

**DRAFT MINUTES OF THE PUBLIC BOARD MEETING
Thursday 28 July 2022**

(Meeting held via Microsoft (MS) Teams)

Covid-19 Update - In light of the Infection Prevention & Control measures within our hospitals as we seek to keep our patients and staff safe, we are restricting groups of people meeting, therefore this meeting was held virtually via MS Teams.

Present:	Linda Pollard	Trust Chair
	Mike Baker	Associate Non-Executive Director
	Mark Burton	Associate Non-Executive Director
	Suzanne Clark	Non-Executive Director
	Phil Corrigan	Associate Non-Executive Director
	Lisa Grant	Chief Nurse
	Julian Hartley	Chief Executive
	Tom Keeney	Non-Executive Director
	Jenny Lewis	Director of Human Resources & Organisational Development
	Georgina Mitchell	Associate Non-Executive Director
	Jas Narang	Non-Executive Director
	Chris Schofield	Non-Executive Director
	Bob Simpson	Non-Executive Director
	Clare Smith	Chief Operating Officer
	Laura Stroud	Non-Executive Director
	Gillian Taylor	Non-Executive Director
	Craig Richardson	Director of Estates and Facilities
	Dr Phil Wood	Chief Medical Officer
	Rachel Woodman	Associate Non-Executive Director (exited at agenda item 11.1 and re-joined at agenda item 12.4)
	Simon Worthington	Director of Finance
In Attendance:	Jo Bray	Company Secretary
	Helen Christodoulides	Deputy Chief Nurse
	Robin Darby	Deputy Head of Nursing, Neurosciences (for agenda item 4)
	Sue Gibson	Director of Midwifery (for agenda item 12.2 and 12.3(i))
	Victoria Hewitt	Trust Board Administrator
	Ross Langford	Head of Communications (for agenda item 14.3)
	Mark Richardson	Associate Director of Digital, Digital Solutions
	Karen Sykes	Head of Safeguarding (for agenda item 14.3)
	Paul Widdowfield	Associate Director of Communications (exited at agenda item 14.3)
Apologies:	Paul Jones	Chief Digital and Information Officer

Agenda Item		ACTION
1	Welcome and Introductions	
	<p>The Trust Chair welcomed members of the Board to the meeting and in addition welcomed Mark Richardson, Associate Director of Digital who was attending on behalf of Paul Jones.</p> <p>She welcomed virtual viewers to the meeting, noting the meeting was streaming live.</p>	
2	Apologies for Absence	
	<p>Apologies for absence had been received from Paul Jones, Chief Digital and Information Officer.</p> <p>It was noted that Rachel Woodman had sent her apologies from 3pm and would be exiting the meeting at this time.</p>	
3	Declarations of Interest	
	<p>Mike Baker noted his declared interest as Programme Director for the System Flow Improvement work, commissioned via Leeds Place, however confirmed there were no conflicts against the agenda presented today.</p> <p>Julian Hartley noted his previously declared interest as a Non-Executive Director of the Department of Health and Social Care.</p> <p>It was confirmed there were no further interests to declare and the meeting was quorate.</p>	
4	Staff Story – Adam and Emma	
	<p><i>In attendance:</i> <i>Robin Darby, Deputy Head of Nursing, Neurosciences</i></p> <p>Helen Christodoulides introduced the Patient Story which followed Adam and Emma's Story. She referenced the national Careers Week held earlier in the year and shared examples of the celebration and recognition of careers and their roles. The video was an interview process with Adam and Emma which looked at Emma's experience as a patient and Adam's experience as a career; https://www.youtube.com/watch?v=oVQFZ4QFyEM</p> <p>Robin Darby noted the reference within the video to the patient letters and explained that during the pandemic, letter templates had been updated to include pandemic measures however in doing this some standing information had been inadvertently excluded. He provided assurance that following feedback from patients the revised letter templates had been reviewed and corrected. The Trust Chair shared that she had witnessed these improvements first hand with a family member and was positive of the improvements that had been made.</p> <p>Laura Stroud sought further detail on the letter templates used, questioning if they were tailored and flexed to need. Responding, Helen Christodoulides provided further detail and confirmed that information was able to be provided in a different format and referencing the</p>	

	<p>accessible information standard. She recognised there were still further improvements that could be made and explained the use of the PAS system to help identify needs for patients. The Trust Chair also referenced the information leaflets across the Trust and commended their signposting towards accessible information.</p> <p>Clare Smith commented on the new Patient Portal which was in development and would also support accessible information for those with varying needs and different language speakers. She also updated on planned improvements to PAS explaining that amendments to the standard templates on the system had been difficult to implement and therefore DIT had committed to support improve this function and the edibility of templates.</p> <p>Lisa Grant commented on the vital information that patient feedback provided which was critical to ensure patient experience. She outlined the work with partners such as Healthwatch Leeds [who had provided this video] to hear that wider feedback and learn lessons. She referenced the operational pressures across the Trust which had reinforced the importance of working with partners to receive that wider feedback and make collective changes.</p> <p>Laura Stroud reminded that the Quality Assurance Committee (QAC) commenced all its meetings with a Patient Story which then triangulated the discussion into the wider agenda items. She was pleased at the centrality of the patient voices with the videos one important tool of receiving feedback.</p> <p>The Board received and noted the update.</p> <p>Robin Darby exited the meeting</p>	
5.1	Draft Minutes of the Last Meeting	
	<p>The draft minutes of the lase meeting held 26 May 2022 were confirmed to be a correct record subject to the following amendments:</p> <ul style="list-style-type: none"> • Page 7, Agenda Item 10.4 – correction of ‘Compute’ to ‘Computing’ 	Vickie Hewitt
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	
	<p>The action tracker was reviewed, and progress noted.</p> <p>With reference to action 0 (update on funding bid for NIHR Biomedical Research Centre) Dr Phil Wood explained that the results remained under embargo however hoped to be able to make announcement at the next Board meeting in September.</p>	
8	Chair’s Report	
	The report provided an update on the actions and activity of the Trust Chair since the last Board meeting.	

	<p>The Trust Chair highlighted the references to the Leeds system within her report and noted the update the Board had received in its Workshop that morning from Tim Ryley, Place Lead, WY ICB</p> <p>On page 6 she noted there was an error in the report with the meeting with Mark Barnard, CEO Acacium Group not taking place due to the recent rail strike.</p> <p>She highlighted the Building the Leeds Way (BtLW) event held with Ministers in London which had received good attendance and support. She updated that a series of commitment follow-ups had been taken and thanked the LTHT Communications Team for their support to this.</p> <p>She noted the success of the UK Real Estate Infrastructure and Investment Forum (UKREiiF) which was held in Leeds in May and updated that they were expected to return the following year and committing to getting a date in Board members diaries.</p> <p>She drew attention to the Yorkshire Clay Shoot event hosted by Leeds Hospital Charities and highlighting the success of the fundraising event.</p> <p>She highlighted the Organ Transplant Games which were scheduled to commence that evening noting that Julian Hartley and Dr Phil Wood would be joining the opening ceremony.</p> <p>She drew attention to the items at section 8 that had received Chairs action since the last meeting and sought formal ratification of these decisions:</p> <ul style="list-style-type: none"> • Approval was granted to award a contract to Illingworth and Gregory Ltd for the refurbishment of the Cardiac Catheter Laboratories [number six]; the contract value was £890.9K and was linked to the agreed business case which was funded within the Building Capital Plan and approved by the Board in November; Chairs action was approved by Linda Pollard, Julian Hartley, Tom Keeney (Deputy Chair) and Chris Schofield (Senior Independent Director) • Approval was granted to award £1.2M to support Phase One of the End User Computing (EUC) estate which would include readiness and start up activity Chairs Action was approved by Linda Pollard, Julian Hartley, Gillian Taylor and Suzanne Clark. <p>The Board received the report and confirmed its ratification of the items approved under Chairs action.</p>	
9	Chief Executive's Report	
	<p>The report provided an update on news across the Trust and the actions and activity of the Chief Executive since the last Board meeting.</p> <p>Julian Harley highlighted that this month marked the 74th anniversary of the NHS and had been an opportunity to reflect over the last period and</p>	

	<p>the pandemic. He was mindful that the challenges from the pandemic remained, referencing the latest wave of Covid infections alongside urgent care demand and ongoing elective recovery (as a consequence of Covid).</p> <p>He singled out the performance against Ambulance Handover Times which had been sustained by the Trust despite high levels of pressure and should be recognised. He also noted the progress made on elective recovery and the clinical focus on treating patients who had waited long periods for treatment.</p> <p>He commented on the wider challenges across the system which was continuing to cause challenges to the Trust's ability to discharge patients to more appropriate care settings.</p> <p>He highlighted the success of the Leeds Hands Transplant Team and provided further detail on the Organ Transplant Games which would commence that evening. He shared that there were over 1,000 participants competing in 25 events and anticipated a good crowd of supporters; he was positive that this event was being held in Leeds and was looking forward to the celebrations.</p> <p>He noted the visible progress that was been made on the new Pathology build on the SJUH site and also noted the enabling works for the BtLW programme had been completed on the LGI site noting the further detail that was included in the Blue Box agenda item 13.1.</p> <p>He highlighted the partnership section of his report and noted the formalisation of the Integrated Care System (ICS) from 1 July 2022. He updated on the launch of the Leeds Health and Social Care Hub which had been developed with partners across the City</p> <p>He referenced the preparation for the nation Covid-19 Public Inquiry and noted the final terms of reference had been published on the Governments website with a link to access these included within his report.</p> <p>He drew attention the Consultant appointments at section 7 of the report and sought formal ratification of these which was confirmed.</p> <p>The Board received and noted the report.</p>	
10	Minutes of Meetings	
	Quality Assurance Committee	
10.1	Chair's Summary Report	
	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 23 June 2022.	

	<p>Laura Stroud highlighted the detail within the report and described the triangulation throughout the meeting of safety, experience and people reported through a variety of metrics to provide assurance.</p> <p>She shared that the latest patient story received by the Committee had highlighted the impact of the Charitable Support Fund which had been set up by LHC to support staff and patients experiencing financial hardship.</p> <p>There had been recognition by the Committee of the volume of work taking place across the Trust and wider system that should be celebrated. She noted the Trust's achievement of the HSJ Patient Safety Award 2021 for Service User Engagement and Co-production for Quality partner scheme and commended teams for this recognition.</p> <p>She continued that Maternity remained an area of focus for the Committee and wider Trust following the publication of the Ockenden Review. She updated of the assurances received by the Committee on the joint regional visit of maternity services and the positive feedback received. She reminded that she was Maternity Safety Champion and met with the team regularly. She shared the assurance she and the Committee had received that learning from the Ockenden Review had not been limited to the maternity teams and had been shared across the wider Trust in recognition that the recommendations could be implemented wider.</p> <p>She referenced the additional training session that had been held against the Statistical Process Control (SPC) Charts (as used in many of the reports to Committees and Board) and shared that this had been well received.</p> <p>She reported that the Committee was maintaining its increased frequency of meeting six times per year in recognition of the operational challenges, and she also provided assurance of the Committee's ability to call an extra-ordinary meeting if assurance was required on a specific item.</p> <p>The Board received and noted the report.</p>	
10.1(i)	BLUE BOX ITEM – Learning from Deaths Q4 Report 2021-22	
	The Q4 Learning from Deaths Report was provided in the Blue Box for information and was received and noted.	
10.1(ii)	BLUE BOX ITEM – Annual Mortality Improvement Group Report	
	The Mortality Improvement Group (MIG) Annual Report was provided in the Blue Box for information and was received and noted.	
10.1(iii)	BLUE BOX ITEM – 2021-22 Quality Account	
	The 2021-22 Quality Account was provided in the Blue Box for information and was received and noted.	
	Research and Innovation Committee	
10.2	Chairs Summary Report	
	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 19 July 2022.	

	<p>Dr Phil Wood updated on the presentation received from the BaBi (Born and Bred In) Leeds Team and the feedback to them on areas where they could link to the wider Trust and City strategy and agenda's (genomes and new born screening).</p> <p>He shared that the Committee had spent time in strengthening its assurances and its understanding of research associated finance, and thanked the finance team for their support.</p> <p>He highlighted the commercial trials that the Committee was engaged with, noting the projects would use Leeds Improvement Method (LIM) to understand challenges and also develop a formal recovery plan.</p> <p>He highlighted the areas of Public and Patient Involvement (PPI) and highlighting the inclusion of a patient representative in the partnership meetings to support wider participation and inclusion in research information.</p> <p>He reported on the update received from the NPIC team and the success of the 300 Slides Scan project in collaboration with NHSE; and updated on the consideration of bringing this project into the Innovation District pop-up.</p> <p>He summarised the on-going work to broaden participation in research across the Trust to develop health professionals at all levels; he reported positively that the Trust had had its first midwife Integrated Clinical Academic (ICA) programme pre-doctoral Clinical and Practitioner Academic Fellowship (PCAF).</p> <p>He noted the update report received from the University of Leeds (UoL) R&I Committee which had been received for information and to support the ongoing collaboration.</p> <p>He highlighted the description in the report of the update received in the Real World Data project and explained this continued to be an area of strength for Leeds.</p> <p>He updated that LHC had been awarded membership of Associate Medical Research Charities and explained this was a culmination of several years' work and was a real benefit for the Charity placing them in a stronger position to compete for funds nationally. It was agreed that the Trust Chair would draft a letter on behalf of the Board to congratulate the Charity.</p> <p>The Board received and noted the report.</p>	Linda Pollard/ Jo Bray
	Workforce Committee	
10.3	Chairs Summary Report	
	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 13 July 2022.	

Tom Keeney update the Board on the Committee's deep-dive of Staff Rostering arrangements and the impact of this on quality, performance and financial metrics.

He reported on the Sickness Absence deep-dive received which had informed lengthy discussion by the Committee. The Committee had noted the increased demand on Occupational Health Services and the work taking place to improve the turnaround time of referrals. The Committee had also reviewed the potential impact on staff of the changes to the national Covid sickness rules (to bring Covid absence in line with other sickness rates); Risks had been reported on the levels of nurse staffing however it was also recognised that progress was been made in recruitment plans. The HWB risk had reducing light of work around staff HWB and sick ab;

He continued that the Committee had also received an update on the Remote Working project, and noted that an update would also be provided to a future Board Workshop; there were some aspects emerging against the culture piece and he recommended a Board discussion on the response to changes in working practices; noting this was a challenge been faced by most organisations.

The Committee had reviewed the workforce associated metrics and had noted that several risks were outside of the Trust's direct control and had there discussed how these were tracked and what support could be offered to external partners. He referenced the review of Leadership Behaviours led by Linda Pollard and Gordan Messenger and informed these had been shared with the Chief People Officer of the ICB to explore the areas that could gain traction and those areas which required regional/ national solutions and support.

Gillian Taylor shared her assurance that remote working was being discussed and welcomed the update to be scheduled for Board. She questioned if this was being viewed alongside the feedback that was being received through the Summer of Connecting campaign. She suggested that the cultural changes within the policy could then be linked to the refresh of values. Tom Keeney welcomed this and confirmed the Committee was considering the feedback but could view this more explicitly through a remote working lens.

Julian Harley commented further on the Summer of Connecting campaign and the levels of feedback already received. He noted the importance of engagement with staff and the evidence of the impact this had on quality of care. He highlighted the prolonged pressure frontline teams had been working under and the Boards desire to connect in a meaningful way. The Wayfinder campaign was providing a good platform for staff to respond and share the challenges they faced, and was creating a space for reflection. He commented further on the unprecedented period the NHS had been responding to and the importance of taking time to pause and reflect.

	<p>Jenny Lewis noted that only about a fifth of the Trust's workforce were in a role that could accommodate remote working and explained the wider conversation of remote and flexible working in the context of a healthcare setting. She updated that the HR Team were considering a number of pilot schemes and there was recognition from the National Teams of the challenges faced by Trusts in the response to this. Gillian Taylor shared a positive example of the Leeds Way approach to flexible working on a recent virtual Leadership Walkround where a staff member had raised they were struggling with the standard shift patterns due to child care and the advice that Jenny Lewis had been able to provide.</p> <p>The Board received and noted the report.</p>	
	Audit 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 Audit Committee Extra-ordinary year-end meeting held 16 June 2022.</p> <p>Suzanne Clark outlined the purpose of this meeting which had been to review the year-end accounts and make a formal recommendation to the Trust Board [which was received at the Extra-Ordinary Board meeting held 16 June 2022].</p> <p>The Committee had recognised the quality of the accounts and submission prior to the deadline, passing on their commendation to the finance team. The Trust's external Auditors, Mazars had reported on the good levels of transparency displayed by the Trust.</p> <p>She noted that the Trust would be receiving a modified Audit opinion on the Accounts due to the inability to attend the 2021/22 year-end stick take in person due to lock-down and social restrictions related to Covid.</p> <p>She continued that Internal Audit had reported a 'Satisfactory Opinion' for the 2021/22 year and the Committee had reviewed the areas of high risk and confirmed the plan for the current (2022/23) year.</p> <p>She highlighted the improvements that had been seen against the controls for Patient Property explaining this had been reported as high risk at the start of the year and the Committee had recognised the impact on patient experience.</p> <p>She informed that the Internal Audit team were in the process of finalising the report of their review on the Trust's cyber security which would when then report through the DIT and Audit Committees for assurance and follow-up of actions.</p> <p>The Board received and noted the report.</p>	
11	Risk	
11.1	Corporate Risk Register	

	<p>The Corporate Risk Register (CRR) was presented with an accompanying summary report providing an overview of developments. The Board was asked to consider, challenge and confirm the correct strategy had been adopted and advice on any further risk treatment required.</p> <p>Julian Hartley 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"> • CRRC2 (Risk of re-commencing normal activity levels due to reduced capacity (Covid-19) – key controls and mitigating actions had been incorporated into other risk descriptions with oversight by the Corporate Operations Team therefore it was agreed this risk could be reduced to 12 [and therefore would be removed from the risk register]. • CRR04 (Staff health, safety and wellbeing during the Covid-19 pandemic) - the controls and mitigating actions had been comprehensively reviewed by the HR and health and wellbeing team, incorporating these into the establishment of the optimal attendance management project. It was agreed this risk could be reduced to 12 [and therefore would be removed from the risk register]. <p>He updated that the Committee was looking ahead to the winter and potential demand; and also looking at preparation for prolonged periods of heat recognising the extreme temperatures across the UK the previous week and likelihood for future. He took a moment to thank staff and teams for their response during the heatwave to mitigate risk and protect patient safety.</p> <p>Gillian Taylor referenced the F&P Committee held the previous day and informed there had been two escalations to the RMC for their next meeting; one against the energy position (in addition to the financial risk already considered and one on the consolidation of the risk).</p> <p>Against risk CRRW3 (delivering the (Covid-19) vaccination programme) the Trust Chair noted the updates to the vaccination programme (noting the report at agenda item 14.6) and Julian Hartley confirmed the risk description on the CRR would be updated to reflect this.</p> <p>Drawing attention to CRR10 (high levels of occupancy) the Trust Chair referenced the discussion in the Board Workshop that morning and the update that had been received on the work of the system.</p> <p>Rachel Woodman exited the meeting</p> <p>The Board received and noted the report.</p>	
12	Quality and Performance	
12.1	Context - Current Operational Pressures	
	Julian Hartley noted the comments he had made in his update at agenda item 9 and reiterated the urgent care demand and bed occupancy	

	<p>challenges that were impacting on the performance standards within the IQPR.</p> <p>He commended the resilience and commitment of teams, and commented on the reliance of system partners which was fundamental to responding to these challenges.</p> <p>He informed there had been an increase in the volume of Covid infections with circa 250 in-patients currently positive. Ongoing IPC was active across the Trust which was also having a knock on effect on available capacity.</p>	
<p>12.2</p>	<p>Integrated Quality and Performance Report</p>	
	<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 highlighted the continued strong performance against Ambulance Handover Times (AHT) and commended the effort by teams to maintain this. The mean time for the LGI for handover was 16.99 minutes and for SJUH the mean time was 18.79; this was compared to a regional average of 29.84 minutes and national average of 36.64 minutes. She informed that the Trust would continue to work with the Yorkshire Ambulance Service (YAS) to maximise handover times to ensure the safest action for patients.</p> <p>She reported Emergency Care Standard (ECS) performance at 66.3% and explained that the Emergency Departments (ED) continued to experience high levels of occupancy. She outlined the use of the quality dashboards to support pressures within the department and to triage patients in the timeliest way. She highlighted Paediatrics ED as an area that had seen significant demand on its services (an increase of 22% on June 2019). She informed that bed occupancy levels across the Trust were consistently above 99% which was having a significant impact on the wider hospital and flow. She reported that there were currently 320 patients with no RtR, 20 of these were due to internal delays however the remaining 300 were due to challenges in the wider system.</p> <p>Lisa Grant informed that dashboard data from ED was reviewed at the Weekly Quality Meeting and included metrics for areas such as triage times, Length of Stay (LoS) and AHT. This data was reviewed with senior members of the ED on a weekly basis and she updated that additional oversight of patients in ED had increased to a more regular basis in response to the numbers and acuity levels been seen. This increased oversight meant an improved line of site to patients where escalations could be stepped up accordingly if needed. Clare Smith updated on the</p>	

three daily touch points within the department which provided assurance at Director level.

Drawing attention to the Referral to Treatment (RTT) performance on page 9 she reported June performance at 66.2% which was a decrease of 1.4% on the previous month. She reminded of the key pressure points in this pathway referencing the previous updates which had been provided to the Board and F&P Committee. She reported positively that the Trust was ahead of trajectory for 78ww and she highlighted this was the eight consecutive month this had reduced. She continued that 31 patients had waited over 104 weeks at the end of June 2022, which was a decrease of 100 patients from the May 2022 position; the majority of these patients were on a spinal pathway and the teams were working hard to try and date them for treatment in August.

She invited Dr Phil Wood to comment further on the Harms Review process to monitor the waiting list for risk of further deterioration. Dr Phil Wood outlined the Harms Review process that had been conducted in the Autumn and noted the assurance report that had flowed through the QAC. Following the substantial progress made in reducing the waiting list the Team had carried out a further validation and review exercise which had sought assurance from CSU's that they had robust plans in place for each patient to have a treatment date. As part of this review CSU's had been asked to review and identify any potential harm or deterioration of condition as a result of waiting. Assurance had been received that no harm had been identified; some areas had highlighted potential assurance gaps in their reviews which was been addressed by the Quality Team.

Moving to the Cancer Waiting Times (CWT) performance from pages 12 to 14, she reported that there had been a steady improvement in the 2ww performance; the Breast Service which had been experiencing pressure for a number of months had seen significant improvements and was now booking at day eight which was a fantastic achievement for the team. Overall the 2ww performance was on trajectory however she informed there were some key areas of pressure particularly within the Skin Services with the team working hard to try and ensure adequate capacity.

She continued that there had been steady improvements against the 31 day standard which was a credit to the Cancer Team and their clear focus on set KLOE's with CSU's. She updated that her team was meeting with the service weekly to gain continued assurance on recovery plans.

Against the 62 day standard she reported May performance at 42.8% and reminded that performance against this standard would remain low whilst the current backlog was cleared with focus on the longest waiting patients. She provided assurance of the clinical review of all patients to ensure clinical prioritisation which was also supporting improvements in practice. She updated on the active pilot within the Elderly Medicine Team which was using the LIM to support improvements in the lower GI pathways.

She drew attention to page 57 which summarised the no Reason to Reside (RtR) position; she reminded that this was a fundamental factor in the Trust's ability to deliver care. She referenced the focus and engagement on the City work (noting the update received in the Board Workshop) and also provided assurance of the internal focus looking on how care was delivered; utilising initiatives such as SDEC and reviewing de-conditioning strategies.

Phil Corrigan informed that she had recently attended a Leadership Walkround of the ED and SDEC service; she shared the small actions she had witnessed from staff in areas such as offering patients drinks which had evidenced the patient centred care staff were striving to provide.

Referencing the CWT 62 day position, the Trust Chair provided assurance to the wider Board of the discussion at the F&P Committee the previous day and the assurances that had been received on the approach the Trust was taking to managing its backlog.

She updated on the recent Leeds Health and Care Board meeting and informed that Primary Care and Third Sector partners had all asked what further support they could provide to aid the Trust's which had been welcomed. Dr Phil Wood added that the Trust often received offers from healthcare colleges to support hospital shifts and informed that the volume of these offers was increasing, partially in recognition of the broader types of illness that were presenting at ED and explained their vitality in supporting unnecessary admissions. He was mindful that this also highlighted the need for other spaces to carry out urgent care reviews across the City to relieve some of the pressures on hospital ED's.

Lisa Grant highlighted the Complaints metrics on page 17 however noted the Complaints Annual Report that would be presented at agenda item 14.2.

She drew attention to pages 26 and 27 which summarised performance against E-Coli and Pseudomonas, and Klebsiellosis infections; she informed that the IPC team were responding to the increase in cases and noted there had been several changes in the structure of the IPC team as a result of the radical changes to work practices during Covid. The team were refreshing governance arrangements and refreshing focus on HCAI. She provided assurance that a workplan was in place to address the increase in Gram-negative Bloodstreams and was being discussed with Clinical Leaders. She informed that a detailed report would be presented to the QAC to offer wider assurance to the Board.

She highlighted the improvements of the Perfect Ward metrics on page 28, and reminded that the dip in performance in January 2022 had been due to changes in the Audit requirements (which had been reduced during Covid) with steady performance seen since.

She drew attention to page 30 which summarised the Pressure Ulcer position (PU) and reported there had been an improvement in hospital developed PU's however there had been an increase in patients admitted with PU. She informed that the Trust had written to the City group to request wider discussion and share learning, with consideration also to be given to commissioning an external system review.

Sue Gibson highlighted the Maternity metrics from page 32 which referenced May and June data. She informed that during this time HSIB had accepted two referrals in total (one baby unexpectedly born at home who required a blood transfusion and therapeutic cooling, and one baby born in the Lotus Midwifery Unit at the LGI, who suffered a shoulder dystocia and subsequently required therapeutic cooling) and confirmed the families were involved in this discussion and able to highlight any concerns.

She reported there had been seven neonatal deaths reported with five of the cases associated with complex abnormalities and a poor prognosis; one neonatal death was an unbooked pregnancy with very minimal antenatal care abroad, and the final case was a baby who was admitted to the neonatal unit which was reported as a serious incident via STEIS from the Neonatal team. There had been no other Serious Incidents reported from the maternity service in May or June.

She confirmed that all cases would receive a robust multi-disciplinary review through the perinatal mortality review process which would include the voice of the family. She updated that the external reciprocal peer review process was working well and representation from a neighbouring Trust would be supporting these reviews.

She reported there had been one still born baby in May and none in June; and explained the active review of the Mother's care via the PMRT process. She reminded that the thematic review into stillbirths had concluded, as previously reported to Board and updated on the establishment of the Saving Babies Lives working group to review the thematic review data and also to identify and monitor further improvements in each of the five workstreams associated with the care bundle.

She confirmed that the Incidents categorised as moderate harm had all been reviewed with appropriate management in the majority of cases, and the Duty of Candour process had been followed and was now well embedded in the service.

The Trust Chair was grateful for the assurance received that the escalating e-coli position was been addressed. Lisa Grant provided further details and explained there had been two cases which had been tightly controlled by the CSU and she thanked the support of the estates team; she confirmed that the associated action and assurance plan would report to the QAC.

<p>Laura Stroud was positive of the whole system approach to learning in the un booked pregnancy case and questioned what support was been provided to support teams. Responding, Sue Gibson explained the support to Teams immediately after an incident to provide a formal debrief and check-in, and to signpost to the additional support available if needed. She updated on the use of an MDT approach to support open discussion in a non-judgemental environment with focus on learning and improvement. She also updated on the work that would be taken through the Maternity Board to ensure improved communications between partners.</p> <p>The Trust Chair highlighted the Central focus on Women's Healthcare and suggested this be brought to the HWB Board as an agenda item to review and remind of our roles in all of this. It was agreed that Laura Stroud would be invited to join this meeting as Maternity Champion for the Trust.</p> <p>Dr Phil Wood drew attention to the Mortality data on page 20 and highlighted the continued improvement that had been seen since the decrease in July 2021 (and noting the assurance report that had been provided to the QAC on this). He referenced the Mortality Improvement Group Annual Plan in the Blue Box at agenda item 10.1(ii) and commended their work.</p> <p>Moving to page 21 he informed that five Serious Incidents (SI's) had been reported during Q1 (including the three relating to Maternity) which was ahead of trajectory. He informed that an updated Patient Safety Incident Response Framework (PSIRF) was expected to be published by NHSE in Q2 and confirmed any changes would be aligned to the Trust's own PSIRF.</p> <p>Against Never Events there were zero instances to report for Q1.</p> <p>Referring to the VTE Risk Assessment on page 23 he reminded that the Trust was approaching a historic dip point aligned to junior doctor turnover; he reminded of the strengthened induction process that had been introduced to mitigate the impact of this.</p> <p>He highlighted the sustained improvement in the 2222 calls data.</p> <p>He reminded that the CQUINs had been reintroduced (following suspension during the Covid period) and explained that performance data against these would be seen in the IQPR from September.</p> <p>Craige Richardson drew attention to the Patient Environment standards from page 33 to 37; against patient catering he was pleased to report that satisfaction levels had remained high and also highlighted July as National Estates Month which had seen recognition events across the Trust. On the cleaning metrics he informed there had been a drop in performance and explained this was due to the inability to attend low-used areas during times of peak pressures. He reminded that the Trust</p>	<p>Linda Pollard/ Jo Bray</p>
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was continuing to adhere to advanced standards of cleanliness and IPC during its recovery and reset. He reminded of the introduction of the new standards and confirmed these were being rolled across teams well; he updated on the introduction of Cleaning Posters across the Trust which provided a star rating for each area.

Against the Estates security he reported there was no adverse variance to crimes however highlighted the reduction in physical and non-physical assaults; he reminded of the additional investment in security to provide an increased presence in high risk areas such as ED.

Mark Richards highlighted the digital metrics from page 38, he drew attention to the new metrics at page 41 which provided an update on the Medical Records Scanning programme and noted the strong progress made against this.

Jenny Lewis drew attention to the Workforce Planning metrics on page 42 and updated that the 2022/23 targets were in the process of recalibration to create more stretch criteria. Against the agency spend she referenced the work taking place to manage costs whilst minimising the impact to service delivery; she informed of the detail beneath this and updated that a summary of the plan would be reviewed through the Workforce Committee structure.

She highlighted the 92% appraisal completion for 2021/22 as per the measures on page 45 confirming this measure had now turned green.

Referencing the summary on page 46 (Health and Care system) she noted the focus across the City on closing gaps and noted the update received at the Board Workshop.

Moving to the Free from Discrimination (FFD) measures on page 48 she explained the doubling down of efforts on the inequality work (which had been highlighted throughout the pandemic) – focus on three key areas which collectively were hoped to have a mark able impact:

- Protecting those in protected groups to be supported
- De-biasing processes and policies
- Embedding an inclusive conversation – ref to Book and Board conversations

Against the Education and Training metrics on page 49 she highlighted that the Trust's continued success against the Apprenticeship Programme and utilisation of the Apprenticeship Levy. She informed that the Apprenticeship Programme had recently undergone an Ofsted inspection with the results of these to be reported; informal feedback had suggested this had been positive.

She updated the Board on the Sickness Absence and Management deep-dive that had reported through the Workforce Committee with a further update scheduled in September.

	<p>She summarised the latest Pulse Survey and informed of a deterioration in feedback; she noted the discussion in the Board Workshop and the active Summer of Connecting with staff to acknowledge and identify how staff could be further supported.</p> <p>Simon Worthington drew attention to the financial slides from page 59; he explained like most of the NHS the Trust had a significant financial challenge in the year ahead to manage and he outlined the mitigating actions to ensure the Trust was operating in a safe capacity whilst dealing with the growth in operational pressures within the financial envelope.</p> <p>He reported that in the year-to-date the Trust was reporting a deficit of £9.5M (which included income of (£10.2M ERF). He reminded of the additional cost pressures on the Trust of the ongoing Covid impact, additional inflation and energy costs, operational impact on ability to deliver WRP.</p> <p>He reminded that the Trust was planning on achieving a small surplus in line with its control total however did not want to underestimate that this would be a significant undertaking to achieve and would require the whole Board focus. He referenced the monthly updates to the F&P Committee to provide oversight and assurance of the financial position.</p> <p>The Board received and noted the report.</p>	
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 April and May 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 April, of the 90 inpatient areas reviewed five 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 in their metrics which prompted further analysis. During May, of the 90 inpatient areas reviewed three 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 April a total of 86 red shifts were reported across eight CSU's, a decrease was seen in May with 49 red shifts reported across five CSU's; all shifts shared the same 	

	<p>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.</p> <ul style="list-style-type: none"> • Red Flags - a total of 1,114 Red Flags were reported across the Trust in April and May 2022; with further detail on the themes and trends as per graphs within the report • The vacancy position for Registered Nurses Midwives and ODP's in May was 11.32% and the current registered nursing turnover rate is 7.65%. • The CSU vacancy was 11.2%, with the current CSW turnover rate of 11.12% and reference was made to the significant investment and recruitment campaigns in this area. • A summary of the use of Bank and Agency was included at section 9. <p>Sue Gibson provided an update on the maternity Services position highlighting the date in the report at pages 4 and 5.</p> <p>Against the hard truth data for maternity inpatient wards she informed that no ward had reported less than an average of 80% fill rate against planned staffing levels; ward health check metrics continued to be monitored monthly and remained green.</p> <p>The Birth Rate Plus workforce acuity tool continued to monitor midwifery staffing versus patient acuity alongside professional judgement, and the Midwife-to-birth ratio had remained consistent at 1: 26 for April and May. 1 to 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>There had been a reduction in the number of number of red flags reported to the Board from the last report however the themes were unchanged and continued to relate to 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>She highlighted the staffing and workload tables available at Appendix 3 which continued to illustrate that the overall workforce availability meets women's acuity demands.</p> <p>The Board received and noted the report.</p> <p>Sue Gibson exited the meeting</p>	
<p>12.3(ii)</p>	<p><u>BLUE BOX ITEM</u> – Supplementary Information Quality & Safety Staffing Report and Annual Report</p>	
	<p>Supplementary information to support the Nursing and Midwifery Quality and Safety Staffing report at agenda item 12.3(i) was provided in the Blue Box for information and was received and noted.</p>	
<p>12.4</p>	<p>Environmental Audits Benchmarking</p>	
	<p><i>In attendance:</i></p>	

	<p><i>Chris Ayres, Associate Director of Facilities, Operations</i></p> <p>The report was presented for information and provided an update on the Trust overall results in the PLACE (Patient-led Assessments of the Care Environment) 'Lite' process.</p> <p>Craige Richardson reminded that the PLACE assessments had been paused for the last two years during the height of the Covid pandemic and provided an overview of the PLACE measures to provide context; provide a snapshot of how an organisation is performing against a range of non-clinical activities, all of which impact on the patient experience.</p> <p>Rachel Woodman re-joined the meeting</p> <p>Chris Ayres summarised the key highlights from the report; during April 2022, the Trust undertook a PLACE 'Lite' assessment, which had looked at 18 areas across the estate (patient-facing). The summary results of this assessment were provided in the table within the reports appendices.</p> <p>He updated on the proposed full PLACE assessment in September 2022, which would cover all areas of the estate however this was subject to operational pressures and pending advice but would provide a more rounded representation of the patient's environment.</p> <p>He noted that there had been a change in criteria since the last assessment in 2019/20 which made historical comparison challenge however progress would be tracked against the new measures moving forward.</p> <p>The Board received and noted the report.</p>	
13	Strategy and Planning	
13.1	BLUE BOX ITEM – Building the Leeds Way	
	The Building the Leeds Way report was provided in the Blue Box for information and was received and noted.	
13.2	BLUE BOX ITEM – Annual Plan Q1 Overview	
	The Q1 update against the 2022/23 Annual Plan was provided in the Blue Box for information and was received and noted.	
14	Governance and Regulation	
14.1	Senior Independent Directors Appraisal Report on the Chair	
	<p>The report sought to provide assurance to the Board the Senior Independent Director (SID) (Chris Schofield, NED) had carried out his duties as set out in the NHSE/I Chairs Competency Framework and to confirm the Chairs appraisal summary had been submitted to NHSE/I.</p> <p>Chris Schofield highlighted the detail within the report and drew attention to the positive themes of feedback that had been received about the Trust Chair.</p> <p>The Board confirmed its assurance that the SID had carried out their duties, noting the successful appraisal of the Trust Chair.</p>	
14.2	Complaints Annual Report	

	<p><i>In attendance:</i> <i>Helen Christodoulides, Deputy Chief Nurse</i></p> <p>The 2021-22 Complaints Annual Report was presented to the Board and provided an update on the Complaints Improvement Programme and activities throughout the year to support staff and improve the experience of people using the complaints service. The report also sought to provide assurance that actions arising from complaints were monitored, themes arising from complaints were addressed and that learning arising from complaints was shared.</p> <p>Lisa Grant introduced the report noting the Boards focus on how the Trust was responding to and improving from complaints. She reminded the Board of the review of the complaints process pre-pandemic and the complaints action plan that had been implemented against this; she confirmed that all actions had been completed within the expected timescales and informed that the new 2022-24 Complaints Action Plan was now in progress.</p> <p>She highlighted the use of LIM to support the Complaints Improvement Programme and reminded of the changes to the policy which had introduced revised phased response times targets of 20, 30 and 60 days.</p> <p>Helen Christodoulides updated on the restructure of the Patient Experience Sub-Group (PESG) which had been redesigned to hold CSU's to account in a more meaningful way with focus on the themes and actions arising from complaints. She outlined the framework used by CSU's to be able to describe these and improvements required. The structure of the meeting had also been amended to invite CSU's to report at the same time to share learning and the wider benefits of listening to others with benefits of this new structure seen.</p> <p>She reported on the complaints training that had been received from an external provider had been well received with a second training event planned for September. She also updated on the complaints coaching that was available to all staff involved in the complaints process.</p> <p>The Trust Chair recognised the journey the Trust was on in its complaints improvement process however reflected that complaints should not be seen as a negative; they were a management tool and a route to listen and understand the experience of patients and to make improvements and changes.</p> <p>Following a query from Georgina Mitchell, Helen Christodoulides explained the role of the Patients Advice and Liaison Service (PALS), and confirming they were often in a position to respond to queries prior to a complaints process being activated. Jo Bray confirmed she would share a copy of the Trust's Complaints Process with the newer Non-Executives for information and further detail on the separation of the PALS and Complaints process.</p>	<p>Jo Bray</p>
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	The Board received the report and confirmed its assurance of the complaints process and the on-going planned work for continued improvements.	
14.3	Safeguarding Annual Report	
	<p><i>In attendance:</i> <i>Karen Sykes, Head of Safeguarding</i></p> <p>The 2021/22 Annual Safeguarding Report was presented to the Board and provided a summary of the key issues and activities in relation to safeguarding and offered assurance that the Trust was meeting its statutory obligations and the required national standards in regard to safeguarding.</p> <p>Karen Sykes drew attention to the detail within the report which included:</p> <ul style="list-style-type: none"> • An overview of the national and local context of safeguarding; • An overview of the areas of practice included in safeguarding within the Trust; • An update on safeguarding activity within 2021/2022 including progress made in strengthening safeguarding practice and outcomes; • Assurance that the Trust is meeting its statutory obligations and the required national standards with regard to Safeguarding, Prevent, Mental Health and Mental Capacity; • A briefing on the challenges and work to be addressed by the safeguarding team working in partnership across all Trust teams in 2021/2022. <p>She informed that there had been an increase in the volume and complexity of cases and stated as a Trust we were committed to safeguarding duties; which remained a high agenda priority despite the many operational pressures.</p> <p>She shared that there would be focus on the Safeguarding Mandatory Training in the current year to recover the 85% compliance target. She updated on the safeguarding supervision that was provided throughout the Trust.</p> <p>She updated on the active work with NHSE to develop a LTHT Safeguarding Always Event; this work would continue to ensure the 'service users' voice was captured 'always' in any safeguarding related communication.</p> <p>Paul Widdowfield exited the meeting Ross Langford joined the meeting</p> <p>She summarised the continued learning from cases, and informing that Leeds was mirroring the national picture of categories of abuse; she noted that additional information that had been provided within the Board Workshop in relation to individual cases.</p>	

	<p>She reported that learning from key categories of abuse continued to be a major focus with local and regional themes mirroring the national picture.</p> <p>She reported positively on the increased awareness of safeguarding issues such as self-neglect across the Trust which was leading to an increase in referrals. She reminded of the safeguarding supervision and support offered to staff involved in referrals.</p> <p>She highlighted that the Trust continued to be a key and proactive member of the Children's Safeguarding Partnership.</p> <p>Laura Stroud commended the work and compassion displayed by the team which was echoed by the wider Board.</p> <p>The Board received the report, noted the improvements made in 2021/22 and confirmed its assurance that the Trust was meeting its statutory safeguarding duties and was following good practice.</p> <p>Karen Sykes exited the meeting</p>	
14.4	Insurance for Board Members	
	<p>The report provided a summary of the current insurance arrangements in place for the Organisation and Directors and Senior Officers.</p> <p>Jo Bray drew attention to the detail within the report and explained that these arrangements were applicable to all Directors highlighting the caveat of assuming 'individuals had acted honestly and in good faith'.</p> <p>The Board received the report and noted the insurance arrangements in place.</p>	
14.5	Scheme of Delegation – Minor Amendments	
	<p>The Board were asked to approve minor amendments to the Scheme of Delegation.</p> <p>Jo Bray reminded of the financial threshold for approval that had been delegated to the Building Development and Finance and Performance Committees (of £3.5M). She explained that due to the national inflation rises it was suggested that where approval requests were made to the Committees within 10% of the threshold limit, that these approvals would also be reported to the Board for information, minuting and to allow greater transparency.</p> <p>The Board received the report and approved the amendments to the Scheme of Delegation.</p>	
14.6	Vaccination Transfer of Functions	
	<p>The report summarised the arrangements for the continued governance of the WY Covid-19 Vaccination Programme from 1 July 2022.</p> <p>Dr Phil Wood highlighted the detail within the report provided and drew attention to the transfer of the responsibility for delivery to the programme</p>	

	<p>to the WY ICB on 1 July 2022. The ICB did not have that statutory status to receive the financial governance aspects of the programme or to take Lead Provider status; Leeds Community Healthcare Trust would take over the role of Lead Provider for the Leeds Vaccination Service from 1 September 2022. He confirmed that LTHT would work with the ICB and LCH to ensure that risks and mitigations (which had been held on LTHT CRR) were shared in advance of the transfer dates.</p> <p>He noted the correspondents with the ICB had been provided as an appendix to the report in the Blue Box.</p> <p>The Board received the report and noted the addition of the letters of correspondence which had been provided in the Blue Box for information.</p>	
	Items for Information	
15.1	BLUE BOX ITEM - Forward Planner	
	The 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.	
	Regulators - CQC or NHS England, ICB/Place issues	
	There were no items arising from the meeting for escalation to the Trust's Regulators or Commissioners.	
	Communications	
	It was confirmed there were no matters from the meeting that required further internal communications.	
17	Review of Meeting and Effectiveness	
	Comments on the meetings effectiveness were welcomed via email; it was noted that the next Board meeting scheduled for 29 September 2022 would be a virtual meeting.	
18	Any Other Business	
	No other business was discussed.	
	Date of next meeting: 29 September 2022	