

DRAFT MINUTES OF THE PUBLIC BOARD MEETING
Thursday 26 May 2022

(Hybrid Meeting held off-site and 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
	Mike Baker	Associate Non-Executive Director
	Mark Burton	Associate Non-Executive Director
	Suzanne Clark	Non-Executive Director (exited at agenda item 14.2)
	Phil Corrigan	Associate Non-Executive Director
	Lisa Grant	Chief Nurse (via MS Teams)
	Paul Jones	Chief Digital and Information Officer (via MS Teams)
	Tom Keeney	Non-Executive Director
	Jenny Lewis	Director of HR & Organisational Development (via MS Teams)
	Georgina Mitchell	Associate Non-Executive Director
	Jas Narang	Non-Executive Director
	Chris Schofield	Non-Executive Director (via MS Teams)
	Bob Simpson	Non-Executive Director (exited at agenda item 14.2)
	Clare Smith	Chief Operating Officer (via MS Teams)
	Laura Stroud	Non-Executive Director
	Gillian Taylor	Non-Executive Director
	Craige Richardson	Director of Estates and Facilities (via MS Teams)
	Dr Phil Wood	Chief Medical Officer/ Deputy Chief Executive (via MS Teams)
	Rachel Woodman	Associate Non-Executive Director (exited at agenda item 13.4 and re-joined at item 14.2)
	Simon Worthington	Director of Finance (via MS Teams)
In Attendance:	Jo Bray	Company Secretary
	Louise Buchanan	Guardian of Safe Working (for agenda item 14.2) (via MS Teams)
	Jennifer Campbell	Consultant Clinical Geneticist & Lead Clinician, Yorkshire Regional Genetics Service (for agenda item 13.2) (via MS Teams)
	Joe Cohen	Freedom to Speak Up Lead (for agenda item 14.1) (via MS Teams)
	Sue Gibson	Director of Midwifery (for agenda item 12.3(i)) (via MS Teams)
	Stuart Haines	Medical Education Lead (for agenda item 12.6) (via MS Teams)
	Mike Harvey	Assistant Director of Operations (for agenda item 13.3) (via MS Teams)
	Judith Hayward	GP and Lead for NEY GMSA (for agenda item 13.2) (via MS Teams)
	Gerrard Kelly	Consultant, ENT Surgeon (for agenda item 12.6) (via MS Teams)
	Celia McKenzie	Deputy Head of Nursing, Children's (for agenda item 4) (via MS Teams)
	Rob Newton	Associate Director of Policy and Partnerships (via MS Teams)
	Ros Roden	Guardian of Safe Working (for agenda item 14.2) (via MS Teams)
	James Steer	Head of GLH Central Laboratory, NEY GLH (for agenda item 13.2) (via MS Teams)
	Paul Widdowfield	Head of Communications (via MS Teams)
Apologies:	Julian Hartley	Chief Executive
	Jane Westmoreland	Associate Director of Communications

Agenda Item		ACTION
1	Welcome and Introductions	
	The Trust Chair welcomed attendees to the meeting, and noted the addition of Mike Baker and Mark Burton, Associate Non-Executive Directors (NED) as new members of the Board.	
2	Apologies for Absence	
	Apologies for absence were received from Julian Hartley and Jane Westmoreland, it was noted that Paul Widdowfield was attending on behalf of the Communications team.	
3	Declarations of Interest	
	<p>Phil Corrigan noted a new declaration regarding her appointment as a Strategic Advisor to Liaison Group (a financial and healthcare consultancy group) and confirmed this had been registered on the LTHT Conflicts of Interest Register.</p> <p>There were no other new declarations of interest and the meeting was quorate.</p>	
4	Patient Story – Leeds Children Hospitals; Super Saturday	
	<p><i>In attendance,</i> <i>Celia McKenzie, Deputy Head of Nursing, Children’s</i></p> <p>Celia McKenzie introduced the Patient Story video which provided a short and snappy overview of the Leeds Children’s Hospital ‘Super Saturday’ event; https://youtu.be/LguyloEn54</p> <p>Super Saturdays had been led by the Child Hospital Alliance and had provided a different way to deliver services to children and included a variety of services and treatments for patients to access, overlaid with a fun element to de-intimidate streamline the process. Feedback from parents and patients had been positive, with staff feeling proud to have taken part in this initiative.</p> <p>The Board received the update and noted this as an example of the flexibility and drive and to improve performance across the Organisation.</p> <p>Celia McKenzie exited the meeting</p>	
5.1	Draft Minutes of the Last Meeting	
	The draft minutes of the lase meeting held 31 March 2022 were confirmed to be a correct record.	
6	Matters Arising	
	There were no matters arising listed on the agenda and none were raised during the meeting.	
7	Review of the Action Tracker	
	The action tracker was reviewed, and progress noted.	
8	Chair’s Report	
	The report provided an update on the actions and activity of the Trust Chair since the last Board meeting.	

	<p>Linda Pollard highlighted the detail in the report, and in addition sought endorsement of the items approved for Chairs action as set out at section 7;</p> <ul style="list-style-type: none"> • Ophthalmology Business Case - approval of the increased cost of 1.6% (£105K) associated with inflation; noting the assurance provided to the Finance and Performance (F&P) Committee in advance of this action; • Vanguard Theatres and Photo Voltaic installations – Chairs action was granted for a letter of indemnity for the PFI at Wharfedale to allow work to proceed more quickly; this course of action was supported by the Trust’s legal team with assurance also provided to the F&P Committee. <p>The Board received the report and confirmed its endorsement of the items approved for Chairs action.</p>	
9.1	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>Dr Phil Wood, Deputy Chief Executive presented the report and highlighted the continued pressures across the local system which the Trust and other local partners were responding to. He drew attention to the Multi-Agency Discharge Event (MADE) held in April and the follow up action from this.</p> <p>He noted the closure of the Elland Road Vaccination Centre at the end of March and thanked all staff involved for their creation and running of the Centre.</p> <p>He drew attention to the Leeds Health and Care Partnership Memorandum of Understanding (MoU) which was included as an attachment to the report and was seeking approval of the Trust’s signatory to this. He noted that Hill Dickinson had supported the development of the MoU and outlined the consistency it would provide across the ICS. The Board confirmed their support and approval to the MoU.</p> <p>He noted the strong research and information (R&I) performance as highlighted within the report and highlighted the sections of the report detailing the visits and activity of the Chief Executive.</p> <p>He provided assurance of the internal preparation for the National Inquiry and updated that the local draft Terms of Reference (ToR) for the Trust’s internal Covid Inquiry Group had been updated to align with the National Draft ToR which had now been released; noting these were included as an appendix to the report.</p> <p>The Board received the report and confirmed its ratification to the Consultant appointments as listed as section 7 of the report.</p>	
10	Minutes of Meetings	
	Quality Assurance Committee	
10.1	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 Quality Assurance Committee (QAC) meeting held 28 April 2022.</p> <p>Laura Stroud reminded of the Committee's focus on patient experience and quality, and updated of the latest Patient Story received by the Committee which had shared the experience of a refugee in Leeds and had aligned with the 'understanding our population' work. The Committee had recognised the limited voice of some patients within the community and had explored how stories such as this could be amplified to support the reduction of health inequalities.</p> <p>She continued that the Committee had reviewed its draft 2021-22 Annual Report prior to submission to the Audit Committee on 5 May 2022; noting that the final version was included within the Blue Box at agenda item 10.5C.</p> <p>She highlighted the deep-dive that had been received on Patient Safety within Urgent Care and updated of the strong assurance obtained; a letter of recognition was sent to the Urgent Care team from the Committee Chair in acknowledgement of the support they had provided to patients during this continued challenging period.</p> <p>She reported that the Committee continued to receive updates on progress against the recommendations within the Ockenden Review with strong assurance received and noting the further update that would be provided to the Board at agenda item 12.4. She updated on her regular meetings with the Maternity team in her role as Maternity Safety Champion.</p> <p>She noted the Committee had also received the Infection Prevention Control (IPC) Annual Report and Q3 Learning from Death report which were both provided in the Blue Box for information and assurance to the wider Board.</p> <p>The Board received and noted the report.</p>	
10.1(i)	BLUE BOX ITEM – Infection Prevention Control Annual Report	
	The 2021-22 IPC Annual Report was provided in the Blue Box for information and was received and noted.	
10.1(ii)	BLUE BOX ITEM – Learning from Deaths Report Q3 2021/22	
	The Q3 Learning from Deaths report was provided in the Blue Box for information and was received and noted.	
	Research and Innovation Committee	
10.2	Chairs 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 R&I Committee meeting held 10 May 2022.</p> <p>Dr Phil Wood informed of the deep-dive by the Committee to consider the recovery of research studies (following the impact of the pandemic) and the use of Leeds Improvement Method (LIM) to streamline and recover this.</p>	

	<p>He reported that the Trust had ranked within the top quarter of the National Institute for Health Research (NIHR) metrics which was a positive achievement and evidence of the progress made.</p> <p>He informed that the Trust was awaiting the outcome of its bidding process for the NIHR Biomedical Research Centre (BRC) with the outcome expected in June 2022 and would update at the next meeting. He continued that confirmation had been received of the awarding of £8.7M for the NIHR CRF which would cover the next five years and allow for additional recruitment and study. This was a significant uplift on funding awarded previously which spoke to the good partnership working with the University of Leeds (UoL).</p> <p>The Committee had also received its first update on the Leeds Cancer Research Centre, which was a joint initiative with UoL and positive progress reported.</p> <p>He updated on the National Pathology Imaging Co-operative in development, which was a new collaboration announced with Genomics England that would combined digital pathology and genomics data to provide a unique dataset as a resource for cancer research.</p> <p>He reported that interviews had taken place on 18 May 2022 for a new Head of Healthcare Professionals Academic Development with an announcement to be made shortly.</p> <p><i>Post-meeting Note: Denise Ross, Clinical Specialist Physiotherapist had been appointed to this role.</i></p> <p>He highlighted the on-going work around Real World Data to support data access for researchers.</p> <p>The Board received and noted the update.</p>	Dr Phil Wood
	Workforce Committee	
10.3(i)	Chairs 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 Workforce Committee meeting held 19 May 2022.</p> <p>Tom Keeney updated on the different format this Committee meeting which had focused on deep-dive sessions of each of the People Priorities reset and recovery work. He shared the significant assurance that had been received against each of the priorities with the examples shared by CSU representatives able to offer unique insight into how these were perceived at CSU level.</p> <p>In addition, the Committee had also received updates on Violence Against Staff and Freedom to Speak Up and he noted the additional detail within the report.</p>	

	<p>The Board received and noted the report.</p>	
<p>10.3(ii)</p>	<p>Violence Against Staff Annual Report</p>	
	<p>The Violence against Staffing Annual Report was presented for information and sought to provide assurance on:</p> <ul style="list-style-type: none"> • The on-going work in relation to the management of challenging behaviours; • Reducing the incidence of violence and aggression against staff in LTHT; • Compliance with the Violence Prevention and Reduction (VPR) Standards. <p>Craige Richardson highlighted the inclusion of the new VPR standards in the reports attachments, explaining this was a self-assessment exercise with the Trust currently reporting full compliance in all areas. He noted the formal requirement for a twice annual update to Board and confirmed this had been included within the Boards Forward Planner.</p> <p>He shared that the new standards had been welcomed across the Trust and updated on the process of internal validation that was taking place to ensure that good performance against the new standards would continue to evolve the anti-violence agenda.</p> <p>He reminded the Board of the actions taken and investment into additional support within the Emergency Department in specific response to an increase in incidents. He was cognisant that the due to the nature of the Trust’s business the risk of violent or aggressive behaviour was increased, and could often include patients with mental health or cognitive needs to consider. He emphasised the Trust’s zero-tolerance approach to violence and outlined several of the mitigations in place to deter against incidents including enhanced 1-1 support for patient at risk of violent outburst, and training and support for staff to recognise triggers and learn de-escalation tactics.</p> <p>He updated on the on-going conversations with Jenny Lewis to consider the HWB implications on staff and was grateful for the professional oversight from nursing and HR colleagues.</p> <p>He noted the report provided to the Workforce Committee had been included in the Blue Box for information.</p> <p>The Trust Chair referenced the findings of the recent Staff Survey on violence and aggression and was supportive of the work taking place in this area.</p> <p>She raised the issue of smoking across the site which had increased despite the Trust adopting a no smoking site; she asked that additional emphasise be placed on this. Responding, Dr Phil Wood updated on the reactivation of smoking cessations across the Trust (which had been suspended during the pandemic) and increases in signage to remind visitors of the Trust’s policies. Laura Stroud shared that similar challenges</p>	<p>Craig Brigg</p>

	<p>were experienced at the UoL which had a large volume of public walkthroughs and suggested some joined up action on this which was supported.</p> <p>The Board received and noted the update.</p>	
	Digital and IT Committee	
10.4	Chairs 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 Digital and IT (DIT) Committee meeting held 20 May 2022.</p> <p>Jas Narang outlined the detailed update the Committee had received on the Trust's cyber-preparedness and actions taken to reduce the risk of cyber-attack. He updated of the assurance received on the Apache Log4j vulnerability (which was not limited to the NHS), with the DIT team continuing to work through several remaining systems (including third party packages) to provide full assurance.</p> <p>He continued that the Committee had also received an update on the End User Compute (EUC) roll-out across the Trust and explored the response to the recent requirement of NHS England for acceleration of this, however reported funding was still to be secured.</p> <p>He shared that the DIT Team had recently conducted an internal phishing email exercise to test staff responses to phishing emails, with a wider discussion on the findings. The DIT team had committed to develop a staff communications and training plan which would be reported to the next Committee for assurance.</p> <p>Referencing the move away from paper documents, he updated on the assurances received of the processes and checks in place to ensure the quality of scanned documents. He reported that 97% of paper medical record documentation had being converted to digital, noting the pandemic had fast-tracked this work and commended the team for this achievement.</p> <p>The Board received and noted the report.</p>	
	Audit Committee	
10.5(i)	Chairs Summary	
	<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 5 May 2022.</p> <p>Suzanne Clark highlighted the assurance deep-dives received against the following areas of risk;</p> <ul style="list-style-type: none"> • Information – Governance, Security and Technology Risks; • Workforce - (Supply, Deployment, Retention & Performance Risks); • Capacity Planning and Business Continuity Risk; • External Risks – Legal & Governance, and Regulatory Risk. 	

	<p>She informed that this closed the first cycle of reporting of all risks within the Risk Appetite Statements with a summary of the assurances from each included within the Committee's Annual Report [which was presented at agenda item 10.2(ii)]. She commended the strong level of assurance received from the Executive Team of the management of risk.</p> <p>She reported that the External Audit had confirmed their progress against the year-end reporting activities with the final reports to be received by the Audit Committee and Board on 16 June 2022.</p> <p>The Internal Audit team had presented their annual plan for the coming year which had been supported, and had also provided a draft opinion of the 2021-22 activity with no concerns to escalate to date.</p> <p><u>Post meeting note – extract from AGS dates 16 June 2022 - <i>Cyber Security audit findings currently in draft format but has highlighted some weaknesses known to management that are likely to result in high/critical risk findings.</i></u></p> <p>The Committee had also received an update on Losses and Special Payments made within 2021-22 and had noted the improvements in the reduction of cases and lower value.</p> <p>The Board received and noted the report.</p>	
10.5(ii)	Audit Committee Annual Report 2021/22	
	<p>The 2021-22 Audit Committee was presented to the Board and sought to provide assurance that the Committee had discharged its duties in accordance with its Terms of Reference (ToR), completed its workplan for 2021/22, and set out its workplan for 2022/23.</p> <p>Suzanne Clark confirmed the Committee had discharged its duties noting the detail within the report.</p> <p>She updated of the effectiveness review by Committee members to ensure the Committee was operating in-line with best practice, and highlighted her observation as Committee Chair of other trust's Audit Committees which had led to internal enhancements to ensure the Committee was operating to its best ability.</p> <p>She reported of the assurance received from other Committee Chairs who had presented their annual reports to the meeting on 5 May 2022.</p> <p>She noted the inclusion of the collated Committee 2022/23 objectives included as agenda item 10.5(iii).</p> <p>The Board received the report and confirmed its assurance that the Audit Committee had discharged its duties in accordance with its ToR and completed its work plan for 2021/22. The Committee workplan for 2022/23 was noted.</p>	
10.5	<u>BLUE BOX ITEMS - Committee Annual Reports 2021/22</u> 10.5a - Risk Management Committee	

	10.5b - R&I Committee (Management) 10.5c - Quality Assurance Committee 10.5d - Finance & Performance Committee 10.5e - Workforce Committee 10.5f - DIT Committee	
	The 2021-22 Annual Reports of the Board Committees (received at the Audit Committee on 5 May 2022) were provided in the Blue Box for information and were received and noted [the Building Development, and Innovation District, Committee Annual Reports were restricted to the private meeting due to commercial sensitivity].	
	Remuneration Committee	
10.6	Notes of the meeting held 31 March 2022	
	Summary notes of the Remuneration Committee meeting held 31 March 2022, where the Committee agreed to the creation of an Executive Director of Strategy, which was to be advertised shortly, were provided for information and were received and noted.	
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>Dr Phil Wood noted the detail within the report describing the assurances received and drew out the areas of key changes;</p> <ul style="list-style-type: none"> • CRRF1 (Failure to deliver the financial plan 2022/23) – had increased its risk score from 15 to 20 due to the rise in inflation (which exceeded current financial forecasts) and in recognition of the on-going impact of Covid-19 and how this may impact across the year. • A new risk had been included in relation to the risk of cyber-attack leading to potential loss of IT systems and/or data with information on this risk was received within the Workshop meeting. <p>The increase of cyber risk nationally was recognised, and Mike Burton commended the active management of digital and cyber risk and the proactive approach the Trust was taking to this.</p> <p>Suzanne Clark referenced the PwC report on ‘Managing Risk in the NHS’ which had been received at the Audit Committee and updated on the cross referencing of this to the Trust’s own CRR which had provided strong assurance to the Trust’s consideration and identification of risk with no gaps identified.</p> <p>The Board received and noted the report.</p>	
11.2	<u>BLUE BOX ITEM</u> - Health and Safety Annual Report	
	The 2021-22 Health and Safety Annual Report was provided in the Blue Box for information and was received and noted.	
12	Quality and Performance	
12.1	<u>BLUE BOX ITEM</u> - Vaccination Programme	

	The Vaccination Programme report was provided in the Blue Box for information and was received and noted.	
12.2(i)	Context - Current Operational Pressures	
	<p>Dr Phil Wood noted the discussion that had taking place with Partners in the Workshop meeting that morning on the scale of challenge across the system as it moved through its reset and recovery. He reiterated the dedication from teams to get 'back to better' following the pandemic and highlighted the successes in areas such as Ambulance Handovers and activity recovery that should be celebrated.</p> <p>He made reference to the known pressures within Urgent Care, and across finance, workforce, IT and Estate and the collaborative working that was required to succeed against these challenges. He noted the Strategies on the agenda for that afternoon which would support recovery work, and commended the incredible work by teams to get us back on track after the pandemic.</p>	
12.2(ii)	Integrated Quality and Performance Report	
	<p><i>In attendance:</i> <i>Sue Gibson, Director of Midwifery</i></p> <p>The IQPR was presented for discussion and assurance on quality and performance. Each of the Executives presented an update against their respective portfolio's (aligned against the domains set out within the CQC Well-led framework: Safe, Responsive, Effective, Well-Led, Caring and Use of Resources):</p> <p>Clare Smith drew attention to the Ambulance Handover performance on page 6; she reminded of the challenges throughout the year to manage the balance of risk for patients admitted to the Emergency Department by ambulance; with recognition the Trust offered a safer environment and enabled ambulances to be released back into service.</p> <p>She reported that handover times at the LGI had increased marginally with an average time of 15.42 minutes, in April there were 360 (39.8%) handovers over 15 minutes; at the SJUH site the average handover time was 18.31 minutes with 842 (57.9%) handovers over 15 minutes. She highlighted that the LGI had been recognised as the best in the England for handover times and commended the team for this achievement against a backdrop of a highly pressured operational environment.</p> <p>She updated that during the first week of June the Trust would be hosting a 'Perfect Week' exercise on the SJUH site in collaboration with the Yorkshire Ambulance Service (YAS) with an aim to further reduce handover times.</p> <p>Against the Emergency Care Standard (ECS) on page 7, performance was reported at 68.7%; overall attendances across both sites had remained stable however on site by site comparison the LGI had experienced a 12.8% on the volume of attendees since the same period the previous year. She reminded of the pressures this volume of attendees placed on the workforce and ED estate which was further exasperated by the high levels of bed occupancy across the Trust which was impacting patient flow; bed</p>	

occupancy was report at 98.6% against a national average of 88.6% and the efficiency and productivity impact of this recognised.

She was positive of the impact of the Same Day Emergency Care (SDEC) programme, referencing the internal Report Out which had been delivered and the 7% reduction in admissions for young patients. She noted the on-going work with system partners as discussed by the Board Workshop that morning.

She drew attention to page 10 which set out the Referral to Treatment (RTT), 104ww performance and explained the focus on achieving a position of zero 104ww patients by the end of June 2022 (as per the national target). She reported on the robust processes in place to support the early identification of patients at risk of breaching 104ww and ensuring a line of sight to treatment, and to sustain this position moving forward.

She referenced the tactical and strategic decisions by the Trust to maximise activity opportunities including the conversion of the Wharfedale site to accommodate overnight stays and protect time for 104ww patients, and the support Chapel Allerton Hospital site was providing to the Spinal team – who had delivered 206% improvement in activity.

Moving to page 11, which summarised Outpatient measures she reported there had been an increase in the number of patients awaiting a follow up appointment and the work taking place to understand the reasons behind this. Some of this was around reduced staffing availability due to sickness, isolation and reallocation of staff. She highlighted the increase in the uptake of virtual appointments to 40% (which had been around 9% pre-Covid).

She continued that there had been a decrease in the rates of Outpatient DNA's since August 2021 with the current DNA rate at 8.1% which was in line with peers. She updated on the actions taken and highlighted the roll-out of the Patient Hub which would allow patients to book and amend their appointments online.

She drew attention to the Cancer Waiting Times (CWT) performance on pages 12-14, and reported that the 2ww pathway continued to experience significant pressures and particularly within the Breast and Skin pathways; the Breast service was seeing referrals at day 14 in many cases which was a significant improvement with work taking place to sustain this and create further flexibility to achieve this earlier. The 31 day standard had seen a significant improvement on the January position with March data reporting at 89.9%. The timeliness of radiotherapy delivery of first and subsequent treatments had also continued to be improve, and would be sustained.

Against the 62 day standard she reported that the backlog continued to reduce during March 2022 from 504 to 460; she updated on the continuous work to strengthen oversight between CSU's to deliver further improvements.

<p>She noted the detail against Length of Stay on page 16, and referenced the detailed discussions within the F&P Committee and to Board on the focus on the cohort of patients with no Reason to Reside (RtR). She highlighted the recent MADE event with Partners which had focussed on discharge and understanding the barriers to this, and reminded that the Trust was participating in a national discharge programme. She reflected on the improvements to the internal barriers to discharge and the reliance on partners to take forward meaningful change.</p> <p>The Trust Chair shared with the wider Board, the detailed update and assurance received by the F&P Committee in relation to 104ww. It was confirmed that a copy of this report would be circulated to the wider Board.</p> <p>She commended the achievements by the Spinal team and suggested that the Board write to them in recognition of this. This was supported by the Board and Clare Smith noted there were a number of other teams who had also excelled and confirmed she would provide a summary of these to the Trust Chair.</p> <p>Dr Phil Wood referenced the additional reviews through the QAC to provide on-going assurance against the harm review process of long waiting patients. Gillian Taylor updated that Dr Phil Wood and Lisa Grant would be joining the F&P Committee on a rotational basis to provide greater clinical oversight and strengthen links with the QAC during this period of pressure.</p> <p>Lisa Grant noted the IPC Annual Report included at agenda item 10.1(i) and highlighted the further Healthcare Inquired Infections (HCAI) performance metrics included on pages 26-29. She commended the IPC team for their work in supporting the Organisation and maintaining safety.</p> <p>She drew attention to the Perfect Ward metrics on page 11 which was one of the mechanisms used to provide assurance of care delivery. She reported that additional metrics had been reinstated (following suspension during the Covid period) and explained there had been a slight drop in performance as these were introduced but signs of improvement was being seen and confidence this would continue.</p> <p>She highlighted the Falls and Pressure Ulcer performance on pages 32-33, reminding of the external reviews commissioned in this area following the impact of the Covid period and the improvements which were beginning to be seen. She noted the regular updates through the QAC to maintain oversight of progress.</p> <p>Sue Gibson drew attention to the Maternity information on page 35 which presented data for January and February. She reported that four referrals, meeting referral criteria had been made to the Health Serious Incident Board (HSIB) (one maternity death and three babies for therapeutic cooling).</p> <p>Against the neonatal deaths she explained that all cases were subject to a robust multi-disciplinary review through the perinatal mortality review</p>	<p>Clare Smith/ Linda Pollard/ Jo Bray</p>
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process, and updated on the reciprocal arrangement with a neighbouring trust to provide an external aspect to these reviews.

She reported that there continued to be an increase in the stillbirth rate which mirrored findings at a regional and national level. She reminded of the thematic analysis taking place across the region and informed that the Trust had also commenced a further analysis of the last five years data with a specific focus on deprivation and ethnicity which had been identified in the original thematic review.

She reported there had been an increase in the number of cases identified as 'moderate harm' which was reflective of the significant work undertaken to align the Duty of Candour process alongside identification of the incidents.

Dr Phil Wood drew attention to the Mortality data on page 23 and noted the additional detail in the Learning from Deaths Q3 report included in the Blue Box at agenda item 10.1(ii). He reminded of the detailed reviews of the SHMI position and assurance provided; the SHMI was showing signs of stabilisation with further reductions expected and noting would remain under monitoring through the QAC.

Moving to page 24 he reported there had been an increase in the volume of Serious Incidents (SI) in Q4 which reflected the updated requirements to include Covid-19 infections. He reported that the Patient Safety Incident Framework had gone live reminding of its emphasis on learning and development from incidents (above and beyond investigation process) and had landed well with staff.

He continued that there had been no Never Events reported in Q4 with a total of six reported for the year which was a reduction on the previous year and below peer comparisons.

Moving to page 30 he highlighted the continued strong performance against completion of the VTE risk assessment. He informed that the junior doctor change over period was upcoming which had traditionally led to a slight dip in performance however updated of the additional training that had been built into inductions to mitigate this.

Noting the CQUINS on page 62 he reported these had been reinstated for 2022/23 with progress to be reported through the IQPR.

Craige Richardson drew attention to the E&F slides from page 36; He reported that overall satisfaction with patient catering remained high with feedback taken from patient surveys. He informed that the Trust had recently undergone an announced Audit from the Environmental Agency and had received a five star food rating.

Against the Cleaning metrics he reported that good progress was been made against the new cleaning standards, and reminded of the additional financial and workforce investment over the pandemic period.

He highlighted the security metrics at page 39 and noted the Violence and Aggression Report received at agenda item 10.3(ii). He noted the downward trend against theft and areas of non-violent crime, with incidents involving physical violence remaining relatively stable.

He updated that the E&F Team had been shortlisted for a number of awards, and had achieved two awards within the HEFMA National Awards:

- SJUH Facilities team: Efficiency and improvement (Finalists)
- E&F Senior leadership team: team of the year (Finalists)
- Sustainability, waste and Energy team: team of the year (winners)
- NAFO: LTHT fire team: Research and education on healthcare fire matters (Winners)

Paul Jones highlighted the inclusion of the updated digital metrics on pages 41-45. He highlighted the current backlog within the Service Desk delivery and provided assurance of the active management of this issue. He reminded of the active encouragement to report IT issues across the Trust which was leading to an increase of tickets. It was recognised that planned upgrades to the Trusts EUC should also support a reduction in tickets.

Jenny Lewis drew attention to the people measures from page 46, and noted that the data contained related to March 2022 and end-of-year data. She informed that the Workforce Committee had agreed some amendments to the 2022/23 metrics which would be provided within the next IQPR.

She noted the performance metrics on page 46 in relation to workforce planning; achieving the agency spend cap was significantly off-target however she referenced the on-going discussions through the F&P Committee on the Trust's Bank and Agency spend and reminding of the on-going need for B&A staff to support safe care.

She highlighted the graph on page 47 which showed progress against plans to increase Registered Nurse workforce which was on track; international nursing was a key factor of this and she also referenced the specific theatre experience that some of these colleagues were bringing which was contributing to the backlog reduction.

Against the Clear Performance Expectations on page 49 she was pleased to report the recovery of the Corporate Induction performance recognising the value and importance of this for new staff. She drew attention to the reduction in conduct cases and noted that further detail had been provided to the Workforce Committee. She highlighted the number of new starts on management and leadership development programmes which had exceeded the target and tripled on the previous years figures.

Drawing attention to the Free from Discrimination metrics on page 51 she informed that her team were re-energising efforts around this, with actions still not leading to meaningful improvements within the data. She described the three-pronged approach through recruitment and promotion processes,

sharing of the Amplifying Voices book and linking this to clear activity; and on-going work to support minority groups. Some progress had been seen but was further work to do to embed across the Organisation and increase staff engagement.

Against the Education & Training measures on page 53 she highlighted the Trust's success against the apprenticeship programmes, noting the active effort to maintain the programme throughout the pandemic.

Moving to page 55, she reported that sickness absence (excluding Covid) was causing some concern and outlined the work to support staff to feel supported and well at work.

Dr Phil Wood noted an update against the Medical appraisal completion figure on page 49 with updated figures at 96.4% (updated from the 83.4% listed within the report).

The Trust Chair referenced the 'most engaged workforce' measures on page 54 and noted the re-launch of the Leeds Way planned for June 2022. She also updated on the agreement to reinstate in-person leadership Walkround's to increase the visibility of NEDs (following suspension during the pandemic).

Simon Worthington highlighted the financial slides from page 63; He reported against the draft accounts for 2021/22 noting these were subject to final review by External Audit – the Trust had reported a surplus of £5.3M, another year of record capital expenditure at £104.8M reminding this underpinned patient care. The Trust had closed the year with a cash position of £97.1M and with Better Payment Practice Code performance at 97%.

He referenced the publication of the 2022/23 financial framework for the NHS and confirmation of the levels of funding which created a challenging environment to operate in given current pressures.

He reported that the month one position 2022/23 had evidenced the crystallisation of risk with the Trust reporting a deficit, the reasons for this were described as; failure to achieve ERF (due to high bed occupancy and prevalence of Covid), high inflation costs (and especially within utilities), on-going costs of additional wards and the volume of no Reason to Reside (RtR) patients.

He informed that the Centre had announced additional funding across the NHS to support inflation however there were conditions to the receipt of this money (noting the update provided to the F&P Committee and Board the previous day).

He concluded that the Trust had submitted a compliant plan for the year but there was substantial risk to manage within this with the Board sighted on the Executive focus.

	The Board received and noted the report.	
12.3 (i)	Nursing & Midwifery Quality & 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 the report was provided for February and March 2022. The report included staffing information against all wards areas opened in month.</p> <p>Lisa Grant guided the Board through the quality and staffing data described within the report with a summary of key highlights listed below;</p> <ul style="list-style-type: none"> • Hard Truths – during February, of the 90 inpatient areas reviewed four areas reported less than an average of 80% fill rate against their planned staffing levels; none of these wards had triggered an escalation on their Ward Healthcheck however two wards were reporting an Amber rating which prompted further analysis. During March, of the 90 inpatient areas reviewed 13 areas reported less than an average of 80% fill rate; one of these areas had also triggered further escalation in the Ward Healthcheck and was subject to further investigation; details on the further analysis were included at Appendix 2. • Safecare Red Shifts – during February a total of 34 red shifts were reported across five CSU's, with a significant increase in March with 82 red shifts reported across seven CSU's; all shifts shared the same themes as a consequence of short term staff absence, cancellation of bank and agency shifts and increased patient acuity and dependency; particularly enhanced care requirements. • Red Flags - a total of 1,159 Red Flags were reported across the Trust in February and March 2022; noted the themes and trends as per graphs within the report • The vacancy position for Registered Nurses Midwives and ODP's in March was 7.35% which was an improvement of 2.26% when compared against the vacancy position in March 2021. The current registered nursing turnover rate is 7.77%. • The CSU vacancy of 7.89%, the current CSW turnover rate was 11.21% and reference was made to the significant investment and recruitment campaigns in this area. • The Safer Nursing Care Tool audit had been completed in February and highlighted an increase in the acuity of patients and in the numbers of patients requiring more 1-1 care; with further detail within the report. <p>Sue Gibson provided an update from Maternity Services perspective:</p> <p>In terms of hard truth data for the maternity inpatient wards no ward reported less than an average of 80% fill rate against planned staffing levels for either February or March.</p>	

	<p>The BR Plus workforce acuity6 tool continued to monitor midwifery staffing versus patient acuity alongside professional judgement, and the midwife to birth ratio had remained consistent at 1 to 25 for February and March.</p> <p>1-1 care in labour had been maintained at 100% and the delivery suite coordinator on both sites had remained supernumerary to allow the operational oversight of the service.</p> <p>Maternity red flags were reported four hourly through the acuity tool, there had been a light increase in the number of red flags reported from the last Board report - the theme was unchanged and continued to be a delay in the admission for induction of labour and the beginning of the process. Despite the delays there were no recordable harms.</p> <p>The maternity staffing and workload tables were available in Appendix 3 and illustrated the overall workforce availability met women's acuity demands.</p> <p>The Board received and noted the report.</p>	
12.3(ii)	<u>BLUE BOX</u> ITEM – Supplementary Information Quality & Safety Staffing Report and Annual Report	
	Supplementary information to support the N&M Q&S Report was provided in the Blue Box for information and was received and noted.	
12.4	Ockenden Report	
	<p><i>In attendance:</i> <i>Sue Gibson, Director of Midwifery</i></p> <p>The report provided information, and sought to provide assurance to the Board, following the publication of the final Ockenden report on 30 March 2022.</p> <p>Sue Gibson provided an overview of the Ockenden report, informing it remained a difficult and challenging read, however the voices of the families could be clearly heard throughout the report. The report had highlighted avoidable errors and failure to learn and as a result all trusts had been asked to take immediate action to mitigate any risks identifies and develop robust plans with particular attention to four areas;</p> <ul style="list-style-type: none"> • Safe staffing levels and continuity of care • A well trained workforce • Learning form incidents • Listening to families <p>She referenced the active discussions of the report's findings at national level, noting that the Ockenden report was accepted in full by the Secretary of State for Health and Social Care. [It was noted that the full Ockenden Report was circulated to the Board in advance of the meeting and received; Final report of the Ockenden review - GOV.UK (www.gov.uk)]</p> <p>She reminded the Board of the recently commissioned Birthrate+ Workforce review within the LTHT maternity service, and reminded of the recurrent funding received into the Local Maternity system and distributed</p>	

using a fair share approach will support the work to address midwifery and obstetric workforce gaps.

She continued that the staffing position in relation to the implementation of Continuity of Care (CoC) had been reviewed and the current provision of this and safe staffing could be met however updated that plans for further roll out had been paused to allow for further recruitment to take place.

She noted that part of the Ockenden recommendations were for newly qualified Band 5 midwives to remain in the hospital setting for one year (12 months); however currently in Leeds, as part of the CoC staffing model newly qualified midwives were placed in the community setting. She updated that the CoC model was being realigned to ensure that newly qualified midwives remained in the hospital setting.

She updated on the development of models to under antenatal surveillance of mothers, with new models also in development looking to support high risk women to support work already in place in areas of deprivation and more vulnerable communities to continue.

Against the well-trained workforce requirements, she reported that for the past three years the Trust had achieved full compliance against the Maternity Incentive Scheme which included monitoring elements for training and education. She updated that the clinical education team had been expanded significantly over the past four years, who provided training and support in hospital and community, and to identify through trend analysis of incidents, complaints and claims any additional training requirements of the workforce. She explained that training figures were reviewed monthly and was currently on target to meet all trajectories set both for mandatory and local training needs.

She continued that learning from incidents was vital and the maternity team was committed to improve, to learn through incidents and remain compassionate to families and staff involved. A variety of platforms had been developed to support individual and group learning and training needs, and there had been a successful virtual learning resource developed known as switch lab which used live streamed teaching sessions on a weekly basis.

She emphasised the importance of listening to families around their pregnancy care and birth experience, and updated on the well-established service user group called the Maternity Voices Partnership with coordinated engagement events throughout the year.

Further work was taking place to develop hearing the voice of our vulnerable groups, and the Trust was working with third sector organisations in the local communities to develop the trust required to co-design and co-produce services which meet the cultural needs of the community and offer high quality and safe maternity care.

	<p>She referenced the report to the QAC the previous month which had updated on the full action plan and gap analysis created and noted the on-going assurance provided through this forum.</p> <p>Georgina Mitchell sought clarity if race inequalities were included within the diversity work, which was confirmed by Sue Gibson, who explained the concerning findings within the Birthrate on the experience of black women and was a priority of service.</p> <p>Mike Baker commended the report, and the assurance received in the process for checking on and caring for patients and staff; assurance on the management of this and caring attitude.</p> <p>Clare Smith commented on the openness of the Maternity team following her observation on a recent Leadership Walkround; there had been a non-defensive attitude and a willingness to learn and engage. This was echoed by Laura Stroud who also commend the quality of working relationship between the maternity and Obstetrics division which was a testament to the Leeds Way values and a supportive culture.</p> <p>Lisa Grant commented on the application of learning from the recommendations which could be applied across the wider Trust and updated that she had written to all CSU's to ask them to reflect and provide assurance on certain aspects to support wider improvements.</p> <p>The Board received the update and confirmed its assurance of the response and actions taken to the national recommendations within the Ockenden Report.</p> <p>Sue Gibson exited the meeting</p>	
12.5	<p>Nursing and Midwifery Strategy</p>	
	<p>The annual Nursing and Midwifery Report was presented which provided an update against the year one objectives.</p> <p>Lisa Grant noted the detail within the report and introduced a video which articulated the key aims and success of the Strategy from nurse's perspectives: https://youtu.be/WmJDMTyB0-c</p> <p>The Board welcomed the addition of the video to bring the work to life and commended the volume of activity and engagement that had been achieved over the last 12 months.</p> <p>The Board received and noted the update.</p>	
12.6	<p>Leeds Improvement Method Update</p>	
	<p><i>In attendance:</i> <i>Gerrard Kelly, Consultant ENT Surgeon and Stuart Haines, Medical Education Lead</i></p> <p>Dr Phil Wood reminded of the five year partnership between the Trust and Virginia Mason Institute (VMI) to learn their lean methodology, which had</p>	

	<p>ended in 2020. Progress from the partnership had been successful over the five year period, with the LIM well understood across the organisation however the Covid pandemic had stalled the full embedment across the organisation.</p> <p>Gerard Kelly presented a deep-dive to the Board which addressed the following areas:</p> <ul style="list-style-type: none"> • The new VMI Partnership which would focus on enhancing Daily Management and Standard Work and provide increased access to VMI support and tools; • An overview of the new KPO model and the benefits of this to the Trust; • Detail of the new education offer and its operating principles with an aim to create an outstanding learner-focussed experience for the LIM enabling colleagues to access and practice the knowledge, skills and behaviours they need to improve. <p>Tom Keeney share his support to a common improvement methodology and recognised the benefits this had brought across the Trust. He questioned opportunities to encourage and engage similar adoption across the wider health and social care system. The Trust Chair informed that sharing of this methodology had commenced with Leeds Community Healthcare, and noted the LIM elements which had underpinned the regional Covid response however agreed that the Trust could influence and engage wider on this. Jenny Lewis added that the majority of Partners had their own version of QI methodology they were working to.</p> <p>Jas Narang was encouraged by the progress highlighted in the update, recognising that identifying a successful leadership distribution model was a challenge for many organisations and he was supportive of the gains made here. At the next scheduled update, he requested further detail on the success factors of the new partnership and how this would be measured. Dr Phil Wood outlined the focus that would be on daily CSU work with the intention to reflect measures from existing metrics which the KPO team could use to demonstrate value and progress.</p> <p>The Trust Chair shared her reflections on how the LIM would support the ‘back to better’ work across the Trust, and in a format familiar and welcomed by staff.</p> <p>The Board received and noted the update.</p> <p>Gerrard Kelly and Stuart Haines exited the meeting</p>	<p>Dr Phil Wood</p>
<p>13</p>	<p>Strategy and Planning</p>	
<p>13.1</p>	<p><u>BLUE BOX ITEM - Building the Leeds Way</u></p>	
	<p>The BtLW report was provided in the Blue Box for information with no areas of escalation to note in the Public domain; it was noted that the Board had received an update on commercially sensitive aspects of the Programme at the Board Workshop that morning.</p>	

13.2	Genomics Update	
	<p><i>In attendance:</i> Sarah Dempsey, Programme Manager, Genomics Implementation James Steer, Head of GLH Central Laboratory, NEY GLH Jennifer Campbell, Consultant Clinical Geneticist & Lead Clinician, Yorkshire Regional Genetics Service, and Judith Hayward, GP and Lead for NEY GMSA</p> <p>Dr Phil Wood welcomed members of the Genomics Team and noted the additional information that had been provided in the Blue Box to provide further context to the Genomic Medical Services (GMS).</p> <p>The Genomics Team guided the Board through a presentation update of the GMS which addressed the following areas:</p> <ul style="list-style-type: none"> • A patient's journey through a decade of genomics highlighting the significant improvements to the timeline between testing and diagnosis as a result of genomics; • An overview of the testing pathway developments that had been delivered; • Examples of the improvements in cancer diagnostic pathways and the move away from multiple step pathways to a single clear pathway with a much more personalised approach to disease management; • The model to deliver improvements through developments and local projects with transformational, system-wide change driven by NHSE/I GMS; • Workforce models, noting the importance of education and training within this • Examples of the GMS Alliance Core and project achievements in 2021/22; • An overview of the GMS Familial Hypercholesterolaemia Project; and the work to transform Maternal and Fetal Genomics Pathways; • Highlights of the capital investment into the Central Laboratory and an overview of the estate ambition for GMS; • A summary of the headline challenges, opportunities and next steps for the programme. <p>The Trust Chair was encouraged to hear the progress made in this area. She questioned the awareness and understanding across the CSU's and if they were engaged on the future ambitions for the service. Responding, Jennifer Campbell explained that this was variable across the CSU's, with high users of the GMS well engaged. She updated on the on-going developments to mainstream genomics testing across the organisation which would supported increasing engagement. The Trust Chair was interested to see how this wider roll-out developed recognising the vitality of genomics within future healthcare delivery. She also highlighted the Board's support for this area and encouraged the team forward if there were any areas that the Board could help strengthen development or address barriers (using the example of the restrictions of the estate).</p>	

	<p>Jas Narang commended the detail within the presentation and suggested that an update also be presented to the DIT Committee to seek assurance of the digital aspects of the service which was agreed.</p> <p>Georgina Mitchel referenced the development of the Innovation District and explored how the GMS could align to the Trust's research ambitions and questioned the level of promotion of the genomics work. Sarah Dempsey confirmed the Communication's representation within the Genomic Board however recognised this as an area for further development.</p> <p>Following a query from Mark Burton on examples of exemplary models, Dr Phil Wood explained that the UK and NHS was a world leader in embedding genomes data into healthcare; other countries had done more genome collection but due to our healthcare system we have been able to embed this into services. The Centre for Life in Newcastle was highlighted as a successful example.</p> <p>The Board received the update and noted their support to the programme.</p> <p>Sarah Dempsey, James Steer, Jenifer Campbell and Judith Haywood exited the meeting</p>	DIT Committee
13.3	Operational Transformation Strategy	
	<p><i>In attendance:</i> <i>Mike Harvey, Assistant Director of Operations</i></p> <p>The Operational Transformation Strategy was presented for Board approval; the Strategy described the organisations approach to Operational Transformation over the next five years through five key programmes of work within the context of reset and recovery, Building the Leeds Way, workforce and finance challenges and reflecting the organisations role as a major partner within the City of Leeds and the wider ICS.</p> <p>The Trust Chair referenced the early review of the draft document by the Board Workshop on 31 March 2022; she noted the enthusiasm and support for the Strategy which was echoed by the wider Board.</p> <p>The Board received the report and confirmed its approval of the Operational Transformation Strategy.</p> <p>Clare Smith formally thanked Mike Harvey and her team for their work in developing the Strategy, and was positive of the framework this would provide the Trust on its 'back to better' journey.</p> <p>Mike Harvey exited the meeting</p>	
13.4	Estates Strategy Annual Update	
	<p>Craige Richardson presented a deep-dive to the Board which provided an annual update on progress against the Trust's Estate Strategy.</p> <p>Rachel Woodman exited the meeting</p>	

Copies of the presentation had been made available in advance of the meeting with the deep-dive addressing the following areas:

- Overview of the Strategy and a reminder of its key aims;
- Benchmarking headlines of the Estates Return Information Collection (ERIC) data;
- Achievements over the last 18 months;
- Detail on progress against the plan of the six golden threads within the Strategy; reduce the size of the estate, become one of the greenest trusts in the UK, reduce backlog liability, improve space utilisation, support future clinical/ corporate requirements and develop a digital estate;
- Risks were highlighted around the national inflation issues, and the dependency of the Strategy on the successful completion of the Building the Leeds Way and Hospitals of the Future programmes.

Following a query from the Trust Chair, Craige Richardson confirmed that the national inflation issues were reflected on the E&F Risk Register.

Mark Burton explored the opportunities to seek further grant funding to support the Trust in its Green agenda which could also support aspects of the backlog maintenance. Craige Richardson confirmed that there were opportunities available and the Trust was actively pursuing these and exploring additional funding avenues. He provided several examples of funds that had already been received such as the £22M PSF fund.

The Trust Chair questioned if the University of Leeds (UoL) had been engaged on the Strategy, noting the UoL estate on Trust grounds and seeking assurance of the alignment of changes in the estate. Craige Richardson provided assurance of the good dialogue with UoL counterparts which was supporting the development of a clear vision for the SJUH estate. Laura Stroud noted there had been a change in personnel at the UoL however confirmed the UoL oversight of the Trust's Estate Strategy through the Joint Partnership Board.

Clare Smith noted the inclusion of the Estates representation within the Transformation Steering Groups, providing assurance of the alignment of estates and clinical strategies and wider improvement work across the hospital.

The Trust Chair referenced the new Director of Strategy position at NHSE and an opportunity to review the alignment of estates and planning within this new post.

Gillian Taylor explored the opportunities for hot desking and flexible use of corporate space given the increased volume of staff working from home. Craige Richardson confirmed this was an area of on-going development and informed that 10,000sqft had already been repurposed.

The Board received and noted the update.

14	Governance and Regulation	
14.1	Freedom to Speak Up Annual Report	
	<p><i>In attendance:</i> <i>Joe Cohen, Freedom to Speak Up Lead</i></p> <p>The report provided an annual update against the Freedom to Speak Up (FtSU) process and activity over the last 12 months, including the on-going plans for strengthening arrangements for staff to raise concerns.</p> <p>Joe Cohen noted the detail within the written report and drew the Board's attention to the recommendations seeking support; the Board was asked to;</p> <ul style="list-style-type: none"> • Support the information and assurance provided; • Note progress made, including the FtSU Action Tracker, the FtSU Gap Analysis and the growing number of staff in FtSU champion and lead roles; • Commit to complete the final module in the Freedom to Speak Up e-learning package; • Make a Speak Up Pledge to show how you will Speak Up, Listen Up and Follow Up and role model these behaviours in the Leeds Way; • Take action to support the demonstration of learning from speaking up, tackling detriment and supporting further cooperation within the organisation on all matters related to speaking up; • Encourage staff across the Trust to complete FtSU training and use the training and FtSU Guardian Survey Report to prompt conversations within meetings and during service walks to support further improvements in our Speak Up culture; • Commit to supporting senior leaders across the organisation to take and support the necessary steps, including ensuring appropriate action is taken when individuals speak up and that they are offered timely and meaningful feedback. <p>Tom Keeney shared the additional assurance that was received by the Workforce Committee on the FtSU process and updated on the regular assurance updates he received in his role as NED FtSU Champion, recommending that the Board confirm its support.</p> <p>The Board received the report and confirmed its support of the recommendations [as listed above] and noting the actions to be taken outside of the meeting.</p> <p>Joe Cohen exited the meeting</p>	<u>ALL</u>
14.2	Guardians of Safe Working, Annual Report	
	<p><i>In attendance:</i> <i>Ros Roden and Louise Buchanan, Guardians of Safeworking</i></p> <p>The 2021-22 Guardians of Safeworking Hours Annual Report was presented to the Board for information and provided detail of the Trust's current position with respect to the 2019 Junior Doctors Contract.</p>	

	<p>In addition to the report provided, Ros Roden and Louise Buchanan presented an update to the Board which included:</p> <ul style="list-style-type: none"> • An overview of the Guardians of Safeworking Team; • Key findings of the past year – which included an increase in exception reports (which was positive and provided depth of insight from junior doctors), excessive workload in some specialities, Oncology highlighted as a pressured service, the patient journey was increasingly challenging and junior doctors needed more support and boost in morale; • Thoughts on key findings – increasing support for FY1 doctors with ward tasks and better IT infrastructure; providing greater resources to Oncology recognising their increasing workload and increasing access to support for surgical patients in T&O and Urology; • An overview of the actions taken to support and increase morale, which included the appointment of a Senior Wellbeing Clinical Champion and increased Educational Supervisor resource at CSU Level for pastoral support. There would also be a review of the doctor’s mess facilities; • Recognition of the pressures clinical staff were under, with multiple priorities to balance and of the additional training requirements junior doctors were completing. The role of the Guardians in supporting this and responding to feedback. <p>Suzanne Clark and Bob Simpson exited the meeting</p> <p>Rachel Woodman re-joined the meeting</p> <p>The Trust Chair endorsed the support to junior doctors recognising them as vital to the organisations future and the insight and learning their experiences provided.</p> <p>Dr Phil Wood referenced the new Health Education England (HEE) contract and outlined the support this would provide for junior doctors. He was positive of the improvements that had been made since the introduction of the contract and the commitment of the Guardians in their role supporting trainee doctors.</p> <p>The Board received and noted the report, and thanked the team for the additional update which had highlighted the key areas of learning and success.</p> <p>Ros Roden and Louise Buchanan exited the meeting</p>	
<p>14.3</p>	<p>Amendments to Standing Orders, Standing Financial Instructions and Scheme of Delegation</p>	
	<p>The report sought approval of the amendments to Standing Orders (ToR of Committees) and Standing Financial Instructions, Scheme of Delegation.</p> <p>The key amendments seeking approval are summarised below with additional detail as noted in the report:</p>	

	<ul style="list-style-type: none"> • Addition of Associate NED's to Committee membership; Mark Burton would join the Audit and Workforce Committees, and Mike Baker would join the F&P Committee; • In light of operational pressures, Dr Phil Wood, Chief Medical Officer and Lisa Grant, Chief Nurse would be in regular attendance at the F&P and Quality Assurance Committees; • Minor amendments to the Audit Committee ToR; as a result of appraisal discussion, it was reported the Jas Narang would cease membership of the Audit Committee <p>The Board received the report and confirmed its approval to the amendments as set out in the report.</p>	
14.4	Pledge to Code Conduct, Nolan Principles and Leeds Way Values	
	<p>The report set out the Code of Conduct for Board Directors at LTHT (which adhered to the Nolan principles and values set out in the Leeds Way) and the all Directors were invited to pledge their support to these values; with a record to be formally reported within the minutes of this meeting.</p> <p>All present Board members pledged their endorsement and support to the Code of Conduct.</p> <p><i>Post-meeting note: Julian Hartley, Suzanne Clark, Chris Schofield and Bob Simpson confirmed their support via email.</i></p>	
14.5	Self-Certification of the NHS Provider Licence	
	<p>The Board was asked to approve the annual self-certification against the NHS provider licence; two declarations were required within the submission which were set out in the reports attachments;</p> <ul style="list-style-type: none"> • Condition G6(3) Providers must certify that their Board has taken all precautions necessary to comply with the licence, NHS acts and NHS Constitution. • Condition FT4(8) Providers must certify compliance with required governance standards and objectives. <p>The Board approved the self-certification return.</p>	
	Items for Information	
15.1	BLUE BOX ITEM - Forward Planner	
	The Board Forward Planner was provided in the Blue Box for information and was received and noted.	
16	Standing Agenda Items	
	Risk	
	There were no items arising from the meeting for escalation to the CRR.	
	Legal Advice	
	There were no items arising from the meeting that warranted the consideration of legal advice.	
	CQC or NHS England/ Improvement	
	There were no items arising from the meeting for escalation to the CQC or NHSE/I.	
	Communications	

	Paul Widdowfield shared that he had identified a number of celebratory areas to communicate with staff and would also pick up genomics as an area for further internal communications. Clare Smith noted the communications that would also be produced to align with the publication of the Operational Transformation Strategy.	
17	Review of Meeting and Effectiveness	
	Comments on the meeting review and effectiveness were welcomed via email.	
18	Any Other Business	
	No other business was discussed.	
	Date of next meeting: 28 July 2022	

DRAFT