



**DRAFT MINUTES OF THE PUBLIC BOARD MEETING**  
**Thursday 25 March 2021**

**(Meeting Held via Microsoft (MS) Teams)**

Due to the on-going advice regarding social distancing during the current Covid-19 pandemic this meeting was held via Conference Call and streamed via the Trust website.

<b>Present:</b>	Linda Pollard	Trust Chair
	Suzanne Clark	Non-Executive Director
	Lisa Grant	Chief Nurse
	Julian Hartley	Chief Executive
	Paul Jones	Chief Digital and Information Officer
	Tom Keeney	Non-Executive Director
	Jenny Lewis	Director of Human Resources & Organisational Development
	Chris Schofield	Non-Executive Director
	Bob Simpson	Non-Executive Director
	Clare Smith	Chief Operating Officer
	Laura Stroud	Non-Executive Director
	Craige Richardson	Director of Estates and Facilities
	Tricia Storey-Hart	Associate Non-Executive Director (exited at agenda item 12.2)
	Gillian Taylor	Non-Executive Director (from agenda item 10.5(i))
Dr Phil Wood	Chief Medical Officer	
Simon Worthington	Director of Finance (exited at agenda item 12.6)	
<b>In Attendance:</b>	Jo Bray	Company Secretary
	Camilla Gow	Assistant Project Manager (for agenda item 12.6)
	Vickie Hewitt	Trust Board & Membership Administrator
	Tim Hiles	Associate Director of Operations (for agenda item 12.6)
	Richard Moyes	General Manager - Outpatients (for agenda item 12.6)
	Rebecca Musgrave	Deputy Head of Midwifery (for agenda item 12.3)
	Rob Newton	Associate Director of Policy and Partnerships
<b>Apologies:</b>	Jas Narang	Non-Executive Director
	Rachel Woodman	Associate Non-Executive Director
	John Williams	Associate Non-Executive Director

Minutes have been recorded in order of discussion and conversation from the MS Teams Chat function has been incorporated into the minute narrative.

Agenda Item		ACTION
1	<b>Welcome and Introductions</b>	
	<p>The Trust Chair welcomed Board members to the meeting.</p> <p>It was noted that the meeting was being streamed live to the public <i>[with the link to access this active on the Board website for the duration of the meeting].</i></p> <p>Prior to entering the main agenda the Board had invited David Hay, Deputy Director of Finance to the meeting to formally thank him (prior to his retirement) for the support and expertise he had provided to the Trust. The Board commended his professionalism, dedication and commitment and shared their messages of thank you and wishes for the future.</p>	
2	<b>Apologies for Absence</b>	
	<p>Apologies for absence were received from Jas Narang, John Williams and Rachel Woodman.</p> <p>It was noted that Gillian Taylor would be joining the meeting from 3pm, following attendance at a conflicting appointment with Tricia Storey-Hart exiting at 4pm and Simon Worthington exiting at 5pm (to attend a national finance meeting).</p>	
3	<b>Declarations of Interest</b>	
	There were no declaration of interest and the meeting was quorate.	
4	<b>Patient Story - Sally's Story</b>	
	<p>A patient story video was shared with the Board:  <a href="https://www.youtube.com/watch?v=wcAVKg4-Eo">https://www.youtube.com/watch?v=wcAVKg4-Eo</a></p> <p>The story followed patient Sally who had received surgical care at the LGI and focused on the care and commitment she had received from staff.</p> <p>Lisa Grant was positive of the feedback regarding staff which highlighted the importance and value of the Leeds Way behaviours which was echoed by the wider Board. Laura Stroud reflected on the frequent media stories of staff fatigue and recognised this was a great example of the Leeds Way and the compassion displayed by all teams.</p>	
5	<b>Draft Minutes of the Last Meeting</b>	
	<p>The draft minutes of the last meeting held 28 January 2021 were agreed to be a correct record subject to the following amendments:</p> <ul style="list-style-type: none"> <li>• Page 5, agenda item 10.1 (Audit Chairs Update) - paragraph to be updated to state that Auditors had made sufficient progress to provide their '<b>respective opinions</b>'</li> <li>• Page 9, agenda item 12.1 (IQPR) - 'fort wave' to be corrected to '<b>first wave</b>'</li> </ul>	Vickie Hewitt
6	<b>Matters Arising</b>	
	There were no matters arising listed on the agenda and none were raised during the meeting.	
7	<b>Review of the Action Tracker</b>	
	The action tracker was received and progress noted.	

8	<p><b>Chair's Report</b></p> <p>The report provided an update on the actions and activity of the Chair since the last Board meeting.</p> <p>The Trust Chair noted the detail provided in her written report and in addition updated on a virtual visit held with the Countess of Wessex (for the formal opening of the newly refurbished PACU), commending the role of Fran Hewitt, Head of Communications and her team in organising this.</p> <p>She drew attention to section 4 of the report and requested formal ratification from the Board of the following decisions that had been given Chairs action prior to the meeting;</p> <ul style="list-style-type: none"> <li>• A contract had been awarded to BAM Construction Ltd as part of the Gledhow Wing Maternity Theatres Refurbishment (BE19/057) as part of the Trust's Critical Infrastructure Risk (CIR) programme, and was within the value allocated in the 2020-21 and 2021-22 Building and Estates (B&amp;E) Capital Programmes - <i>(supported by Linda Pollard, Julian Hartley, Suzanne Clark and Gillian Taylor).</i></li> <li>• The Trust has been awarded funding from NHS England with £1,050,000 PDC in 2020/21 to purchase additional breast screening equipment. Chair's action was required due to the need to place orders and assign ownership of the scanners by 31 March 2021. Three of the scanners would require some enabling work which would be requested from the 2021/22 capital plan via a Business Case to the Finance and Performance (F&amp;P) Committee once the costs of the BE enabling work were ascertained - <i>(Chairs action was supported to place the order by Linda Pollard, Julian Hartley, Suzanne Clark and Gillian Taylor).</i></li> <li>• The Trust received a proposal to recruit a further 50 international nurses with recruitment costs being funded by Health Education England, with a short response time for confirmation. The Executive team were supportive of this, which would accelerate the planned investment in nurse staffing noting this would add a recurrent £2M to the Trusts cost base. This would be financed by reducing planned increase in depreciation (with consequent some reduction in capital spending) and use of non-recurrent flexibilities - <i>(supported by Linda Pollard, Julian Hartley, Tom Kenney and Gillian Taylor).</i></li> </ul> <p>The Board received the report and confirmed their ratification to the Chairs actions taken.</p>	
9	<p><b>Chief Executive's Report</b></p> <p>The report provided an update on news across the Trust and the actions and activity of the Chief Executive since the last Board meeting.</p> <p>Julian Hartley reflected on the Trust's journey over the last 12 months in responding to the Covid-19 pandemic. He noted that 16 March had marked one year since the Trust had received its first Covid patient and reflected on the challenging period that had followed this, unlike anything in the NHS's history. He commended the response from staff and teams who had really stepped up throughout this challenging period. He reported that the Trust had discharged more than 3,200 Covid-19 patients throughout the year however recognised the number of patients who had also sadly died from the disease</p>	

and took the moment to pause for reflection one year on from the start of the pandemic. He commented on some of the achievements of the Trust during this period including the significant increase in testing capacity, provision of Personalised Protection Equipment (PPE) across the region and maintaining high levels of clinical quality and care despite the redeployment of staff with collaboration evident throughout the response. He reflected on the learning and developments that would be retained from this extraordinary period in the NHS and moving forward as focus turned to reset and renewal.

He reported that there were currently 50 Covid-19 positive patients within the Trust and nine within Critical Care with numbers continuing to decline from the spike experienced in January 2021. He was cautious of being too optimistic of this decline noting that as social restrictions were lifted nationally this number was expected to flex. He referenced the WY Vaccine Programme and was positive of the success in this in reducing Covid-19 hospital admissions.

Tricia Storey-Hart shared feedback from a virtual Leadership Walkround she had attended and was struck by the number of staff who had had their roles changed during the pandemic but who were also extremely positive about the experience they had shared. Julian Hartley was positive of this feedback and recognised that the pandemic had brought many teams closer together. Laura Stroud commented on the feedback received from students during this period that had commended their experiences during the height of the pandemic and asked that this be fed-back to the teams. She shared that students had felt part of a team, encouraged and supported even in the height of pandemic.

Julian Hartley referenced the publication of the NHS White Paper to formalise the role of the Integrated Care System (ICS). He was positive of the strong ICS structure in place for WY and outlined the work taking place across the Leeds Integrated Care Partnership (ICP) that would underpin and help develop this. He commented on the importance moving forward to address health inequalities and supporting the local population. The Trust Chair recognised the importance of partnership working which was playing an increasingly prominent role across health and care systems.

Julian Hartley asked the Board to note Section 3 of his report and highlighted the Trust's Corporate Objectives for the 2021/22 year which would be reflected in all staff appraisals and progress reported to the Board through the IQPR measures.

He drew attention to the consultant appointments listed at section 7 and the Board confirmed their formal ratification of the appointments made.

The Trust Chair noted the reference to Leeds Hospitals Charity (LCH) on page 5 and updated the Board of the opening of the first LCH Charity Shop to be opened at Crossgates with a further shop opening at the Merion Centre with LCH actively seeking contributions and donations.

The Board received the report and confirmed their endorsements of the Trust's Corporate Objectives and formal ratification of the consultant appointments.

<b>10</b>	<b><u>Minutes of Meetings</u></b>	
	<b>Quality Assurance Committee</b>	
<b>10.1(i)</b>	<b>Chairs Report</b>	
	<p>The report provided an overview of significant issues of interest to the Board, highlighted key risks discussed, key decisions taken and key actions agreed at the Quality Assurance Committee (QAC) meeting held 4 February 2021.</p> <p>Tricia Storey-Hart noted the detail included within the report and highlighted the revised use of a Patient Story at each QAC to align with the content of the agenda. In light of the Ockenden Review, the February Story had focused on maternity services and had followed a mother's journey receiving care from the Trust. She continued that the QAC would continue to focus on the actions and assurances arising from the Ockenden Review and updated on the event she had attended the previous day for Board Safety Champions confirming the detailed work underpinning this would flow through to the Board from the QAC.</p> <p>She confirmed the on-going assurance through the Committee of Infection Prevention Control (IPC) and nosocomial infections with the QAC looking at Lessons Learned and ensuring assurances were captured in the IPC Assurance Framework.</p> <p>She noted the work being led by Dr Phil Wood to further develop and strengthen the Clinical Quality Strategy, and confirmed that Complaints remained an area of focus for the Committee referencing the 'golden nuggets' of information these provided; she confirmed that the QAC would continue to seek assurance on progress against process and assurance of learning being embedded across all CSU's.</p> <p>The Board received and noted the report.</p>	
<b>10.1(ii)</b>	<b><u>BLUE BOX ITEM – Leadership Walkround Annual Report</u></b>	
	The Annual Report for the Leadership Walkround programme was provided in the Blue Box for information and was received and noted.	
<b>10.1(iii)</b>	<b><u>BLUE BOX ITEM – Q2 Report on Learning from Deaths</u></b>	
	<p>The Q2 Learning from Deaths report was provided in the Blue Box for information and was received and noted.</p> <p>Dr Phil Wood asked to record his commendation to David Berridge, Medical Director - Operations on the outstanding work he had done on progressing the structure for mortality reviews and understanding the data provided. He noted the Trust had achieved 100% screening compliance the previous week.</p>	
	<b>Research and Innovation Committee</b>	
<b>10.2</b>	<b>Chair's Summary Report</b>	
	<p>The report provided an overview of significant issues of interest to the Board, highlighted key risks discussed, key decisions taken, and key actions agreed at the Research and Innovation (R&amp;I) Committee meeting held 16 February 2021.</p> <p>Dr Phil Wood updated on the Committee's review of the research development options for the new Children's Hospital on the LGI site and the associated risk profile of research across Leeds.</p>	

	<p>He noted that the Committee had reviewed its Terms of Reference (ToR) to ensure the component of 'innovation' was appropriately reflected with a focus on improving skills and innovation and commercial opportunities.</p> <p>He highlighted the update received by the Committee on the National Pathology Imaging Centre (NPIC) programme noting the further summary provided in the report.</p> <p>Drawing attention to section 3 of the report he noted the review of the financial risks to research and confirmed the Committee was maintaining increased vigilance over the financial position in light of impact of the Covid-19 pandemic.</p> <p>The Board received and noted the report.</p>	
	<b>DIT Committee</b>	
<b>10.3</b>	<b>Chair's Summary Report</b>	
	<p>The report provided an overview of significant issues of interest to the Board, highlighted key risks discussed, key decisions taken, and key actions agreed at the Digital and IT (DIT) Committee meeting held 26 February 2021.</p> <p>Paul Jones highlighted the successful roll-out of the Enterprise Imaging Project across the Trust and commended the achievement of the project team.</p> <p>He confirmed that, as per the Board's previous request, the Committee had reviewed the digital risk in relation to the NPIC programme and noted the detailed update that had been provided to the Board Workshop that morning (restricted from the Public domain due to contractual and system information).</p> <p>He reported on the completion of the final recommendation from Internal Audit in regards to Disaster Recovery with the Committee assured of the revised process that had been implemented for major systems.</p> <p>He continued that the Committee had received progress reports on a number of DIT programmes including the New Hospital Digital Programme, LHCRE (West Yorkshire Care Record), Patient Portal and Data Platforms; and noting the further detail within the report.</p> <p>Tom Keeney added his assurance of the robust discussion at the Committee meeting and the recognition given to the good progress made by the DIT teams despite a number of challenging areas.</p> <p>The Board received and noted the report.</p>	
	<b>Audit Committee</b>	
<b>10.4</b>	<b>Chair's Summary Report</b>	
	<p>The report provided an overview of significant issues of interest to the Board, highlighted key risks discussed, key decisions taken and key actions agreed at the Audit Committee meeting held 4 March 2021.</p> <p>Suzanne Clark updated on the receipt of a PwC publication 'Managing Risk in</p>	

	<p>the NHS' which had been reviewed by the Committee which had satisfied itself that the Trust's BAF and Corporate Risk Register (CRR) contained expected risk and was in line with average risk scores, aligned to the publication.</p> <p>She noted the update received from the External Auditors on their plan for the year-end; with assurance confirmed that the audit would be completed on time and reminding that some aspects would be virtual. She reminded that the Value for Money statement, included in previous years, would now be incorporated in the narrative of the Auditor's Annual Report; in line with national guidance.</p> <p>She highlighted the review of a number of high risk Internal Audit reports; External Visitor Access Policy and Contract Management; with Senior Responsible Officers in attendance to provide assurance on the response to the recommendations. Referencing the Internal Audit action tracking system; TrAction she was positive of the low volume of outstanding actions.</p> <p>She reported that the 2021/22 Internal Audit Plan would be presented for Audit Committee approval on 6 May 2021; she noted that the Audit Committee had granted permission for Internal Audit to proceed with their planned audits for Q1.</p> <p>She summarised the assurances received on the work of the Counter Fraud team noting the introduction of new national standards with confirmation received that the Trust was making good progress against these.</p> <p>The Board received and noted the report.</p>	
	<p><b>Workforce Committee</b></p>	
<p><b>10.5(i)</b></p>	<p><b>Chair's Summary Report</b></p>	
	<p>The report provided an overview of significant issues of interest to the Board, highlighted key risks discussed, key decisions taken and key actions agreed at the Workforce Committee meeting held 11 March 2021.</p> <p>Tom Keeney updated on the deep-dive undertaken by the Committee of the Staff Survey results, noting the summary provided in the Blue Box.</p> <p>He updated on a Staff Story received by the Committee which had described the Covid-19 experience of one ward and talked about the work through the pandemic of swabbing and testing with a cohort of long term patients and the challenges experienced by staff. This had been a positive story and had created a good triangulation to the Committees Health and Wellbeing (HWB) discussion which had included a deep-dive and review of actions being taken to support staff, both in the immediate and for the longer term. He referenced his recent virtual Leadership Walkround to Adult Therapies and was positive of the HWB discussions with staff and the reassurance and triangulation of this against the information received at the Committee.</p> <p><b>Gillian Taylor joined the meeting</b></p> <p>Jenny Lewis referenced the Board Timeout meeting held 18 March 2021 and</p>	

	<p>the recognition of the workforce challenges (and opportunities) moving forward. She was positive of the oversight and consideration of the workforce across all Board Committees. She commented on the value of deep-dives into the staffing data to identify and triangulate any challenging areas and use this data to support resources and effort to those CSU's.</p> <p>The Board received and noted the report.</p>	
<b>11</b>	<b><u>Risk</u></b>	
<b>11.1</b>	<b>Corporate Risk Register (CRR)</b>	
	<p>The CRR was presented with an accompanying summary report providing an overview of developments. The Board was asked to consider, challenge and confirm the correct strategy had been adopted and advice on any further risk treatment required.</p> <p>Julian Hartley updated on the corporate risks reviewed by the Risk Management Committee (RMC) in February and March 2021. He noted the detail within the report of this risks reviewed and highlighted two changes:</p> <ul style="list-style-type: none"> <li>• <b>CRRS8</b> (Risks arising from Britain's withdrawal from the EU) - the risks related to supplies as a consequence of withdrawal from the EU had not materialised, either locally or across the region therefore the risk score was reduced from 16 to 9 (and would be transferred to the Emergency Planning Risk Register for oversight and monitoring);</li> <li>• A new risk had been added to the CRR in March: <b>CRRS21</b> (Patient harm – falls and hospital acquired pressure ulcers (Covid-19)) with a risk score of 16. It was expected that this risk would be on the CRR for a limited period whilst the mitigating actions were implemented.</li> </ul> <p>Following a query from the Trust Chair, Julian Hartley confirmed that both <b>CRRS19</b> (Additional staffing capacity (Covid-19) Nightingale Y&amp;H) and <b>CRRS14</b> (Inability to provide a cardiac catheter laboratory service) would be reviewed by the RMC in April following the closure of the NHYH (on 31 March 2021) and the estates development in the catheter laboratories.</p> <p>The Board received and noted the report.</p>	
<b>12</b>	<b><u>Quality and Performance</u></b>	
<b>12.1</b>	<b>Vaccination Programme</b>	
	<p>The report provided information and assurance on the progress on the West Yorkshire (WY) Covid-19 vaccination programme with LTHT in the Lead Provider role; and, summarised the development of the Covid-19 vaccination service provided by LTHT.</p> <p>Dr Phil Wood reported that good progress continued to be made on the WY vaccination programme; the latest data showed that (up to 28 February) 717K vaccinations were delivered across WY (of which 687K were first doses). He confirmed that WY had achieved the target, set by the Government, to offer a vaccine to everyone in the JCVI priority groups 1-4 (older adults care home residents and staff; over 80-year olds and frontline health and care workers; over 75-year olds; and over 70-year olds and the clinically extremely vulnerable). He drew attention to the table on page 4 which set out the percentage of key cohorts (as per the JCVI priorities) who had received their</p>	

first dose, he noted that the 51% uptake against the ages 60-63 years had increased to 82% in the latest figures (which had been released post-publication of the written report). He highlighted the further information at Appendix 1 which set out the uptake of the vaccination by Leeds population.

He reported that vaccine supply was expected to increase significantly from the middle of March and potentially again in mid-April and shared the increasing confidence that WY would meet the second target of offering a vaccine to everyone in Cohorts 5-9 (everyone over 50 year, those at high risk from Covid and their carers) by the middle of April (as per the Centre's national target).

Drawing attention to Section 3 he updated on vaccinations for staff and noted the additional engagement work taking place with those eligible staff that had not yet come forward for their vaccine. He highlighted the additional measures that had been implemented including free transport and walk-in capacity to reduce access barriers. He confirmed that staff was also being offered the opportunity to discuss any concerns that may be making them reluctant to take up their vaccine offer.

He outlined the support to PCNs in delivering vaccination to clinically extremely vulnerable patients for whom vaccination needed to be prioritised. He updated on the development of a process across the Trust and City to ensure vulnerable patients across the City were able to receive their second vaccinations in a hospital setting where this coincided with the due date.

Good progress continued to be made in against the City-wide recruitment for the vaccine programme and he outlined the consistency of training across the City co-ordinated by the Leeds Health and Care Academy (LHCA).

He noted the financial summary presented as Section 7 and confirmed this was on track and in balancing, and provided assurance of the scrutiny of the data by the F&P Committee.

The Trust Chair explored the current focus on those staff not coming forward for their vaccines. Dr Phil Wood explained the level of detail on vaccine uptake available and expanded on the work taking place to understand refusal versus reluctance. He noted that staff members who may have received their vaccine directly through their GP had been asked to notify the Trust so this could be reflected in the data. He updated on the engagement with community leaders that were being proactive in supporting and promoting vaccine update and reported on Staff webinar next week to discuss and address any concerns regarding the vaccine. Jenny Lewis explained more about the data collection (to close the gap) to understand those who had declined. She updated on the recent receipt of national guidance from the Chief People Officer encouraging Trust's to hold one-to-one meetings with those staff who had not yet come forward for a supportive discussion and opportunity to address concerns. She explained that there were a variety of complex reasons for people choosing not to have the vaccine or remaining undecided but provided assurance of the level of effort going into closing this gap and dispelling myths.

	<p>The Board received the report and noted the progress made with the vaccination service across Leeds and West Yorkshire to date.</p>	
<p><b>12.2</b></p>	<p><b>IQPR</b></p>	
	<p>The IQPR was presented for discussion and assurance on quality and performance. Each of the Executives presented an update against their retrospective portfolio's (aligned against the domains set out within the CQC Well-led framework: Safe, Responsive, Effective, Well-Led, Caring and Use of Resources):</p> <p>Clare Smith drew attention to the performance areas of the report and highlighted areas of special cause variation (as evidenced through the Statistical Process Charts (SPC).</p> <p>She reported that Special Cause Improvement had been seen on the Ambulance Handover at the LGI site (180 handovers greater than 15 minutes (13%) with an average handover time (at LGI) of 08:29 minutes). She outlined the use of the Leeds Improvement Method (LIM) and the collaboration with YAS which was delivering some real benefits.</p> <p>She reported that Emergency Care Standard (ECS) had fallen below lower process control limits with the February performance reported at 74.1%. She updated the Board of the deep-dive into this standard, including its recovery road-map, at the F&amp;P Committee the previous day. She reminded that ECS performance was dependant on flow across the entire system and was not limited to the ED. She outlined the focus on Same Day Emergency Care and medical configuration and reminded that the standard may be changing in coming year.</p> <p>Referral to Treatment (RTT) performance had reduced from the previous month (to 71.08%) and she explained that this deterioration had been anticipated following the step down of elective capacity as part of the Covid response. She continued the Total Waiting List size had also increased with LTHT ranked at 66 out of 173 Trusts in peer comparison for RTT performance in January 2021. A number of actions were in place to improve this position over the coming year and assurance of the clinical categorisation. Referencing the 52ww she reported that at February there had been 4,463 patients waiting over 52 weeks for treatment. She confirmed that focus remained on treating the clinically most urgent patients (Priority 1 and Priority 2) and explained that limits on elective inpatient capacity and the rate of 'tip' would mean the 52 week wait position would continue to grow as the volumes tipping were significantly greater than capacity to treat. She stressed that this had to be a focus in the next phase of recovery.</p> <p>In regards to Outpatients, she explained that the suspension of routine outpatient activity in the Covid-19 response had resulted in significant growth in Outpatient follow ups; as capacity has been phased back, this has been prioritised for clinically urgent and cancer patients with the volume of patients tipping into over three months increasing.</p> <p>She highlighted the Cancer performance summary across pages 12-14 and</p>	

reported that the main area of challenge continued to be in the Breast service 2ww pathway. She summarised the one-stop standard the service was attempting to retain and reminding of the estates constraints the service was currently facing. She reported that a recovery trajectory had been agreed with the service however this would take a period of time to recover.

She noted the 31 days standard was within control limits, however reported on the increase in the patient back-log against the 62 day standard which continued to be an area of focus with clinical scrutiny to ensure those with the highest clinical need were prioritised.

Drawing attention to page 49 she reported that there had been an increase in the number of Super Stranded Patients (over 21 days) and updated on the work to understand the detail behind this which would be addressed by the F&P Committee. She outlined the increasing cohort of patients who did not meet the Reasons to Reside in hospital, but their needs were so complex that no community bed provision could be identified.

The Trust Chair provided assurance to non-F&P Committee members of the detailed discussions regarding the Trust's performance through the F&P Committee. She recognised that the Trust was in a challenging position against some of its performance targets however was positive of the good work taking place underneath this to address recovery from the Covid impact moving forward.

Lisa Grant, updating against the complaints data on page 16 reported that overall, the numbers of complaints per month received since October 2020 has remained relatively static. She continued however that against each of the 20, 40 and 60 complaint response categories, the 80% target had not been achieved, and that February 2021 performance had seen a slight decline. She updated on the work taking pace with CSU's and the Patient Experience Team to address this as part of a Trust wide approach to improving complaints. She noted the current use of the Leeds Improvement Method (LIM) to address complaints within four CSU's and reported that this programme would be expanded across all CSU's from April 2021.

She updated on the latest themes from the Patient Advice and Liaison Service with Communications (mainly in regards to visiting arrangements) and Diagnostic waiting times reported as the biggest themes. She updated on the recent receipt of national guidance in regards to changes to the visiting policy which was currently under review by the Clinical Advisory Group.

Drawing attention to page 23 she reported the Trust has recorded a total of six MRSA bloodstream infections from April 2020 to February 2021. She stressed that this was a national zero tolerance standard and was disappointed at this position. She explained that the deep-dive into this had identified missed opportunities in regards to swabbing and she provided assurance of the reflection and re-education process that was taking place with teams.

She updated against the Pressure Ulcer and Falls (noting the additional information on pages 26 and 27) noting the externally commissioned Falls

review had concluded with the findings to be reported through the QAC. The recommendations arising from the externally commissioned PU review were being implemented and included the successful recruitment of additional Tissue Viability nurses. She shared with the Board that the lead of the external review had also published a paper on the impact of Covid-19 on PU within Critical Care.

She noted the addition of maternity data within the report at page 29 (as per the recommendations of the Ockenden report) and informed there the Board there was an investigation on-going with a partner organisation following a case of maternal death.

Dr Phil Wood drew attention to mortality data on page 29 and reported the latest SHMI position at 103.73 and highlighted the continued improvement in this position which was due to greater understanding and improvements within the coding process.

Moving to page 20 he reported that PU and Falls continued to be the most commonly reported theme for Serious Incidents (SI); he explained that this position as beginning to stabilise and this was not unexpected given the changes to care delivery throughout the pandemic. He reported that two Never Events had been reported on Q3 and reminded that all Never Event incidents were subject to a Level 3 incident investigation.

Noting the summary on page 24, he confirmed that the Trust was performing well against its VTE compliance (reminding the 95% target had been achieved successfully the previous year).

He reminded that the CQUIN measures (as set out on page 50) continued to be in suspension.

Craige Richardson drew attention to the E&F slides on pages 30-34 and was pleased to report there was little to escalate as exception; the slides illustrated a high level of demand and evidenced how pre-Covid standards had been maintained. He highlighted the overall decline in the number of security incidents over the past 12 months and was positive that the proactive actions by the Trust appeared to be having the desired effect.

He noted the addition of new slides on pages 33 and 34 and explained the intention to rotate the content at each meeting to reflect the various strands of the Estates Management work-streams. This report provided an update against sustainability and he noted the Green Plan in place and support for the agenda; noting the £13M investment for decarbonisation. Laura Stroud shared that the University also had ambitious 'green' targets and was keen to explore opportunities to collaborate and engage on this agenda. This was welcomed by Craige Richardson who shared several positive examples of existing joint working between the Trust and University.

Paul Jones drew the Boards attention to page 35 which set out the IT Service Delivery measures and reported that from 6 April 2021 the Service Desk function would be provided internally and therefore there would be a review of

the current metrics provided. It was anticipated by bringing this service in-house a better service could be provided to users at their first point of contact.

He highlighted the reduction in the volume of Major Incidents reported and explained that this was believed to be due to improved triaging within the escalation process.

Jenny Lewis set context to the seven People Priorities used by the Trust to support its delivery of the NHS People Plan alongside the Trust's own ambitions. She drew attention to the workforce planning measures set out on page 37 highlighting the reduction in the overall voluntary turnover which was at 6.94% in January 2021. She set context to the Registered Nurse workforce graph on page 38 and explained the use of targeted recruitment to close gaps which were displayed by a green line. She was conscious that looking at the data in this format did ask some of the hotspot areas and provided assurance of the detailed deep-dives into this data within the HR teams.

#### **Tricia Storey-Hart exited the meeting**

She highlighted the current scores against the Free From Discrimination (FFD) as set out on page 41 which had included results from the most recent Staff Survey and highlighted this as an area which needed further focus through the Workforce Committee.

Moving to page 44 (HWB) she reported that 102 (against a target of 600) HWB Staff Champion volunteers had stepped forward. She confirmed that on-going engagement for this role continued.

She noted the update to the Most Engaged Workforce metrics on page 45 which had been updated to reflect the findings of the most recent Staff Survey. Noting the 1.6% score against 'Not experienced physical violence from other colleagues' she outlined the on-going work to understand more details. She continued that there had been a significant improvement with regard to staff experiencing violence from colleagues in comparison to the previous year however confirmed that this remained areas of focus for the Trust with assurance and oversight of actions provided through the Workforce Committee.

Simon Worthington drew attention to the financial measures set out from page 52. He reported that the Trust anticipated reporting a balanced position at the year-end and there remained a scenario in which the Trust could achieve a small surplus to invest back in capital programmes. He reminded that a number of provisions had been made including accrual for an increased level of annual leave reporting on the additional day's leave that had been granted to all staff as a small token of recognition.

Individual allocations for the 2021/22 year remained uncertain however the Trust had continued with a forward plan and further clarity was expected in the coming weeks.

The Board received and noted the report.

12.3	<b>Nursing and Midwifery Quality and Safety Staffing Report</b>	
	<p><i>In attendance:</i> <i>Rebecca Musgrave, Deputy Head of Midwifery</i></p> <p>The report provided the Board with key nursing and midwifery workforce data which described staffing levels in relation to the safety and quality of care provided. Data in this report was provided for December 2020 and January 2021.</p> <p>Lisa Grant provided an overview of the key items within the report:</p> <p><b>Hard Truths</b> - it was noted that all temporary wards opened for seasonal and surge capacity (and remained open for more than one roster period of six weeks) were included within this report. In December, of the 90 inpatient areas reviewed, six areas had reported a fill rate of less than 80% compared to their planned staffing levels. Of these six, one area had also triggered the safety and quality requirements in the formal escalation process of the Ward Healthcheck. Further analysis was included at Appendix 2 and Lisa Grant noted the additional support provided to those area by the Corporate Nursing team.</p> <p>In January, of the 90 inpatient areas reviewed, five areas reported a fill rate of less than 80% compared to their planned staffing levels. None of these clinical areas had also triggered the safety and quality requirements in the formal escalation process of the Ward Healthcheck or scored amber or red in the ward metrics audit.</p> <p>Noting the Critical Care Staffing summary at section 5, Lisa Grant reminded of the national guidance on workforce models and confirmed there was a Standard Operating Procedure (SOP) in place, describing the staffing requirements, appropriate skill mix and risk assessment process.</p> <p>Drawing attention to the escalation and reporting of staffing concerns, she reminded of the use of the internal Nurse Staffing Status Report (NSSR) to report a Blue shift (which indicated unmitigated safety concerns) and the escalation processes underpinning this. No Blue shifts had been reported in December with one Blue shift reported in January due to staff sickness; this was escalated immediately and mutual aid was identified, however a further delay occurred when the staff member couldn't be released which had resulted in a short delay whilst an alternative plan was put in place.</p> <p>Reporting against the Red Flag escalation process, she asked the Board to note that the report had combined Red Flag information from both the Datix and the Safecare tools and explained that reporting through Safecare was more accessible for staff which had resulted in a significant increase in reporting. A total of 753 Red Flags were reported across the Trust in December 2020 and 459 were recorded in January 2021. She explained the deep-dive process that had taken place of this data and noted the most common themes as 'unmet enhanced care needs' and 'Number or skill mix of nurses on duty is not sufficient'. The 'unmet care need' was primarily due to a large volume of CWS vacancies and challenges of staff self-isolating during</p>	

	<p>Covid-19 and she expanded on the CSW recruitment pipeline which was anticipated to release 200 CSW and close this gap. CSW would also be offered training in mental health training skills to be able to provide greater support in their areas.</p> <p>Referencing Registered Nurse (RN) staffing she reported that the latest vacancy rate was 11.4% (a regression of 1% against the previous position), and that Turnover had increased from 8.8% in December to 9.3% in January. She confirmed that this was being closely monitored with the support of HR; recognising the impact on staff throughout the Covid-19 pandemic.</p> <p>She continued that a further 54 international nurses (cohort four) had joined the Trust in December and January and were progressing well with preparation for their Objective Structured Clinical Examination (OSCE) in advance of joining the Nursing and Midwifery Council (NMC) register at the end of March 2021.</p> <p>Rebecca Musgrave provided an update against maternity services and confirmed the midwife to birth ratio had remained relatively consistent at 1:26 in December 2020 and 1:28 in January 2021 and highlighting that one to one care has been maintained at 100% across both delivery suites during the reporting period.</p> <p>She outlined the reporting process for Maternity Red Flags recorded through the Birthrate Plus tool and reported that had been a total of 12 in December 2020 and 24 raised in January 2021. 19 of the Red Flags (five in December and 14 in January) were raised in relation to a delay in Induction of Labour. No adverse outcomes occurred in connection to any Red Flags during this period and she updated on the appointment of two roles to look at this using improvement methodology.</p> <p>She noted there were some limitations to the Birthrate tool and the CSU was also using Safecare which supported better data for deep-dives. She updated that the Maternity Services had commissioned a Birthrate Plus review in March 2021, reminding that this tool was a national requirement following publication and review of the Ockenden report.</p> <p>The Board noted the content of the report and the progress in relation to key work streams. They confirmed their assurance of the daily processes to monitor and manage nurse staffing levels and mitigate any impact of reduced staffing levels or skill mix in relation to patient safety.</p>	
	<b>Strategy and Planning</b>	
13.1	<b>Building the Leeds Way</b>	
	<p>The report provided an up-date on the delivery of the Trust's investment plans and specific progress to deliver the BtLW programme plan.</p> <p>Simon Worthington updated on the continued collaboration with the national New Hospitals Programme team to ensure the Trust delivered in the anticipated timescale and awarded budget.</p> <p>He confirmed that good progress continued to be made against the BtLW</p>	

	<p>programme reporting that the tender to appoint a design team for the programme was currently underway.</p> <p>The Board received the report and noted progress against the BtLW programme which remained on track for delivery.</p>	
<b>13.3</b>	<p><b>Integrated Care Partnership Report</b></p> <p>The report had been written by the Leeds Health and Care Partnership Executive Group (PEG) to support discussions with Boards to:</p> <ul style="list-style-type: none"> <li>• Affirm commitment to the shared purpose and degree of ambition set out in the Leeds Health and Wellbeing Strategy and measured through a shared set of outcomes and measures.</li> <li>• Gain a mandate to scope the establishment of a Leeds Integrated Care Partnership (ICP) and underpinning governance arrangements, including a formal partnership agreement and/or joint committee.</li> <li>• Confirm Board support for the establishment of a set of shared integration functions and capabilities for the city as a key component of a proposed ICP.</li> </ul> <p>Simon Worthington referenced the detailed Board discussion of the content of the report at the Board Timeout held 18 March 2021 and explained the requirement to confirm the Boards response to the recommendations as listed within the report:</p> <ul style="list-style-type: none"> <li>• <b>Reaffirm support</b> for our shared ambition as measured by the strategic indicators described within the city's Left Shift Blueprint.</li> <li>• <b>Commit their organisations</b> to a further degree of integration by tasking their leaders to scope, define and propose arrangements for a Leeds ICP.</li> <li>• <b>Provide support in principle</b> to the creation of a partnership agreement and/or joint committee that has delegated powers to underpin and enable the Leeds ICP.</li> <li>• <b>Provide sign-up</b> to securing a co-ordinating/integrating set of capabilities in the city through a dedicated ICP function and commitment to doing things once where it makes sense to do so.</li> <li>• <b>Sign-up</b> to a specific relationship with the ICP, as a constituent part of the ICS, that takes responsibility for the discharge of duties in Leeds (as opposed to duties being discharged separately to the ICP).</li> </ul> <p>The Trust Chair summarised the work that had taken place and was being presented to all Boards involved before the end of March for agreement.</p> <p>The Board received the report and confirmed their commitment and support to the recommendations and principles of the ICP.</p>	
<b>13.4</b>	<p><b>Our Strategy 2021-26</b></p> <p>The Trust Strategy for 2021 to 2026 was presented to the Board for approval prior to wider publication.</p> <p>Simon Worthington referenced the detailed reviews the Strategy had undergone through the Board Timeouts.</p>	

	<p>He confirmed that the Strategy was in line with the Trust's ambition to be the best for specialist care and had been updated to reflect the Covid-19 renewal plans and commitments. It was noted that the Strategy also accounted for the structural changes to the NHS including the ICS and ICP and also with a renewed focus of the Trust's role as an anchor organisation in responding to health inequalities.</p> <p>He reminded that this would be a live document and would be subject to an annual review by the Board.</p> <p>The Board received and approved the Trust Strategy for 2021-26 (available to download at <a href="https://www.leedsth.nhs.uk/about-us/strategy/">https://www.leedsth.nhs.uk/about-us/strategy/</a> )</p>	
12.6	<b>Robotic Process Automation</b>	
	<p><i>In attendance:</i>  <i>Richard Moyes - Outpatients General Manager, Tim Hiles, Associate Director of Operations and Camilla Gow, Assistant Project Manager</i></p> <p>Tim Hiles provided introductory commentary to the use of Robotic Process Automation (RPA) processes and the work within Outpatients who had used RPA in digital systems to release time to Outpatient staff to deliver greater volumes and better outcomes to patients and to change the way patients engaged with Outpatient services.</p> <p>Richard Moyes presented an update to the Board which provided a high level overview of the RPA process. He explained the use of Bots as 'virtual workers' which were programmed to understand LTHT decision making and used RPA to augment, replace or fully digitalise a human process.</p> <p>He explained in detail how Bots could be programmed to recognise and respond to specific characters or text and expanded on the use of Chat-Bots to enhance the Outpatient digital offering. Pilots of this had shown a 95% success rate of Bots resolving the query with the remaining 5% often due to conflicting information and at this point handed over to a human counterpart.</p> <p>He explained how the use of RPA significantly reduced the risk from human factors and was positive of the volume of team released back to staff from mundane tasks allowing them to focus on quality and value adding work.</p> <p>He concluded by outlining the ambition for RPA within the Trust which would include a standalone RPA team supported by collaboration with other Trust's to create a digital exchange, and promoting the use of RPA across the ICS and with health partners.</p> <p>Jenny Lewis commended the work; reflecting on her own experience in a previous organisation she questioned how the team was 'handing back' the time saved through the automated process. She was also mindful of the aversive impact of digital exclusion for some patients.</p> <p><b>Simon Worthington exited the meeting</b></p> <p>Richard Moyes set further context to the process of capturing time released,</p>	

	<p>and explained that currently that time was been used to allow staff to respond to the increased referral calls coming into the service (allowing for a further 400 phone calls per day). He continued that as the Bots programming was rolled out across services it would for individual CSU's to determine the best use for this time.</p> <p>Regarding the risk of increasing the gap of digital exclusion he explained that from an RPA perspective the focus was on data processing and generating efficiencies. He explained that digital services were an opt-in service for patients and access to the traditional paper based route would be maintained.</p> <p>Gillian Taylor explored how the use of the LIM and knowledge within the Trust's Kaizen Promotion Office (KPO) team could support this work to maximise on future opportunities; recognising the strength of these two projects coming together. Richard Moyes confirmed the two teams were engaged in some capacity but not yet in granular detail. He noted the future of the Bots would be somewhat dependant on the Covid recovery and Trust priorities.</p> <p>Tom Keeney questioned if there were any capacity limitations to consider. Responding Richard Moyes explained that the Trust currently had access to five Bots which would have processing constraints; he referenced a similar programme at the Royal Free Hospital who had run out of processing power at end of year three of the project. Tim Hiles reflected on the suite of projects underway through the use of these Bots and noted the enhanced access to services this offered for some patient groups. Referencing earlier discussion he confirmed that aspects of digital exclusions was also been considered and how to make provisions across the City. Paul Jones expanded on the use of this technology which had been around for some time and had proven reliable in other sectors.</p> <p>The Board received the update and were positive of the further digital opportunities available and time benefits realised.</p>	
<b>14</b>	<b><u>Governance and Regulation</u></b>	
<b>14.2</b>	<b><u>Amendments to Committee Membership - Terms of Reference</u></b>	
	<p>The report sought approval of minor amendments to the relevant Committee's Terms of Reference (ToR).</p> <p>Jo Bray drew attention to the ToR amendments as listed within the report which reflected changes to Committee membership following the retirement of David Berridge, Medical Director - Operations.</p> <p>The Board received the report and approved the changes to membership within the ToR for the Audit, Finance &amp; Performance and Quality Assurance Committees.</p>	
<b>15</b>	<b><u>Items for Information</u></b>	
<b>15.1</b>	<b><u>BLUE BOX ITEM - Forward Planner</u></b>	
	The Board Forward Planner was provided in the Blue Box for information and was received and noted.	
	<b><u>Standing Agenda Items</u></b>	
<b>16</b>	<b><u>Corporate Risk Register</u></b>	

	There were no items arising from the meeting for escalation to the CRR.	
	<b>Legal Advice</b>	
	There were no items arising from the meeting that warranted the consideration of legal advice.	
	<b>CQC or NHS England/ Improvement</b>	
	There were no items arising from the meeting for escalation to the CQC or NHSE/I.	
<b>17</b>	<b>Review of Meeting and Effectiveness</b>	
	Feedback on the meeting effectiveness was welcomed via email; comments were particularly encouraged from any public observers on the quality and experience of viewing the live stream.	
<b>19</b>	<b>Any Other Business</b>	
	<p>Julian Hartley reported on the receipt of the 2021/22 Operational Planning and Contracting Guidance (received 25 March 2021) and outlined the six immediate priorities identified within this:</p> <ul style="list-style-type: none"> <li>A. Supporting the health and wellbeing of staff and taking action on recruitment and retention;</li> <li>B. Delivering the NHS Covid vaccination programme and continuing to meet the needs of patients with Covid-19;</li> <li>C. Building on what we have learned during the pandemic to transform the delivery of services, accelerate the restoration of elective and cancer care and manage the increasing demand on mental health services;</li> <li>D. Expanding primary care capacity to improve access, local health outcomes and address health inequalities;</li> <li>E. Transforming community and urgent and emergency care to prevent inappropriate attendance at emergency departments (ED), improve timely admission to hospital for ED patients and reduce length of stay;</li> <li>F. Working collaboratively across systems to deliver on these priorities.</li> </ul> <p>He recognised these as areas the Trust was already engaged with, reflecting on the agenda items that had been presented for discussion throughout the meeting. He confirmed that the content of the guidance would be reviewed in detail with assurance and oversight provided through the Board Committee Structure.</p>	
	<b>Date of next meeting:</b> Thursday 20 May 2021	