board Assurance Framework (BAF) so that it could be mindful of its responsibility to assure that Strategic Risk (SR) 3 was being adequately controlled through the course of the meeting. The Committee was assured that SR3 was being adequately controlled; considered whether it was receiving assurance on any gaps through the reports it was already receiving; and agreed that it did not require any further assurance on the way in which SR3 was being managed. The Committee also considered the potential downgrading of the risk score for SR3 from a level 16 (red) to a level 12 (amber) risk due to the mitigations in place and the actions completed. The Committee supported the proposed reduction in risk score for SR3 and noted that this new position would be presented to the Executive Risk Management Group and then the November Board of Directors' meeting for its endorsement.

The Committee received the Trust's annual multi-professional NHS England Workforce Training and Education Self-Assessment Return for information, noted that there were no exceptions to report throughout the return and that the Trust had been able to evidence how it meets the learning and development needs for its learners.

The Committee received the Wellbeing Guardian Report and discussed the update on the new Domestic Abuse and Sexual Violence Ally role which had been developed by NHS England.

REFER - Items to be referred to other Committees:

- No items to be referred to other committees.

Recommendation

The Council of Governors is asked to note the contents of the Chair's Report which summarises the discussions held at the October 2024 Workforce Committee meeting, as reported to the November 2024 Board of Director's meeting.

Workforce Committee: 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.

Quality and Workforce metrics: Tabular overview

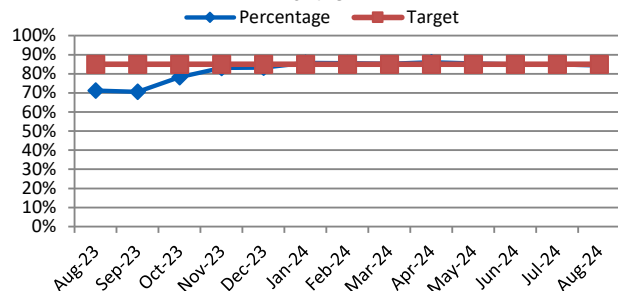
Our Workforce	Target	Jun-24	Jul-24	Aug-24
Percentage of staff with an appraisal in the last 12 months	85%	85.0%	85.3%	84.4%
Percentage of staff with a wellbeing assessment completed	-	85.2%	84.9%	85.0%
Percentage of mandatory training completed	85%	87.0%	87.4%	87.6%
Safeguarding Level 3 training compliance (quarter end snapshot) *	85%	86.5%	-	-
Percentage of staff receiving clinical supervision	85%	73.1%	72.1%	72.1%
Staff Turnover (Rolling 12 months)	8-10%	7.9%	7.5%	8.1%
Sickness absence rate in month	-	5.6%	6.0%	6.0%
Sickness absence rate (Rolling 12 months)	6.0%	6.0%	6.0%	6.0%
Percentage of sickness due to musculoskeletal issues (MSK; rolling 12 months)	-	12.0%	12.6%	11.7%
Percentage of sickness due to Mental Health & Stress (rolling 12 months)	-	37.9%	39.5%	38.0%
Medical Consultant Vacancies as a percentage of funded Medical Consultant Posts (percentage)	-	23.2%	24.2%	23.3%
Medical Consultant Vacancies (number)	-	21.3	22.2	21.5
Medical Career Grade Vacancies as a percentage of funded Medical Career Grade Posts (percentage)	-	15.9%	15.9%	5.0%
Medical Career Grade Vacancies (number)	-	7.8	7.8	2.5
Medical Trainee Grade Vacancies as a percentage of funded Medical Trainee Grade Posts (percentage)	-	0.0%	0.5%	0.0%
Medical Trainee Grade Vacancies (number)	-	0.0	0.5	0.0
Band 5 inpatient nursing vacancies as a percentage of funded B5 inpatient nursing posts (percentage)	-	31.0%	30.0%	29.0%
Band 5 inpatient nursing vacancies (number)	-	73.0	71.3	69.4
Band 6 inpatient nursing vacancies as a percentage of funded B6 inpatient nursing posts (percentage)	-	17.0%	19.0%	20.0%
Band 6 inpatient nursing vacancies (number)	-	21.0	24.0	24.8
Band 5 other nursing vacancies as a percentage of funded B5 non-inpatient nursing posts (percentage)	-	44.8%	45.5%	48.53%
Band 5 other nursing vacancies (number)	-	38.2	39.3	41.9
Band 6 other nursing vacancies as a percentage of funded B6 non-inpatient nursing posts (percentage)	-	15.5%	14.2%	14.4%
Band 6 other nursing vacancies (number)	-	52.3	47.6	48.1
Percentage of vacant posts (Trustwide; all posts)	-	13.5%	13.6%	12.3%
Bank Agency Spend YTD (Cost)	-	6,181,739	8,272,197	10,416,243
Bank Agency Spend YTD (%)	-	13%	14%	14%

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

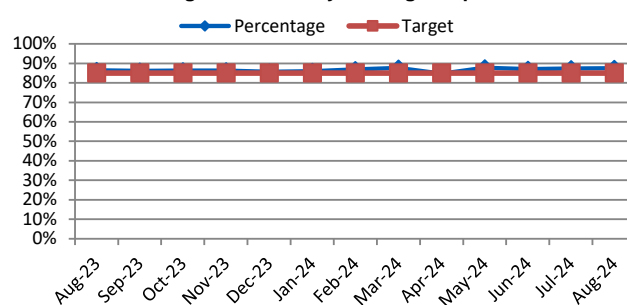
* New measure for Q3 23/24

13 month trend: Our Workforce

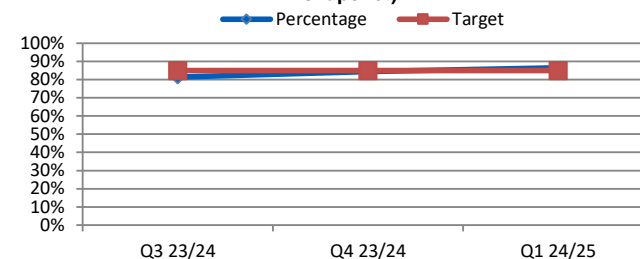
Percentage of staff with an appraisal in the last 12 months



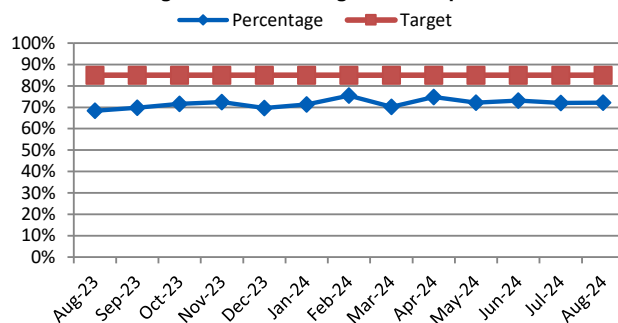
Percentage of mandatory training completed



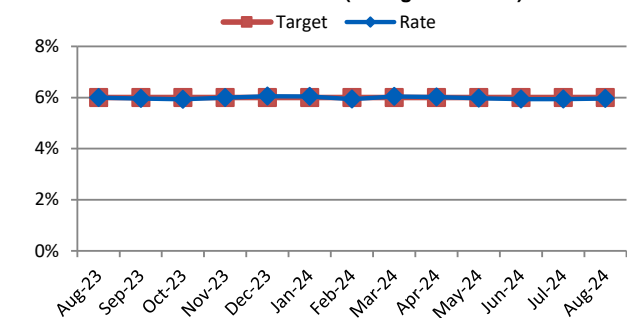
Safeguarding Level 3 training compliance (quarter end snapshot)



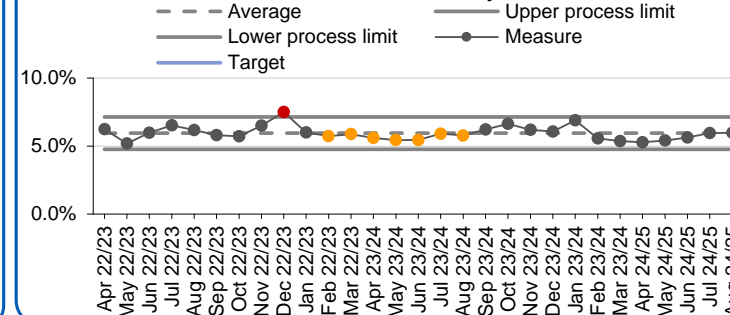
Percentage of staff receiving clinical supervision



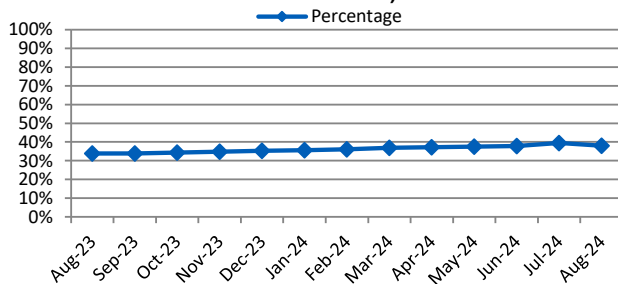
Sickness absence rate (rolling 12 months)



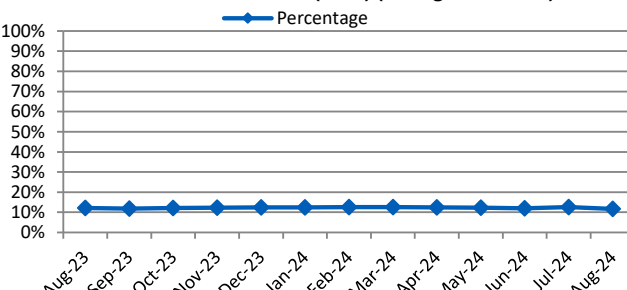
Sickness Absence Monthly %



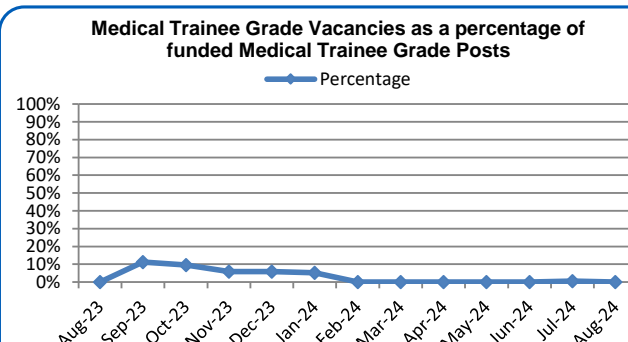
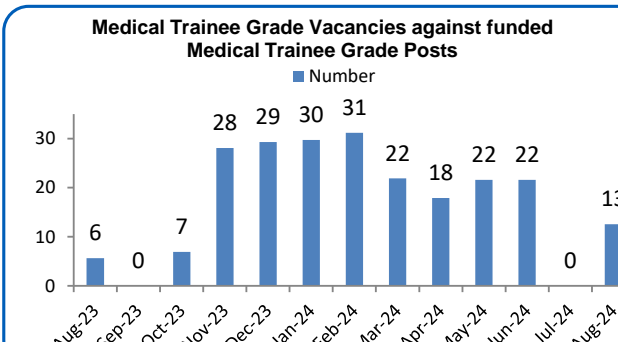
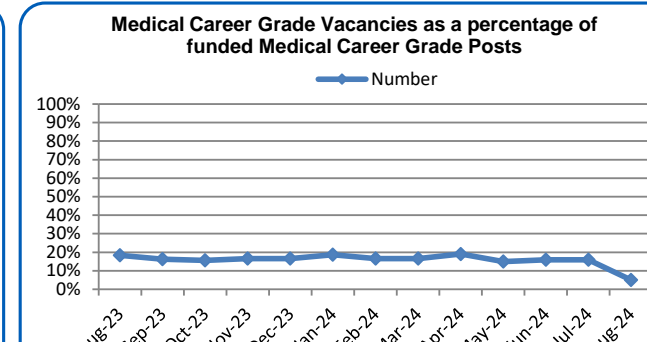
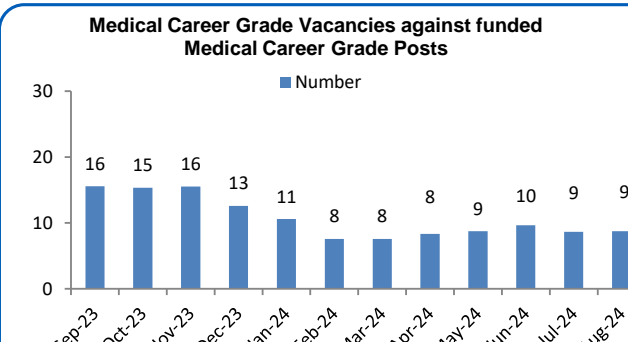
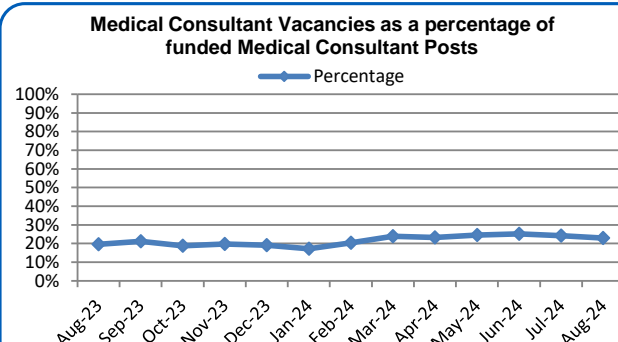
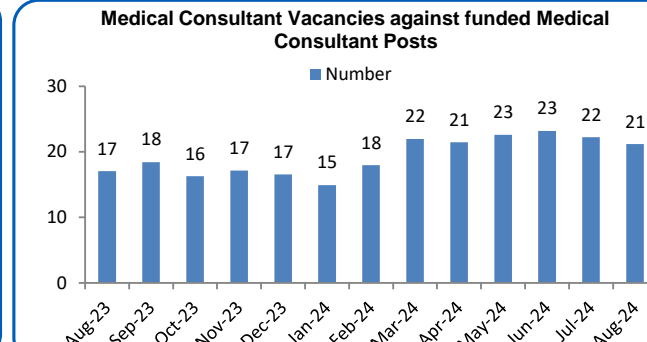
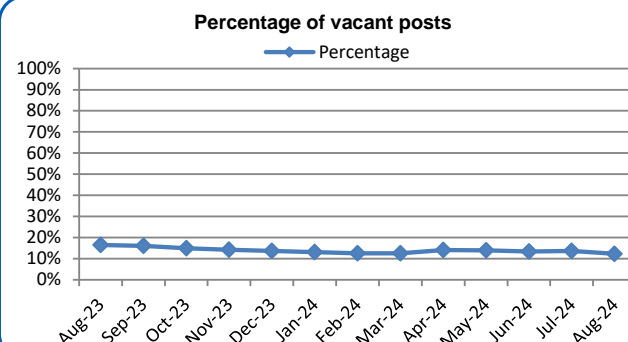
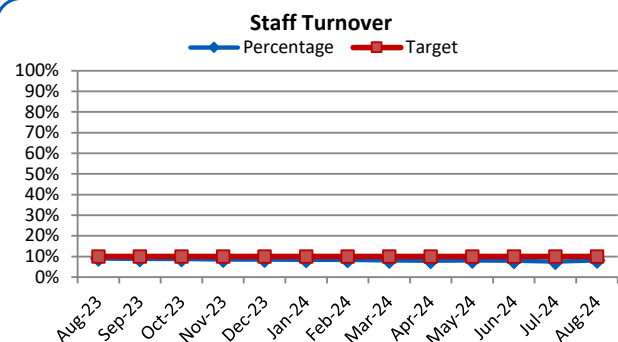
Percentage of sickness absence due to stress (rolling 12 months)



Percentage of sickness absence due to musculoskeletal issues (MSK) (rolling 12 months)

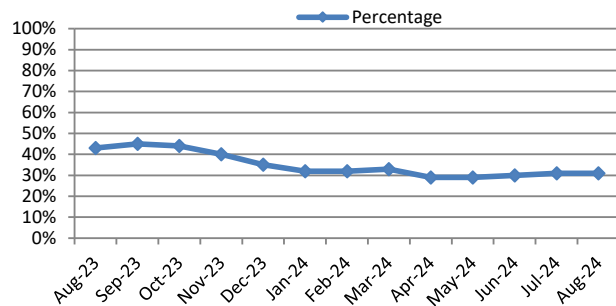


13 month trend: Our Workforce - continued

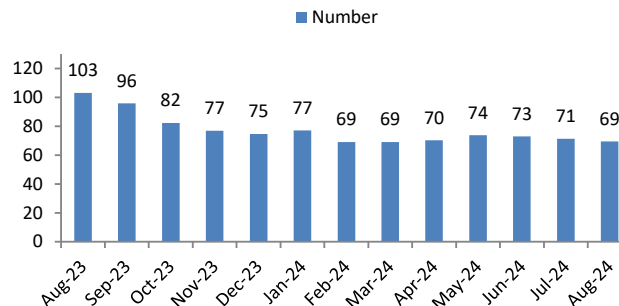


13 month trend: Our Workforce - continued

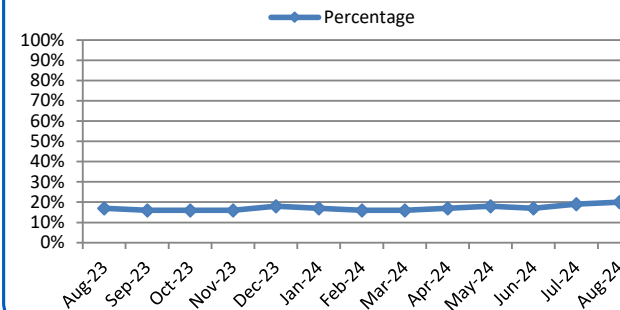
Percentage of Band 5 inpatient nursing vacancies



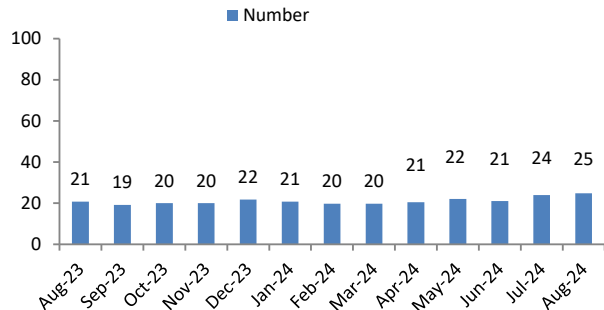
Number of Band 5 inpatient nursing vacancies



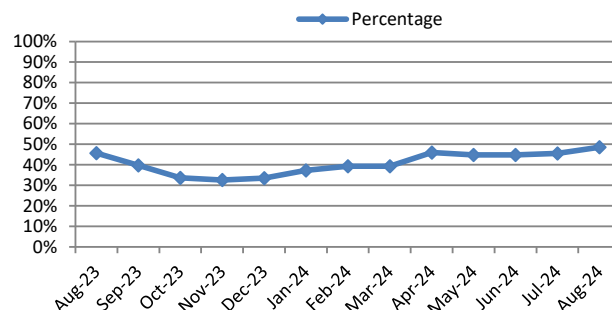
Percentage of Band 6 inpatient nursing vacancies



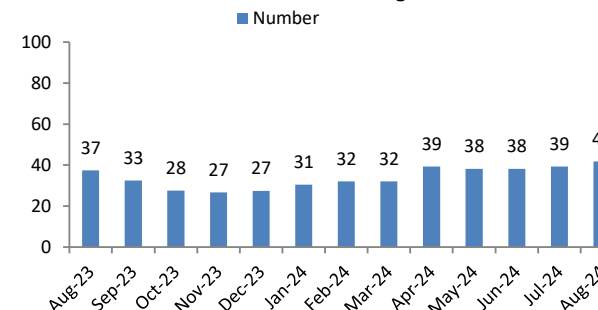
Number of Band 6 inpatient nursing vacancies



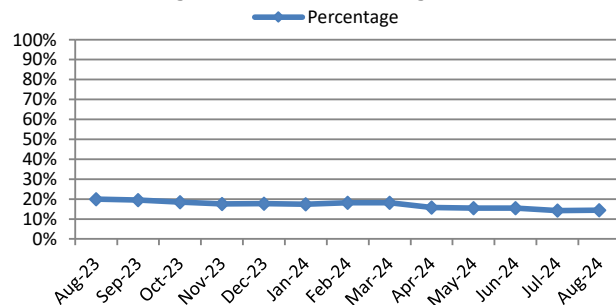
Percentage of Band 5 other nursing vacancies



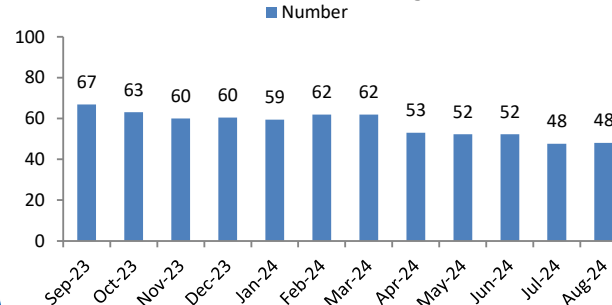
Number of Band 5 other nursing vacancies



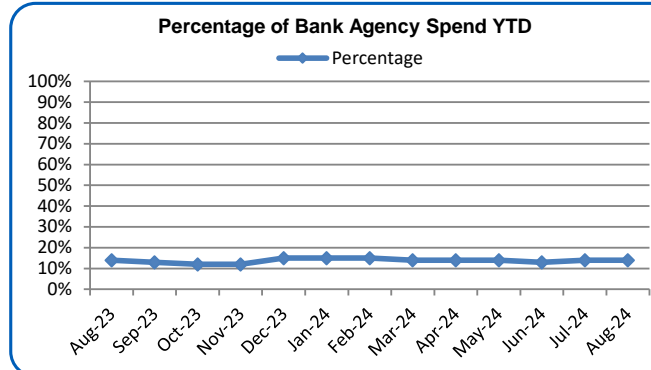
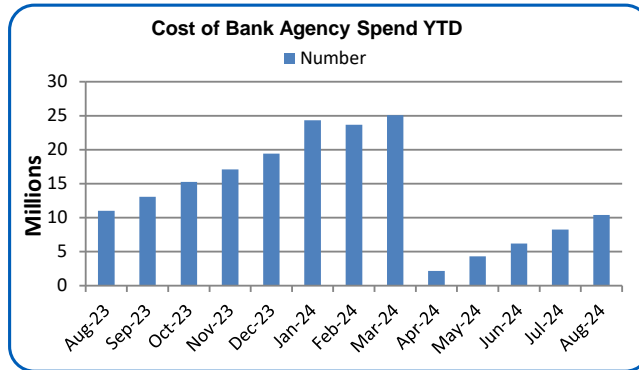
Percentage of Band 6 other nursing vacancies



Number of Band 6 other nursing vacancies



13 month trend: Our Workforce - continued



PREVIOUS MONTH: JULY

Workforce

Workforce Personal Development Reviews (PDR): The rate of PDR compliance has been maintained in July, meeting the 85% target, with 85.3% of staff receiving an appraisal within the previous 12 months.

At the end of July 84.9% of staff had received a recent wellbeing assessment through our Staff Wellbeing Framework, consistent with previous months.

Mandatory Training: Compliance has been stable over the 13-month period averaging 86.5%. 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. In July 87.4% of staff have in-date mandatory training, above the 85% target. Learning Disability and Autism training was made live in April and, as predicted, has affected the April compliance rate by a reduction of approximately 3%.

Clinical Supervision: Clinical supervision in July (72.1%), remains above the average level of compliance during the 13-month period (71.4%). February had the highest level of compliance at 75.4%.

Sickness Absence: The in-month sickness absence rate in July remains within normal levels of variation at 6.0%, just above the average for the period starting April 2022 (6.0%).

Vacancies: The level of vacancies in July (13.6%), remains below average for the 13-month period (14.3%), following a decrease in vacant posts compared to April. The slight increase in April is a pattern seen at the start of the new financial year over the last few years.

CURRENT MONTH: AUGUST

Workforce

Workforce Personal Development Reviews (PDR): The rate of PDR compliance has fallen slightly below the 85% target, with 84.4% of staff receiving an appraisal within the previous 12 months. Compliance in August has been maintained above average for the 13-month period of 82.2%.

At the end of August 85.0% of staff had received a recent wellbeing assessment through our Staff Wellbeing Framework, consistent with previous months.

Mandatory Training: Compliance has been stable over the 13-month period averaging 86.6%. Small but successive increases were seen between February and August, with a small decrease in performance in September 2023 linked to a new element of training being added. In August 87.6% of staff have in-date mandatory training, above the 85% target. Learning Disability and Autism training was made live in April and, as predicted, has affected the April compliance rate by a reduction of approximately 3%.

Clinical Supervision: Clinical supervision in August (72.1%), remains above the average level of compliance during the 13-month period (71.8%). February had the highest level of compliance at 75.4%.

Sickness Absence: The in-month sickness absence rate in August remains within normal levels of variation at 6.0%, in line with the average for the period starting April 2022 (6.0%).

Vacancies: The level of vacancies in August (12.3%), remains below average for the 13-month period (13.9%), following a decrease in vacant posts compared to April. The slight increase in April is a pattern seen at the start of the new financial year over the last few years.

Glossary

Our Workforce

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

Glossary

Our Workforce

Medical Consultant Vacancies as a percentage of funded Medical Consultant Posts (percentage)	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 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 Posts (percentage)	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 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 Posts (percentage)	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 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 posts (percentage)	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 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 posts (percentage)	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 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 posts (percentage)	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 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 posts (percentage)	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 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
Percentage of vacant posts (Trustwide; all posts)	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 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
Bank Agency Spend YTD (%)	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 from the start of the current financial year to the end of the reporting month

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Meeting of the Council of Governors

Paper title:	Chair's Report from the Audit Committee meeting on 22 October 2024
Date of meeting:	4 February 2025
Presented by: (name and title)	Martin Wright, Non-executive Director and Chair of the Audit 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.	✓

This paper relates to the Trust's strategic risk/s (please tick relevant box/s)		✓
SR1	Quality including safety assurance processes	✓
SR2	Delivery of the Quality Strategic Plan	
SR3	Culture and environment for the wellbeing of staff	✓
SR4	Financial sustainability	✓
SR5	Adequate working and care environments	✓
SR6	Digital technologies	
SR7	Plan and deliver services that meet the health needs of the population we serve.	✓

Committee details:	
Name of Committee:	Audit Committee
Date of Committee:	22 October 2024
Chaired by:	Martin Wright, Non-executive Director

ALERT – items to alert the Board to

- None

ADVISE – items to advise the Board on

- The Committee received the “Mental Capacity Act” Internal Audit Report which had been received with an overall opinion of limited assurance. The Committee was reassured that work was ongoing to complete the identified actions in the report within the time period agreed. It also agreed that this report should be referred to the Mental Health Legislation Committee for additional assurance.
- The Committee received the “Job Planning” Internal Audit Report which had been received with an overall opinion of limited assurance. The Committee was reassured that work was ongoing to complete the identified actions in the report within the time period agreed. It also agreed that this report should be referred to the Workforce Committee for additional assurance.
- The Committee agreed that an audit on the “Volunteer Pay Policy” would be added to the 2024-25 Internal Audit Plan. It noted that this audit would be conducted in the time which had been originally allocated for the Data Security and Protection Toolkit assessment which had been deferred to Q1 2025-26 while the Internal Audit Team awaited updated guidance.
- The Committee received data which demonstrated that the Trust was receiving more internal audit reports expressing an overall opinion of limited or low assurance as a percentage compared with previous years. It was reassured by the Internal Audit Team that this was likely due to areas which represented the greatest challenge and risk to the Trust as being identified for audit, improvements in Audit Yorkshire’s methodology in assessing controls, and the time allocated for each audit being longer allowing for a more thorough assessment of each audit area.

ASSURE – items to provide assurance to the Board on

- The Committee received the “Board Assurance Framework and Risk Management Arrangements Benchmarking” report and was assured that the Trust had an improved and mature Board Assurance Framework in place.
- The Committee received the Local Counter Fraud Update report. It noted that there was one active investigation of alleged fraud involving the submission of falsified timesheets and that the outcomes of this investigation would be reported to the Committee ahead of its January 2025 meeting. It was reassured on the changes in practice the Trust had implemented which would reduce the risk of fraud in this area going forward.
- The Committee received and noted the contents of the Health and Safety Quarterly Update Report for Quarter 2 2024-25.

- The Committee received and noted the contents of the Health and Safety Annual Report for 2023-24. It noted that this report would be received at the November 2024 Board of Director's meeting.
- The Committee received the Outstanding Audit Actions report and noted that there were two overdue actions as of 27 August 2024. It additionally noted the work which had been undertaken to identify and review all longstanding audit actions to ensure that they were still relevant, and that this would be discussed further at the November 2024 Executive Risk Management Group meeting.
- The Committee received the version of the Board Assurance Framework which had been approved by the Board at its July 2024 meeting and was assured that it was still fit for purpose. It noted several areas where the BAF could be revised ahead of its planned presentation at the November 2024 Board of Director's meeting.
- The Committee received the Tender and Quotation Exception report for the period April – September 2024. It agreed that the format of the report should be revised so that the rationale as to why an exceptions process had been followed for the four items identified in this report could be added for assurance, and that this item should be resubmitted for assurance at the Committee's January 2025 meeting.
- The Committee agreed the amendments which had been made to its Terms of Reference and noted that this would be presented to the Board for ratification.
- The Committee agreed its Cycle of Business for 2025.
- The Committee agreed that its annual objective would be to encourage the improvement of the data it received in various reports received by the Committee so that it included more historical trend data, and where appropriate, benchmarking data.

REFER - Items to be referred to other Committees:

- It was agreed that the limited assurance internal audit report on the "Mental Capacity Act" would be referred to the Mental Health Legislation Committee.
- It was agreed that the limited assurance internal audit report on the "Job Planning" would be referred to the Workforce Committee.

Recommendation

The Council of Governors is asked to note the contents of the Chair's Report which summarises the discussions held at the 22 October 2024 Audit Committee meeting, as reported to the 28 November 2024 Board of Director's meeting.

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Meeting of the Council of Governors

Paper title:	Chair's Report from the Mental Health Legislation Committee meeting on 5 November 2024
Date of meeting:	4 February 2025
Presented by: (name and title)	Kaneez Khan, Non-executive Director and Chair of the Mental Health Legislation 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.	✓

This paper relates to the Trust's strategic risk/s (please tick relevant box/s)		✓
SR1	Quality including safety assurance processes	✓
SR2	Delivery of the Quality Strategic Plan	
SR3	Culture and environment for the wellbeing of staff	✓
SR4	Financial sustainability	
SR5	Adequate working and care environments	✓
SR6	Digital technologies	
SR7	Plan and deliver services that meet the health needs of the population we serve.	✓

Committee details:	
Name of Committee:	Mental Health Legislation Committee
Date of Committee:	5 November 2024
Chaired by:	Kaneez Khan, Non-executive Director

ALERT – items to alert the Board to

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

ADVISE – items to advise the Board on

- Challenges regarding safety and security arrangements of Mental Health Act Manager hearings and tribunals, in particular for community patients due to the reduced number of staff present for a hearing, was raised at the Mental Health Legislation Operational Steering Group (MHLOSG) and discussed at the meeting. It was noted that a guidance document to address these challenges would be presented at the MHLOSG and a review of the Trust's Security arrangements would be conducted, and this would additionally be raised at the Clinical Environments Group.
- Challenges regarding the continued rollout of the "Right Care, Right Person" approach continued to be monitored, including delays in police forces attending incidents which occurred on hospital premises. It was noted that a report exploring this had been received by the Quality Committee, and that staff regularly reported incidents at the Police Liaison meetings.

ASSURE – items to provide assurance to the Board on

- The Committee noted that the Mental Health Legislation Activity Report now included data on the average length of stay for service users detained at the Section 136 suite so that the Committee could monitor this information.
- The Committee received the Mental Health Detentions Report for 2023-24 and discussed its contents. It highlighted that the data included in the report suggested that there was an increase in detentions of 72% compared with the previous year, but that this was not consistent with the data reported in the Mental Health Legislation Activity Reports received covering the same period. It agreed that future reports should ensure that the data used in the report examined the same data explored by the Mental Health Legislation Activity Reports.
- The Committee received the Mental Health Legislation Activity Report for Q2 2024-25 and was assured the plans in place were sufficient to ensure ongoing compliance with all mental health legislation.
- The Committee received and discussed the Mental Capacity Act internal audit report which had received an overall opinion of limited assurance. The Committee was assured on the management responses and actions to the recommendations made in the report and agreed that should the area be reaudited that this would be received by the Committee for assurance.
- The Committee discussed its Terms of Reference and agreed that further consideration should be made to whether the Committee's role in gaining assurance that the Trust was tackling health inequalities experienced by service users from minority ethnic backgrounds should be added to its

Terms of Reference. It was agreed that this would be discussed further with other members of the Board of Directors to ensure that this work was not duplicated elsewhere, and that the Committee would consider this further at its February 2025 meeting.

- The Committee completed its Committee Effectiveness review and was assured that no changes were required to be made to its Terms of Reference or practices as a result of this review.

REFER - Items to be referred to other Committees:

- The Committee did not refer any items to other Board sub-committees.

Recommendation

The Council of Governors is asked to note the contents of the Chair's Report which summarises the discussions held at the 5 November Mental Health Legislation Committee meeting, as reported to the 28 November 2024 Board of Director's meeting.