

**DRAFT MINUTES OF THE PUBLIC BOARD MEETING  
25 November 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.

<b>Present:</b>	Gillian Taylor	Non-Executive Director – Acting <b>Chair</b>
	Suzanne Clark	Non-Executive Director (exited at agenda item 13.1)
	Phil Corrigan	Associate 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 HR & Organisational Development
	Georgina Mitchell	Associate Non-Executive Director
	Jas Narang	Non-Executive Director
	Chris Schofield	Non-Executive Director
	Clare Smith	Chief Operating Officer
	Craige Richardson	Director of Estates and Facilities
	Dr Phil Wood	Chief Medical Officer
	Rachel Woodman	Associate Non-Executive Director
	Simon Worthington	Director of Finance (exited at agenda item 13.2)
<b>In Attendance:</b>	Jo Bray	Company Secretary
	Joe Cohen	Freedom to Speak Up Guardian (for agenda item 10.3(ii))
	Sue Gibson	Director of Midwifery (for agenda item 12.2 and 12.3(i))
	Vickie Hewitt	Trust Board Administrator
	Chris Kelly	Head of Estates, Compliance and Recovery (for agenda item 13.2)
	Libby Sutherland	Sustainability Manager (for agenda item 13.2)
	Mark Richmond	Sustainability Manager (for agenda item 13.2)
<b>Observing:</b>	Natasha Barbar-Evans	Insights programme
<b>Apologies:</b>	Linda Pollard	Trust Chair
	Rob Newton	Associate Director of Policy and Partnerships
	Bob Simpson	Non-Executive Director
	Laura Stroud	Non-Executive Director

Agenda Item		ACTION
1	<b>Welcome and Introductions</b>	
	Gillian Taylor welcomed members to the meeting and in addition welcomed Natasha Barbar-Evans as an observer to the meeting.	
2	<b>Apologies for Absence</b>	
	<p>Apologies for absence were received from Bob Simpson, Laura Stroud, Rob Newton and Linda Pollard, Trust Chair who was attending an NHSE/I Board meeting.</p> <p>It was noted that Suzanne Clark would be exiting the meeting at 4pm, and Simon Worthington would be exiting at 4.30pm.</p> <p>Gillian Taylor reported on the resignation of John Williams from his Associate Non-Executive Director (NED) role, considering the pressures associated with his day job and noted the communications that had been circulated to the Board on this.</p>	
3	<b>Declarations of Interest</b>	
	<p>For transparency, Julian Hartley noted his Non-Executive Director (NED) role at the Department of Health and Social Care.</p> <p>There were no other declarations of interest and the meeting was quorate.</p>	
4	<b>Staff Story</b>	
	<p><i>[Due to technical errors on the day in sharing the video via the live platform members were asked to access the video for this section in their own time using the link included on the meeting agenda]</i></p> <p>The Staff Story video focussed on sharing women's experience of the menopause at work with staff member Sally sharing her experience; <a href="https://youtu.be/DctsML2pEIY">https://youtu.be/DctsML2pEIY</a></p> <p>Jenny Lewis updated on the use of this story at the Workforce Committee and highlighted the decision to share a Staff Story on this occasion in place of a Patient Story.</p> <p>The video was an interview with staff member Sally who was sharing her experience of menopause and the range of symptoms experienced by different women that impacted their daily lives and thus their work. She was positive of the support and on-going work offered by the Trust and updated on her attendance at a workshop on menopause which had empowered her to act and seek support. There was recognition that the majority of the Trust's workforce was female and the importance of normalising and having an open attitude to these issues.</p> <p>Jenny Lewis reflected on the multi-faceted layers within the health and well-being (HWB) agenda and highlighted the importance of healthy conversations and supporting the workforce.</p> <p>Gillian Taylor asked that a letter of recognition and thanks be circulated on behalf of the Board to Sally.</p>	Jo Bray
5.1	<b>Draft Minutes of the Last Meeting</b>	

	The draft minutes of the last meeting held 30 September 2021 were confirmed to be a correct record.	
<b>5.2</b>	<b>Overview of Annual General Meeting</b>	
	<p>The report provided a summary update of the Annual General Meeting held 29 September 2021 – due to the on-going impact of the pandemic information was shared via a series of video updates which were available to view on the Trust’s website.</p> <p>The Board noted that due to this virtual format there would be no minutes to approve with the videos providing the evidence and audit trail. Questions had been welcomed from the public via email with triaging managed through the Communications Team.</p> <p>The Board received and noted the positive level of engagement in ‘hits’ via YouTube.</p>	
<b>6</b>	<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>Gillian Taylor noted the detail provided in the written report and drew attention to the summary at page 6 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>Approval was granted to extend the current contract with Medinet to support the delivery of elective activity within Theatres for a further three months at an additional cost of £0.7M. This was supported by Linda Pollard, Phil Wood (acting as Deputy Chief Executive), Suzanne Clark and Gillian Taylor.</li> <li>Approval was given for the Trust to continue its Preferred Bidder discussions with the new Hospitals of the Future (HotF) supplier, with the Trust hoping to enter into contract in November 2021 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>An inconsistency was noted within the report with Linda Pollard not attending the Research and Innovation Committee in November and it was confirmed that this section would be updated and recirculated.</p> <p>The Board received the report and confirmed their ratification to the Chairs actions taken.</p>	Marie Pearson/ Jo Bray
<b>9.1</b>	<b>Chief Executive’s Report</b>	

The report provided an update on news across the Trust and the actions and activity of the Chief Executive since the last Board meeting.

Julian Hartley reported on the continued pressure and high demand for urgent care within the Trust, alongside significant pressure within local Primary, Social, Ambulance and Mental Health care services who were also experiencing unprecedented demand alongside existing pressures. He reported that due to unprecedented demand the Trust had been forced to reduce planned elective activity on several days during October and he took a moment to commend the teams who were working hard to flexibly manage workloads and mitigate in the Leeds Way. He informed that national performance data evidenced that this was a common picture across the NHS with similar pressures reflected across the system. He referenced the performance data within the Integrated Quality and Performance Report (IQPR) (provided at agenda item 12.2) and the work by staff to manage and navigate these challenges whilst maintaining safety and planning for the winter period.

He drew attention to the detail at section two of the report which provided an update on partnerships and the steps taken to shape the Leeds Place response to integrated care. He informed that the local Integrated Care Board (ICB) leadership had been announced and noted the appointment of Cathy Elliot as the new Chair and Rob Webster as Chief Executive for West Yorkshire Integrated Care System (ICS).

He highlighted the role of WYAAT as a key provider collaborative within the WY ICS and outlined the work they were doing to support current pressures; noting an update had been provided on this during the Workshop section of the meeting. He drew attention to the report included at Appendix A which set out the 'Progress, Proposals and Next Steps to Strengthen the Leeds Health and Care Partnership' and built upon existing partnerships and collaborations across the City.

He highlighted the publication of the Amplifying Voices, Mending Divides book, which provided an anthology of staff voices, and was pleased to report this had been positively received by staff. He referenced the reciprocal Mentorship programme and highlighted this as an example of practical action taken by the Trust.

Recognising the Trust's responsibility to wider society, he recognised the importance of the Trust's response to the environmental challenge and highlighted the Carbon Literacy status awarded to the Trust. He was positive of the ambition and plans in place and noted the sustainability update that would be provided at agenda item 13.2 which would provide further detail on the Trust's ambitions.

He highlighted the visits from national leaders noting the detail set out at section seven of the report. He noted the information within section nine, Celebrating Success and the examples of awards and work recognition that had continued despite operational pressures and challenges.

	<p>He drew attention to section 10 of the report and sought ratification from the Board of the consultant appointments made.</p> <p>The Board received the report and confirmed its formal ratification of the consultant appointments listed.</p> <p>Gillian Taylor congratulated Julian Hartley, who had been awarded the Institute of Directors 2021 award for the Public Sector and Special Judges Award; <a href="#">Yorkshire &amp; North East - Director of the Year Awards   IoD</a></p>	
<b>9.2</b>	<b>Mortuary Security</b>	
	<p>Dr Phil Wood informed that following the investigation into Mortuary Security at East Kent Hospitals University NHS Foundation Trust, NHSE/I had written to all Trust's to ask for assurance on Mortuary Security; Trust's had been asked to provide assurance around four key areas:</p> <ul style="list-style-type: none"> <li>• Access Points</li> <li>• CCTV</li> <li>• Risk Assessment (of facilities)</li> <li>• Levels of Employee Checks</li> </ul> <p>He noted the additional detail that had been provided to the Board Workshop and confirmed that full assurances had been submitted to NHSE/I against all areas; in addition, the Estates &amp; Facilities (E&amp;F) and Pathology Management Teams were also reviewing additional enhancements to ensure the highest standards of security and safety.</p> <p>The Board noted the additional detail received in the private Workshop section of the meeting and the assurance provided to NHSE/I against all standards.</p>	
<b>10</b>	<b>Minutes of Meetings</b>	
	<b>Quality Assurance Committee</b>	
<b>10.1</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 Quality Assurance Committee (QAC) meeting held 4 November 2021.</p> <p>Phil Corrigan informed that the Committee had commenced with a Patient Story in relation to Complaints with the Committee noting the care and compassion that had been displayed by staff. She explained how this had introduced an update on the embedding of the new complaints process across the Trust and noting the new training booklet that had been produced which had been circulated separately to the Board for information.</p> <p>She highlighted the assurance received on the plans and actions in place for the management and maintaining of quality during winter. She noted that incremental improvements were being made against reducing the volume of patients with no Reason to Reside (RtR) however progress in this area was challenged; particularly regarding workforce pressures (including sickness) both internally and across the wider system.</p>	

	<p>She highlighted the deep-dive received by the Committee on the Trust's current and predicted waiting list position on patients waiting more than 104 weeks for treatment and the actions in place to improve this position and monitor and maintain patient safety. Significant risk was recognised in this area and it was noted that due to current operational pressures internally and across the system it was unlikely the Trust would achieve the March 2022 target of zero; however, a draft trajectory had been submitted to NHSE/I and robust plans were in place to support this. The Committee were advised that a meeting had been arranged with the CQC engagement lead in November to discuss the current challenges and provide assurance on the actions that were being taken to mitigate the associated risks and maintain patient safety.</p> <p>She updated against the End of Life update received by the Committee and the recognition given to the significant impact of bereavement throughout the pandemic. The Committee discussed the impact on staff experiencing unprecedented levels of mortality and the psychological support offered to staff.</p> <p>She highlighted the shared learning events across WYAAT to share key learning points from Never Events and Serious Incidents noting the further detail in the report. In addition, she highlighted the development of a Duty of Candour dashboard within Datix to enable CSU's to access and monitor incidents to ensure compliance.</p> <p>She concluded by noting the key risks discussed by the Committee which related to the 104 week position and winter and confirmed that these areas would remain one of close oversight for the Committee. She noted the additional deep-dive that had been presented on the 104 week position to the Board Workshop that morning.</p> <p>The Board received and noted the report.</p>	
<b>10.1(i)</b>	<b><u>BLUE BOX ITEM</u> – Infection Prevention and Control Board Assurance Framework</b>	
	The Infection, Prevention and Control (IPC) Board Assurance Framework (BAF) report, received at the QAC on 4 November 2021, was provided in the Blue Box for information and was received and noted.	
<b>10.1(ii)</b>	<b><u>BLUE BOX ITEM</u> – Q1 Learning from Deaths Report</b>	
	The Learning from Deaths report for quarter one of 2021/22 was provided in the Blue Box for information and was received and noted.	
	<b>Research and Innovation Committee</b>	
<b>10.2</b>	<b>Chairs 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 9 November 2021.</p> <p>Dr Phil Wood updated on the presentation received by Leeds Hospital Charity to provide an update on the Charity's Five Year Strategy. He explained that the Strategy had been developed in collaboration with the Trust and aimed to grow the Charity's income to support funding for the</p>	

	<p>benefit of patients and healthcare. Within this there were six key goals aligned to the R&amp;I portfolio which were listed within the report provided.</p> <p>He reported that the Trust continued to see good recruitment to its research operations and continued to play an active part in Covid research trails.</p> <p>He updated on the applications that had been submitted for the NIHR Biomedical Research Centre which had included six themes for application with an anticipated state date of December 2022.</p> <p>He highlighted the update received by the Committee on the National Pathology Imaging Co-operative (NPIC) programme and noted the slight delays in delivering the scanners to all Trusts within WYAAT. He updated on the commenced programme with Genomics England through the NPIC programme.</p> <p>He highlighted the continued work to develop Health Professional Research Careers and was positive of the progress that had been made in this area.</p> <p>He reported that the Innovation Pop-Up at the LGI re-development site was progressing well and highlighting the summary update on page 3 of the report.</p> <p>He informed of the update received on the developing collaboration on Real World Data and the patient benefit opportunities within this.</p> <p>The Board received and noted the report.</p>	
	<b>Workforce Committee</b>	
<b>10.3(i)</b>	<b>Chairs 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 11 November 2021.</p> <p>Tom Keeney highlighted the deep-dives received by the Committee in relation to areas of underperformance on the IQPR and the delivery of staff clinical psychology services to support staff HWB.</p> <p>He referenced the Freedom to Speak Up (FtSU) update that had been provided to the Committee and noted the update that would be presented to the Board at agenda item 10.3(i).</p> <p>He updated on the attendance of Kate O'Connell to the meeting who had joined to provide an update on the work taking place within the Leeds Health and Care Academy and to progress against the Leeds One Workforce plan.</p> <p>The Committee had also reviewed the workforce related risks as described in the Corporate Risk Register (CRR).</p> <p>The Board received and noted the report.</p>	
<b>10.3(ii)</b>	<b>Freedom to Speak Up Update</b>	
	<i>In attendance:</i>	

	<p><i>Joe Cohen, Freedom to Speak Up (FtSU) Guardian</i></p> <p>The report provided an update on activity and progress against the FtSU agenda during the last reporting period; 1 April 2021 – 30 September 2021.</p> <p>Joe Cohen provided a high level summary of the report provided and highlighted the use of a new template that had been designed to speed up the process of responding to investigations.</p> <p>Gillian Taylor questioned the expected reduction in time length by using the template described. Responding, Joe Cohen explained that a significant time saving was anticipated, and he expanded on the development of the framework through the regional FtSU Group using LIM methodology. He described the 31-day window that had been applied with clear points of escalation and milestones to reach, with a clear space for comments back from staff.</p> <p>Suzanne Clark commented on the required balance of a paced response against fair time to investigate. Referencing the appendix, she noted there were some areas on amber and questioned if there was an underlying plan in place to track these and move these to green. Joe Cohen confirmed there was an active plan in place and was positive at the improvements in conversations and speaking up arrangements which should have a positive impact in improving the rating. He updated of the new presence of FtSU on the staff intranet to increase awareness and access. He was mindful that some areas such as training had been impacted due to the pandemic and it was likely this would stay on amber. Jenny Lewis referenced the update received by the Workforce Committee and noted that the team were working to develop target deadline dates for achievement of each of the assessments.</p> <p>The Board received and noted the report.</p>	
	<b>Digital and IT Committee</b>	
<b>10.4</b>	<b>Chairs 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 12 November 2021.</p> <p>Jas Narang updated on the Committee's review of the digital metrics contained within the IQPR report (agenda item 12.2) following significant improvements in the management information available which had been made possible by the bringing in-house of the service desk function. These revised metrics would be available from January and would provide visibility on Service Desk demand, Service backlog, PPM usage, Project &amp; programmes demand and Medical records scanning performance &amp; demand.</p> <p>He informed that the Committee had held an internal review on its effectiveness with some minor recommendations on the workplan which had been implemented moving forward.</p>	

	<p>The Committee had received an overview of the key DIT programmes and how these were triaged within the project lifecycle to identify critical projects and the areas of focus for assurance.</p> <p>Assurance had been received on the cyber preparedness of the Trust, and the Committee had been informed of two new publications from NHSX; 'What Good Looks Like' and 'Who Pays for what' with the key points reviewed in the meeting.</p> <p>He noted the next upgrade to the PAS system was scheduled for 4 December and referenced the on-going planning to prepare for this.</p> <p>The Board received and noted the report.</p>	
	<b>Remuneration Committee</b>	
<b>10.5</b>	<b>Chairs Summary – 21 October 2021</b>	
	The summary notes of the Remuneration Committee held 21 October 2021 were received and noted providing confirmation and rationale from Ministers that there will be no annual pay increase for 2021/22 for Very Senior Managers.	
<b>11</b>	<b>Risk</b>	
<b>11.1</b>	<b>Corporate Risk Register</b>	
	<p>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> <p>Julian Hartley updated on the corporate risks reviewed by the Risk Management Committee (RMC) in October and November 2021.</p> <p>He noted the reduction in risk score from 15 to 12 of CRR05 following the successful hardware upgrade to the PAS system, and the reduction from 20 to 15 of CRRF1 related to the delivery of the financial position and following the clarification of H2 funding allocations from the Centre.</p> <p>He highlighted the inclusion of a new risk to the CRR in relation to the LGI Site Development Project which had been given an initial risk score of 16.</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>• Across WY the vaccinations for age groups 12-15 were primarily being managed through schools and supplemented by the use of NHS staff and large scale vaccinations sites;</li> </ul>	

	<ul style="list-style-type: none"> <li>• The Booster campaign was to be increased to all those over the age of 40 at the end of November and changes to reduce the recommend interval between doses was expected;</li> <li>• Work was taken place across the ICS to ensure those who were most vulnerable had access to receive a booster vaccination;</li> <li>• The Trust had met with the WY Senior Responsible Officer Programme Director to ensure appropriate reporting information continued to be provided to the Trust as Lead Provider which would be incorporated into future reports;</li> <li>• The local Primary Care Networks were delivering a significant portion of the vaccine programme with support also provided through the use of Elland Road and additional pop-sites;</li> <li>• It was noted that the deadline for Care Home staff to receive their mandatory Covid vaccination had passed; and the likelihood this would be made mandatory for NHS staff and to become a condition of employment from 1 April 2022;</li> <li>• Assurance of the quality oversight and financial summary was included within the narrative of the report.</li> </ul> <p>The Board received and noted the report.</p>	
<b>12.2(i)</b>	<b>Context - Current Operational Pressures</b>	
	<p>Prior to moving into the performance metrics within the Integrated Quality and Performance Report (IQPR) at agenda item 12.2(ii), Julian Hartley provided opening narrative to describe the current operational pressures within the Trust, local region and across the wider NHS.</p> <p>He commented on the prevalence of the Covid-19 virus within the Community and impacting hospital admissions and noted the new variant Omicron that had been announced which was being watched closely. It was hoped that the successful vaccination programme would continue to reduce admissions to the hospital.</p> <p>In addition to Covid pressure had continued to be felt in the Emergency Department with increased attendances and challenges in discharging patients back to the community. He summarised some of the challenges that were being experienced in the Care Home and Social Care sector.</p> <p>He referenced the on-going work to address the elective care backlog and the importance of the whole system taking a collaborative approach to address this. He used the examples of the Academy and WYAAT as good collaborative models for supporting the drive of this work.</p>	
<b>12.2(ii)</b>	<b>Integrated Quality and Performance Report</b>	
	<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):</p> <p>Clare Smith drew attention to the Yorkshire Ambulance Service (YAS) performance on page 6 and reported that Ambulance Services were under extreme national pressure with teams were working hard to maintain</p>	

handover times of 15 minutes. Performance at LGI had remained within control limits with an average handover time of 11.42 minutes with 25% of handovers occurring outside of the 15 minute timeframe. At SJUH the average handover was 18.12 minutes with 55% of handovers taking more than 15 minutes.

The Emergency Care Standard (ECS) performance on page 7 was reported at 67.9% for month of October and she explained that Emergency Departments (ED) were continuing to see increased attendances and admissions. She updated on the transformational improvements being made, with teams working hard to maintain patient experience and outcome whilst utilising key learning from initiatives such as the Same Day Emergency Care (SDEC) programme. She updated on the work with partners to reduce discharge delays and improve collaboration and outcome to enable the organisation to deliver against the ECS.

Moving to the Referral to Treatment (RTT) performance, which was reported at 72.4%, she explained the increased focus on this standard moving into winter to maintain some elective capacity across the organisation. She confirmed that clinical prioritisation and management of the waiting list was continuing however this was being impacted by urgent referrals and teams were reviewing capacity on an on-going basis. She informed that improving access for patients was being supported through a wider Strategy for elective hubs and through collaborative support across WYAAT. She highlighted the positive receipt by GP colleagues of the advice and guidance support line process.

She drew attention to the Cancer performance standards from page 12 and provided supporting commentary; the 2ww pathway had continued to be impacted by a high volume of referrals. Following sustained pressures in the Breast pathway additional capacity and sessions had been created to relieve pressure. The Skin pathway had begun to make some progress following the volume of high referrals in the summer.

Performance within the 31 day cancer pathway was extremely pressured with the 96% target having not being met for several consecutive months. She informed that teams were managing a number of workforce challenges and informed there was a suite of actions in place which should start bringing forward some improvements. Radiology services were continuing with clinical prioritisation however their ability to deliver first and subsequent treatments had become significantly impacted due to staff shortages and a high demand for complex work.

She noted the mutual aid arrangements in place across WYAAT and referenced the deep-dives, monitoring and oversight of the performance standards and recovery actions through the F&P Committee.

Drawing attention to the Super Stranded Patients data on page 51 she updated on the focused commitment across the system to reduce this position and highlighting the collaborative action required to make improvements in this area.

Lisa Grant drew attention to the Complaints performance on page 18 and updated on the progression of the quality improvement work, being led through the KPO team, with Cohort 3 CSU's now commencing the programme and anticipated traction in the performance metrics as this work was embedded. Noting the PALS (Patient Advise and Liaison Service) summary on page 19 she informed that referrals had stabilised to pre-pandemic levels. She updated on a developing programme of work in regard to patient experience which had been partially prompted by a deterioration in experience and responses in the Friends and Family Test (FFT) with a focussed piece of work to take place in A&E which would report through QAC.

Noting the graph on page 24 in relation to Clostridium Difficile Infections (CDI) she informed that the Trust had moved above the 95% confidence limit into a potential outlying position when compared to peer Organisations. She reported that the Trust had engaged with NSHE/I on this position with a similar position reflected nationally and confirming the close monitoring of this position.

Sue Gibson drew attention to the Maternity performance metrics on page 31 and asked the Board to note that, although not statistically significant an increase in the stillbirth rate had been reflected both locally and at a regional level and she updated against an on-going thematic review to identify opportunities for further learning.

Reporting against the Mortality data on page 21, Dr Phil Wood reported that there had been a slight improvement within the Trust Summary Hospital-level Mortality Indicator (SHMI). He informed of the continued focus on coding quality and structured judgement reviews to ensure these were value adding and provided depth of information. He updated on the scheduled review of the Learning from Deaths policy to reflect upcoming national changes to mortality reviews. He reported that a Quality Analyst role had been appointed to who would support the Mortality team's deep-dives into available data with oversight provided through the Mortality Improvement Group.

Moving to page 22, he reported that there had been a reduction in the number of Serious Incidents (SI) reported in Q2 (26) when compared to Q1 (41); he reminded that the uplift during Q1 had been due to the updated requirement to include hospital acquired Covid nosocomial infections within SI reporting. He explained that Pressure Ulcers continued to be the most commonly reported themes and noted the oversight of actions through the Weekly Quality meeting and QAC. He reminded that the Trust was an early adaptor of the Patient Safety Incident Response Framework (PSIRF) and there would be learning to disseminate from this.

He reported there had been four Never Events reported during Q2 and reminded of the investigation and learning process that would take place against each of these. He updated that an item had been taken to the Executive Management Group to remind leaders of the importance of

embedding learning and following safety checklist procedures; a learning event had also been held with Commissioners.

Noting the detail on page 26, he reported that the VTE standards had been achieved and explained the Special Cause Variation within the Neurology CSU was due to data sharing challenges with Nuffield Hospital who used a different patient record system.

Craig Richardson drew attention to the E&F metrics from page 32 and was pleased to report that catering and cleaning standards had been maintained. He explained the new national standards for cleaning requirements and expanding on the interventions in place to reduce nosocomial transmission.

He reported on the increase in security and the associated steady decline of anti-social behaviour. He informed that the Trust had re-enforced its zero tolerance message across all departments with assurance that any incidents would be prosecuted to their fullest extent.

Paul Jones noted the IT Service Delivery metrics on page 36 and informed the Board that the digital metrics would be changing from January 2022 (as reported at agenda item 10.4). He noted that the PPM Usage on page 37 would be maintained with additional supplementary indicators.

Jenny Lewis updated on the publication of the Future NHS HR and OD Services by NHSE/I which was available to view at: [NHS England » The future of NHS human resources and organisational development report](#)

She informed of the current deep-dive of this publication to review the findings and recommendations to develop a local implementation plan to provide clarity and ensure clarity on future work.

She drew attention to the Workforce Planning metrics on page 38 and updated on the strengthening and alignment of these to the Board Strategy and Executive portfolios.

Highlighting the graph on page 39 she reported that the Trust was on track against trajectory to reduce the vacancy gap within the registered nurse workforce.

Commenting on the Clear Performance Expectations set out on page 40 she highlighted the importance of strong leadership and management at the heart of the workforce experience and updated on the investment in programmes for managers incorporating a personalised people management approach. Referencing the medical appraisal metrics, she reminded that this was a year-end target and report that to date 35% of medical appraisals had been completed with 31% in progress.

She reported positively on the impact following the publication of the Amplifying Voices, Mending Divides book which was acting as a catalyst for promoting inclusive conversation. She updated on the increased training and

	<p>materials available to staff to support them to recognise and act in instances of discrimination.</p> <p>She informed that this was the final week for staff to complete the Staff Survey with the results of this anticipated to be made available in the new year.</p> <p>Simon Worthington provided supporting commentary to the financial summary set out from page 54; he highlighted the reduction in financial risk for the year following clarity of the H2 funding arrangements and increased access to elective recovery funds which had increased confidence the Trust would close the year in a balanced financial position. He informed that the planning guidance for 2022/23 was anticipated to be received in mid-December, noting that the Trust had already commenced its internal planning process.</p> <p>Updating against the capital position he explained that on-going supply chain issues was impacting some schemes however teams were working to flexibly manage allocated funding and there remained confidence the Trust would be able to fully utilise its Capital Resource Limit for the year.</p> <p>Gillian Taylor reflected on the current operational pressures and recognised that despite this there were many areas to feel optimism and pride. She highlighted the importance of the Leeds Way values as pillars as the Trust worked through its reset and recovery.</p> <p>The Board received and noted the report.</p>	
<b>12.3 (i)</b>	<b>Nursing &amp; Midwifery Quality &amp; Safety Staffing Report</b>	
	<p><i>In attendance:</i> <i>Sue Gibson, Director 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 August and September 2021. Supplementary information to support the detail within the report was provided in the Blue Box at agenda item 12.3(ii).</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 data – of the 89 inpatient areas reviewed in August, four wards reported below the planned 80% staffing trajectory and reported an amber rating in the Ward Healthcheck metrics. Of the 89 inpatient areas reviewed in September, seven wards reported below the planned 80% staffing trajectory, of this one area also triggered the safety and quality requirements in the Ward Healthcheck metrics. Further analysis of the ward quality indicators was shown at Appendix 2. It was recognised that J29 had been escalated in both months and Lisa Grant updated on the new leadership in place and regular supporting meetings with the ward;</li> <li>• Blue Shifts – no Blue Shifts were reported in August or September;</li> </ul>	

- Red Shifts – 36 Red Shifts (unmitigated safety concerns) were escalated in August, the majority of which were reported in the Special Integrated Medicine (SIM) and Urgent Care (UC)CSU's. In September 44 Red Shifts were reported again with the majority in SIM and UC. This was reflective of the significant operational challenges as a consequence of higher patient attendance, staff absence, and increased acuity and dependency of patients resulting in delays in care;
- During September 2021 one potential serious incident was reported in Abdominal Medicine and Surgery (AMS) due to a patient fall as a result of insufficient staff to provide 1:1 enhanced care. This incident would be reviewed using a Root Cause Analysis investigation.
- Several actions had been put in place to support patient safety and mitigate staffing shortfalls which included the use of Bank and Agency staff;
- Red Flags – 1,293 Red Flags were reported across the Trust in August and September with the most common themes reported as 'Number or skill mix of nurses not sufficient' (672), and, 'Unmet Enhanced Care Need' (394);
- Progress was continuing to be made towards reducing the RN and CSW vacancy gap and reference was made to the approval by the Board to bring forward funding to increase the nursing establishment in 2022/23.

Sue Gibson presented an update against the maternity quality and staffing metrics;

- The midwife to birth ratio remained consistent at 1:26 for both August and September 2021.
- The maternity services had commissioned a full workforce review using Birthrate Plus methodology and were awaiting the final report; provisional data indicated a shortfall compared to current funded clinical WTE Midwifery Support Worker (MSW). The current midwife to MSW percentage ratio skill mix in the postnatal and transitional care setting was stable at 95%: 5% however Birthrate plus guidance recommends a 90%:10% skill mix.
- There had been an increase in the volume of maternity Red Flags reported (17 in August and 29 in September).
- The Birthrate plus staffing vs. workload tables were available at Appendix 3. The data demonstrated that staffing met acuity 75% of the time. On each occasion this was for a short period of time only with staff working flexibly within the inpatient areas to offer support to the delivery suites as required

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.

**Sue Gibson exited the meeting**

12.3(ii)	<b>BLUE BOX ITEM – Supplementary Information Quality &amp; Safety Staffing Report and Annual Report</b>	
	Supplementary information to support the Nursing and Midwifery Quality and Safety Staffing report (provided at agenda item 12.3(i)) was provided in the Blue Box for information and was received and noted.	
13	<b>Strategy and Planning</b>	
13.1	<b>Building the Leeds Way</b>	
	<p>The report provided an update on delivery of the Trust’s investment plans and progress to deliver the BtLW programme plan.</p> <p>Simon Worthington noted the detail within the written report provided and updated on the approval by the Trust Board Workshop to the Pathology Laboratory Business Case which would now progress to NHSE/I and DHSC for approval. He highlighted this as a major milestone to the wider BtLW programme and noted that subject to approval construction work should commence from March 2022.</p> <p><b>Suzanne Clark exited the meeting</b></p> <p>He referenced the refreshing of the Outline Business Case for the Hospitals of the Future project to align with the additional requirements set out by the New Hospitals Programme (NHP). From an internal perspective he confirmed that the programme was in line with the timelines set out however he informed that the Trust would need to work with NHP regarding the timing of the scheme and external delays to achieve the desired opening in 2027.</p> <p>He noted the development of the new Innovation District Committee of the Board which had held its first meeting on 23 November 2021.</p> <p>The Board received and noted the report.</p>	
13.2	<b>Sustainability Report</b>	
	<p>In attendance: Chris Kelly, Head of Estates, Compliance and Recovery, Libby Sutherland, Sustainability Manager and Mark Richmond, Sustainability Manager</p> <p>The report provided an update on the Trust’s activity to date in relation to sustainability including the key interventions that had been undertaken to reduce carbon emissions and the corporate response to the climate health emergency.</p> <p>In addition to the report provided a deep-dive was presented by members of the E&amp;F Sustainability Team which included:</p> <ul style="list-style-type: none"> <li>• An overview of the COP26 Climate Conference held in Glasgow in November and the commitments coming out of this with recognition that climate change was one of, if not the, most important global challenge to address;</li> <li>• A reminder of the Trust’s corporate ambition to be the greenest Trust in England and the focus and collective effort to embrace the challenge ahead and achieve sustainable change;</li> </ul>	

	<ul style="list-style-type: none"> <li>• A summary of the impact of the environment on health care and climate-sensitive health risks;</li> <li>• Reference to the Trust’s Green Plan which detailed the Trust’s commitment to the sustainability agenda and detailed how the Trust would deliver carbon and cost savings;</li> <li>• Details of the Sustainability Action Plan underpinning the Green Plan which contained a significant number of actions which had been categorised against the 10 chapters aligned to the Green Plan;</li> <li>• Examples of staff and public engagement and a summary of the key achievements/ awards including HSJ shortlist and winner of the Green Apple (environment) Award;</li> <li>• An overview of the net zero carbon energy reduction strategy to support the Trust in achieving this commitment;</li> <li>• Summary of the key challenges including the challenge of upgrading the ageing electrical infrastructure to support the implementation of carbon net-zero technologies;</li> <li>• A concluding overview of the pledges put forward by the Executive team on how they would support the Trust in its ambitions.</li> </ul> <p><b>Simo Worthington exited the meeting</b></p> <p>Jenny Lewis commented on the enthusiasm and buy-in from staff on this agenda; she suggested that it would be beneficial to hold an open session with staff to share and engage on the progress made and would pick this up with Craige Richardson outside of the meeting.</p> <p>Referencing the Figure (The Greener NHS Carbon Footprint and Carbon Footprint Plus) on page 2 of the written report, Georgina Mitchell suggested that the indirect initiatives listed under Scope 3 would be the biggest barriers; she questioned if improvements against this scope had been included in projections or whether these were being held back to try to influence the performance gap. Libby Sutherland, confirmed limited projections had been included and explained as more data was collected this would integrate into future data collections and updates.</p> <p>The Board received the report and noted the update provided.</p> <p><b>Chris Kelly, Libby Sutherland and Mark Richmond exited the meeting</b></p>	<p>Jenny Lewis/ Craige Richardson</p>
<p><b>14</b></p>	<p><b>Governance and Regulation</b></p>	
<p><b>14.1</b></p>	<p><b>Annual Flu Plan</b></p>	
	<p>The report sought to provide assurance to the Board that the Trust had an annual flu plan aligned to the national flu immunisation programme recommendations (published by the DHSC) and that the Trust had completed the associated best practice checklist.</p> <p>Lisa Grant highlighted the inclusion of the annual checklist at Appendix A of the report and confirmed all actions as completed.</p> <p>The Board received the report and approved the checklist for publication (as per the requirements of DHSC).</p>	

	<b>Items for Information</b>	
<b>15.1</b>	<b>BLUE BOX ITEM - Forward Planner</b>	
	The Forward Planner for the Trust Board 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 on legal advice.	
	<b>CQC or NHS England/ Improvement</b>	
	There were no items arising from the meeting for escalation to the CQC or NSHE/I.	
	<b>Communications</b>	
	Jane Westmoreland confirmed she would liaise with the presenters from agenda item 13.2 to take forward any communication messages for staff on the sustainability agenda.	
<b>17</b>	<b>Review of Meeting and Effectiveness</b>	
	Reflections and feedback on the effectiveness of the meeting were welcomed via email.	
<b>18</b>	<b>Any Other Business</b>	
	No other business was discussed.	
	<b>Date of next meeting:</b> Thursday 27 January (PM)	