

**DRAFT MINUTES OF THE PUBLIC BOARD MEETING**  
**Thursday 26 January 2023**

**Hybrid Meeting: Board in person with presenters joining via 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 non-Board members were invited to attend via MS Teams

<b>Present:</b>	Linda Pollard	Trust Chair
	Mike Baker	Non-Executive Director
	Mark Burton	Associate Non-Executive Director
	Suzanne Clark	Non-Executive Director
	Phil Corrigan	Non-Executive Director (via MS Teams)
	Lisa Grant	Chief Nurse
	James Goodyear	Director of Strategy
	Julian Hartley	Chief Executive
	Paul Jones	Chief Digital and Information Officer
	Jenny Lewis	Director of Human Resources & Organisational Development (from agenda item 9)
	Georgina Mitchell	Associate Non-Executive Director
	Bob Simpson	Non-Executive Director
	Clare Smith	Chief Operating Officer
	Amanda Stainton	Associate Non-Executive Director
	Laura Stroud	Non-Executive Director
	Craige Richardson	Director of Estates and Facilities
	Gillian Taylor	Non-Executive Director
	Prof Phil Wood	Chief Medical Officer/ Interim Chief Executive (exited at agenda item 10.1)
	Simon Worthington	Director of Finance (joined at agenda item 11.7)
<b>In Attendance:</b>	Jo Bray	Company Secretary
	Craig Brigg	Director of Quality (for agenda item 14.2)
	Helen Christodoulides	Deputy Chief Nurse (interim Chief Nurse from 1 March 2023)
	Jonny Gamble	Deputy Director of Finance
	Vickie Hewitt	Trust Board Administrator
	Sue Gibson	Director of Midwifery (for agenda item 11.2(i) and 12.3)
	Hamish McLure	Deputy Medical Director (interim Chief Medical Officer from 1 February 2023)
	David Sebag- Montefiore	Consultant Oncologist (for agenda item 4)
<b>Observing:</b>	Esther Wakeman	CEO, Leeds Hospitals Charity
<b>Apologies:</b>	Chris Schofield	Non-Executive Director

Agenda Item		ACTION
<b>1</b>	<b>Apologies for Absence</b>	
	<p>Apologies for absence were received from Chris Schofield, Non-Executive Director (NED) and it was noted that Simon Worthington, Director of Finance would be joining the meeting late as he was attending a member of staff's funeral; Jonny Gamble, Deputy Director of Finance was in attendance on his behalf.</p> <p>Jenny Lewis Director of OD and HR was responding to a HR issue relating to media announcement of the court appearance relating to the incident at the Trust on 20 January 2023 and would be joining the meeting late.</p> <p>Prof Phil Wood would be stepping out of the meeting to join a national call with NHSE.</p>	
<b>2</b>	<b>Welcome and Introductions</b>	
	<p>The Trust Chair welcomed the Board to the meeting and in addition welcomed Jonny Gamble, Deputy Director of Finance, Helen Christodoulides, Deputy Chief Nurse and Hamish McLure, Deputy Medical Director, noting their future interim roles.</p> <p>She welcomed members of the public observing the meeting via the live stream through the Trust's website*.</p> <p>She updated the Board on the appointment of Prof Phil Wood to the Chief Executive vacancy and thanked the Board, staff and partners for their contribution to the focus groups and interview process.</p> <p><i>*Post-meeting note – on the day the Livestream was impacted by technical issues with the live streaming software, this was the first occurrence of such an issue since May 2020 and the onset of the pandemic. A copy of the meeting minutes would be made available on the Public website following normal processes.</i></p>	
<b>3</b>	<b>Declarations of Interest</b>	
	There were no declarations of interest and the meeting was quorate.	
<b>4</b>	<b>Patient Story – Smarter Kinder Treatment</b>	
	<p><i>In attendance:</i> <i>David Sebag-Montefiore, Consultant Oncologist</i></p> <p>David Sebag-Montefiore introduced himself and noted that as it was World Cancer Day the following week, he had selected this particular video (<a href="https://youtu.be/tXLGCLB3MDM">https://youtu.be/tXLGCLB3MDM</a>) for the Board to view. He outlined the progress that had been made in the complex field of cancer research and highlighted the benefits of collaborative working to create greater traction.</p> <p>He introduced the video story about a patient who had been diagnosed with cancer. She'd been treated with radiotherapy and had contributed to a research programme about ways to reduce the need for such long</p>	

	<p>courses of radiotherapy. She was very positive about the benefits of being involved in clinical trials and would recommend others to do the same.</p> <p>The Trust Chair thanked the team for the insights from this patient story and informed the Board that this was part of a wider collection of patient stories that would be showcased the following week to raise awareness during World Cancer Day. She explored more details about immunome therapy which was explained in more detail by David Sebag-Montefiore.</p> <p>Laura Stroud referenced her role as Chair of the Quality Assurance Committee and commented on the patient centrality of the story and that research was factored into the days of treatment.</p> <p>Mark Burton explored the future application of these types of transformations and David Sebag-Montefiore explained that this was a trail to test the right dose of radiotherapy at the duration and with the biopsy would understand more to transform this disease which would move from a one size fits all approach and would be transformational for patients with the right dose and factor in immune therapy.</p> <p>The Board received and noted the update.</p>	
<b>5.1</b>	<b>Draft Minutes of the Last Meeting</b>	
	The draft minutes of the lase meeting held 24 November 2022 were confirmed to be a correct record.	
<b>6</b>	<b>Matters Arising</b>	
	There were no matters arising listed on the agenda and none were raised during the meeting.	
<b>7</b>	<b>Review of the Action Tracker</b>	
	The action tracker was reviewed, and progress noted.	
<b>8</b>	<b>Chair's Report</b>	
	<p>The report provided an update on the actions and activity of the Trust Chair since the last Board meeting.</p> <p>The Trust Chair noted the detail within her report and updated that she had been appointed as Vice Chair and Senior Independent Director of NHS Providers.</p> <p>She highlighted her close working with Gatenby Sanderson on the external recruitment process for the new Chief Executive, with the interviews for this held on 20 January. She wanted to thank everyone who had assisted this process and updated, having carried out the necessary HR Processes, she was pleased to announce that Prof Phil Wood, Chief Medical Officer and Deputy Chief Executive, had been appointed as Chief Executive with effect from 1 February 2023, with Dr Hamish McLure, assuming the role as interim Chief Medical Officer. She noted that Prof Phil Wood would lead on the appointment process for the Chief Nurse which was currently out to advert and would be followed by the recruitment of the Chief Medical Officer. Helen Christodoulides, Deputy Chief Nurse would be the Interim Chief Nurse</p>	

	<p>from 1 March 2023 as Lisa Grant would leave the Trust on 28 February 2023.</p> <p>She reminded the Board that formally appointed interims (i.e. interims whose appointments are made by the Board in accordance with the Trust's governance arrangements) had the same delegations and powers as the role they are acting as interim for.</p> <p>She drew attention to section 13 and sought endorsement for the items taken as Chairs action noting the further detail within the report:</p> <ul style="list-style-type: none"> <li>• The November Finance &amp; Performance (F&amp;P) Committee meeting approved a contract for the Provision of Wheelchair Repair &amp; Maintenance and Specialist Seating Services subject to the receipt of additional information with approval delegated via Chairs Action on confirmation. This information was provided with assurance of value for money and in keeping with the new framework for NHS Supply Chain, comparison with peer size organisations, and in light of tight timescales assurance was sought for continuity of service provision if out of the current contract - Chairs action was supported for this approval by Linda Pollard, Trust Chair, Julian Hartley, Chief Executive, Gillian Taylor, Deputy Chair and Suzanne Clark, Chair of the Audit Committee on 29 November 2022.</li> <li>• Chair's action was granted to replace a number of endoscopes, ERCP scopes and endoscopy stacks that were nearing the end of their current lifespan, as well a request for additional gastroscopes and capnography machines to ensure that the service complies with NICE and JAG guidance for sedated patients. Funding had been approved by the National Endoscopy Programme within NHS England (NSHE), and totalled £1,355,000 inclusive of any non-recoverable VAT. The Trust was notified of the decision by NHSE to award funding early January 2023 with the requirement to spend the capital funds by the end of the financial year. Due to some of the lead times on this equipment, it was required that orders were placed during the week of the 9 January 2023 to comply with this, (through the approved procurement route) - Chairs action was supported by Linda Pollard, Trust Chair, Julian Hartley, Chief Executive, Gillian Taylor, Deputy Chair and Suzanne Clark, Chair of the Audit Committee on 11 January 2023.</li> </ul> <p>The Board received the report and confirmed its endorsement to the items approved for Chairs action.</p>	
<b>9.1</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 reflected that this was his last meeting as CEO with the Trust however was delighted to be handing over to Prof Phil Wood as the Trust transitioned to its next phase.</p>	

	<p>He shared details of the operational pressures experienced over the Christmas and New Year period. He reported positively that the Trust was maintaining its strong performance against Ambulance Handover Times – the national average for handovers longer than 30 minutes was 36% across England with the Trust reporting at 3%. He shared that the Trust was making steady progress against its elective recovery programme and reported that teams were performing ahead of trajectory against both the 52 and 78 week wait target (noting the further detail within the IQPR at agenda item 12.2).</p> <p>He provided an overview of the activity that had taken place across local and regional partnerships, noting the influential visitors the system had hosted and the ongoing engagement regarding the Innovation District and Building the Leeds Way (BtLW) programme for the City.</p> <p>He formally thanked Leeds Hospitals Charity for their role in supporting the Rob Burrow MND Centre and highlighted the activity taking place to raise funds.</p> <p>He drew attention to the consultant approvals at section 9 which had been made under delegated authority. Suzanne Clark questioned if there were any areas to be noted on against the four departing consultants from anaesthetics and Hamish McLure provided assurance that this was considered normal turnover within the size of this departments consultant workforce.</p> <p><b>Jenny Lewis joined the meeting</b></p> <p>The Board received the report and confirmed its ratification of the consultant appointments made.</p>	
<b>10</b>	<b>Risk</b>	
<b>10.1</b>	<b>Current Operational Pressures</b>	
	<p>Julian Hartley provided a verbal update on current operational pressures within the Trust. He informed that the Trust had spent large parts of the previous period in Silver or Gold Command and recorded his thanks to teams. He outlined the mitigations that had been implemented across the Trust to reduce the impact of industrial action on patients and the increased internal communications across the Trust during this period to keep staff informed and safe. Clare Smith expanded on the short term actions that had been taken to balance risk.</p> <p><b>Prof Phil Wood exited the meeting</b></p> <p>Julian Hartley referenced the ongoing work with partners on discharge and noting the continued challenge to the Trust of the volume of patients with no Reason to Reside (RtR) and the City plans to address this. The Trust Chair commented on the increased pressure across the whole of the health and social care system which prompted wider discussion on the wider economic pressures.</p>	

	<p>The Trust Chair noted the additional pressures caused by the incident the previous week that had seen an individual reprimanded under the Counter-Terrorism Act and was insightful that the impact on staff had been significant however they had responded with professionalism and commitment to patients and she wanted to sincerely thank staff and patients for their response to the enormous challenges that the day created, this was echoed by the wider Board. For members of the public she noted the Board had received a detailed update on the incident that morning with assurance received that no harm had arisen as a result of this incident and ongoing investigation would continue through the Police and Counter-Terrorism Office who had stated that no further threat was perceived to the hospital or public.</p> <p>The Board received and noted the update.</p>	
<b>10.2</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 noted the detail within the report describing the assurances received at the Risk Management Committee (RMC) meetings held 1 December 2022 and 5 January 2023.</p> <p>He updated that the Committee had agreed that the risk score for CRRF1 (failure to deliver the financial plan for 2022/23) would be reduced from 15 to 20 with assurances received that following the Q3 fundamental financial review and the Trust was continuing to forecast achievement of its original plan of a surplus of £7.6M.</p> <p>One addition had been agreed to the CRR which was an escalation from the DIT Committee on the Risk of DIT not having resources available to deliver the demands from the Trust with an update provided from the Chief Digital and Information Officer and an initial score of 15 agreed.</p> <p>The Board received the report and support the amendments to the CRR.</p>	
<b>10.3</b>	<b>BLUE BOX ITEM – Fire Safety Report Q2&amp;3 2022/23</b>	
	The Q2 and Q3 Fire Safety Report was provided in the Blue Box for information and was received and noted.	
<b>11</b>	<b>Minutes of Meetings</b>	
	<b>Quality Assurance Committee</b>	
<b>11.1</b>	<b>Chair’s Summary Report</b>	
	<p>The report provided an overview of significant issues of interest to the Board, highlighted key risks discussed, key decisions taken, and key actions agreed at the Quality Assurance Committee (QAC) meeting held 15 December 2022.</p> <p>Laura Stroud highlighted the Patient Story received by the Committee which had shared a patient’s experience following a high risk pregnancy and the Committee had noted the care and compassion evident</p>	

	<p>throughout the video and that patient stories were being used within the Maternity MDT training to share service users experience and stories.</p> <p>She drew attention to the detail within the report of the assurance updates received by the Committee and noted the triangulation of this data with the weekly Quality meetings.</p> <p>She highlighted the deep-dive received on the palliative and End of Life (EoL) care provision and shared a concern had been raised on the future of EoL commissioning with a risk this would be based on an under estimate of the EoL care population (particularly that associated to LTHT) which could risk future strategic planning and funding decisions. The Committee had recommended that the Trust clarified internally what groups were in place to support end of life discussions and how these could feed externally to inform city wide groups. James Goodyear confirmed that this had been escalated for action through the EoL Care Group.</p> <p>The Board received the report and noted the assurances received by the QAC.</p>	
<b>11.2(i)</b>	<b>Maternity Services: NHSR Maternity Incentive Scheme</b>	
	<p><i>In attendance:</i> Sue Gibson, Director of Midwifery</p> <p>This report provided information and assurance to the Board in relation to:</p> <ul style="list-style-type: none"> <li>• Compliance with the fourth year of the Clinical Negligence Scheme for Trusts (CNST) Incentive Scheme for Maternity Safety Actions;</li> <li>• Compliance with the NHS Resolution (NHSR) Maternity Incentive Scheme (MIS) year 4 standards; and</li> <li>• That Local maternity commissioners had met and reviewed the evidence and agreed with the declaration of full compliance against all CNST 10 safety actions.</li> </ul> <p>Sue Gibson set context to the MIS which was now in its fourth year; the scheme supported the delivery of safer maternity care through an incentive element to trust contributions to CNST and rewards trusts that meet the 10 safety actions designed to improve the delivery of best practice in maternity and neonatal services.</p> <p>She shared insight into the work of the Maternity team to progress the requirements of the MIS and drew attention to the evidence table at Appendix 1 noting this had been reviewed and accepted by the QAC.</p> <p>Noting the deep-dive received by the QAC the Board received the report and confirmed its assurance of compliance against the 10 safety actions and authorised the CEO to sign the compliance declaration form (Appendix 2) confirming this which would be submitted to NHSR by 3 February 2023.</p>	Julian Hartley
<b>11.2(ii)</b>	<b>BLUE BOX ITEM – Appendix 1; Evidence of Table of Compliance</b>	

	Appendix 1 of the NHSR MIS (providing the table of compliance which detailed the evidence for each of 10 safety actions) was provided in the Blue Box for information and, following the assurances received at agenda item 11.2(i), was received and noted.	
<b>11.2(iii)</b>	<b>BLUE BOX ITEM – Appendix 2; LTHT 2023 Trust Board Compliance</b>	
	Appendix 1 of the NHSR MIS (Compliance self-certification) was provided in the Blue Box for information and, following the assurances received at agenda item 11.2(i), was received and approved for CEO sign-off.	
<b>11.3</b>	<b>BLUE BOX ITEM – Q2 Learning from Deaths Report</b>	
	The Q2 Learning from Deaths Report was provided in the Blue Box for information and, noting the scrutiny through the QAC, was received and noted.	
	<b>Workforce Committee</b>	
<b>11.4</b>	<b>Chairs Summary Report</b>	
	<p>The report provided an overview of significant issues of interest to the Board, highlighted key risks discussed, key decisions taken, and key actions agreed at the Workforce Committee meeting held 5 January 2023.</p> <p>Phil Corrigan drew attention to the detail within the report and highlighted the Staff Story received by the Committee on the impact on staff of the cost of living crisis. The Committee had explored the support services in place across the Trust and received examples of the support they had provided.</p> <p>She informed that the Committee was closely aligned to the Industrial Action taking place across various professions and noting this was a moving feast with the Board regularly updated outside of the Committee structure.</p> <p>She informed that the Committee had received early sight of the most recent Staff Survey results which were currently under embargo with plans to report these formally to the Board in March.</p> <p>The Committee had received a deep-dive on the Advanced Practice Strategy and Medical Associated Professions and had welcomed the insight and assurance this update had provided. She continued that a deep-dive of CRR04 (Health and Safety of Staff) had also been received with the sickness absence data prompting a discussion regarding absence rates especially within Outpatients and the impact it may have on the risk score. The Committee had also reviewed its relevant risk appetite statements and was proposing no changes.</p> <p>The Board received the report and noted the assurances received by the Workforce Committee.</p>	
	<b>Finance and Performance Committee</b>	
<b>11.5(i)</b>	<b>Chairs 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	



	<p>actions agreed at the Finance and Performance Committee (F&amp;P) meetings held 23 November and 14 December 2022.</p> <p>Gillian Taylor drew attention to the detail within the report and in addition noted that commercially sensitive items had been reported to the Board via their Workshop meeting.</p> <p>She updated on the Committee's monitoring of the financial and capital spend position and confirming that the Trust was maintaining its forecast to deliver a balanced year-end position.</p> <p>She noted the receipt of the Constitutional Standards Report and highlighted the additional deep dives received by the Committee on the 104 and 78 Week Recovery Plan and Total Waiting List position; the Committee had noted that November was the third consecutive month the TWL had reduced and commended staff for this achievement despite current pressures.</p> <p>Referencing the December meeting summary, Mark Burton questioned the reasons for the 45% increase in Last Minute Cancelled Operations (LMCO) seen in November. Responding, Clare Smith explained this was primarily due to overarching pressures across the Trust alignment with increased Covid and Flu cases. She reminded of the strategic decision to continue to book patients which did increase the risk of LMCO.</p> <p>The Board received the report and noted the assurances received by the F&amp;P Committee.</p>	
<b>11.5(ii)</b>	<b>Verbal Summary Update from the Meeting held 25 January 2023</b>	
	Gillian Taylor referenced the update provided to the Board Workshop that morning and had no further items to raise in the public meeting.	
	<b>Audit Committee</b>	
<b>11.6</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 Audit Committee meeting held 1 December 2022.</p> <p>Suzanne Clark updated that Jenny Lewis had joined the meeting to provide an update on the delays to the review of policies within HR (as set out in the six monthly report received at the September Committee meeting). Assurance was received of the reset and recovery plan with recognition given to the competing pressures for the HR team and the current work load in preparing the organisation for strike action.</p> <p>She highlighted the assurance deep-dives received on the following areas of the risk in the Board Assurance Framework:</p> <ul style="list-style-type: none"> <li>• Patient Safety and Outcome risk</li> <li>• Research Innovation and Development risk</li> <li>• Partnership Working risk</li> <li>• Strategic Planning risk</li> </ul>	

	<p>In addition, assurance was also received on the controls in place in respect of productivity noting the plans to address the gaps in control in the annual plan and medium term plans which will be reported to the F&amp;P Committee against the delivery set out in the five year financial plan.</p> <p>She drew attention to the updates received from the Internal and External Auditors, and highlighting that all internal audit actions were progressing within their agreed timeline.</p> <p>The Committee had received an update on the Counter Fraud position and noted the introduction of a new Counter Fraud apprenticeship role; the report had provided assurance and high-level details of 11 referrals received to date, with ten cases closed and four remaining open.</p> <p>The Committee had also received the Losses and Special Payments report which included benchmarking against other trusts and previous years; 216 cases were reported totalling £292K with the value and number being higher than previous years.</p> <p>An update was received on the process to complete the Annual Accounts and the Committee supported the preparation of the annual accounts on a going concern basis.</p> <p>In addition, the Committee had reviewed its relevant risk descriptions (as within the RAF) and she noted the report that would be provided to the Board at agenda item 14.2.</p> <p>The Board received the report and noted the assurances that had been received by the Audit Committee.</p>	
	<b>Research and Innovation Committee</b>	
<b>11.7</b>	<b>Chairs Summary Report</b>	
	<p>The report provided an overview of significant issues of interest to the Board, highlighted key risks discussed, key decisions taken, and key actions agreed at the Research and Innovation (R&amp;I) Committee meeting held 17 January 2023.</p> <p>The Trust Chair reminded that this had been the second meeting of the revised R&amp;I Committee as an assurance forum which had been a decision to reflect the growing role and importance of R&amp;I.</p> <p>She drew attention to the updates received by the Committee as detailed in the report, highlighting the update received on the progress of R&amp;I across the City and ambition for the future.</p> <p>The Committee had also received an update against research finance and funding and had agreed a revised reporting template and highlighted a need for greater ownership of research at CSU level, which would be taken forward.</p>	

	<p>She updated that a Communications Manager had been appointed to the R&amp;I structure to maximise the communications activity that supports the whole R&amp;I agenda; the post-holder had commenced this role with support provided from Jane Westmoreland, Associate Director of Communications.</p> <p>The Board received the report and noted the assurances received by the R&amp;I Committee.</p> <p><b>Simon Worthington joined the meeting</b></p>	
<b>12</b>	<b>Quality and Performance</b>	
<b>12.2</b>	<b>BLUE BOX ITEM - Integrated Quality and Performance Report</b>	
	<p>The Integrated Quality and Performance Report (IQPR) was provided in the Blue Box for information and triangulation with the updates received via the Chairs Committee reports. Data within the IQPR was aligned to the domains set out within the CQC Well-led framework (Safe, Responsive, Effective, Well-Led, Caring and Use of Resources).</p> <p>Gillian Taylor commented on the high operational pressures Yorkshire Ambulance Service (YAS) were experiencing and welcomed further comment on how the Trust was maintaining handover times and prioritising patient safety. Responding, Clare Smith provided further detail to the Ambulance Perfect Week that had been held collaboratively with YAS and the learning from this, in addition a Halo Coordinator from YAS had been appointed to the Trust and was providing pivotal support in the maintained and improvement for handovers. She reported that current performance was 10m42s for the LGI site, and 16m58s for the SJUH site. She stressed the intention on quality care for patients this was providing an extra layer of oversight to try and prevent harm from this time pressures. Helen Christodoulides expanded on the use of surge areas on wards and the audits undertaken to provide assurance on the care delivered which flowed into the weekly quality report; all patients in these areas received increased oversight, criteria of who is safest to put in area – all received a letter of apology with assurance on this reported to QSAG and QAC.</p> <p>Mark Burton welcomed further insight against the sickness and absence metrics and Jenny Lewis noted that this position remained high and provided detail into the oversight of actions through the Workforce Committee to reduce this which included a review of trajectories and identifying barriers to returning to work and successful interventions. She updated on the increased volume of staff contacts with the mental health first aiders (which was a voluntary role taken on by staff who received training to provide support to colleges) and was positive this resource was being utilised.</p> <p>Jenny Lewis drew the Boards attention to page 41 and informed of the shift from Green to Red on the Agency spend and reporting it was unlikely the Trust would achieve its target of a 10% reduction. She informed that the F&amp;P Committee had received an update on this the</p>	

	<p>previous day and Simon Worthington expanded on the additional staff that had been required following the Trust taking on the Villa Care wards. The Trust Chair noted in total seven additional wards had been opened across the Trust and referenced the work of Newton Europe with Leeds ICB that had been discussed with Partners in the Board Workshop that morning.</p> <p>Suzanne Clark update that the DIT Committee would be undertaking a deep-dive of its performance metrics and informed that a revised matrix was anticipated to be included within the next IQPR to better reflect areas to manage going forward; enhanced measures</p> <p>The Board received and noted the report.</p>	
<b>12.3 (i)</b>	<b>Nursing &amp; Midwifery Quality &amp; Safety Staffing Report</b>	
	<p><i>In attendance,</i> <i>Sue Gibson, Director of Midwifery</i></p> <p>The report provided the Board with key nursing and midwifery workforce data which described staffing levels in relation to the safety and quality of care provided; data in the report was provided for October and November 2022; the report included staffing information against all wards areas opened in month.</p> <p>Helen Christodoulides provided a high level overview of the report; for members of the Public, she provided additional context to the Safer Staffing metrics and requirements to support the data included within the report. A summary of the key headlines from the report was included below:</p> <ul style="list-style-type: none"> <li>• Hard Truths – in October 2022, of the 92 inpatient areas reviewed, 63 areas reported less than an average of 80% fill-rate against their planned staffing levels; of these nine areas had also triggered the safety and quality requirements in the Ward Healthcheck Process (WHP). In November, of the 91 inpatient areas reviewed 28 areas reported less than an average fill rate of 80% with no clinical areas also triggering the safety and quality metrics in the WHP; five wards reporting below the planned 80% staffing trajectory were also reporting an amber rating in the WHP which prompted further investigation. All areas who had triggered the WHP also received a follow-up with further analysis shown at Appendix 2 of the report.</li> <li>• Safe Care Red Shifts – in October 2022 there were 56 red shifts (unmitigated safety concerns) reported – this was a reduction of 37 when compared to the previous month; the majority of shifts were reported in the Specialty Integrated Medicine (SIM) and Trauma Related Services (TRS) CSU's. In November 2022 there were 92 red shifts reported, with the biggest increase seen in the Children's CSU (reflecting the national and regional increase in demand across children's services). Both months reported similar themes of nursing staff vacancies, short term staff absence and cancellation of or Bank and Agency shifts remaining unfilled. All</li> </ul>	

CSU's reported increased patient acuity and dependency, specifically increased enhanced care requirements. All shifts with unmitigated safety concerns were escalated appropriately and no serious incidents were reported; Bank and Agency rates were temporally escalated on a shift by shift basis to maintain safe care. Additional funding had been approved by Executive Directors to provide additional Agency Registered Nurse provision from December to March 2023 to support seasonal operational pressures.

- Red Flag Escalation - a total of 1577 Red Flags were reported across the Trust in October and November 2022 (with attention drawn to the SPC charts within the report). The greatest number of red flags continued to be in relation to 'Number of skill mix of nurses not sufficient' and 'Unmet Enhanced Care Need'.
- The current Registered Nursing, Midwifery and Operating Department Practitioner vacancy rate was 9.9% (an improvement from 12.9% in September 2022); the current registered nursing turnover rate was 7.67%.
- The current CSW vacancy rate was 25.7% with a turnover rate of 10.92% (a reduction from 11.45% in October 2022); a new pathway had been developed to support CSW recruitment with the first cohort commencing training in December 2022 and a further 80 WTE CSW's recruited to start training in January 2023.
- Safer Nursing Care Tool (SCNT) – following the Q2 data collection Children's ED had been an area where current establishments did not align to the SNCT tool recommended WTE; subsequent plans had been implemented to increase Children's ED staffing by one (WTE) registered nurse per day.

Sue Gibson drew the Boards attention to the Midwifery safe staffing information from page 5 of the report;

She reported that the Midwifery Team continued to utilise the NICE endorsed workforce planning tool 'Birthrate Plus' alongside analysis of acuity on the delivery suites and professional judgement. The collective ratio of births to midwife had remained stable at 26 births to 1 WTE midwife for October and 27 births to 1 WTE midwife in November. The quality indicators of 1 to 1 care in labour and the supernumerary status of the delivery suite coordinators on both sites had remained at 100%.

She continued there had been 177 Maternity Red Flags reported over the last period (an increase of 19) with the theme remaining unchanged with the majority of red flags being a delay from admission to the start of the induction of labour process. To support improvements in delays with induction of labour 1.6 WTE Band 7 Patient Flow Coordinators had been recruited and were now in post. She drew attention to the acuity data for the delivery suites at Appendix 3, and highlighted that the charts demonstrated that the overall workforce availability met the acuity and activity needs for both delivery suites, explaining this was achieved by the continued flexible use of staff.

She informed the Board that the Hard Truths data for the maternity inpatient wards had identified one night shift in October on the post-natal ward where registered staff fell below 80% - this was mitigated with staff redeployment, and the WHP rating was Green for October however she updated that the ward was in first stage escalation with an action improvement plan in development.

The Trust Chair questioned if the demand on Children's services had continued and Helen Christodoulides confirmed these had eased off and reminding the Board of the increased cases of Strep A that had been witnessed nationally.

Referencing the volume of Maternity Red Flags on the delay in induction, Georgina Mitchell sought further assurance of the actions taken to address this. Responding Sue Gibson explained that the key action had been the appointment of additional Patient Co-ordinators to support better bed utilisation and patient communication. She was pleased to report that the qualitative data gathered from new mothers was improving. With steady improvements in the KPI's which would continue to be monitored and providing assurance that teams monitored any risk of harm to the baby or new mother.

Noting this would be her last meeting with the Board, Lisa Grant formally recorded her thanks to the Board for their support and investment in nurse staffing; an additional 750 Registered Nurses and over 300 CSW's.

Mike Baker commented that it was healthy to see the data presented in this format with a clear position on the numbers and incidents; referencing the workforce detail at sections 6 and 7 he paid tribute to the reduce number of Red Flags within current pressures; he suggested that it be beneficial for a trend and theme analysis be conducted towards the year-end to look back at trends and see the impact of external factors including the strikes. Laura Stroud noted the triangulation of this data through the Workforce and Quality Assurance Committees and her additional assurance and oversight in her role as NED Maternity Champion. She expanded on the areas of assurance sought by the Committee which included valued work and retention and was able to provide assurance to the Board of the robust discussions and scrutiny via the Committees. Jenny Lewis echoed the depth of data available to the Workforce Committee to evidence this; retention and turnover monitored closely. Mike Baker shared that the Trust's turnover was below the average for the public sector nationally (8%) which was a tribute to the Trust.

Simon Worthington shared with the Board feedback he had received from a personal friend who's relative had required hospital care and the commendation of the care displayed by the Nurses, wanting to share an example of the great care nurses delivered. The Trust Chair also shared an example in which special arrangements had been made to attend an end of life visit to the Trust during the incident the previous week. She

	<p>outlined the coordination and risk assessment between the family, Trust and control centre but also highlighting the patient centred focus and commendation to the wider patient care that continued to be delivered.</p> <p>The Board received and noted the report.</p> <p><b>Sue Gibson exited the meeting</b></p>	
<b>12.3(ii)</b>	<b>BLUE BOX ITEM – Supplementary Information Quality &amp; Safety Staffing Report and Annual Report</b>	
	Supplementary information to support the report provided at agenda item 12.3(i) was provided in the Blue Box and was received and noted.	
<b>13</b>	<b>Strategy and Planning</b>	
<b>13.1</b>	<b>BLUE BOX ITEM - Building the Leeds Way</b>	
	The Building the Leeds Way progress report was provided in the Blue Box for information and, noting the commercially sensitive detail received in the Board Workshop, was received and noted	
<b>14</b>	<b>Governance and Regulation</b>	
<b>14.1</b>	<b>BLUE BOX ITEM – Freedom of Information Annual Report</b>	
	The 2022/23 Freedom of Information (FoI) Annual Report was provided in the Blue Box for information and was received and noted.	
<b>14.2</b>	<b>Update on Risk Appetite</b>	
	<p><i>In attendance:</i> <i>Craig Brigg, Director of Quality</i></p> <p>This report provided an update on the review of risk categories and risk appetite statements in line with the annual review process agreed at the Board Timeout in March 2021.</p> <p>Julian Hartley opened the item and thanked Suzanne Clark for the support and advice she had provided during the development of the risk appetite statements. He referenced the review through the Board Committees of the categories and statements following the first 18 months of embedding.</p> <p>Craig Brigg provided further detail to the review process through the Committee's and explained the guiding principle that radical change to the Risk Appetite Framework and Statements were not anticipated however Committee Chairs were asked to reflect on the external environment and impact on risk.</p> <p>He reported that following this review no material changes had been identified however minor changes were proposed as follows:</p> <ul style="list-style-type: none"> <li>• Risk description of the level 2 Financial Reporting risk to be amended to 'we will deliver sound financial management and reporting for the Trust, aiming to at least break even, with no material misstatements or variances to forecast';</li> <li>• The level 2 risk 'Revenue Funding and Liquidity' to be changed to 'Revenue Funding and Cash Management';</li> </ul>	

	<ul style="list-style-type: none"> <li>• Risk description of the Change Operational Risk to be amended to include focus on the delivery of large-scale capital developments and waste reduction programmes, and be moved from Operational risk to Finance risk;</li> <li>• Addition of 'transmission' within the Information Governance Operational risk;</li> <li>• Addition of 'secure' within the Information Technology Operational risk.</li> </ul> <p>He continued that Committee Chairs would be asked to seek continuous assurance on the measures used to inform the risk appetite statements, and informed a summary would be included from each Committee Chair in their Committee annual reports which would inform the Annual Governance Statement.</p> <p>He confirmed that following approval by the Board the revisions to the risk appetite statements would be incorporated and published within the 2023/24 Risk Appetite Framework.</p> <p>Prof Phil Wood shared that the RAF had been a useful tool to encourage the thinking and articulation of risk. He noted the review of Trust goals that would take place in March and requested that any feedback from this exercise be incorporated prior to publication.</p> <p>The Trust Chair referenced the Board discussion with City Partners held that morning and asked that system working risk and assurances be strengthened within the BAF which was confirmed. There was a wider discussion on the risk appetite across the City and it was agreed that the Risk Appetite Framework would be shared across Leeds Place and the WY ICB with a suggestion that this standard be adopted across the region.</p> <p>The Board received the report on the risk categories and risk appetite statements and confirmed its support the recommended changes from the Committee reviews.</p>	<p>Phil Wood</p>
<p><b>14.3</b></p>	<p><b>Board Assurance Framework</b></p>	
	<p>The report provided and update on the Board Assurance Framework (BAF) following review of the risk categories and risk appetite statements at the Board Timeout in October 2022.</p> <p>James Goodyear set context to the BAF which set out the key risks to achieving the Trust's strategic objectives and had continued to be developed in line with the revised Risk Management Framework.</p> <p>He referenced the discussion at the Board Timeout held in October and the identification of risks associated with the delivery of the Trust's strategic goals which had informed the reconstruction of the BAF to ensure it was fully aligned to the risk categories and statements agreed by the Board.</p>	



	<p>He highlighted the inclusion of the updated BAF at Appendix 1 and explained the intention to publish this for 2023/24. Ongoing assurance and review would be provided through the Audit Committee and the BAF would be subject to ongoing review alongside the Trust's strategic goals through the Board Timeout programme.</p> <p>The Board received the report and confirmed its assurance on the progress to refresh the BAF.</p>	
<b>14.4</b>	<b>Clinical Excellence Awards Update</b>	
	<p>The report provided an update on the current position in regard to the local Clinical Excellence Awards (CEA).</p> <p>Prof Phil Wood reminded that CEA's were to recognise and reward NHS Clinicians who had performed 'over and above' the standard expected of their role and who could demonstrate achievements in developing and delivering high quality patient care, and commitment to the continuous improvement of the NHS.</p> <p>He informed that in light of the requirement for clinicians to focus resource efforts on recovery following the Covid-19 pandemic both NHSE and the BMA were recommending that Trust's should take the same approach to distributing local CEA funds in 2022/23 as in 2021/22 and 2020/21. This would see local CEA funds distributed as a one-off, equal value, non-consolidated payment to all eligible consultants rather than an application process.</p> <p>He updated that NHSE and the BMA were reviewing options to replace the current local CEA scheme from April 2023 to enable broader access, simplify the application process and ensure the scheme rewards and incentivises excellence across both work and behaviour.</p> <p>The Board received and noted the report.</p>	
	<b>Items for Information</b>	
<b>15.1</b>	<b>BLUE BOX ITEM - Forward Planner</b>	
	The Board Forward Planner was provided in the Blue Box for information and was received and noted.	
<b>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>Regulators - CQC or NHS England, ICB/Place issues</b>	
	There were no item arising from the meeting for escalation to the Trust's regulators at the CQC, NHSE or ICS.	
	<b>Communications</b>	
	It was confirmed that several areas had been noted for increased internal communication throughout the meeting which would be followed up with the Communications Team.	
<b>17</b>	<b>Review of Meeting and Effectiveness</b>	

	It was confirmed that the technical issues experienced with the live link would be investigated, with wider comments on the meeting effectiveness welcomed via email.	
<b>18</b>	<b>Any Other Business</b>	
	No other business was discussed.	
	<b>Date of next meeting:</b> 30 March 2023	

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