

**DRAFT MINUTES OF THE PUBLIC BOARD MEETING**  
**Thursday 27 January 2022**

**(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>	<p>Linda Pollard Suzanne Clark Phil Corrigan Lisa Grant Julian Hartley Paul Jones Tom Keeney Jenny Lewis</p> <p>Georgina Mitchell Jas Narang Chris Schofield Bob Simpson Clare Smith Laura Stroud Gillian Taylor Craig Richardson Dr Phil Wood Rachel Woodman Simon Worthington</p>	<p>Trust Chair Non-Executive Director Associate Non-Executive Director Chief Nurse Chief Executive Chief Digital and Information Officer Non-Executive Director Director of Human Resources &amp; Organisational Development Associate Non-Executive Director Non-Executive Director Non-Executive Director Non-Executive Director Chief Operating Officer Non-Executive Director Non-Executive Director Director of Estates and Facilities Chief Medical Officer Associate Non-Executive Director Director of Finance</p>
<b>In Attendance:</b>	<p>Jo Bray Sue Gibson Lucy Jackson Krystina Kozłowska Rob Newton Jane Westmoreland</p>	<p>Company Secretary Director of Midwifery (for agenda item 12.3(i)) Consultant in Public Health (for agenda item 13.2) Head of Patient Experience (for agenda item 4) Associate Director of Policy and Partnerships Associate Director of Communications</p>
<b>Observing:</b>	<p>Ruby Ali Natasha Barber-Evens</p>	<p>Associate Director of Operations Insight NED Development Programme</p>

Agenda Item		ACTION
1	<b>Welcome and Introductions</b>	
	<p>The Trust Chair welcomed members to the meeting and in addition welcomed Ruby Ali and Natasha Barber-Evans as observers to the meeting.</p> <p>Noting that the meeting was streaming live, she also welcomed any members of the public that may be viewing remotely.</p>	
2	<b>Apologies for Absence</b>	
	No apologies for absence were received.	
3	<b>Declarations of Interest</b>	
	There were no declarations of interest in regard to the agenda and the meeting was quorate.	
4	<b>Patient Story</b>	
	<p><i>In attendance:</i> <i>Krystina Kozlowska, Head of Patient Experience</i></p> <p>Krystina Kozlowska introduced the Patient Story: <a href="https://www.youtube.com/watch?v=LkgnEdNo02c">https://www.youtube.com/watch?v=LkgnEdNo02c</a> which shared Diana's story of her experience as her husband was receiving end of life care. The story was overwhelmingly positive with good cultural sensitivity displayed from staff, the only negative feedback had related to the length of time it had taken to receive the death certificate.</p> <p>It was agreed that a thank you letter of recognition would be circulated on behalf of the Board to thank Diana for sharing her story.</p> <p>The Board received and noted the update.</p> <p><b>Krystina Kozlowska exited the meeting</b></p>	Jo Bray
5.1	<b>Draft Minutes of the Last Meeting</b>	
	<p>The draft minutes of the lase meeting held 25 November 2021 were confirmed to be a correct record subject to the following amendments:</p> <ul style="list-style-type: none"> <li>Page 7 – typo correction on first paragraph; to read 'start' and not 'state'</li> </ul>	Vickie Hewitt
6	<b>Matters Arising</b>	
	There were no matters arising listed on the agenda and none were raised during the meeting.	
7	<b>Review of the Action Tracker</b>	
	The action tracker was reviewed, and progress noted.	
8	<b>Chair's Report</b>	
	<p>The report provided an update on the actions and activity of the Trust Chair since the last Board meeting.</p> <p>The Trust Chair shared her gratitude to all staff who had worked over the Christmas and New Year period, and thanked the Executive Team for their strong leadership.</p>	

	<p>She referenced the letter received from NHSE/I entitled 'Realising the Burden' which had been issued on 24 December in recognition of the significant pressures on operational and corporate teams and gave instruction to streamline meetings where appropriate. She highlighted the reference within this that there would be 'no sanctions for technical quorum breaches (e.g. because of self-isolation)' and informed of the agreement by Committee Chairs that as the minutes of the Committees were routinely received by the Board, if any of the Trust's Committees could not maintain quoracy, any decisions made by the Committee (if not quorate) would be formally endorsed by the Board with a suitable audit trail reflected within the minutes.</p> <p>She drew attention to section 5 of the report and sought formal ratification of the following decisions which had been given Chair's action:</p> <ul style="list-style-type: none"> <li>• Approval was granted for £934,725.96 (excluding VAT) to commence Phase 2a of the approved Cardiac Catheter Lab Managed Equipment Contract to enable works to commence onsite from December 2021 with an anticipated completion date of May 2022. Chairs action was supported by Linda Pollard, Julian Hartley, Suzanne Clark and Gillian Taylor.</li> <li>• Chairs action was granted to proceed with the replacement and upgrade of two surgical robots and loan of a third at a capital investment of £3.4M; this Business Case was recommended for approval by the Finance and Performance Committee however noting a 12 week lead time for delivery Chairs action was sought to meet funding timescales. Noting the management of conflict of interests of Committee members by Linda Pollard, Julian Hartley, Gillian Taylor and Tom Keeney. Chairs action was requested and supported by the following members of the Board; Dr Phil Wood in capacity as Deputy CE, Chris Schofield, Suzanne Clark and Bob Simpson.</li> </ul> <p>It was noted that there was a typographical error in the printed reports provided and confirmed that the electronic document had been updated to reflect Suzanne Clark's approval role.</p> <p>The Board received and noted the report.</p>	
<b>9</b>	<b>Chief Executive's Report</b>	
	<p>The report provided an update on news across the Trust and the actions and activity of the Chief Executive since the last Board meeting.</p> <p>Julian Hartley noted it was Holocaust Memorial Day and outlined the initiatives taking place across the Trust to remember those who had lost their life along with many who had suffered from inhuman actions from others.</p> <p>Drawing attention to his report he informed at the time of writing, stabilisation against the Omicron Covid variant was beginning to be seen. He reported that there remained Covid-positive patients within the Trust however numbers were showing signs of decline. He reminded that this had</p>	

	<p>been the fifth wave of Covid surges within West Yorkshire and he reflected on the significant pressure that had been placed on teams and commended the magnificent response from staff and the support and understanding from patients.</p> <p>He was positive of the response to the Vaccine Booster campaign, reminding that the Trust was Lead Provider for both Leeds and West Yorkshire with good progress made at the Elland Road site and across Pharmacy and Primary care.</p> <p>He highlighted the Trust's operational focus to respond to patients waiting long periods for treatment and updated on the work across West Yorkshire to create Elective Hubs with protected prioritisation for long waiting patients. Internally and across the City work was taking place to create additional capacity to mitigate challenges against the discharge/ flow of patients with no Reason to Reside.</p> <p>He reported positively against the Multi Agency Disciplinary Event (MADE) held the previous week which had focused on Patient Zero numbers (e.g. patients awaiting discharge).</p> <p>He highlighted the ongoing work to support local and regional partnerships, noting the preparation for the introduction of the Integrated Care System structure. He was positive of the work taking place across WYAAT noting the update that was provided to the Board Workshop.</p> <p>He drew attention to Section 4 of his report on research and innovation and highlighted the Artificial Intelligence advancements within the Breast Imaging service which would be implemented in both screening and symptomatic breast services to provide mammographers with instant feedback and AI-generated positioning information when the image is taken.</p> <p>He commended the highlights shared at section 6 of his report and highlighting the significant funding that Leeds Hospitals Charity had raised for the Motor Neurone Disease Centre via the Rob Burrows campaign.</p> <p>He highlighted the consultant appointments as listed at section 9 and sought formal ratification of these which was agreed.</p> <p>He noted the inclusion of the letter received from NHSE/I on 24 December 2021 entitled 'Releasing the burden' at Appendix 1.</p> <p>The Board received and noted the report.</p>	
<b>10</b>	<b>Minutes of Meetings</b>	
	<b>Audit Committee</b>	
<b>10.1</b>	<b>Chair's Summary Report</b>	
	The report provided an overview of significant issues of interest to the Board, highlighted key risks discussed, key decisions taken, and key actions agreed at the Audit Committee meeting held 2 December 2021.	

	It was confirmed that there were no items for escalation and the Board received and noted the report.	
	<b>Workforce 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 Workforce Committee meeting held 12 January 2022.</p> <p>Tom Keeney highlighted the deep-dive received by the Committee on Vaccination as a Condition of Deployment (VCOD) and shared the assurance received of the process the HR team were following and the people centred approach.</p> <p>He noted the Annual Workforce report provided in the Blue Box which shared good insight and context on shape and size of the organisation and highlighted the improvements in the data metrics year on year.</p> <p>He shared that the Committee had reviewed a number of areas in detail which demonstrated the volume of work the HR team and colleagues had been doing across the system. He highlighted the Staff Portability Memorandum of Understanding to enable staff to work more easily across the system and the benefit this brought. Jenny Lewis updated on the use of a Staff Portability Agreement which had been designed to provide workforce support to different areas of the system across the City; she informed that this had been utilised on two occasions proving that shared agreements could work. Laura Stroud shared the assurance received by the Committee that this Agreement had been developed with the Leeds Way principles, with staff volunteering to participate and only with consultation and proper discussion.</p> <p>The Board received and noted the report.</p>	
<b>10.2(i)</b>	<b>BLUE BOX ITEM – Annual Workforce Report</b>	
	The annual Workforce report was provided in the Blue Box for information and was received and noted.	
<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 December 2021 and January 2022.</p> <p>There had been no change to the risk scores of any of the risks reviewed however there had been one addition to the CRR related to the Airedale Hospital infrastructure: it was acknowledged that the likelihood of the risk materialising and the impact remained unknown however an initial risk score of 16 had been assigned.</p>	

	<p>He reported that consideration of the Nightingale Surge Hub risk had been reviewed by the RMC with the agreement to consider this further at the next meeting. He noted the operational update and engagement with NHSE/I that had been reported to the Board Workshop that morning.</p> <p>He shared assurance that all risks on the CRR were receiving heightened attention given the operational pressures the Trust was working under; and he reminded that the NHS was still in Level 4 incident response.</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 noted the detail within the report and confirmed there were no areas of escalation.</p> <p>The Board received and noted the report.</p> <p><i><b>Post-meeting note:</b> on 31 January 2022 the Department of Health and Social Care paused the Vaccination as a Condition of Deployment (VCOD) requirement for NHS staff – at the time of drafting these minutes it was unknown whether the mandatory Covid vaccinations for NHS Staff would be enforced legislation.</i></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 informed that operational pressures had continued with January being a particularly challenged position. He referenced the steady increase in admissions that had been seen prior to Christmas with the surge of the Omicron variant which was now beginning to show signs of stabilisation. He continued, however that significant challenges remained in dealing with the volume of Super Stranded Patients (SSP) and patients with no Reason to Reside (RtR) alongside maintaining elective work.</p> <p>He outlined the workforce challenges of managing staff isolation and sickness and referenced the upcoming mandatory vaccination for staff [see post-meeting note at agenda item 12.1].</p> <p>He commended the effort from CSUs to address these challenges and the use of innovations to create new capacity and deliver services differently.</p> <p>The Board received and noted the update.</p>	
<b>12.2(ii)</b>	<b>Integrated Quality and Performance Report</b>	

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

Clare Smith provided opening context explaining this had been a challenging period, and during December there had been significant Omicron pressures across the system which had impacted on performance measures.

She reported against the severe pressures the ambulance service was under and drew attention to the Ambulance Handover metrics on page 6 of the report. She informed that there had been a small increase in ambulance handovers on SJUH site up to average of 18 minutes and was rated fifth in peer comparisons. As a whole the Trust had the second lowest handover time in the region which was a credit and focus to the teams, and particularly in the context of current pressures

Moving to page 7 she informed that Emergency Care Standard (ECS) performance for December was reported at 68.4%. She updated against the work taking place to expand the Same Day Emergency Care (SDEC) offer and commented on the benefits to patients. She reminded of the impact of high volumes of SSP and patients with no RtR on the hospital flow which was impacting on the ability to deliver on performance standards. She updated the Board on her request to provide external scrutiny for assurance on our plans moving forward from EKISS.

Updating against the Referral to Treatment (RTT) performance on page 7 she reported December performance at 70.1%, with the Trust placed at 67 out of 140 in peer comparisons. In December the Trust was ahead of its 52ww and 104 trajectories however this had not been sustained into January.

Reporting against the Outpatient Measures on page 11 she informed there had been an increase in Did Not Attend (DNA) numbers. She reminded that the text reminder service had been disabled during the Covid response and updated that this had been reenabled (which was estimated to make an improvement of circa 1.5%).

She drew attention to the Cancer performance standards and referenced the previous pressures within the radiology service which had been addressed in January and improvements seen. She informed that she and Dr Phil Wood had met with the team and were assured of their processes and clinical prioritisation. Dr Phil Wood reminded of the multi-disciplinary pressures within the radiology provision including sickness, maternity leave, Covid related isolation and an increase in demand all of which resulted in pressures.

Following a query from the Trust Chair, Clare Smith confirmed the engagement from CSU's and explained more detail; she confirmed that

clinical prioritisation for cancer work and protected clinical care access remained however the bed pressures across the Trust were impacting pathways. She referenced the backlog of patients for theatre activity (which was prioritised for P2) and confirmed the Trust was utilising all the independent sector capacity available as well as utilising support from other NHS providers to support this activity where possible. She referenced the deep-dive on actions that had been provided to the F&P Committee in December and confirmed action plans were on track to deliver.

Following a query from the Trust Chair, Julian Hartley updated on the WY Cancer Alliance and informed there had been a review which had reported and provided a benchmark across other Alliances. WY was performing well in comparison to others and he noted the Trust's status as a tertiary centre which came with some specific challenges. Across WYAAT he updated on the medium-long term planning for staffing and services and confirmed the Trust would play a key role in shaping and influencing this.

Lisa Grant highlighted the additional slides included from page 27 on Health Care Acquired Infections (HCAI) and updated on the scrutiny and assurance of this data provided through the Quality Assurance Committee (QAC) structure. She updated on the renewed focus on other infections with a refresh following Covid to reset organisational mindset against the trajectories for the coming year.

She drew attention to the Falls and Pressure Ulcer (PU) performance at pages 32 and 33 and informed PU data was reporting over trajectory however was returning to common variation limits. She referenced the external reviews that had been commissioned in these areas and updated these findings would be reassessed to ensure progress and learning was embedded.

Sue Gibson drew attention to the maternity metrics from page 35, and reported there had been a small increase in the Still Birth rates; she noted that this was not a statistically significant change however this was a closely monitored standard and she explained the individual reviews to provide assurance to parents and the Board.

Drawing attention to page 23, Dr Phil Wood informed there had been an increase in the Summary Hospital-level Mortality Indicator (SHMI); he referenced the further detail that had been provided in the Board Workshop that morning and review work taking place to provide additional assurance around care quality. He noted the actions as outlined and in addition updated of a thematic review that would be taking place against the top three highest causes of death which would report through the QAC structure.

Moving to the next slide he informed that 38 Serious Incidents had been reported during the last reporting period; the most commonly reported theme continued to be PU and Falls. He reported there had been good adoption of the Patient Safety Incident Response Framework (PSIRF) updating that the roll-out plan had been approved at QAC and roll out

continued. There had been two Never Events recorded which had both undergone a Level 3 Investigation and further assurance provided through the QAC.

Noting the detail on page 30 he reported that the Trust had delivered against the Venous Thromboembolism Risk Assessment target.

He noted there had been Special Cause Variation within the data for Neurosciences and explained this was due to the utilisation of services from Nuffield who did not use the PPM system which had caused a slight anomaly in the data due to the way it was extracted.

Noting the CQUIN Tracker on page 57 he confirmed these remained suspended nationally.

Craig Richardson drew attention to the E&F metrics and summarised the ongoing pressure that was felt by teams however was pleased to report that performance remaining stable against KPI's.

Referencing the Cleaning Standards on page 37 he updated on the work to implement the new standards for hospital cleanliness; as this work progressed the formatting of the graphs displayed would be changed.

On the operational estates he informed there had been a dip in the amount of planned preventative maintenance which had been largely due to access given the operational pressures of the Trust. He shared his thanks and commended colleagues who had responded to the estate reconfigurations to support the operational response, highlighting the additional support they had provided over the Christmas period.

Paul Jones noted there had been a delay in issuing the revised DIT metrics (as reported at the last Board meeting) and confirmed these would be in place for the March meeting.

He updated on the Trust's partnership with Microsoft Azure and shared a link in the chat: <https://news.microsoft.com/en-gb/2022/01/27/one-of-the-uks-largest-nhs-trusts-has-taken-massive-steps-forward-with-microsoft-azure/>

Jenny Lewis drew attention to the Workforce metrics from page 43 and stressed that workforce planning remained a key priority for the Trust and was key to support the Trust's response and ambition. She referenced the work taking place across the City to strengthen workforce plans and share learning noting the summary included at agenda item 10.3. She referenced the oversight through the F&P Committee of workforce costs which included Bank and Agency spend which had remained high throughout the pandemic.

She noted progress against the Registered Nurse trajectory as set out on page 44.

	<p>She drew attention to page 48 and highlighted the Free from Discrimination (FFD) metrics; she reported that there had been an improvement in the number of BME staff in roles Band 8A and above however remained outside of the Trusts ambition and target. She updated that all staff would be receiving a printed copy of the Amplifying Voices publication which shared staff experience of discrimination and would support the desired culture of the organisation.</p> <p>She highlighted the HWB metrics on page 50 which reported up to the end of the December period. She informed that sickness levels (excluding Covid) were exceeding control limits and was an area the HR team were closely monitoring.</p> <p>She informed that the results of the most recent staff survey had been received however noted these were under embargo until March 2022; she was positive of the rich data this feedback provided and commented on the importance of getting the basics right for staff. She invited Craige Richardson to comment on some of the areas that had been supported to improve staff facilities and he shared several examples of rest room creation and refurbishment to support downtime, and increasing access to catering outlets for out of hours staff. He noted the financial support provided from the Leeds Hospital Charity to support these improvements for staff.</p> <p>Simon Worthington drew attention to the Financial summary set out from page 59; he highlighted current revenue forecasting of a £6.4M surplus for the Trust, commenting this was a fantastic achievement after the current year. He explained that this had been enabled by the Waste reduction achievement of the Trust with circa £30M delivered in 2021/22.</p> <p>Reporting against capital spend, he was pleased to report that the Trust had maintained similar volumes of capital spend to previous years and reminded of the importance of investing this. He confirmed the Trust was on track to deliver against target and fully utilise Capital Resourcing Limits.</p> <p>He referenced the finance report that had been provided to the Board Workshop and summarised the challenging year ahead for the NHS as it worked through its recovery and reset challenges.</p> <p>He highlighted the level 3 accreditation that the Trust had achieved in the OneNHSFinance programme, noting only a handful of Trust's had achieved this.</p> <p>The Board received and noted the update.</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 October and November 2021.</p>	

Lisa Grant guided the Board through the quality and staffing data described within the report with a summary of key highlights listed below;

- Hard Truths data – of the 88 inpatient areas reviewed in October, five wards reported below the planned 80% staffing trajectory and no clinical areas reporting an amber or red rating in the Ward Healthcheck metrics. Of the 88 inpatient areas reviewed in November, four wards reported below the planned 80% staffing trajectory and no clinical areas reporting an amber or red rating in the Ward Healthcheck metrics. Further analysis of the ward quality indicators was shown at Appendix 2.
- Blue Shifts – no Blue Shifts were reported in October or November;
- Red Shifts – 57 Red Shifts (unmitigated safety concerns) were escalated in October, the majority of which were reported in Urgent Care. In November 15 Red Shifts were reported with the majority in Specialised Internal Medicine and Urgent Care. 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;
- Actions were in place to support patient safety and mitigate staffing shortfalls which included the use of Bank and Agency staff;
- Red Flags – 1,124 Red Flags were reported across the Trust in October and November with the most common themes reported as 'Number or skill mix of nurses not sufficient' (618), and, 'Unmet Enhanced Care Need' (355);

Sue Gibson presented an update against the maternity quality and staffing metrics (from page 5 of the report);

- The Birth-rate plus workforce acuity tool continued to monitor midwifery staffing versus patient acuity alongside Professional judgement. The midwife to birth ratio remained consistent at 1:26 for October and 1:25 for November;
- The maternity services had commissioned a full workforce review using Birthrate Plus methodology with the final report including recommendations now received and would be reported to the Board in March;
- 1:1 care in labour maintained at 100% across both delivery suites despite workforce challenges;
- Red Flags Birthrate Plus - the Board to note the Birth Rate Plus acuity tool was updated in Sept 2021, involving significant changes to clinical and management actions, which now brings LTHT in line with the standard definitions. There were 53 Red Flags raised in October 2021 and 30 Red Flags in November 2021 recorded for the delivery suites;
- The number of red flags had increased in October and November particularly in relation to a delay in induction of labour, this was due to staff availability, and staff have been flexed across both sites responding to patient acuity and maintenance safe staffing levels. With more details at appendix 2.

	<p>The Board received the report and confirmed its assurance of the processes in place to monitor, support and mitigate any impact of reduced staffing levels or skill mix in relation to patient safety.</p> <p><b>Sue Gibson exited the meeting</b></p>	
<b>12.3(ii)</b>	<b><u>BLUE BOX ITEM</u> – Supplementary Information Quality &amp; Safety Staffing Report and Annual Report</b>	
	Supplementary information to support the Nursing and Midwifery Safer Staffing report at agenda item 12.3(i) was provided in the Blue Box for information and was received and noted.	
<b>12.4</b>	<b>Complaints – Six Monthly Update Report</b>	
	<p>The report provided an update on the Trust's complaints and Patient Advice and Liaison Service (PALS) activity.</p> <p>Lisa Grant drew attention to the detail within the report and noting the data also mirrored in the IQPR at agenda item 12.2.</p> <p>She reported that the complaints action plan had made good progress against expected timescales with the majority of actions completed and highlighting the tracker provided at Appendix 1.</p> <p>She updated against the complaints improvement programme which continued to support progress in achieving improved timeliness and quality of complaint responses.</p> <p>She referenced the Complaints conference held in September 2021 which had focused on learning from complaints and improving the experience of those using the complaint process and the learning that had come out of this and drew attention to the narrative at section 5 of the report which outlined the key areas of focus for 2022.</p> <p>The Board received and noted the update.</p>	
<b>13</b>	<b>Strategy and Planning</b>	
<b>13.1</b>	<b>Building the Leeds Way</b>	
	<p>The report provided an update on progress against the Building the Leeds Way Programme.</p> <p>Simon Worthington was pleased to report that progress continued to be made with no areas of escalation for the Boards attention. He noted the approval of the architects by the Board Workshop that morning.</p> <p>The Board received and noted the report.</p>	
<b>13.2</b>	<b>Public Health Strategy – Annual Update</b>	
	<p><i>In attendance:</i> <i>Lucy Jackson, Consultant in Public Health</i></p> <p>The report provided an update on progress on Public Health during 2021 and invited the Board to consider the aspirations for the LTHT Public Health Strategy 2022-25 and to focus on the role of the Trust as a service provider;</p>	

an Anchor institution and a civic partner in Leeds Place Based Partnership and in the wider West Yorkshire ICS.

### **Jas Narang exited the meeting**

In addition to the report provided Lucy Jackson presented an update on some key highlights and approach moving forward, a summary of the key points is included below;

- Update on the Stop Smoking Service; funding from Yorkshire Cancer Research had provided a two year service including project manager and stop smoking advisors; an opt out smoking support had been introduced for all patients and a central co-ordinated LTHT Stop Smoking Team created;
- Recognised Board Commitment in addressing health inequalities; good examples of work already happening, anchor institute moving forward, wide engagement with CSU's and Corporate teams to inform LTHT Strategy/ building on national evidence and local Health inequalities toolkit;
- Findings were shared from the Leeds Joint Strategic Assessment 2021;
- Proposed direction for LTHT Public Health Strategy 2022-25; population health, wider determinants, places and communities, promoting and protecting HWB with health inequalities at the heart of this;
- Summary of next steps including Public Health Group to oversee Strategy Delivery (building on the Leeds Way values; noting to achieve aspiration this work would need to be seen as core to the work of the Trust);

She outlined the Board support for this approach that was sought today and informed of the plan to report back on progress to the Board in September.

Phil Corrigan was positive of the work to-date and shared her support to the proposal moving forward. She enquired further into the impact of the Trust on deprived communities or whether this was weighted more towards the role of the Primary Care Networks (PCN). Lucy Jackson explained that both the Trust and PCN's would be looked upon to support this. She highlighted the areas of recruitment and workforce that the Trust could support on; she also highlighted that the Trust had greater oversight in instances where things go wrong (e.g. Cancer) and there could be an opportunity to flow this information back to PCN to ask them to explore reasons.

Jenny Lewis shared her support to the approach forward however welcomed further support to help formalise the Anchor working piece for the Trust; including how to spend more time and investment in deprived areas; bringing in third sector for some of most complex; and understanding the impact on cost/ sickness/ management to ensure the organisation was lined up to respond to these. Lucy Jackson confirmed she would pick these points up at the next Anchor Institution meeting to seek wider opinion/ advice.

Lucy Jackson/  
Jo Bray

	<p>Laura Stroud touched upon air quality within Public Health and asked that this be given some thought to understand how this could be embedded as part of the matrix.</p> <p>The Board received the report and update, and confirmed their support to the proposed approach moving forward.</p> <p><b>Lucy Jackson exited the meeting</b></p>	
<b>14</b>	<b>Governance and Regulation</b>	
<b>14.1</b>	<b>BLUE BOX ITEM – External Well-Led Review Summary Report</b>	
	Summary findings of the external Well-Led review by Aqua were provided in the Blue Box for information and were received and noted.	
<b>14.2</b>	<b>Non-Executive Director Champion Roles</b>	
	<p>The report provided an update on the new (national) approach to Board oversight by NED Champion roles and sought approval of these changes in respect of Committee ToR to provide assurance to the Board.</p> <p>Following a detailed review NHSE/I had released a new publication that set out clarity to the roles of champion NEDs, and the assurance to be provided to Boards from scrutiny by Committees reporting into Board.</p> <p>The following roles would be retained (defined in legislation or are formal recommendations from national inquiries):</p> <ul style="list-style-type: none"> <li>• Maternity Board Safety Champion – Laura Stroud</li> <li>• Wellbeing Guardian – Chris Schofield</li> <li>• Freedom to Speak Up – Tom Kenney</li> <li>• Doctors Disciplinary – Chris Schofield</li> <li>• Security Management (Fraud) – Suzanne Clark</li> </ul> <p>The role description and supporting information for each of these roles was provided in the reports appendices.</p> <p>Of the remaining 13 (as listed in the report) these roles would cease with assurance and monitoring transferred into a Committee structure as described at section 2 of the report.</p> <p>The Board noted the new approach to Board oversight and approved the changes to respective Terms of Reference for Board Committees to provide assurance to the Board at item 14.3 to underpin this report.</p>	
<b>14.3</b>	<b>Standing Orders, Standing Financial Instructions and Scheme of Delegation</b>	
	<p>The report updated on minor amendments to the Trust's Standing Orders, Standing Financial Instructions (SFI's) and Scheme of Delegation (SoD) and sought approval of the establishment of a new Innovation District Committee (whose Terms of Reference (ToR) were provided as an appendix)</p> <p>A review of the SFIs and SOD had been undertaken, benchmarking the contents against; NHS England &amp; Improvement, and other peer Trusts. It</p>	

	<p>was noted that the amendments suggested had been reviewed and supported by the Audit Committee.</p> <p>The Changes to the QAC ToR were in response to a change in national guidance and focus of NED Champion roles (see earlier item).</p> <p>The Board received the report, confirmed their support to the minor amendments to the QAC ToR and SFI's &amp; SOD, and approved the establishment of the Innovation District Committee.</p>	
<b>14.4</b>	<b>BLUE BOX ITEM – Freedom of Information Requests</b>	
	The Freedom of Information annual report was provided in the Blue Box for information and was received and noted.	
<b>14.5</b>	<b>Visitor Access Policy – Annual Update</b>	
	<p>The report provided an annual report and a summary of the updates made to the Trust's Official Visitor Access Policy.</p> <p>Dr Phil Wood highlighted that several improvements had been made to the Policy following a recent Internal Audit review and updated that moving forward updates on the Policy would be reported through the Quality Assurance Committee (in line with normal reporting process).</p> <p>He noted the limited visitor access into the Trust throughout 2020/21 due to Covid restrictions; all visitor requests during this time had been reviewed through the Clinical Advisory Group (CAG); there were 22 requests for authorisation of visitors; the majority of these related to promotional work, charity events or media visits and a significant proportion were held in non-clinical, public areas of the Trust or outdoors to comply with IPC restrictions.</p> <p>He drew attention to section 4 of the report and summarised the changes to the Policy (as informed by the Internal Audit) which included improved risk assessment and strengthened monitoring.</p> <p>He informed that the Policy was awaiting final approval from the Policy and Procedures Group and following this he updated on the planned communications plan to accompany roll-out to inform staff of the changes. He noted the full Policy included at Appendix 1</p> <p><b>Jas Narang re-joined the meeting</b></p> <p>Jane Westmoreland shared more details to the Focus Groups held with staff to help inform the Policy refresh and described these as useful and supportive of setting the balance between providing assurance and being operationally deliverable. She was positive of the improvements made to the Policy.</p> <p>She noted that the Trust remained under Level 4 instruction and explained that at this point wider Communications were not scheduled to prevent contradictory messaging to staff (this would start when national restrictions had lifted).</p>	

	The Board received the report and supported the recommendation that future assurance reports were received through the QAC structure.	
	<b>Items for Information</b>	
<b>15.1</b>	<b>BLUE BOX ITEM - Forward Planner</b>	
	The Forward Planner was provided in the Blue Box for information and was received and noted.	
<b>16</b>	<b>Standing Agenda Items</b>	
	<b>Risk</b>	
	There were no items arising from the meeting for escalation to the CRR.	
	<b>Legal Advice</b>	
	There were no items arising from the meeting that warranted the consideration of legal advice.	
	<b>CQC or NHS England/ Improvement</b>	
	There were no items arising from the meeting for escalation to the CQC or NHSE/I.	
	<b>Communications</b>	
	Jane Westmoreland confirmed that she would liaise with Lucy Jackson regarding the Public Health Strategy (at agenda item 13.2) to explore further communication around this messaging.	
<b>17</b>	<b>Review of Meeting and Effectiveness</b>	
	Comments on the meeting effectiveness were welcomed via email.	
<b>18</b>	<b>Any Other Business</b>	
	No other business was discussed.	
	<b>Date of next meeting:</b> Thursday 31 March 2022	