



**DRAFT MINUTES OF THE PUBLIC BOARD MEETING  
Thursday 21 May 2020**

**Via Microsoft Teams**

Due to the on-going advice regarding social distancing during the current Covid-19 pandemic this meeting was held via Conference Call with discussion time limited to critical business and essential updates/ approvals only.

This meeting was not available for members of the public to join however the full agenda, report pack and minutes have been made available on the Trust website.

<b>Present:</b>	Linda Pollard	Trust Chair
	Mark Chamberlain	Non-Executive Director
	Suzanne Clark	Non-Executive Director (exited at agenda item 13.4)
	Lisa Grant	Chief Nurse
	Julian Hartley	Chief Executive
	Paul Jones	Chief Digital and Information Officer
	Tom Keeney	Associate Non-Executive Director
	Jenny Lewis	Director of Human Resources & Organisational Development
	Moira Livingston	Non-Executive Director
	Jas Narang	Non-Executive Director (exited at agenda item 13.3)
	Chris Schofield	Non-Executive Director
	Bob Simpson	Non-Executive Director
	Clare Smith	Acting Chief Operating Officer
	Professor Paul Stewart	Non-Executive Director
	Craige Richardson	Director of Estates and Facilities
	Tricia Storey-Hart	Associate Non-Executive Director
	Gillian Taylor	Associate Non-Executive Director
	Dr Phil Wood	Chief Medical Officer
	Simon Worthington	Director of Finance
<b>In Attendance:</b>	Jo Bray	Company Secretary
	Joe Cohen	Freedom to Speak Up Guardian (for agenda item 13.4)
	Vickie Hewitt	Trust Board & Membership Administrator
	Rob Newton	Director of Policy and Partnership

Agenda Item		ACTION
1	<b>Welcome and Introductions</b>	
	The Trust Chair welcomed members to the meeting and welcomed Dr Phil Wood to the Board as the new Chief Medical Officer.	
2	<b>Apologies for Absence</b>	
	There were no apologies for absence received.	
3	<b>Declarations of Interest</b>	
	There were no declarations of interest and the meeting was quorate.	
4	<b>Staff Experience</b>	
	<p>A video sharing the experience of frontline staff during the Covid-19 response was shared with the Board:  <a href="https://www.youtube.com/watch?v=kWIULJ_q5o&amp;feature=youtu.be">https://www.youtube.com/watch?v=kWIULJ_q5o&amp;feature=youtu.be</a></p> <p>The Board reflected positively on the feedback and were humbled of the dedication and attitude of staff during this challenging time. There was a wider discussion on the collaborative effort of all staff and the Board explored the use of the video in engaging with the wider community and future recruitment campaigns.</p> <p>The Board recorded their sincere gratitude to all staff.</p>	
5	<b>Approved Minutes of the Last Meeting - 26 March 2020</b>	
	The draft minutes of the last meeting held 26 March 2020 were agreed to be a correct record.	
6	<b>Matters Arising</b>	
	<i>No items to report</i>	
7	<b>Review of the Action Tracker</b>	
	<p>The action Tracker was reviewed and progress noted.</p> <p>It was noted that actions 29-31 in relation to the Smoking Cessation as set out within the national Public Health Strategy had been deferred due to the Covid-19 response.</p>	
8	<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>In addition to the report an early draft of the Leeds Cares Charity TV advertising campaign was presented. This would be made available on the public website in due course.</p> <p><b>Post-Meeting Note:</b> <a href="https://www.youtube.com/watch?v=ze9n9wrPdNo">https://www.youtube.com/watch?v=ze9n9wrPdNo</a></p>	
9	<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 drew attention to the Consultant appointments summarised at section 6 and the Board ratified to support the delegated authority.</p> <p>He took a moment to reflect on the staff deaths during the Covid-19</p>	

	<p>crisis and the sobering reality of the current situation. The Board conveyed their sympathy to the families and friends of those effected recognising the communication that had been sent OBO the Trust from the Chair and Chief Executive.</p> <p>The Board received and noted the report.</p>	
<b>10</b>	<b>Minutes of Meetings</b>	
<p><i>In light of NHSE Guidance, Committee meetings have been suspended (with the exception of Risk Management, Building Development and Audit Committee). An extra ordinary Workforce Committee was held on 13 May 2020.</i></p> <p><b>Normal Committee functions are to be re-instated from start of July.</b></p> <p><i>Based on legal advice, items normally addressed by the Quality Assurance Committee have been agenda items for the whole Board - in consultation with the Trust Chair and Chair of QAC.</i></p>		
<b>10.1</b>	<b>Audit Committee Chairs Report - 20 May 2020</b>	
	<p>Suzanne Clark provided a verbal update of the key matters discussed at the Audit Committee meeting held the previous day (20 May 2020).</p> <p>She noted the update provided to the Board Workshop that morning in relation to two queries raised by the Trust external Auditors in preparing the year-end accounts (and the subsequent assurances given).</p> <p>She reported that a number of the 2019/20 Internal Audit programmes had been deferred due to the Covid-19 response however sufficient work had been conducted to allow them to provide a 'satisfactory' audit opinion.</p> <p>She summarised the positive update received from the Counter Fraud Team and the assurance received on the progress made.</p> <p>She provided assurance that progress against the Annual Report and Annual Governance Statement (AGS) was on track and the Committee would be reviewing the final submissions on 24 June with a view to present a recommendation to the Board on 25 June 2020.</p> <p>She updated on the Committees review of the Board Assurance Framework (BAF) and the assurances confirmed that controls against the listed risk were still operating and effective despite the impact of Covid-19.</p> <p>The Board received and noted the update.</p>	
<b>10.2</b>	<b><u>Blue Box</u> ITEMS - Annual Reports from Committees (10.2(i) - 10.2(vi))</b>	
	<p>The 2019/20 Annual Reports for the Board Committees (received by the Audit Committee on 5 March 2020) were provided in the Blue Box for information and were received and noted.</p> <p>It was confirmed that all Committees had acted in accordance with their functions as stated in the Terms of Reference.</p>	
<b>10.3</b>	<b>Workforce Committee</b>	
	<p>Mark Chamberlain provided a verbal update of the extra-ordinary Workforce Committee meeting held 13 May 2020, which had focused on</p>	

	<p>seeking assurances on the workforce data presented to the Board on 29 April 2020 at agenda item L1.</p> <p>The Board received and noted the update.</p>	
	<b>Quality and Performance</b>	
<b>11</b>	<b>Risk</b>	
<b>11.1</b>	<b>Corporate Risk Register</b>	
	<p>The Corporate Risk register (CRR) was presented for information with an accompanying summary report providing an overview of developments.</p> <p>Julian Hartley highlighted the key risks reviewed at the May 2020 Risk Management Committee (RMC) and provided further explanation to each:</p> <ul style="list-style-type: none"> <li>• <b>CRRS6</b> (Risk of a viral pandemic (eg influenza or Covid-19)) - it was agreed that two of the specific controls described would be developed into specific risks, to reflect the progression of the Covid-19 pandemic. This related to Control 6 - infection control procedures, including the provision of Personal Protective Equipment (PPE) and the on-going provision of sufficient PPE to safeguard staff in the workplace. The second specific risk that would be developed related to Control 14 - suspension of routine and planned procedures, including diagnostics and referrals, in line with NHSE/I, PHE guidance issued 17 March 2020.</li> <li>• <b>CRRS9</b> (Unserviceable high impact I/T infrastructure and resilience) - following agreement by the RMC and CDIO this risk had been split into three separate and lower scoring operational risks and was therefore removed from the CRR.</li> <li>• <b>CRRS10</b> (Loss of data or system outage as a result of a cyber-attack) - following agreement by the RMC and CDIO this risk had been split into two separate and lower scoring operational risks and was therefore removed from the CRR.</li> <li>• <b>CRRS15</b> (Failure to provide radiology images and reporting due to loss of the PACS system) - no change to overall score.</li> </ul> <p>Three new risks had been added to the CRR in relation to the Building the Leeds Way (BtLW) programme (and would be reflected in the next CRR to Board):</p> <ul style="list-style-type: none"> <li>• <b>CRRF4</b> - Risk that the Hospitals of the Future Project fails to meet its objectives.</li> <li>• <b>CRRF5</b> - Risk that the Pathology Project fails to meet its objectives.</li> <li>• <b>CRRF6</b> - Risk that the Innovation Project fails to meet its objectives.</li> </ul> <p>The Board received and noted the report.</p>	
<b>12</b>	<b>Quality</b>	
<b>12.1</b>	<b>Quality Update</b>	
	<p>The report provided an update on quality and safety matters that had been managed during the course of the Covid-19 pandemic and sought</p>	

	<p>to provide assurance to the Board.</p> <p>The Trust had developed plans in response to the Covid-19 pandemic in line with the guidance issued by NHSE/I and PHE in March. This included the establishment of an incident command governance structure, overseen by the Chief Operating Officer in conjunction with the Chief Medical Officer, Chief Nurse and the Executive team. The Trusts bronze and silver command has been operational and maintained since March to oversee the Trusts continued response to the pandemic.</p> <p>The Board received and noted the report.</p>	
<p><b>12.2</b></p>	<p><b>Same Sex Annual Declaration</b></p>	
	<p>The report provided a summary of the Trusts position relating to mixed sex accommodation breaches for the financial year 2019/2020; the Trust has an annual requirement to declare and publish compliance with delivering single sex accommodation to NHSE.</p> <p>Lisa Grant summarised the report and noted that 29 mixed sex accommodation breaches (across seven clinical areas) had occurred in the Trust during 2019/20. She explained further context to these breaches with the main reason sited around bed availability.</p> <p>She noted the revisions to the Nation Mixed Sex Accommodation Guidance detailed in section 5.</p> <p>She sought agreement of the proposed declaration (which would be published on the Boards website):</p> <p>‘LTHT is committed to eliminating mixed sex accommodation; with the exception of situations where it is in the patients overall best interest or reflects their personal choice. We have the necessary facilities, resources and culture to ensure that patients who are admitted to our hospitals will only share the room where they sleep with other patients of the same sex. Same sex toilet and bathroom facilities will be close to their bed area and clearly signposted. Sharing with members of the opposite sex will only happen when clinically necessary (for example where patients need specialist equipment such as intensive (ITU), high dependency (HDU) or coronary care (CCU) units, or when patients choose to share, as for example in the children’s ward.</p> <p>If our care should fall short of the required standard, we will report it. We have assurance mechanisms in place to monitor compliance, the management structure to manage any breaches and the desire to ensure we are communicating to patients and the public our commitment to eliminating mixed sex accommodation.’</p> <p>The Board received the report and approved the accommodation</p>	

	declaration as set out.	
<b>12.3</b>	<b>Learning from Deaths Quarterly Report</b>	
	<p>The report sought to provide assurance that the Trust had appropriate processes in place to report on and review patient deaths and ensure that lessons were being learned and improvements outlined.</p> <p>Dr Phil Wood reported that there had been five deaths in Q4 2019/20 that had been categorised as 'potentially avoidable' and therefore subject to formal incident investigations. He confirmed that Lessons Learnt from the completed investigations would be anonymised and shared across the Trust.</p> <p>He continued that 81 clinical reviews had been undertaken during Q4 2019/20 and noted that in response to the Covid-19 pandemic (and in line with the national guidance), completion of routine mortality and morbidity reviews were suspended from April 2020. He reminded of the local action for clinical specialities to complete the mortality screening tool for all inpatient deaths on PPM+.</p> <p>He drew attention to the Mortality Outlier Alerts tabled at section 7 noting the oversight of this work provided through the Mortality Improvement Group (MIG).</p> <p>He noted the on-going review of the coding facilities with a number of issues being explored with Dr Foster and an update expected to be presented to the QAC in July 2020.</p> <p>The Board received and noted the report.</p>	
	<b>Performance</b>	
<b>13.1(i)</b>	<b>Integrated Quality and Performance Report</b>	
	<p><i>Clare Smith reminded of the letter received from NHSE on 17 March 2020 (Activity Reduction) and the subsequent actions taken which had impacted performance and delivery.</i></p> <p>The Integrated Quality &amp; Performance Report (IQPR) was presented for discussion. Each of the Executives presented an update against their retrospective portfolio's (aligned against the domains set out within the CQC Well-led framework):</p> <p>Clare Smith drew attention to the significant increase in cancelled operations (28 day breach) due to the action taken to postpone all routine elective surgery as a result of Covid-19. Highlighting the Statistical Process Control (SPC) charts on page 7 she explained the special cause improvement seen against the Last Minute Cancelled Operations with delivery at a low point as fewer operations scheduled. She updated on the action being taken to support the recovery of elective activity and confirmed that all cases would be prioritised on a clinical basis.</p> <p>She summarised the performance against Cancer standards set out from page 8 noting the challenges with this cohort of patients due to Covid-19.</p>	

She explained there had been a significant reduction in performance across all standards (2ww, 31 Day, 62 Day) due to the threat of Covid-19 and a reduction in the volume of surgery being undertaken. She noted the previous discussion by the Board on the increased infection risk to patients receiving treatment that would suppress their immune system. She updated on the telephone triage process by the Cancer MDT's (for all referrals) to ensure that patients were receiving appropriate care and support. She highlighted the recovery actions noting the additional telephone support provided to patients through the Maggie's Centre. Julian Hartley provided insight into the focus of the Cancer Alliance on risk and recovery for the region. He confirmed that the Trust was responding to the national 'asks' as part of the NHS recovery stage including the testing of asymptomatic staff. He reflected that some trusts were displaying caution with their recovery ambitions which the Board explored in more detail.

Drawing attention to page 11, Clare Smith reminded that all non-urgent routine and planned diagnostic activity was cancelled from 23 March 2020 (in line with national instruction and response to Covid-19). She reported service delivery in April 2020 at 50% (against a required standard of 99%), however provided assurance that, to manage risk and reduce potential harm, all diagnostic waiting lists had been clinically reviewed and prioritised as below:

- Urgent - scans undertaken;
- Routine - patients maintained on waiting list to be scanned when restrictions are lifted;
- Some 6 week wait patients were discharged back to referring clinician to be reviewed and re-referred after Covid-19 if test was still deemed clinically necessary.

The Trust Chair noted the actions being taken and reflected further on the additional challenges of social distancing and the impact on productivity which the Board explored further. It was noted that diagnostic reform would need to be at the heart of the recovery phase and recognition was given to the new ways of working that would be required.

Clare Smith summarised the Emergency Care Standard (ECS) performance, which for April, was reported at 91.8% (and a significant improvement on the previous months performance). She explained the improvement was linked to a reduction in A&E attendances and an improvement in bed availability due to reduced activity and increased discharges as a result of the Covid-19 response.

Moving to page 13, she summarised the Referral to Treatment (RTT) performance for April noting again, this standard had been significantly impacted due to the actions taken as part of the Covid-19 response.

Dr Phil Wood highlighted the mortality performance summarised on page 20 and noted the Learning from Deaths report received at agenda item

12.3. He summarised the Serious Incident and Never Event performance for Q4 (pages 21 and 22) noting that a detailed report had been presented to the Board Workshop that morning.

Drawing attention to page 25, he confirmed the Trust had achieved the 95% target of VTE risk assessments to be completed within 24 hours of admission. He noted that the impact of Covid-19 on VTE rates was not yet fully understood and continued focus work was required to maintain the Trusts position.

Lisa Grant highlighted the CDI and MRSA performance (summarised in pages 23 and 24) and updated that a meeting was scheduled later that week to review this in more detail and understand the impact of Covid-19 moving forward.

She drew attention to page 27 and updated on the Falls performance; During April 2020 135 patient falls were reported, of which five resulted in moderate harm or above. All were being investigated using an RCA or stop the line method. For the financial year end 2019/20, there was an overall 12% falls reduction on the previous financial year, which equated to 290 less falls. Whilst the Trust did not achieve the stretch trajectory reduction of 15%, significant improvements had been made.

Highlighting the Complaints performance, set out from page 17, she reminded of the national pause in the complaint process introduced on 1 April 2020 (in place until 30 June 2020). She noted that red risk complaints and those open longer than 81 days would continue to be progressed and confirmed additional support was being provided.

Jenny Lewis noted that the Staff Survey Results had now been formally reported and published noting the Board and Workforce Committee had already worked through the embargoed version. She reminded that some of the Task and Finish Groups set up to respond to specific actions had been suspended temporarily during the Covid-19 response

Drawing attention to page 34 (Clear Performance Expectations) she reported that the Agenda for Change (AfC) appraisal season had been extended to 30 November 2020 and the medical appraisals postponed until further notice. She referenced the on-going improvement work to the appraisal documentation to ensure the appraisal was a value adding experience.

Referencing the Free from Discrimination metrics (page 40) she explained that during the Covid-19 pandemic the main focus of work had been working to protect vulnerable groups. She continued that there was on-going close consultation with the BME staff network to agree a programme of positive action to support BME colleagues.

She continued that the Health and Wellbeing (HWB) of staff remained a priority and updated on the additional support that had been put in place during the Covid-19 response summarised on page 38.



	<p>She noted that the Workforce Committee was scheduled to review the measures reported within the IQPR to ensure they were valid and provided appropriate assurance, anticipating this would be reported to the Board in July.</p> <p>The Trust Chair highlighted the note of a future recommendation to introduce an 'appraisal-lite' process for 2020/21 and explored this in more detail. Jenny Lewis noted that a report would be prepared for the Executive Team and Workforce Committee. She explained that light [lite] was in terms of resources and data loading rather than the discussion.</p> <p>Craige Richardson highlighted the patient experience on pages 30 and 31; he noted that the 2019 PLACE results showed an above average position when compared to the national base line, LTHT also scored highly against other trusts within the region and peer group. There was also further improvement in the Trust's results, when compared to the previous year, particularly for privacy, dignity and wellbeing, condition appearance and maintenance. The PLACE audit shows the Trust was continuing to develop healthcare premises that are designed to create a safe and secure environment.</p> <p>He summarised the Sustainability performance set out on page 40 noting the substantial reduction in CO2 levels over the recent weeks as a result of the social distancing and lock down measures. He noted that the Trust was hoping to re-launch its Green Plan from Summer 2020 to integrate with new ways of working.</p> <p>The Board received and noted the report.</p>	
<b>13.1(ii)</b>	<b>Recovery Update</b>	
	<p>The report provided an overview and assurance of actions taken to support operational delivery during the Covid-19 pandemic.</p> <p>Noting the update received during agenda item 13.1(i) and the detailed discussion taken at the Board Workshop that morning no further discussion took place.</p> <p>The Board received and noted the report.</p>	
<b>13.1(iii)</b>	<b>BLUE BOX ITEM - NHSE Letter 29 April 2020 (Recovery)</b>	
	<p>A copy of the correspondent received from NHSE on 29 April 2020 (Second Phase of NHS Response to Covid-19) was provided in the Blue Box for information.</p> <p>Julian Hartley summarised the letter and highlighted the annex which set out actions recommended for urgent clinical services over the next six weeks which the Board explored in more detail. It was noted that the bed capacity assumptions were based on national modelling from SAGE and had not yet been localised to a more granular level. Clare Smith noted the integration of this data with local business intelligence and other models to ensure local variance was accounted for.</p>	
<b>13.2</b>	<b>Update Report from Nightingale Yorkshire and the Humber</b>	

	<p>The report provided an update on the status of the NHS Nightingale Hospital, Yorkshire and the Humber (NHYH).</p> <p>Julian Hartley noted the hibernation state of the NYHY and confirmed that arrangements has been developed, tested and implemented to maintain the site in a state of operational readiness to 'step back up' if required.</p> <p>The Board received and noted the report.</p>	
<b>13.3</b>	<b>Nursing and Midwifery Quality and Safety Staffing Report</b>	
	<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. The data provided was for April 2020.</p> <p>Lisa Grant noted the additional information presented in the Blue Box to provide assurance that the Trust was responding to National Quality Board (NQB) 2016 guidance in relation to: Safe, Sustainable and Productive staffing, and the required safety standard of NHS Resolution Maternity Incentive Scheme.</p> <p>Referencing the Hard Truths data she noted that during April 2020 some wards and services had changed their function in response to the Covid-19 pandemic. Some wards were closed and had therefore been removed from the Hard Truths return; 13 wards were closed during the reporting period. Of the remaining 74 wards, 14 had partial closures or a reduction in beds and these fill rates had been calculated manually from the roster and verified by the CSU.</p> <p>She reported that of the 74 inpatient areas reviewed, seven areas had reported less than an average of 80% fill rate against their planned staffing levels. None of these had triggered the safety and quality requirements in the formal escalation process of the Ward Healthcheck.</p> <p>She noted the abbreviated ward/department Healthcheck metrics programme that had been introduced on 1 April 2020 to allow wards to deal with the pressures caused by Covid-19.</p> <p>She highlighted the improvements to the Birthrate Plus Tool to 1: 27 in April and primarily due to a significant reduction in the number of midwives who were self-isolating or shielding due to Covid-19.</p> <p>She continued that the monitoring of quality and safety remained a priority and reported that in addition to the escalation via Red Flag and Blue Shift reporting, daily staffing meetings had been initiated since 9th April to monitor nurse staffing levels across the Trust for the 24 hour period ahead.</p> <p>Drawing attention to section 7 she updated on the registered nurse vacancy rate at 12.46% (an increase of 4.36% from March 2020). She noted this increase had been anticipated following the Chief Nurse review of the nursing establishments earlier in the year.</p>	

	<p>The Board received and noted the report</p> <p><b>Jas Narang exited the meeting</b></p>	
<b>13.4</b>	<b>Freedom to Speak Up Annual Report</b>	
	<p><i>In attendance:</i> <i>Joe Cohen, Freedom to Speak Up Guardian</i></p> <p>The report provided an annual update regarding the Freedom to Speak up Guardians (FTSUG) and process, including on-going plans for strengthening arrangements for staff to raise concerns.</p> <p>Joe Cohen summarised the report, and updated that currently the themes of incoming concerns had shifted to Covid-19 related issues. He referenced the FTSUG at the NHYH who were experiencing similar Covid-19 queries and noted these would be reported as a separate designation moving forward.</p> <p>Jenny Lewis reflected positively on the significant progress that had been made over the last year. She highlighted several examples including the increase in capacity and Black, Minority and Ethnic (BME) representation. She reflected on the cultural shift from 'whistleblowing' to freedom to speak up and the ability use the Leeds Improvement Method process to empower individuals to resolve issues locally.</p> <p>The Trust Chair noted the national delay to the expected release of the new national policy with trust's been advised to postpone internal policy reviews until this was published. She queried if any update on this had been received and it was confirmed no revised expectation date had been released to date. Joe Cohen provided assurance that the Trust was closely aligned with the national model and People Priorities and did not anticipate significant changes to the Trusts policy.</p> <p>Referencing Table 2 (assurance on progress from the NHS Staff Survey question results) within the report the Trust Chair noted the Trust was below average against Q18A: If you were concerned about unsafe clinical practice, would you know how to report it? She queried if this was an area of concern for the FTSUG particularly in relation to the engagement barriers caused by Covid-19. Joe Cohen reflected on the understanding of how issues were resolved locally prior to escalation. Work to understand the mechanisms of dealing with a concern and noted the promotional campaign actions planned, summarised on page 5.</p> <p><b>Suzanne Clark exited the meeting</b></p> <p>Chris Schofield queried if the FTSUG had sufficient support from the Board which was confirmed and Joe Cohen expanded on the support and sponsorship provided through the Director of HR and her team as well as other Executive Team members.</p> <p>The Board received and noted the report.</p>	

<p><b>13.5</b></p>	<p><b>Guardians of Safe Working</b></p> <p>The report provided an update of the changes to Junior Doctor Contract (JDC), improvements in out of hours rest facilities and the number of Exception Reports.</p> <p>It was noted that the report would be presented by Dr Phil Wood due to current limited availability of the Guardians of Safe Working.</p> <p>Dr Phil Wood set context to the JDC, originally introduced in 2016, and noted the amendments introduced in autumn 2019 listed on page 2. He updated on the changes to the Guardians of Safe Working (GoSW) team following the resignation of Dr Mark Wright:</p> <ul style="list-style-type: none"> <li>• Dr Ros Roden - Emergency Medicine Consultant and Associate Postgraduate Dean;</li> <li>• Miss Louise Buchanan - Professional Support &amp; Wellbeing Lead;</li> <li>• Mrs Laura Chapman-Othen, Administrative Officer.</li> </ul> <p>Drawing attention to page 3, he explained that the number of Exception Reports during 2019/20 had remained relatively static (508 versus 587 in 2018/19) and in line with national averages. He highlighted the additional information within the report and noted there had been no immediate safety concerns reported.</p> <p>He highlighted the improvements that had been made following the funding provided from the British Medical Association of £30,000 (restricted to spend on facilities to improve the working lives of junior doctors) which included:</p> <ul style="list-style-type: none"> <li>• Improved access to hot drinks out of hours and the creation of out of hour's rest areas around the Trust.</li> <li>• Reclining chairs in the two doctors mess areas.</li> <li>• The refurbishment of the staff area in the Emergency Medicine Department to facilitate its use by out of hours doctors from Chancellor and Lincoln Wings.</li> <li>• The provision of white goods for the Bexley Wing rest area on Level 7 and the installation of a hot drinks vending machine.</li> <li>• Improved facilities in the junior doctors on call accommodation cross site.</li> </ul> <p>He commended and thanked the support provided from the Clinical Leadership Fellows in this work.</p> <p>He reflected positively on the work of the Junior Doctor Wellbeing Champions and forum which was beginning to gain momentum noting that new champions would be selected as part of the rotation process in August.</p> <p>Drawing attention to the report's recommendations, he highlighted the specific matters for Board consideration:</p>	
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	<ul style="list-style-type: none"> <li>As a result of the Covid-19 pandemic the Trust has created additional 'safe' rest areas for staff including junior doctors. Although some of these areas will revert to clinical use, we would ask the Board to consider the creation of similar areas in the long term. We have received very positive feedback from juniors in relation to these additional areas.</li> <li>The revised terms and conditions of service for juniors have been implemented as far as possible. Building the Leeds Way will complete this work. Some rotas will not be fully compliant until the new hospital is in service.</li> </ul> <p>The Trust Chair reflected on the charitable donations received into Leeds Cares and asked that the use of this as capital money in improving staff facilities be explored and it was confirmed that opportunities were being explored.</p> <p>Prof Paul Stewart reflected on the FY1 Student Doctors who had fast tracked their academic training to support the Trust as part of the Covid-19 pandemic response. He asked the Trust to be mindful of the exceptional circumstances this cohort was working in and to ensure sufficient support was available.</p> <p>The Board received and noted the report.</p>	Exec team
<b>13.6</b>	<b><i>Caring the Leeds Way (New Strategy)</i></b>	
	<i>This item had been deferred.</i>	
<b>13.7</b>	<b><i>Quality Improvement Strategy (New Strategy)</i></b>	
	<i>This item had been deferred.</i>	
<b>13.8</b>	<b>Building the Leeds Way Progress Report</b>	
	<p>The report provided an update on progress against the BtLW programme:</p> <ul style="list-style-type: none"> <li>The BtLW Programme Team was continuing to report good progress since the last Programme Report (March 2020) despite the unprecedented impact of Covid-19.</li> <li>Good progress had been made to secure approval of the Hospitals of the Future Outline Business Case which was targeted for Department of Health &amp; Social Care Investment Committee approval in June 2020.</li> <li>With reference to delivery of the new Pathology Facility, progress made to prepare for procurement had been good and the Programme Team was targeting the commencement of procurement at the end of June 2020.</li> <li>The Programme had experienced some delays surrounding the impact of Covid-19, but these had been mitigated where possible and the impact of this was not currently considered to have a material impact on programme.</li> </ul> <p>The Board received and noted the report.</p>	
<b>14</b>	<b>Governance and Regulation</b>	
<b>14.1</b>	<b>NHSE/I Provider License Self-Certification</b>	
	The report sought approval of the Trust's draft annual self-certification	

	<p>against the NHS provider license.</p> <p>Julian Hartley summarised the report, noting the two declarations required (with the draft returns provided as attachments to the report):</p> <ul style="list-style-type: none"> <li>• Condition G6 (3) Providers must certify that their Board has taken all precautions necessary to comply with the licence, NHS acts and NHS Constitution.</li> <li>• Condition FT4 (8) Providers must certify compliance with required governance standards and objectives.</li> </ul> <p>The Board received the report and approved the annual self-certification.</p>	
<b>14.2</b>	<b>Health and Safety Policy</b>	
	<p>The Health and Safety (H&amp;S) Policy was presented to the Board for approval following its biennial routine review. There were no significant changes to H&amp;S law which required inclusion in the policy.</p> <p>Julian Hartley highlighted the additional narrative in relation to Covid-19 H&amp;S reporting arrangements (summarised in the accompanying cover paper at section 3); amendments had been made to the reporting arrangements to the Health &amp; Safety Executive (HSE) and the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR).</p> <p>The Board received and approved the policy.</p>	
<b>14.3</b>	<b>Code of Conduct and Nolan Principles</b>	
	<p>Board members were asked to re-endorse and pledge their support to the values and principles set out in the 'Code of Conduct for the Board of Directors at LTHT' (noting these adhered to the Nolan Principles and the values set out in The Leeds Way).</p> <p>All Board members pledged their support.</p>	
	<b>Items for Information</b>	
<b>15.1</b>	<b>BLUE BOX ITEM - Forward Planner</b>	
	The Board Forward Planner was provided in the Blue Box for information and was received and noted.	
	<b>Standing Agenda Items</b>	
<b>16</b>	<b>Issues from the Meeting for Consideration on the Corporate Risk Register</b>	
	There were no items arising from the meeting for consideration on the CRR.	
<b>17</b>	<b>Issues to be Reported to CQC or NHS Improvement</b>	
	There were no items arising from the meeting for escalation to the CQC or NHSE/I.	
<b>18</b>	<b>Review of Meeting and Effectiveness</b>	
	It was noted that arrangements for future Board meetings would be kept under review and would continue to follow the social and governance guidelines issued by NHSE/I.	
<b>19</b>	<b>Any Other Business</b>	
	No other business was discussed.	

	<b>Date of next meeting:</b> 30 July 2020	
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