



**DRAFT MINUTES OF THE PUBLIC BOARD MEETING**  
**Thursday 30 September 2021**

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

Covid-19 Update - In light of the Infection Prevention & Control measures within our hospitals as we seek to keep our patients and staff safe, we are restricting groups of people meeting, therefore this meeting was held virtually via MS Teams with a live stream made available on the day.

<b>Present:</b>	Linda Pollard	Trust Chair
	Suzanne Clark	Non-Executive Director
	Phil Corrigan	Associate Non-Executive Director
	Lisa Grant	Chief Nurse
	Julian Hartley	Chief Executive
	Tom Keeney	Non-Executive Director
	Jenny Lewis	Director of HR & Organisational Development
	Georgina Mitchel	Associate Non-Executive Director
	Jas Narang	Non-Executive Director
	Craige Richardson	Director of Estates and Facilities
	Chris Schofield	Non-Executive Director
	Bob Simpson	Non-Executive Director
	Clare Smith	Chief Operating Officer
	Laura Stroud	Non-Executive Director
	Gillian Taylor	Non-Executive Director
	Dr Phil Wood	Chief Medical Officer
	Rachel Woodman	Associate Non-Executive Director
	Simon Worthington	Director of Finance
<b>In Attendance:</b>	John Adams	Medical Director for Governance and Risk (for agenda item 13.2)
	Jo Bray	Company Secretary
	Helen Christodoulides	Deputy Chief Nurse (for agenda item 4)
	Guy Dickie	Associate Director of Digital
	James Goodyear	Director of Strategy (for agenda item 13.3)
	Owen Haywood	Head of Resilience (for agenda item 14.2)
	Vickie Hewitt	Trust Board & Membership Administrator
	Hamish McClure	Medical Director, Professional Standards and Workforce Development (for agenda item 14.1)
	Rebecca Musgrave	Deputy Head of Midwifery (for agenda items 12.2 and 12.3)
	Rob Newton	Associate Director of Policy and Partnerships
	Nikki Snook	Consultant in Intensive Care and Anaesthesia (for agenda item 4)
<b>Observing:</b>	Natasha Barber-Evans	Insight Placement
	Cath Hill	AQUA (Well-led Review)
<b>Apologies:</b>	Paul Jones	Chief Digital and Information Officer
	John Williams	Associate Non-Executive Director

Agenda Item		ACTION
1	<b>Welcome and Introductions</b>	
	The Trust Chair welcomed Natasha Barber-Evans, Insight Programme and Cath Hill, AQUA Well-led review as observers to the meeting. In addition she welcomed Guy Dickie, Associate Director for Digital, who was attending on behalf of Paul Jones.	
2	<b>Apologies for Absence</b>	
	Apologies for absence were received from Paul Jones and John Williams.  It was noted that Clare Smith would be exiting the meeting between 10-11am to Chair the Covid and Winter Response Group.	
3	<b>Declarations of Interest</b>	
	There were no declarations of interest and the meeting was quorate.	
4	<b>Patient Story - Tariq; Gratitude and Recovery:</b>	
	<p><i>In attendance:</i> <i>Helen Christodoulides, Deputy Chief Nurse and Nikki Snook, Consultant in Intensive Care and Anaesthesia</i></p> <p>Helen Christodoulides introduced the Patient Story video; Tariq, which focused on a former Covid-19 patient and his treatment of long care and stay in Critical Care: <a href="https://youtu.be/buHPJeWEKk0">https://youtu.be/buHPJeWEKk0</a></p> <p>Both the patient and ICU Consultant (Nicki Snook) had also featured in an article by the Guardian with the link to the article shared with the Board: <a href="https://www.theguardian.com/world/2021/aug/07/covid-patients-reunited-with-the-medics-who-saved-them?CMP=Share_iOSApp_Other">https://www.theguardian.com/world/2021/aug/07/covid-patients-reunited-with-the-medics-who-saved-them?CMP=Share_iOSApp_Other</a></p> <p>Nikki Snook reflected on the multitude of professional roles who were involved in a patient's recovery; highlighting the role of the physiotherapists in rebuilding people. Julian Hartley highlighted the good care and collaboration that had been evident in this patient's treatment, recognising the difficult challenges within the Critical Care CSU.</p> <p>The Trust Chair commented on the increased usage and awareness of patient stories across the Trust and training programmes which was adding additional value to the organisation and ensuring the patient voice was heard.</p> <p>The Board received the update and confirmed that a thank you letter of recognition would be drafted to the teams involved in this patients care.</p> <p><b>Helen Christodoulides and Nikki Snook exited the meeting</b></p>	Jo Bray/ Linda Pollard
5	<b>Draft Minutes of the Last Meeting</b>	
	<p>The draft minutes of the last meeting held 29 July 2021 were confirmed to be a correct record subject to the following amendments:</p> <ul style="list-style-type: none"> <li>• Typographical error on page 12 to be corrected (in relation to Hard Truths summary)</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.	
<b>7</b>	<b>Review of the Action Tracker</b>	
	The action tracker was reviewed and progress noted.	
<b>8</b>	<b>Chair's Report</b>	
	<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 drew attention to the summary at page 5 request 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>• An additional £0.7M was approved to the contract with Medinet (who were supporting the delivery of elective activity through Theatres) to continue to provide support for a further three months to deliver 816 cases. This was supported by Linda Pollard, Phil Wood (acting as Deputy Chief Executive), Suzanne Clark and Gillian Taylor.</li> <li>• Approval was given to appoint a new Preferred Bidder for the Hospitals of the Future (HoTF) programme and commence discussions with this new supplier in advance of entering into a contract ahead of commencing the detailed design process. This was supported by Linda Pollard, Phil Wood (acting as Deputy Chief Executive, noting that Julian Hartley as a member of the Building Development Committee (BDC) would be conflicted), Suzanne Clark and Tom Keeney (also noting that Gillian Taylor as a member of the BDC would be conflicted).</li> </ul> <p>The Board received the report and confirmed their ratification to the Chairs actions taken.</p>	
<b>9</b>	<b>Chief Executive's Report</b>	
	<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 set focus to the current pressures and elective recovery and noted the summary provided within his written report. He drew attention to the Statement on Patient Safety Partner Role included at Appendix 1 which would further compliment the Trust's patient involvement programme.</p> <p>He recognised the Board and Executive Teams commitment to reset and recovery with a prioritised patient centred approach to manage plans in dealing with this extraordinary level of demand. He was mindful of the continued prevalence of the Covid virus within healthcare settings which placed further pressure on other areas of the Trust. He shared his gratitude to staff for the way they were continuing to manage and respond to these challenges. He referenced the work taking place across the West Yorkshire Associate Acute Trust's (WYAAT) to take a collaborative approach to the elective backlog and challenge with more developments to come, as these plans continued to develop. He confirmed the commitment from all partners to create a genuine system wide approach and approach challenges in a collaborative manner.</p>	

	<p><b>Clare Smith exited the meeting</b></p> <p>He noted the appointment of Dr Phil Wood as Deputy Chief Executive (in addition to his role as CMO) and summarised a number of changes to appointments within the Department of Health and Social Care and noting the further detail within the report. He referenced the national restructure of the NHS, updating on the second reading in Parliament of the Bill and confirming the Trust was fully engaged, locally and wider, in regards to the development of the Integrated Care Systems (ICS).</p> <p>He drew attention to the Research and Innovation summary within his report and highlighting this as an important focus for the Trust and in contributing to the broader strategy. He made reference to the LGI Innovation District and the progress in planning and bringing together commercial partners.</p> <p>He highlighted the narrative at section 7 (Listening and Learning) and section 8 (Celebrating Success) of the report and in addition reported that the Trust had been notified that it had won the national CIPD Apprenticeship Scheme of Year and shared his congratulations with the team. He continued that the Trust had also achieved the BMJ award for the Long-Covid Service it was running in partnership with Leeds Community Healthcare (LCH). He referenced Tariq's story that the Board had heard at agenda item 4 and had provided a good example of the continued care outside of the hospital walls and was positive at this recognition for the programme.</p> <p>He drew attention to the consultant appointments listed at section 9 of the report and requested formal ratification by the Board of the appointments made.</p> <p>Tom Keeney added his congratulations to the HR Teams for achieving the CIPD award which was an amazing endorsement of the work they have carried out. Jenny Lewis updated that the Trust had also been shortlisted in the regional finals for apprenticeship awards and shortlisted in national awards for Best People. Following a query, she informed there were circa 880 apprentices in employment across the Trust across a variety of roles. She explained that the Trust was also supporting the wider City by providing collaborative training programmes and creating City-wide apprenticeship opportunities. She explained how this would support a 'Grow our Own' strategy across the City and noted the oversight that was provided to this through the Workforce Committee.</p> <p>It was agreed that a letter of congratulations would be circulated on behalf of the Board.</p> <p>The Board received the report and confirmed its formal ratification of the consultant appointments listed.</p>	Linda Pollard/ Jo Bray
<b>10</b>	<b>Committee Meetings</b>	
	<b>Quality Assurance Committee</b>	
<b>10.1</b>	<b>Chair's Summary Report</b>	
	The report provided an overview of significant issues of interest to the Board,	

	<p>highlighted key risks discussed, key decisions taken and key actions agreed at the QAC meeting held 5 October 2021.</p> <p>Laura Stroud highlighted the assurances within the report and explained that the Committee's focus continued to be on triangulation of assurances across staff, complaints, patients and quality. She highlighted the patient story videos received at each Committee, which provided insight on the process of their care, and allowed the Committee to listen to first hand feedback to provide constructive challenge and support.</p> <p>She confirmed that the Committee continued to seek additional assurances from the Maternity Services in response to the recommendations of the Ockenden review; centrality of women's experience; listening and responding and safety as a clear plank. She highlighted the assurance gained from the birth rate tools and external reviews provide us with the assurance.</p> <p>She referenced the LTHT Complaints Conference that had been held the previous day and was looking forward to hearing the output of this through the QAC and its sub-committee structure.</p> <p>The Board received and noted the report.</p>	
<b>10.1(i)</b>	<b>BLUE BOX ITEM – IPC Annual Report</b>	
	<p>The IPC Annual Report was provided in the Blue Box for information and was received and noted.</p> <p>An action was noted in relation to a typo to describe the dates for a full calendar year within the Virology sector of the report – to read March 2021 and not 2020.</p>	Jo Bray
	<b>Research &amp; 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 R&amp;I Committee meeting held 17 August 2021.</p> <p>Dr Phil Wood highlighted the update received by the Committee on the use of Artificial Intelligence in Breast Cancer Imaging Diagnosis.</p> <p>He reported the completion of the R&amp;I integration programme and updated on the work taking place to modernise the research workforce, finance and business management processes and identify the opportunities this created.</p> <p>He provided a summary update on the bids being prepared for the NIHR Biomedical Research Centre and NIHR Clinical Research Facility noting the further detail within the report.</p> <p>He highlighted the update received on the use of 'big' real world data which was exploring options for data utilisation and would deliver real patient and clinical benefits.</p> <p>Recognising the good work taking place the Trust Chair questioned if the R&amp;I Committee had a Communications represent within its membership. Dr Phil</p>	

	<p>Wood explained that there was not routine attendance from a Communications role within the Committee however there was a R&amp;I Communications Lead within the service that was responsible for publications etc.</p> <p>The Board received and noted the report.</p>	
	<b>Workforce 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 Workforce Committee meeting held 15 September 2021.</p> <p>Tom Keeney highlighted the deep-dives received by the Committee which had included an update against the Most-Engaged Workforce Priorities, to which he noted the Staff Survey was live and encouraged all staff to take part in this to share their views. The Committee had also received a deep-dive on Violence and Aggression and he informed there were a number of actions in place noting the further information that was included in the IQPR report at agenda item 12.2.</p> <p>He commented on the workforce challenges facing the Trust in the immediate six months and explained the focus on workforce planning noting the update provided to the Board workshop the previous day. He highlighted the assurances of the process and planning in place, however limited assurance as to whether the desired targets would be achievable in the current climate.</p> <p>He continued that the Committee had also received an update on the Free From Discrimination (FFD) portfolio of work and updated of the assurance received of the level of activity in this area however data qualitative indicators remained static. He updated on his observation of the BME Network meeting and commended the open conversation and challenge.</p> <p>He drew attention to the appendices within his report which had been included for information:</p> <ul style="list-style-type: none"> <li>• A - Summary of Covid - 19 Vaccination</li> <li>• B - Review of Progress In Relation to People Plan 2020/21 Actions</li> <li>• C - Summary of Flexible and Remote Working</li> </ul> <p>The Board received and noted the report.</p>	
<b>10.3(i)</b>	<b><u>BLUE BOX</u> ITEM – Violence and Aggression Against Staff Annual Report</b>	
	<p>The violence and aggression against staff annual report was provided in the Blue Box.</p> <p>Suzanne Clark reflected on the information contained within the report and questioned if an annual report was sufficient for the Board. Lisa Grant explained that this was the first report in which multi-disciplinary Executive portfolios had been brought together into one collaborative report and welcomed feedback from the Board if it was felt this could be better presented.</p>	

	<p>Craige Richardson shared that the Estates &amp; Facilities Team would welcome the opportunity to share more updates with the Board and noted the rich discussions that took place at the Workforce Committee to provide assurance of the depth of work underway. He referenced the new standards for violence reduction with teams working on a multi-disciplinary approach to this.</p> <p>He updated on the dedicated anti-social officer and crime prevention officer that had been appointed and stressed the Trust's proactive to its zero tolerance approach. He reminded that the Trust could, and would, pursue individuals through the courts.</p> <p>Jenny Lewis reflected on the feedback received from the Wayfinder Campaign and explained there was a lot of work taking place across the three strands: she supported a more frequent update to the Board (noting the assurances received through the Boards assurance Committee's). Following wider discussion it was agreed that this would be a bi-annual report to the Board.</p> <p>Julian Hartley updated on the partnership with Leeds and York Partnership Foundation Trust (LYPFT) who were able to provide clinical dialogue and liaison around incidents related to mental health as well as provide good dialogue and support to Education &amp; Training programmes. It was recognised there had been an increase during and possibly exacerbated by the pandemic and Craige Richardson provided a verbal update of the hot spot areas identified for further support and de-escalate tools, and proactive steps to bolster resources.</p> <p>The Board received the report and noted the revised reporting schedule to bi-annual.</p>	Jo Bray
	<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 9 September 2021.</p> <p>Suzanne Clark highlighted the self-reflection by the Committee and observation of others to ensure best practice/ effectiveness. She commented on the positive relationship being built with Imperial College Health Care NHS Trust to share best practice in regards to risk management.</p> <p>She noted the update and assurance received from the Internal Audit team on their programme of work for the year and noted the additional assurance reports received on Building the Leeds Way (BtLW).</p> <p>She highlighted the assurances received by the Committee on the oversight and assurance of risk noting the R&amp;I report (10.4(ii)) that had been provided in the Blue Box which had been shared with the wider Board due to the strength of its narrative in describing the R&amp;I profile.</p> <p>The Committee had also received the 2020-21 Value for Money report (10.4(i)) and she was pleased to report a clean report and shared</p>	

	commendation to the finance team.	
	The Board received and noted the report.	
<b>10.4(i)</b>	<b>BLUE BOX ITEM – Audit Completion Report (ISA 260) 2020/21</b>	
	A copy of the 2020/21 Audit Completion Report was provided in the Blue Box for information and was received and noted.	
<b>10.4(ii)</b>	<b>BLUE BOX ITEM – Research and Innovation Development</b>	
	A copy of the R&I Development report received by the Audit Committee was shared in the Blue Box for information and was received and noted.	
	<b>Digital and IT Committee</b>	
<b>10.5</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 DIT Committee meeting held 20 August 2021.</p> <p>Jas Narang highlighted the consideration of the governance of the NPIC programme which was confirmed within the R&amp;I function with oversight and assurance provided through the R&amp;I Committee.</p> <p>He updated on the effectiveness review undertaken by the Committee and informed that a number of follow-up actions had been agreed.</p> <p>The Committee had also reviewed progress on the internal audit actions and he was pleased to report these had all been implemented, complimenting the Digital team for the significant progress they had made.</p> <p>He informed that the Trust had been notified of an MHRA risk to its Electronic Patient Record (EPR) however highlighted that there many other trusts in the same position; DIT were now conducting a review of PPM+ with regard to the MHRA standards, prior to opening discussions with MHRA about the steps needed to close any outstanding concerns.</p> <p>He noted the successful upgrade to the PAS hardware at the end of July and commended the DIT team; recognising it as a critical system and noting the associated risk had now also been downgraded from the Corporate Risk Register (CRR). It was agreed a thank you letter would be sent to the Team from the Board.</p> <p>The Board received and noted the report.</p>	Linda Pollard/ Jo Bray
	<b>Remuneration Committee</b>	
<b>10.6</b>	<b>Summary Report of the meeting held 29 July 2021</b>	
	The summary notes of the Remuneration Committee held 29 July 2021 were received and noted providing assurance of the appraisal of the Chief Executive and his appraisals of the Executive Team.	
<b>11</b>	<b>Risk</b>	
<b>11.1</b>	<b>Corporate Risk Register</b>	
	The Corporate Risk Register (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>Julian Hartley updated on the corporate risks reviewed by the Risk Management Committee (RMC) in August and September 2021 and reported there had been one change; CRRS17 (Staff health, safety and wellbeing during the COVID-19 pandemic) with the risk score increasing from 16 to 20.</p> <p>The Board received and noted the report.</p>	
<b>12</b>	<b>Quality and Performance</b>	
<b>12.1</b>	<b>Vaccination Programme</b>	
	<p>The report provided information and assurance on progress against the West Yorkshire Covid-19 vaccination programme and summarised the development of the Covid-19 vaccination service provided by LTHT.</p> <p>Dr Phil Wood set out the key headlines within the report:</p> <ul style="list-style-type: none"> <li>• Within the Leeds eligible adult population 549,549 people had received their first dose of the vaccine (76.8%) and 511,354 had received a complete course of two vaccine doses (71.4%).</li> <li>• Good progress had been made against the JCVI cohort groups with a table of results set out on page 4.</li> <li>• Data from the National Immunisation and Vaccination System (NIVS) highlighted that vaccine uptake among NHS and Social Care staff recorded for Leeds was 92.3% (first dose) and 90.0% (full course).</li> <li>• Covid-19 vaccinations for care home staff was now mandatory (currently this remained voluntary in the NHS).</li> <li>• Within the West Yorkshire eligible adult population over 1.7M first doses and over 1.5M second doses had been delivered. This had delivered 90% uptake in the priority cohorts 1-9 and an overall uptake across West Yorkshire of 80% for all adults.</li> <li>• A full audit trail on expenses as summarised at section 8 of the report.</li> </ul> <p>He informed that planning for Phase 3 of the programme had commenced and informed teams had been asked by the national programme to plan for the delivery of a booster programme to key priority groups and to plan for a potential requirement to offer vaccination to children aged 12-15 in conjunction with the schools immunisation team.</p> <p>The Trust Chair sought an update regarding the uptake of university students; this was explained in more detail by Laura Stroud with a high uptake recognised in the Facility of Health however recognising this was part of a wider campaigning alongside influenza. She commended the leadership of the vaccination programme across the City.</p> <p>The Board received and noted the report.</p>	
<b>12.2</b>	<b>Verbal update - Current Operational Pressures</b>	
	<p>Julian Hartley referenced the deep-dive that had been provided to the Board the previous day and the comments made during his update at agenda item 9.</p>	
<b>12.2(i)</b>	<b>Integrated Quality and Performance Report (IQPR)</b>	
	<p><i>In attendance:</i>  <i>Rebecca Musgrave, Deputy Head of Midwifery</i></p>	

The IQPR was presented for discussion and assurance on quality and performance. Each of the Executives presented an update against their respective portfolio's (aligned against the domains set out within the CQC Well-led framework: Safe, Responsive, Effective, Well-Led, Caring and Use of Resources):

Clare Smith drew attention to the Emergency Care Standard (ECS) on page 7 and reported that August had continued to be a challenging month with performance at 68.7%. She reported that high attendances into A&E had continued into September, with particular pressures being felt at the LGI site. There had also been an increase in the Children's hospital with a surge in attendances (circa 18%) which had coincided with an influx of RSV. She confirmed there were a number of actions in place, both as an organisation and as a City, using the example of the Same Day Emergency Care (SDEC) initiative which was delivering early and positive outputs. She updated on the minor illness service that had been introduced on the LGI site to support streaming and informed of the MADE exercises in house to identify further internal opportunities for improvement around flow.

Reporting against the Referral to Treatment (RTT) 52 week wait performance summarised on page 10 she noted high volumes of patients waiting for treatment: 3,074 waiting over 52 weeks and 260 of these waiting over 104 weeks. Maintaining capacity for the treatment of Priority 2 patients remained a priority for the Trust and teams were working hard on their recovery strategies including augmentation of periphery sites and outpatient waiting times.

She updated against the Cancer Waiting Time standards set out from page 12; the Two Week Wait (2ww) position had remained within control limits at 70% however still below the 90% target. Key areas of pressure continued to be around social distancing and capacity with additional clinics introduced including weekends to support this. She confirmed the support of primary colleagues and further improvement in this area was anticipated.

62 day performance for July was 63.3% with the main constraints being experienced in the Skin, Urology and Colorectal services. She informed that she had requested a full review of action plans to provide assurance that the right actions were in place to ensure timely treatment for patients. She noted that access to Critical Care capacity was also causing a challenge on some pathways and referencing the recovery actions in place across the organisation.

She continued that Diagnostic Waits (page 15) had seen a drop in delivery during August to 73.8%. She updated that activity in September was showing signs of improvement and confirmed that Trust was using all available qualified providers to ensure timely access for patients. She explained that the current high bed occupancy within the Trust did impact heavily on diagnostic services and the prioritisation of their waiting lists. She noted that some areas were also experiencing significant workforce challenges with additional support being provided from the HR teams.

She drew attention to page 51 which set out the Super Stranded Patient

(SSP) position which continued to remain high. She outlined the significant work taking place in this area and noting the update on the Reasons to Reside programme that had been provided to the Board in their Workshop the previous day. She shared the commitment from City partners to support the Trust in making improvements in this area.

Julian Hartley reflected on the scale of the challenge facing the NHS with on-going Covid pressures and recognised that whilst this was stabilising there remained significant numbers coming through some services. He stressed the collaborative nature that was needed from the Trust and all partners to respond to this challenge and recognised the pillars of the Leeds Way at the heart of the Trust's response.

Phil Corrigan questioned the large volume of patients waiting 52 weeks within Colorectal, and asked what opportunities were available in the Independent Sector. Responding, Clare Smith explained that the service was provided on the SJUH site and had been disproportionately impacted by the bed utilisation. She confirmed that the Independent Sector was being utilised and opportunities to expand this further were being explored. She expanded on the desire to maximise the support provided from peripheral sites to protect and ring-fence activity; she noted this was dependant on capital allocations but was being explored in Winter Plans

Lisa Grant drew attention to the patient experience slides from page 17 and highlighted the recognition of the impact on patient experience of the operational pressures and explained the need to take different action to reflect the stage of the pandemic. She reported that the PPI Team was in the process of resetting and refocusing the Patient Experience Strategy through the QAC to reflect the current position. She referenced the Complaints Conference that had been held the previous day confirming that any outputs from this would flow to the Board through the Committee structure.

Drawing attention to the Friends and Family data on page 48 she noted the decline in responses and updated on the work taking place to address this, recognising that the current Covid/ segregation situation was the main cause of this.

She noted the Falls and Pressure Ulcer performance at pages 28-29 and was pleased to report progress in both of these areas as actions were implemented from the external reviews that had been commissioned. She recognised the impact of Covid however focus remained.

Rebecca Musgrave drew attention to the Maternity at page 31; she noted there had been a slight increase in the rolling still birth rate, which was not deemed statistically significant at this time. She reported that a thematic analysis was taking place through the WY Regional Group to provide a further deep-dive and assurance.

Referencing the Mortality measures on page 21, Dr Phil Wood reported that the Summary Hospital Mortality Rate (HSMR) for May 2020-April 2020<sup>1</sup> was 109.62 (and included Covid related activity). He reported that observed

deaths were above expected deaths; however these remained 'as expected' when compared to the national dataset. He noted the Trust's role as a Tertiary Centre and outlined work taking place to understand how this impacted on the data measures. The Mortality Improvement Group (MIG) had clarified this was coding and were conducting an internal audit, as well as providing additional training to the team to provide assurance of this position and allow confidence in data.

He noted the Serious Incidents summary on page 22 and reminded that the spike seen in Q4 2021 was due to the change in reporting requirements to include Covid-19 nosocomial infections. He confirmed that performance had fallen back to within control limits with 15 reported in Q2 2021/22. Pressure Ulcers and Falls had been the most frequently reported cases and he reminded of the scrutiny through the weekly quality meetings.

Continuing to page 23 he reported there had been four Never Events in Q2 and he outlined the learning actions taken and sharing of findings across WYAAT shared learning group. He reminded that both SI and Never Events were reviewed in detail through QAC Structure.

He reported that the Trust had achieved the 95% target for Venous Thromboembolism Risk Assessment for 2020/21 and had not had the usual dip associated with the rotation of junior doctors which was positive.

He noted the response to 2222 calls on page 30 which remained stable.

He noted that the CQUINs measures remained nationally suspended.

Craige Richardson drew attention to the E&F measures within the Safe domain; he reported positively that feedback against patient catering satisfaction had remained consistent. He commended the cleaning standards which had maintained high performance throughout the pandemic despite increased pressures. Highlighting the information on page 35 he reported that there was some backlog in estates maintenance due to restrictions in accessing clinical areas however confirmed the teams were working hard to address this.

The Trust Chair commended the Portering team, sharing a recent example of a personal experience.

Guy Dickie highlighted the digital associated metrics from page 36. He reminded that the IT Service Desk function was now provided in-house and drew attention to the summary requests table. He noted that the team had been impacted quite heavily by Covid and staff isolation during the summer period which was reflected in the graph. Major incidents were tracking low, which was positive and the PPM Usage set out on page 37 highlighted the steady growth in the volume of users and number of actions per user.

He updated that the DIT Committee was exploring the development of a set of new KPI's which would report against a broader range of activities.

	<p>Jenny Lewis focussed in on the workforce planning metrics on page 38 and reiterated the point raised by Tom Keeney earlier in the meeting. She confirmed that all CSU’s had submitted their five year workforce plans with good quality responses which would be reviewed and worked through in detail at the Board Timeout on 21-22 October. She highlighted the amber rating against Time to Hire and explained the team was maintaining close oversight of this with a large volume picked up through the vaccination programme.</p> <p>Referencing the Health and Care System metrics on page 41 she highlighted the launch of the Level 3 Digital Apprenticeships across Leeds and updated on the procurement of three additional Leeds collaborative apprenticeships. She updated on the recruitment work that was been built from the successful Lincoln Green project with a second recruitment campaign completed and scoping taking place for campaign 3.</p> <p>Highlighting the FFD measures she explained the significant focus and work into this area however this was not shifting the metrics score in a meaningful way. She updated on the open discussions with those strategically responsible for delivery to challenge ourselves why this is. The message back from this was it was felt the Trust was taking the correct action with recognition of the long term timeframe to embed meaningful change. The areas that would impact the biggest change would therefore be the focus alongside surfacing stories of staff experiences to increase understanding and share learning.</p> <p>Moving to the Health &amp; Wellbeing (HWB) performance on page 45, she explained the formalisation of some of the HWB initiatives that had been introduced during the Covid-19 period. There were a number of metrics on red to which she explained the focus to provide a standard formal process with clear plan and measures for some of the CSU’s to provide an anchor and sustainability.</p> <p>Referencing the most engaged workforce measures she reminded that the Staff Survey was currently live and explained the encouragement to all staff to complete this.</p> <p>Simon Worthington provided a verbal summary of the financial metrics presented on pages 54-55 noting the Q2 Fundamental Financial Review that had been provided to the Board workshop the previous day. He highlighted that the Trust was continuing to forecast a balanced year-end position with sufficient resources to support the operational plans in place.</p> <p>He highlighted the additional capital funds expected to be made available to support reset and recovery for next six month and noted the launch of the national One NHS finance initiative, and his active role in support its inception and development.</p> <p>The Board received and noted the report.</p>	
<p><b>13.1</b></p>	<p><b>Building the Leeds Way</b></p>	
	<p>The report highlighted the good progress which continued to be made to</p>	

	<p>deliver the Trust's Building the Leeds Way (BtLW) Programme and the delivery priorities established for 2021.</p> <p>Simon Worthington reminded that the programme would likely have to review and re-align its baseline delivery process to align with the national requirements of the New Hospitals Programme.</p> <p>He referenced the public announcement that had been made, in regards to the change of the programme architects, and noting the additional information that had been provided to the Board (restricted from the public domain).</p> <p>The Board received and noted the report.</p>	
12.3	<p><b>Nursing and Midwifery Quality and Safety Staffing Report</b></p>	
	<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 the report was provided for June and July 2021. Supplementary information to support the detail within the report was provided in the Blue Box at agenda item 12.3(i).</p> <p>Lisa Grant guided the Board through the quality and staffing data within the report with a summary of key highlights listed below;</p> <ul style="list-style-type: none"> <li>• Hard Truths (wards falling below 80% of their planned staffing levels) - of the 88 inpatient areas reviewed in June, 12 areas had reported less than an average of 80% fill rate; of these, one area had also triggered an amber rating on their ward metrics which prompted further follow up and support with more detail included at Appendix 2. Of the 88 inpatient areas reviewed in July, 16 areas had reported less than an average of 80% fill rate; of these two areas had triggered an amber rating on their ward metrics.</li> <li>• Critical Care Staffing - the Board was asked to note the risk of divergence from the staffing standards outlined within Guidelines for Provision Intensive Care Services (GPICS) in order to optimise the care of patients requiring urgent and immediate surgery, and any increase in Covid patients. Assurance was provided of the risk assessment tool in place within the Adult Critical Care CSU for unplanned patients to support decision making in relation to working outside of GPICS.</li> <li>• Safer Nursing Care Tool (SNCT) - the SNCT audit had been completed for May 2021, the results showed an increase in the number of level 1b category patients (increased dependency needs) with an increase of 6% from the previous audit. This information would be used as part of the bi-annual establishment reviews planned for October/November 2021.</li> <li>• Nurse Staffing Status Report (NSSR) and SafeCare Professional Judgement (SCPJ) (Blue Shift/ Red Flag status to indicate unmitigated safety concerns) - the Board was reminded of the escalation and reporting processes in place; recognition that during Covid not all</li> </ul>	

	<p>incidents had been able to be mitigated but assurance received that all responded to and supported by the Stop the Line safety review.</p> <ul style="list-style-type: none"> <li>• In June one Blue shift had reported unmitigated safety concerns on NSSR; In July, no Blue shifts were reported however 24 Red Flags had been raised with a summary of themes included within the report. The Board were reminded of the recruitment and training plans in place; as discussed previous day to address this.</li> </ul> <p>Rebecca Musgrave presented an update against the maternity quality and staffing metrics;</p> <ul style="list-style-type: none"> <li>• The midwife to birth ratio had remained consistent at 1:26 in both June and July 2021;</li> <li>• The midwife to Band 3 MSW percentage ratio skill mix in the postnatal and transitional care setting had also remained stable at 95%: 5%; and within the recommendations from the Birthrate Plus guidance;</li> <li>• A final report following completion of the commissioned maternity workforce review was anticipated to be received in early October which would be reviewed and reported through the Board Committee structure as appropriate;</li> <li>• Maternity Red Flags - 11 Red Flags were raised in June 2021 and 11 Red Flags in July 2021;</li> <li>• Birthrate Plus (staffing versus workload) - there were nine occasions where the acuity of women outstripped available midwives on the delivery suite; on each occasion this was for a short period of time only and immediate redeployment had taken place to mitigate.</li> <li>• The bi-annual Midwifery Workforce report was included at Appendix A within the supplementary information provide within the Blue Box at agenda item 12.3(i).</li> </ul> <p>The Board received the report and confirmed its assurance of the processes in place to monitor, support and mitigate any impact of reduced staffing levels or skill mix in relation to patient safety.</p> <p><b>Rebecca Musgrave exited the meeting</b></p>	
<p><b>13.2</b></p>	<p><b>Clinical Quality Strategy</b></p>	
	<p><i>In attendance:</i>  <i>John Adams, Medical Director for Governance and Risk</i></p> <p>The draft Clinical Quality Strategy was presented for approval prior to publication and embedment across the Trust.</p> <p>John Adams noted the briefing notes which had been provided to support the approval request of the Strategy and explained the overall ambition to improve the quality of services, primarily with a Leeds focus but with increased emphasis on partnership working.</p> <p>He outlined the development process of the Strategy and the oversight and recommendation of approval provided through the QAC. He confirmed that a communications plan had been developed to support the roll out of the</p>	

	<p>Strategy with the ambition to launch the publication at a Team Brief to give colleagues the opportunity to hear about it directly and discuss its key themes</p> <p>Following a query from the Trust Chair, Dr Phil Wood explained that subject to approval, a copy of the Strategy would also be shared with WYAAT colleagues for information and to share the approach been taken by Leeds.</p> <p>Jas Narang complimented the digital considerations and ambition displayed within the Strategy using the example of virtual consultations. He encouraged the development of a set of concrete ambitions underpinned by measures to track this, recognising the existing barriers in accessing funding. Dr Phil Wood supported this and explained the process of identifying/ unlocking challenges to see how digital could support this and setting this in the context of health inequalities.</p> <p>Suzanne Clark questioned if there was an overarching schematic which summarised the alignment of the different strategies in place. Responding, James Goodyear confirmed that a schematic was included within the Five Year Plan document which described how the Strategies intertwined and were supported by other enabling strategies, confirming this would be shared with the Board in advance of its Timeout on 21-22 October.</p> <p>The Board received the update and confirmed its approval of the Clinical Quality Strategy, noting the publications plan in place.</p> <p><b>John Adams exited the meeting</b></p>	<p>James Goodyear</p>
<p><b>13.3</b></p>	<p><b>Leeds as an Anchor Institution</b></p>	
	<p><i>In attendance:</i>  <i>James Goodyear, Director of Strategy</i></p> <p>The report provided an update on LTHT’s activity as an anchor institution, including engagement with the Leeds Inclusive Anchors Network (LIAN), the anchor metrics collected and the most recent self-assessment against the anchor’s framework for action.</p> <p>James Goodyear highlighted the detail within the report provided and noting the Anchor metrics and LTHT Anchor progression framework included in the reports’ appendices. He drew the Boards’ attention to the proposal at section 6 which stated that the Trust should continue to build on its progress as an anchor, recognising the wider strategic drivers of ‘Levelling Up’ and the economic impact of Covid-19, with its main priorities on improving its procurement decisions and identifying new ways to address its role as an anchor in service delivery. The Trust should continue to scale the impact of its initiatives by participating, where possible, in Citywide events and sharing case studies with other NHS organisations.</p> <p>Julian Hartley reflected on the importance of the Trust’s role as an Anchor Institute; and its wider role beyond its core commission in supporting the City of Leeds.</p>	

	<p>Rachel Woodman shared her support to this recognising the social care value for activity which was also reflected in the private sector. She offered to share some contacts to help shared learning which was strongly welcomed.</p> <p>The Board received the report and confirmed its assurance and support on progress against the Trust's activity as an anchor institution.</p> <p><b>James Goodyear exited the meeting</b></p>	Rachel Woodman
<b>14</b>	<b>Governance and Regulation</b>	
<b>14.1</b>	<b>Medical Revalidation Annual Report</b>	
	<p><i>In attendance:</i>  <i>Hamish McClure, Medical Director, Professional Standards and Workforce Development</i></p> <p>The report presented an update on progress and compliance against the 2020/21 medical revalidation and appraisal year. The Medical Revalidation Responsible Officers Report was presented at Appendix 1. Approval was sought of the Board assurance statement prior to submission to NSHE// which was included at Appendix 2.</p> <p>Hamish McClure drew attention to the report provided and set context to the medial appraisal team responsible for oversight of this process.</p> <p>He Reminded that the General Medical Council (GMC) had suspended medical appraisals through March-October 2020 and the GMC permitted doctors who were still busy due to the pandemic to miss their appraisal until the end of the appraisal year. The completion rate to date was at circa 70% which was considered a positive response.</p> <p>He referenced the emphasis on HWB in this year's appraisal discussions, and informed that the revalidation panels had re-commenced in July 2021.</p> <p>He noted the change in system supplier for the medical revalidation and appraisal and updated on the improved reporting capabilities and interactions of the new system.</p> <p>The Board received the report, noted the good progress made and confirmed its assurance of the medical revalidation and appraisal process. The assurance statement included at Appendix B was approved.</p> <p><b>Hamish McClure exited the meeting</b></p>	
<b>14.2</b>	<b>Emergency Preparedness, Resilience Core Standards</b>	
	<p><i>In attendance:</i>  <i>Owen Haywood, Head of Resilience</i></p> <p>The report provided a summary of the 2021/2022 Emergency Preparedness Resilience and Response (EPPR) core standards.</p> <p>Clare Smith set context to the annual self-assessment by all Trust's to report</p>	

against the EPRR standards (which were set through the NHS England EPRR Framework). She noted that the assessment process in 2020/21 was significantly reduced due to Covid-19 and explained this had continued somewhat into the 2021/22 assessment with less standards to assess against than previous years.

Owen Haywood drew attention to the detail within the report and noted that the Trust was demonstrating 'substantial compliance' against the 2021/22 EPRR standards. He highlighted that of the 50 required standards the Trust was reporting full compliance against 48, and partial compliance against two; the two areas in relation to partial compliance were within the Core standards of 'Duty to maintain plan' and CBRN (Chemical, Biological, Radiological and Nuclear).

In addition to the core standards there was one specific domain related to 'Oxygen Supply' which was deep-dived during 2021/22; of the seven applicable standards the Trust was reporting full compliance against six and partial compliance against one.

The two areas of partial compliance in the core standards - CBRN Trainers, he explained that this standard required the trainers to be accredited by the National Ambulance Resilience Unit which had not been possible during the pandemic due to restrictions on face to face training and a lack of available courses. He confirmed that training was being maintained however not validated.

The other area of partial compliance was 'Evacuation and Shelter' - Planning for evacuation had previously been highlighted as an area of improvement and work was continuing to meet the requirements of the national shelter and evacuation guidance. He confirmed there was a draft evacuation plan in place however it was expected that there would need to be a number of iterations of this plan, tested through exercises, before the Trust was fully compliant.

He continued that although the other areas of the assessment have been assessed as fully compliant against the standards, there were a number of areas which remain a focus for continuous improvement as they were a key area of the Trust's resilience arrangements.

Clare Smith informed that the Trust's internal auditors had also been asked to look at the Trust's EPRR process to provide further assurance and validation.

Following a query from Laura Stroud, Owen Haywood confirmed that the EPRR team was well engaged with the BtLW programme team to prepare for potential disruptions as the programme commenced - some exercise selected and in process of identifying others.

Gillian Taylor questioned how the Trust had compared against peers. Responding Owen Haywood explained the relatively consistent performance across the local region who were also reporting similar areas of partial compliance.

	<p>The Board received the report and noted the statement of compliance reporting at 'substantial'.</p> <p><b>Owen Haywood exited the meeting</b></p>	
<b>14.3</b>	<b>Amendments to Standing Orders; Committee Membership</b>	
	<p>The report sought approval of minor amendments to the relevant Committee's Terms of Reference.</p> <p>Jo Bray highlighted the Non-Executive Director membership changes to the relevant Committee's as listed as section 2 of the report. She confirmed that, subject to approval, the Committee ToR would be updated as appropriate as cited in Standing Orders.</p> <p>The Board received the report and approved the changes to the Committee membership.</p>	
	<b>Items for Information</b>	
<b>15</b>	<b>BLUE BOX ITEM - Forward Planner</b>	
	The Forward Planner was provided in the Blue Box for information and was received and noted.	
<b>16</b>	<b>Standing Agenda Items</b>	
	<b>Risk</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>Communications</b>	
	There were no specific items highlighted from the meeting discussion which required additional internal communications.	
<b>17</b>	<b>Review of Meeting and Effectiveness</b>	
	Comments on the meeting and its effectiveness were welcomed via email.	
<b>18</b>	<b>Any Other Business</b>	
	No other business was discussed.	
<b>19</b>	<b>Date of next meeting: Thursday 25 November (PM)</b>	