

DRAFT MINUTES OF THE PUBLIC BOARD MEETING
Thursday 29 July 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.

Present:	Linda Pollard	Trust Chair
	Suzanne Clark	Non-Executive Director
	Lisa Grant	Chief Nurse
	Julian Hartley	Chief Executive
	Paul Jones	Chief Digital and Information Officer
	Tom Keeney	Non-Executive Director
	Jenny Lewis	Director of Human Resources & Organisational Development
	Jas Narang	Non-Executive Director
	Georgina Mitchel	Associate Non-Executive Director
	Chris Schofield	Non-Executive Director
	Bob Simpson	Non-Executive Director
	Clare Smith	Chief Operating Officer
	Laura Stroud	Non-Executive Director
	Craige Richardson	Director of Estates and Facilities
	Gillian Taylor	Non-Executive Director
	Dr Phil Wood	Chief Medical Officer
	Rachel Woodman	Associate Non-Executive Director
	Simon Worthington	Director of Finance (exited at agenda item 13.3)
In Attendance:	Jo Bray	Company Secretary
	Craig Brigg	Director for Quality (for agenda item 12.5 and 12.6)
	Julie Evans	Head of Nursing Research & Innovation (for agenda item 13.2)
	Sue Gibson	Director of Midwifery (for agenda items 4, 10.1(iv)) and 12.3)
	James Goodyear	Director of Strategy (for agenda item 13.4)
	Christopher Herbert	Director of Operations Research & Innovation (for agenda item 13.2)
	Vickie Hewitt	Trust Board Administrator
	Krystina Kozlowska	Head of Patient Experience (for agenda items 12.5 and 12.6)
	Rob Newton	Associate Director of Policy and Partnerships
	Karen Sykes	Head of Safeguarding (for agenda item 12.7)
	Ai Lyn Tan,	Associate Medical Director Research & Innovation (for agenda item 13.2)
Apologies:	John Williams	Associate Non-Executive Director

To note: these minutes have been recorded in order of discussion and therefore differ from the agenda layout; discussion from the MS Chat function has, where possible, been incorporated into the minute narrative.

Agenda Item		ACTION
1	Welcome and Introductions	
	<p>The Trust Chair welcomed Breeda Columb, Director of Nursing (Operations) as an observer to the meeting.</p> <p>She formally welcomed Georgina Mitchell, Associate Non-Executive Director (NED) as a new member of the Board, and updated of the appointment of Phil Corrigan, Associate NED who would be joining the Trust from 1 August 2021.</p> <p>She updated the Board that a leave of absence had been agreed with John Williams following increased requirements in his new substantive role and travel associated with his induction programme. She reported the he was expected to re-join the Board and relevant Committees from September 2021. She noted there was a Committee Chairs meeting following the Board meeting to discuss the NED membership of Board Committees.</p> <p>She thanked the Board for their role as active players throughout the pandemic and the time the NED Team had given to support the Trust throughout this protracted and difficult period.</p>	
2	Apologies for Absence	
	Apologies for absence were received from John Williams.	
3	Declarations of Interest	
	There were no declarations of interest and the meeting was quorate.	
4	Patient Story	
	<p><i>In attendance:</i> <i>Sue Gibson, Director of Midwifery</i></p> <p>Sue Gibson introduced the Patient Story which shared the voice of a mother who had lost her baby and her experience of the care she had received. She stressed the importance of listening, hearing and responding to patients; https://www.youtube.com/watch?v=I1I5mfYAPH0</p> <p>Lisa Grant reflected on the tragic story but also the reoccurred use of the words 'kindness' and 'care'. She recognised that maternity was an area often perceived as good news however the unit also experienced some incredibly difficult cases and she commended the compassion displayed.</p> <p>Sue Gibson updated on the actions taking following this event, sharing that she had met with the Mother and providing more context to the care of baby Olive. She confirmed that the discharge documents had been reviewed and reflected on the experience of women receiving care in the neonatal unit.</p> <p>Laura Stroud was positive of the women centred care applied and was pleased that the Trust was taking on learning from the smaller areas for improvement, and had listened and heard the feedback provided.</p> <p>The Board reflected further on the story and was humbled by the responsive and compassionate behaviours displayed by the team(s) involved. It was agreed that a thank you letter would be circulated and recognition was given of the bravery and strength in coming forward with this story.</p>	Linda Pollard/ Jo Bray

5	Draft Minutes of the Last Meeting	
	<p>The draft minutes of the last meeting held 20 May 2021 were confirmed to be a correct record subject to the following amendment(s):</p> <ul style="list-style-type: none"> • Typo - page 10, last paragraph 'career' to be corrected to 'carer'. • Page 6, first paragraph - 'appendix' to be updated to 'appendix surgery' for clarity within the minutes. 	Vickie Hewitt
6	Matters Arising	
	<i>No items to report.</i>	
7	Review of the Action Tracker	
	The Action Tracker was reviewed and progress noted.	
8	Chair's Report	
	<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 section 3 to 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"> • Approval was granted to engage Medinet in order to secure additional staffing resource to increase the level of elective theatre activity possible in 2021/22; the cost of this was £2.37M and was provided in the approved internal recovery envelope of funding. • Approval was granted for the Hospitals of the Future Project Board, for Healthcare Cost Management Consultant Tender Evaluation Report and the recommendation to appoint a Preferred Bidder (Arcadis) with a contract value of £2,084,454 and VAT of £2,501,344. • Approval was granted for the re-location of the Vaccination Centre at Elland Road, which was funded and supported by NHS England. The vaccination site would be required between July 2021 and March 2022 (With an exit clause if required) and would consist of around 14 vaccination stations; associated costs were £166,850. • Approval was granted for issues raised since the post Month 2 fundamental financial review associated with operational surge issues and staffing; the total costs associated were £3.714M. <p>The Board received the report and confirmed their ratification to the Chairs actions taken.</p>	
9	Chief Executive's Report	
	<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 highlighted the Rapid Process Improvement event being held across Leeds, led by the Kaizen Promotion Office (KPO) to improve the hospital discharge processes and the ability for organisations to support people to return home after treatment. He was positive of the collective effort to achieve improvements against discharge and was pleased at the partner engagement with the Leeds Improvement Method (LIM) approach.</p> <p>He noted the publication of the Health and Care Bill on 6 July and summarised</p>	

	<p>the key headlines, confirm the on-going work to support the development of this policy across the City.</p> <p>He referenced the Maternity Clinical Negligence Scheme for Trusts, which included the requirement for Trust's to demonstrate progress and compliance against 10 maternity safety actions. He noted the deep-dive and assurance received on these actions through the Quality Assurance Committee (QAC) and confirmed that following their recommendation the declaration form had been signed-off and registered within the submission deadline. The Trust was reporting compliance against all 10 safety actions.</p> <p>He highlighted the Research and Innovation (R&I) summary at section 3 and expanded on the Innovation Pop Up which had welcomed its first business.</p> <p>He referenced the Trust's Time to Shine Awards which were held virtually in July and thanked the Communications Team for their role in support of this and commending the CSU's for the recognition of the work that had taken place during an exceptional year.</p> <p>He drew attention to the consultant appointments listed at section 6 of the report and requested formal ratification by the Board of the appointments made.</p> <p>The Board received the report and confirmed its formal ratification of the consultant appointments listed.</p>	
10	Minutes of Meetings	
	Quality Assurance Committee (QAC)	
10.1(i)	Chair's Summary Report	
	<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 QAC meeting held 8 July 2021.</p> <p>Laura Stroud updated on the progress report received on the development of the Clinical Quality Strategy; good assurance had been received of the triangulation with the values within the Leeds Way triangle and the CQC domains and the Committee had been positive of the centrality of the patient experience to frame discussions and collaboration. The Strategy was also strong in its triangulation of the current and forecast demands of the service and the Committee had fed back on the use of language within the document and the health literacy across the local population. She noted that the Board had had the opportunity to review the draft content of the strategy in their Workshop meeting that morning.</p> <p>She reflected on the Patient Story received by the Committee which had been captured by Healthwatch and illustrated the experience of a patient who required surgery but had a clear focus on the recognition and support of the patient's mental health during the episode of care. She commented that again the importance of kindness in care had been a reoccurring theme.</p> <p>She reflected on the Committee's triangulation with other Committees of the Board and noted the deep-dive into the 104 week wait position that had been undertaken on behalf of the Finance and Performance (F&P) Committee and</p>	

	<p>confirmed the assurance that had been fed back on the risk, safety and management approach to these patients.</p> <p>She continued that the findings and follow-up of the Ockenden review remained a core area for the Committee and noted the deep-dive and assurance received by the Committee noting the further summary available within her written report.</p> <p>She noted the additional reports provided in the Blue Box at agenda items 10.1(i) to 10.1(iv) and confirmed these had been received at the QAC and were shared with the Board for information only.</p> <p>The Board received and noted the report.</p>	
10.1(i)	BLUE BOX ITEM – Q4 Learning from Deaths Report	
	The Q4 Learning from Deaths report was provided in the Blue Box for information and was received and noted.	
10.1(iii)	BLUE BOX ITEM – Virtual Leadership Walkround’s	
	A summary of the (virtual) Leadership Walkround programme and emerging themes from the period February – June 2021 was provided in the Blue Box for information and was received and noted.	
10.1(iv)	BLUE BOX ITEM – Maternity Incentive Scheme Compliance	
	A summary of the Trust’s compliance with the Maternity Clinical Negligence Scheme for Trusts (CNST) Incentive Scheme Year 3 (Maternity Safety Actions) 2020/21 was provided in the Blue Box for information and was received and noted.	
	Research & Innovation Committee	
10.2	Chair’s Summary Update	
	<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&I Committee meeting held 11 May 2021.</p> <p>Dr Phil Wood noted the verbal summary that had been provided at the last Board meeting on 20 May 2021. He highlighted the agreement of the Committee Workplan for the coming year noting the additional report on Healthcare Professional Career Development that would be received at each meeting.</p> <p>He summarised the updates received by the Committee on the Ionising Radiation (Medical Exposure) Regulations (IRMER) and confirmed that corrective actions had been embedded following experiencing some issues.</p> <p>He highlighted the positive feedback received on the National Institute for Health Research (NIHR) Biomedical Research Centre (BRC) and NIHR Clinical Research Facility (CRF).</p> <p>He noted that the NPIC (National Pathology Imaging Co-operative) was also progressing well with technology partners to be appointed in the next few weeks; a nine-month funded extension (£2.3M) had also been agreed across the 29 partners to the end of December 2023.</p> <p>The Committee received and noted the report</p>	

	Workforce Committee	
10.3	Chair's Summary Update	
	<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 July 2021.</p> <p>Tom Keeney shared the Committee's focus on workforce management and outlined the update received on the medical and nursing workforce supply. He highlighted this as a challenging area due to the scale of the organisation however was pleased to report that progress was being made and there was good oversight to the challenges ahead. He noted the updates received at the Board Timeout in June and confirmed these would all flow into a bigger piece of work which was currently scheduled to report back to the Board in October 2021.</p> <p>He highlighted the Health and Well-being (HWB) updates received by the Committee and reported on the improved integration data points which was enabling the Committee to triangulate various data sources to identify issues. He reported there had been an increase in absences which included sickness and annual leave however recognised the importance of empowering staff to be able to take the leave and provide a period of rest and recover.</p> <p>He shared that the Committee had also received a deep-dive on performance expectations and would continue to receive assurance on how clear performance expectations were communicated and managed with staff.</p> <p>He updated on the Staff Story video which had been received by the Committee which had shared the experience of a member of staff who had trained to be a Mental Health Champion to support her colleagues. He referenced the funding support for this training provided through Leeds Hospital Charity and confirmed that a copy of the video had been shared with them.</p> <p>The Board received and noted the report.</p>	
	Audit Committee	
10.4	Chair's Summary Update	
	<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 Extra-Ordinary Audit Committee meeting held 28 May 2021.</p> <p>Suzanne Clark summarised the purpose of the meeting which had been to formally review the 2020-21 Accounts and provide a formal recommendation to the Trust Board for sign-off [this was completed by the Board on 28 May 2021].</p> <p>She reminded there had been no formal adjustments to the accounts by the Trust's External Auditors which was a testament to, and reflected the high quality input from the Finance Team.</p> <p>She noted that due to changes in the national reporting timetable there was one area of the accounts which remained outstanding which would report to the September Audit and Board meetings. This was the Value for Money (VfM) statement and in addition she reminded that a modified audit opinion had been given on the stocktake elements of the audit as the Auditors had not been able</p>	

	<p>to attend in person due to Covid restrictions.</p> <p>She confirmed that the remaining Internal Audit reviews for the 2020-21 had been received and they had provided a satisfactory opinion for the year.</p> <p>The Board received the report and noted the approval of the annual accounts, following recommendation by the Audit Committee, at their Extra-ordinary Board meeting held 28 May 2021.</p>	
	Quality and Performance	
11	Risk	
11.1	Corporate Risk Register	
	<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 June and July 2021 and reported there had been no change to any of the risk scores within the CRR. Looking ahead, he reported that CRRS 18 (Failure or complete outage of the Patient Administration System (PAS)) would be reviewed and re-scored following upgrades and investment in hardware. He thanked the digital team for their role in supporting these upgrades out of hours.</p> <p>The Board received and noted the report.</p>	
12	Quality and Performance	
12.1	Vaccination Programme	
	<p>The report provided information and assurance on the progress on the WY Covid-19 vaccination programme with LTHT in the Lead Provider role; and, summarised the development of the Covid-19 vaccination service provided by LTHT.</p> <p>Dr Phil Wood highlighted that to date, over 900,000 vaccines had been delivered (circa 70% of the eligible population) across Leeds, and across WY over 2.7M (circa 90%) doses had been delivered through a combination of 80 fixed sites supported by local pop-up hubs. He confirmed that the region had delivered against the national target to have offered a vaccination to all adults by the end of July 2021.</p> <p>He recognised the support provided through Primary Care Networks (PCN) in delivering the vaccine to Patient Cohorts 1-9 (as defined by the Joint Committee on Vaccination and Immunisation (JCVI)) and their support would continue to be vital in developing their role in next phase of the programme.</p> <p>He reported that patients in Cohorts 10-12 (age range 18-49) were now eligible to book to have their vaccination and updated on the additional pop-up sites that had been set-up in accessible places such as shopping centres. He noted the national discussions taking place in relation to vaccinations for children with an announcement expected in the coming weeks.</p> <p>He noted the table provided on page 4 which provided a snapshot of the vaccination uptake against the JCVI cohorts and reminded of the importance of</p>	

	<p>the vaccination in protecting against serious illness and hospitalisation. He confirmed that the Trust was continuing to make the vaccination available to inpatients who had either been unable to have their first dose of the vaccine, or needed their second dose whilst an inpatient in hospital.</p> <p>He updated on the relocation of the Elland Road vaccination centre to a different location on site which had been handed over this week and recorded his thanks to the Estates and Facilities (E&F) team for making this happen.</p> <p>He outlined the flexible working model that would be required moving forward and noted the vaccinator workforce could be unregistered on the condition they were supported by a core team of registered vaccinations. He confirmed that planning was taking place across the region with recognition of the potential challenges in the availability of registered staff.</p> <p>He drew attention to the financial summary at section 7 and noted that overall costs had increased since the previous update to Board with a further breakdown included within the report provided.</p> <p>He concluded by commending the continued work of the vaccination team and City and Regional partners.</p> <p>The Trust Chair noted the reference on page 5 to the under-represented staff vaccination figures in internal reporting (due to staff receiving the vaccine outside of the route offered by the Trust). She stressed the need to understand an accurate uptake from staff and asked that this be addressed. This was confirmed by Dr Phil Wood, who expanded on some of the data collection barriers in triangulating data for these staff; he noted the national reporting systems evidenced that 91.1% of those recorded as NHS and social care staff who live in Leeds had received one dose and 87.4% were fully vaccinated which indicated good progress.</p> <p>The Board received the report and noted the progress made against the vaccination programme across Leeds and WY to date.</p>	Dr Phil Wood
12.2	Integrated Quality Performance Report (IQPR)	
	<p>The IQPR was presented for discussion and assurance on quality and performance. Each of the Executives presented an update against their retrospective portfolio's (aligned against the domains set out within the CQC Well-led framework: Safe, Responsive, Effective, Well-Led, Caring and Use of Resources):</p> <p>Julian Hartley set context to the on-going challenging issues facing the wider NHS as a whole as the country recovered from the impact of the Covid-19. He reported that currently there were circa 100 patients in the LTHT bed base with Covid-19 and the prevalence rate of the virus was anticipated to remain high throughout the summer and would remain present in the healthcare environment. He stressed the continued need to be cautious on the data reported of the reduction in the incidence of the infection as this was often delay impact to admission.</p> <p>He outlined the significant volume of patients presenting for urgent care and the pressure in the Children's CSU with increased Respiratory Syncytial Virus</p>	

(RSV) attendances meaning the hospital remained under significant pressures.

He commended the work of all staff throughout the pandemic, however recognised this was the fourth wave staff were been asked to respond to, alongside a tight recovery programme and staff were tired. He confirmed that the Trust was progressing in its recovery plan despite these challenges but stressed continued pressures would impact on recovery and the need to continue to work with partners to mitigate this. He explained the mutual aid across WYAAT for managing and mitigate actions as required to support regional pressures.

Clare Smith drew attention to the Emergency Care Standard (ECS) performance on page 7 and reported that the organisation remained under significant pressure in delivering against this standard. She explained that the organisation was seeing an increase in both attendance to the ED and in admissions to the hospital. She outlined the capacity restrictions as a result of social distancing arrangements. She confirmed that the service was continuously looking at how it could improve its offer for patients and noted the Same Day Emergency Care (SDEC) workstream would be active before the next update to Board.

Drawing attention to the Referral to Treatment (RTT) performance on page 9 she reported that the service had delivered against its activity trajectories and had ranked 57 (of 147) in peer comparisons which was a testament to the work of the team. She recognised the impact of Covid-19 on these standard as well as overarching pressures from unplanned care. She noted there had been a small reduction in the number of 52 week waits however reminded that this was expected to deteriorate further as it had now been a full year since elective and outpatient activity had resumed. She confirmed that the Trust would continue to identify and source additional capacity to support this.

Moving to Outpatients on page 11, she highlighted the reduction in patients with a delayed follow-up and noted the focused work to improve this position further. She continued that the patient initiated follow-up process was been well received by patients. She updated that the Outpatient Board was supporting the service to provide on-going clinical validation to the Outpatients waiting list. She noted that Outpatients was also included in the CSU Delivery Contracts (which reported to the F&P Committee).

She highlighted the Cancer performance summaries from page 12 and reported that on-going pressures continued against the 2ww pathway within Breast Services and also in Skin services. She outlined the multi-factorial causes impacting this position which included social distancing, workforce pressures and an unprecedented level of demand in referrals. She continued that the Trust had delivered against the 31 day standard, and was pleased to report improvement in the 62 day position; noting the deep-dive and assurance that had been provided to the F&P Committee the previous month.

Referencing the Super Stranded Patients (SSP) (>21 days) data on page 50 she informed this would be updated to reflect the work of the Reasons to Reside initiative.

Lisa Grant drew attention to the PALS performance as summarised on page 19 (and noting the annual report provided at agenda item 12.6). There had been a reduction in the volume of concerns raised during June however early indications from the July data was that this had not continued. Waiting times, delays in treatment and visiting restrictions had been the most commonly reported themes and she updated that restrictions to visiting had been reviewed in some areas and a pilot introduced to allow access and observe the effects of this.

She updated on the work taking place to improve response rate to the Friends and Family Test (FFT) within the ED, and updated that she had met with the nursing team to discuss how to respond and learn from lessons.

She asked the Board to note the Maternity data included on page 31 and noting the further summary of maternity staffing that would be included in the Safer Staffing report at agenda item 12.3(i).

Dr Phil Wood drew attention to the Mortality performance summarised on page 21 and reported there had been a small rise in the Summary Hospital Mortality Indicator (SHMI) for the fourth consecutive month. He confirmed that the Mortality Improvement Group continued to investigate and provide assurance on the lower than expected mortality rate noting the coding nuances that the Board and QAC were well briefed upon. He provided assurance that the mortality data was triangulated with a range of other data sources to provide assurance there were no quality or safety concerns.

Reporting against the number of Serious Incidents (SI's) on page 22 he reported that there had been a spike in the reporting in February due to the requirement to include hospital acquired Covid-19 infection within this reporting. He explained that Falls and Pressure Ulcers (PU) remained the area of biggest challenge. He reminded that the Trust would be an early adapter of the Patient Safety Incident Response Framework (PSIRF) which placed greater emphasis on learning from incidents. Moving to Never Events on page 23, he informed that one incident had been reported during Q1 which was in relation to a wrong site surgery.

Drawing attention to page 26 he was pleased to report the Trust had achieved the 95% Venous Thromboembolism Risk Assessment with sustainable progress seen in the larger CSU's who had previously struggled with the continued delivery of this standard.

He noted that the CQUIN measures remained under national suspension due to Covid-19.

Paul Jones highlighted the Digital metrics from page 36 and reminded that the IT Service Desk function was now provided internally. He noted there was an anomaly in the PPM usage data on page 37 which the team was investigating.

He reported that elements of the PPM+ system were now delivered through a Cloud infrastructure which would provide greater resilience to the Trust; he was hopeful for a full migration by the Autumn for all core systems and confirmed progress against this would be reported through the DIT Committee.

Jenny Lewis referenced the Trusts strengthened approach to workforce planning noting the associated measures set out on page 38. She informed that the ED had been asked to provide their return in advance of the September deadline to respond to the increased pressures they were facing.

She referenced the nurse recruitment trajectory on page 39 with plans progressing well.

Noting the RAG ratings on the clear performance expectation measures on page 40 she reported that the AfC appraisal figures had been reported at 91% (as at 29 July 2021). She reflected on the increased focus on the appraisal process coming out of the Covid-19 year to reset and allow staff an opportunity to reflect and think about their development. Commenting on the HWB of staff she explained that manager capacity was an essential element to the reset and re-stabilisation for their teams and she updated on the additional Learning Bursts that had been developed for managers to support them through this.

Drawing attention to page 41, she reflected on the importance of looking outwards across the region and reported that the current programmes across WYAAT were progressing well and was pleased that the work which had started in Lincoln Green was commencing across the City.

Highlighting the Free From Discrimination measures on page 42 she explained the significant work taking place to address this. She continued however that the actions taken were not impacting the performance data and confirmed this would continue to remain an area of increased focus.

She continued that HWB would also remain an area of core focus and she noted the data within the measures on page 44 which was for May; underlying sickness and isolation as a result of Covid-19 had both increased with immediate absences been an issue to address.

She highlighted the Most Engaged Workforce metrics on page 46 and explained the focused attention on addressing violence against staff. She updated on the Wayfinder campaign that had been held which had informed the development of a robust action plan. She shared her re-assurance of the work taking place and noted that a progress update on this action plan would be presented to the Workforce Committee in September.

The Trust Chair referenced the percentage of new staff attending Corporate Induction on page 40 (currently at 88%) and sought further detail. Julian Hartley explained the work that taken place to move Corporate Induction to a virtual offering to comply with Covid-19 social distancing restrictions. He shared that feedback on this process had been largely positive however explained there were some discrepancies across CSU's in registering their new starters to attend Induction. He provided assurance of the work taking place to address this to ensure consistency and compliance across CSU's.

Chris Schofield reflected on the volume of work taking place to address the HWB and inequalities agenda however reflected that Communications with staff on the work taking place could improve which was agreed by the wider

	<p>Board.</p> <p>Following a query from Laura Stroud, Jane Westmoreland explained the interactive functionality on the Staff Connect App however their appeared to be reluctance from staff to engage by using the comment and like features. She informed that a survey on Connect had been launched to seek staff opinion and identify areas for improvement.</p> <p>Craige Richardson drew attention to the E&F measures set out on pages 32-35. He was pleased to report that the Trust was maintain strong performance against cleaning standards; he reported that a revised framework of cleaning standards had been published in May 2021 and informed that the team was performing a gap analysis against these new requirements. He informed that the framework would move to a star rating system (one to five) and would be displayed at ward entrances. He noted the oversight of these new standards through the IPC Committee.</p> <p>Simon Worthington highlighted the financial analysis summary from page 31. He informed that the financial package for the wider NHS for the second half of the year remained unclear and based on assumptions there would be significant pressures for LTHT to manage. He highlighted the capital expenditure forecast for 2021/22 of £123.4M (and agreed with the WY ICS) and confirmed that this position would be provided close oversight through the Capital Planning Group.</p> <p>The Board received and noted the report.</p>	
12.3	Nursing and Midwifery Quality and Safety Staffing Report	
	<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 this report was provided for April and May 2021.</p> <p>Referencing the Hard Trusts data she reported that, in April, four (of 88) areas had reported a shift with a less than 80% average fill rate against planned staffing levels. Within this one area had also highlighted within the safety and quality requirements which had triggered the formal escalation process of the Ward Healthcheck (with further analysis available at Appendix 1 of the report). In May, one area had reported a fill rate of less than an average of 80%; no clinical areas had triggered the safety and quality requirements or scored amber or red on the ward metrics audit.</p> <p>Highlighting the Maternity Service reporting at section 4 she reported that the midwife to birth ratio remained consistent at 1:27 in April 2021 and 1:25 in May 2021. She continued that the service had commissioned an external workforce review using Birth-rate Plus methodology. She expanded on the skill mix within maternity and the support provided from Midwifery Support Workers (MSW) with a percentage ratio skill mix of 95% (midwives) to 5% (MSW) which was within the recommendations from the Birth-rate Plus guidance.</p> <p>She outlined the use of Birth-rate Plus to report Red Flags within the Maternity</p>	

	<p>service and reported that two Red Flags had been reported in April 2021 and 11 Red Flags in May 2021 (seven relating to single site diversions, two delayed care episodes and four were raised in relation to a delay in induction of labour (which was an improved position from previous reporting)).</p> <p>Moving to the strengthening of escalation for reporting of safety and quality she reminded of the rating of a 'Blue' shift in Nurse Staffing Status Report (NSSR) indicating unmitigated safety concerns. There had been no Blue shifts reported in April or May.</p> <p>She reminded of the Red Flag Escalation process; red flags could be raised at any point during a shift and responded to by the nurse in charge. A total of 515 Red Flags were reported across the Trust during April and May 2021. The most common themes reported were in relation to unmet enhanced care need and the number of skill mix of nurses not being sufficient. She reminded of the focussed work to increase the CSW recruitment pipeline and provided assurance of the skill mix they supported (nursing in a different way).</p> <p>She continued that nursing was still reliant on agency support and recognised the financial impact of this but had been operationally needed. She updated on the increased use of mental health trained CSW to support patients and staff skill mix. She reported that the Trust was performing well against its nursing recruitment trajectory with the international nurse's recruitment being a key driver to this.</p> <p>Following a query from Rachel Woodman, Lisa Grant confirmed that the Hard Truths data set included all inpatient wards; including additional temporary wards that had been opened for Covid (i.e. complete coverage).</p> <p>Rachel Woodman questioned the best practice guidance for the midwife to Birth-rate standard which was confirmed as 1:28. Sue Gibson provided further context and explained the connection with acuity which could flex this. She referenced the external review commissioned into the Birth-rate Plus tool with a report expected in the Autumn. The service was preparing for this to reduce with assumptions that this would sit between 1:20-1:24 for the region.</p> <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>	
12.4	<u>BLUE BOX ITEM</u> - Quality Account	
	The 2020/21 Quality Account was provided in the Blue Box for information and was received and noted.	
12.5	Patient and Public Involvement Annual Report	
	<p><i>In attendance:</i> <i>Craig Brigg, Director of Quality</i></p> <p>The report provided an update on patient, carer and public involvement (PCPI) activity during 2020/21 and updated on progress against the aims of the Trust Patient Experience Strategy. In addition, it sought to provide assurance that work programmes were taking place to ensure the public were included in the Trust Quality Improvement agenda, public feedback influenced Trust responses and that the Trust worked closely with external partners (as per the essential</p>	

	<p>characteristics of high performing Trusts, outlined in the NHS Improvement Patient Experience Improvement Framework (2018)).</p> <p>Lisa Grant reflected on the challenging period of the last year; she recognised that a number of work programmes had been temporarily suspended or delivered in a different way due to the restrictions imposed and operational pressures of the pandemic. Looking ahead, she recognised the learning of Covid-19 and increased understanding of the virus and its impact. She stressed the importance of engaging with the public and shared several examples of how the Trust had tried to maintain this during the pandemic; including e-surveys and working with partners across the City such as Healthwatch.</p> <p>Craig Brigg highlighted section 2 of the report and set context to the role of the People's Voices Group and highlighted this as a good example of partnership working across the City. He also highlighted the inclusion of patient representatives in improvement programmes undertaken by the Trust to ensure the patient voice was heard.</p> <p>Laura Stroud shared that the University of Leeds also had a strong pool of patients and carers who worked with them to provide a patient voice for students and recognised there could be value in connecting this with the Trust. She confirmed to the wider Board that this would be explored through the QAC structure.</p> <p>The Board received the report and noted the aspirations for future engagement and involvement in the Patient Experience Strategy 2021-2024 (which was provided at Appendix 3).</p>	<p>Laura Stroud/ Craig Brigg</p>
<p>12.6</p>	<p>Complaints Annual Report</p>	
	<p><i>In attendance:</i> <i>Craig Brigg, Director of Quality</i></p> <p>The report summarised the Trust activity in relation to complaints and concerns raised with the Patient Advice and Liaison Service (PALS) and Complaints Team during 2020/21, and set out the forward plan for 2021/22.</p> <p>Lisa Grant referenced the findings report received in June 2020 following a commissioned review of the Complaints policy and process, and reminded of the subsequent changes to the policy to move to a 20, 40 or 60 day response team. She highlighted the support of the KPO team in supporting the Quality Improvement aspects and explained that a phased approach had been the agreed with the second phase of CSU's now commencing their programmes.</p> <p>She updated on the introduction of a deep-dive process to be led by the Head of Nursing in each CSU, which would provide centralisation for the quality of responses to complaints and provide a forum to share lessons learnt.</p> <p>Craig Brigg provided a high level overview of the detail contained within the report; he noted there had been an increase in complaints towards the later end of the year with themes coming through of the management of the organisation in relation to Covid-19.</p> <p>The Board received and noted the report.</p>	

	Craig Brigg exited the meeting	
12.7	Safeguarding Annual Report	
	<p><i>In attendance:</i> <i>Karen Sykes, Head of Safeguarding</i></p> <p>The report provided a summary of the key issues and activity in relation to the Trust's safeguarding teams during 2020/2021 and sought to provide assurance that the Trust was meeting its statutory obligations and the required national standards with regard to safeguarding.</p> <p>Karen Sykes joined the meeting to provide further context to the annual report provided. She reflected back on 2020/21 and explained how Covid-19 had created an additional veil in identify safeguarding concerns with abuse in many cases much more hidden.</p> <p>She reported positively that there been no disruption to the LTHT safeguarding provision with reporting remaining at consistent levels and noted the full Safeguarding Annual Report which had been made available at Appendix 1. She informed that self-neglect was an increasing concern both within the Trust, across the City and nationally. Reporting against the modern slavery agenda she shared her feeling that this was an area that was underreported nationally. She updated that the Leeds Partnership was working with the Modern Slavery Board to increase awareness and reporting across the City.</p> <p>Updating against the Prevent agenda she informed there had been no cases reported in the last year; she reflected that this could be another area at risk of under reporting and provided further context to the awareness and sensitivity issues to consider.</p> <p>She drew attention to the graph on page 21 which provided a simple view Safeguarding Dashboard; during 2020/21 987 safeguarding referrals had been received, 186 of which had progressed to a Trust safeguarding internal investigation, self-neglect had accounted for 199 cases and was the second largest category after neglect/acts of admission which had 274. She reported there had been an increase in the volume of patients detained under the Mental Health Act 1983 MHA detentions and Mental Capacity Act Deprivation of Liberty Safeguards (DoLS) rates.</p> <p>She updated on the changes to the DoLS which would become legal requirements from April 2022 and shared context to the expanded timescale for this. She confirmed that the Trust was working with City partners to address and prepare for this.</p> <p>The Trust Chair recognised this as a difficult subject however stressed the Board's engagement and support to the safeguarding agenda and in supporting its partners across the City.</p> <p>Jas Narang commended the richness of detail within the report and questioned the availability of benchmarking data and process for shared learning across the country. Responding, Karen Sykes reflected that LTHT was one of the</p>	

	<p>leading Trust's in regards to safeguarding as a result of the work had undertaken and was positive of the partnership work across the City; she explained that some others were less proactive than Leeds however direct benchmarking was not available. She used the examples of initiatives such as embedded routine enquires within the Emergency Departments and specialised data fields within the PPM+ system to capture data. She shared several examples of how learning from Safeguarding was disseminated across the Trust and highlighted the development of an action plan following an exercise to capture the safeguarding voices with the aim to make further improvements. She provided assurance that the Trust looked outwards as well as inwards in regards to safeguarding and looked for opportunities to learn from and share best practice.</p> <p>The Trust Chair noted the graph on page 41 of the report in relation to missing/absconding Datix incidents and sought further information on the causes to this. Karen Sykes provided further detail and updated on the work which had taken place to review and validate this position noting the majority of cases were due to a referral to another sector.</p> <p>Referencing the Prevent agenda, Laura Stroud questioned if the training had kept pace with the evolving landscape of this area. Responding Karen Sykes explained the use of the NHSE learning material and was able to provide assurance of the training package in place. She shared that the most common area of radicalisation in WY was in regards to right wing extremism and confirmed this would be reviewed in the training and addressed moving forward.</p> <p>Clare Smith, as emergency accountable officer for the Trust asked that Karen Sykes liaise with Owen Haywood, Head of Resilience to ensure the correct language was been used in relation to the Prevent agenda across Trust documents.</p> <p>The Board received the report and confirmed its assurance that the Trust was meeting its statutory safeguarding duties and was following good practice.</p> <p>Karen Sykes exited the meeting</p>	Karen Sykes
	Strategy and Planning	
13.2	Research & Innovation Strategy	
	<p><i>In attendance:</i> <i>Ai Lyn Tan, Associate Medical Director, Research and Innovation (R&I), Christopher Herbert, Director of Operations R&I and Julie Evans, Head of Nursing R&I</i></p> <p>The report provided an update of progress against the KPI's set out in the R&I Strategy 2020-25 and pulled out R&I highlights from 2020/21.</p> <p>Ai Lyn Tan provided a high level overview of the detail contained within the report and noted the spotlight on research during Covid-19 in the efforts to find an effective vaccine and gain better understanding of the virus. She noted that Covid-19 had impacted the KPI targets for the 2020/21 year with a number of targets not met in year. She explained that as business returned to more</p>	

	<p>'normal' levels the team was reviewing the impact of the pandemic and the ability to achieve the long term targets within the strategy.</p> <p>She highlighted the development of the 10 year joint strategy with the University of Leeds in 2020 and was positive of the journey ahead for R&I across Leeds.</p> <p>Dr Phil Wood commended the work of the R&I Team in their on-going work and in their response to the Covid-19 pandemic.</p> <p>The Board received the report and noted the challenging progress made towards delivering the KPI's within the R&I Strategy.</p> <p>Ai Lyn Tan, Christopher Herbert and Julie Evans exited the meeting</p>	
13.3	<p>Building the Leeds Way</p>	
	<p>The report provided an update on the delivery plans for the Building the Leeds Way (BtLW) programme.</p> <p>Simon Worthington updated on the continued progress against the programme enabling works and highlighted the On-boarding process of the design team.</p> <p>He referenced the New Hospitals Programme (NHP) [which was the governmental team that were leading the replacement programme for the 48 hospitals across England] and outlined the significant impact this would have on the building industry in managing this demand. He continued that due to the approach being taking by the Centre to create a more standardised approach the Trust had been informed that there would be at least a nine month delay on its BtLW plans. He confirmed that the team was working to revise delivery plans and noted the expected release of the design concept the following week.</p> <p>Post-meeting note - the press release is available to view at Latest News (leedsth.nhs.uk)</p> <p>The Board received and noted the report.</p> <p>Simon Worthington exited the meeting</p>	
13.1	<p>Inclusion - Board Timeout</p>	
	<p>Tom Keeney referenced the Board Timeout meetings scheduled for 21 - 22 October 2021 and updated that Board members would be asked to be involved in some preparation work in advance of these meetings.</p> <p>He outlined the planned session on inclusion and explained the importance of the senior team taking time to personally reflect on their portfolio's and align this to some of the challenges the Trust was facing to inform further discussion.</p> <p>Jenny Lewis added that this pre-work would help inform the direction and areas of focus for the Board. She used the privilege test as an example which could help identify blind spots and support the delivery of the vision for inclusion and development of all staff.</p>	

	The Board received the update and noted the pre-work and material that would be required in advance of the October Timeout.	
13.4	Stakeholder Engagement	
	<p>The report set out the results of the Trust's Stakeholder Engagement Survey (carried out in May 2021), the Board was asked to review and reflect on this feedback and note the mechanisms in place which had been used to gather this feedback.</p> <p>James Goodyear commented on the importance of partnership working as essential to the success of the organisation and referenced the inclusion of partners and stakeholders on the Trust's Board Assurance Framework (BAF).</p> <p>He explained that in order to strengthen understanding of stakeholder views the Trust had conducted a survey with key partners; the questions (which were summarised within the report) had been around their experiencing working with the Trust, it's opinions of the Trust as an organisation, including its behaviours in relation to The Leeds Way values, decisions, policies, structures, and performance and to identify any areas of improvement for the organisation.</p> <p>He continued that of the 80 questionnaires circulated, 18 responses had been received (a 22.5% response rate) and noted the summary of responses, which were largely positive, included within the report.</p> <p>He explained the next steps would be to summarise this data into an infographic to share with stakeholders and to hold follow-up conversations to provide further commentary with those who had indicated they would be interested. He noted the survey results would also be shared with AQUA to support their independent well-led review of the Trust and their own engagement with our stakeholders as part of this process.</p> <p>He outlined the stakeholder communication plan in development which would support the continued engagement and development of actions to support further effective partnership working.</p> <p>Laura Stroud reflected on the low response rates from partners and was cautious about drawing a conclusion from the limited number of responses. She asked that when the data was shared wider that a caveat was included to note that not all partners had responded to the survey. The Trust Chair explored how engagement could be better supported in the future and suggested this Communications was asked to support.</p> <p>The Board received and noted the report.</p>	Jane Westmoreland
13.5	BLUE BOX ITEM - Sustainability Annual Report	
	The annual sustainability report was provided in the Blue Box for information (following request at the previous Board Workshop meeting) and was received and noted.	
14	Governance and Regulation	
14.1	Chairs Appraisal Report from Senior Independent Director	
	The report sought to provide assurance to the Board and the public that the Senior Independent Director (SID) had carried out their duties, as set out in NHSE/I Chairs Competency Framework and to confirm the he had carried out the appraisal of the Trust Chair and the summary had been submitted to	

	<p>NHSE/I.</p> <p>Chris Schofield noted the detail available within the report provided and confirmed that the Chairs appraisal had been completed successfully and a return submitted to NHSE/I. He informed that the appraisal process had followed the NHSE template with the addition of several questions related directly to the Covid-19 pandemic.</p> <p>He referenced the use of 360° feedback within the appraisal process and outlined the overwhelmingly positive feedback that had been received.</p> <p>He thanked Jo Bray for her support in the collation and submission processes.</p> <p>The Board received the report and confirmed their assurance that the annual duties within the Chairs Competency Framework had been fulfilled.</p>	
14.2	Insurance for Directors	
	<p>The report set out the current insurance arrangements for the Trust and its Directors and Senior Officers (which were valid as long as they had acted honestly and in good faith).</p> <p>The Board received and noted the arrangements in place.</p>	
	Items for Information	
15	BLUE BOX ITEM - Forward Planner	
	The Forward Planner for the Trust Board meetings was provided in the Blue Box for information and was received and noted.	
16	Standing Agenda Items	
	Corporate Risk Register	
	<p>There were no items arising from the meeting for escalation to the CRR.</p> <p>It was confirmed that none of the items reported to the Committee were operating outside of the agreed risk tolerances, as set out in the Trust's Risk Appetite Framework</p>	
	Legal Advice	
	There were no items arising from the meeting that may warrant the consideration of legal advice.	
	CQC or NHS Improvement	
	There were no items arising from the meeting for escalation to the CQC or NHSE/I.	
	Communications	
	Jane Westmoreland confirmed that several items had been picked up throughout the meeting to be shared in wider communications cross the Trust which would include information on the Prevent agenda, upcoming publication of the Clinical Quality Strategy and there had been some key messages within the Chairs summary report that may be of interest to staff.	
17	Review of Meeting and Effectiveness	
	Comments on the effectiveness of the meeting were welcomed via email.	
18	Any Other Business	
	No other business was discussed.	
19	Date of next meeting - Thursday 30 September - <u>AM</u>	