



**DRAFT MINUTES OF THE PUBLIC BOARD MEETING**  
**Thursday 29 September 2022**

**(Meeting held via Microsoft (MS) Teams)**

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

<b>Present:</b>	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
	James Goodyear	Director of Strategy
	Lisa Grant	Chief Nurse
	Julian Hartley	Chief Executive
	Paul Jones	Chief Digital and Information Officer
	Jenny Lewis	Director of Human Resources & Organisational Development
	Georgina Mitchell	Associate 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
	Craige Richardson	Director of Estates and Facilities
	Dr Phil Wood	Chief Medical Officer
<b>In Attendance:</b>	Jo Bray	Company Secretary
	Sue Gibson	Director of Midwifery (for agenda items 12)
	Vickie Hewitt	Trust Board Administrator
	Chris Kelly	Associate Director for Estates Compliance & Risk (for agenda item 13.3)
	Lorna Johnson	Associate Director of Quality (for agenda item 4)
	Kate Jones	Liver Transplant Co-ordinator (for agenda item 4)
	Libby Sutherland	Head of Sustainability (for agenda item 13.3)
	Jane Westmoreland	Associate Director of Communications
<b>Apologies:</b>	Rachel Woodman	Associate Non-Executive Director
	Simon Worthington	Director of Finance

Agenda Item		ACTION
1	<b>Welcome and Introductions</b>	
	<p>The Trust Chair opened the meeting and welcomed public viewers observing via the online Stream.</p> <p>She formally welcomed James Goodyear, Director of Strategy as a new member of the Board.</p>	
2	<b>Apologies for Absence</b>	
	Apologies for absence were received from Simon Worthington, Director of Finance and Rachel Woodman, Non-Executive Director.	
3	<b>Declarations of Interest</b>	
	<p>Mike Baker noted his declared interest as Programme Director for the Leeds System Flow Improvement work, and Julian Hartley noted his declared interest as a NED of the Department of Health and Social Care (DoHSC).</p> <p>It was confirmed there were no further interests to declare and the meeting was quorate.</p>	
4	<b>Staff Story</b>	
	<p><i>In attendance:</i>  <i>Lorna Johnson, Assistant Director of Quality and Kate Jones, Liver Transplant Co-ordinator</i></p> <p>Lorna Johnson introduced the Patient Story video which shared Sam and Warren's story of a live liver transplant:  <a href="https://www.youtube.com/watch?v=KRcne4CRA1s">https://www.youtube.com/watch?v=KRcne4CRA1s</a></p> <p>The video provided insight into a father with liver failure and donation of a live liver by his son; LTHT was the only programme in the UK to offer living liver donation and there were ambitions by NHSE to develop other centres across England.</p> <p>The Trust Chair thanked the team for sharing this story, and commented on the importance of the Board listening to these experiences and the grounding they provided to the meeting of the centrality of the patient. She recognised the talent and skills within the Trust and the continued commitment from staff to strive for the best for patients. She committed to writing on behalf of the Board to both Sam and Warren to thank them for sharing their story, and also the Team involved with the surgery in recognition of their work.</p> <p>Julian Hartley updated that he was joining the Live Donor Liver Celebration Event which was being held at Thackeray Medical Museum the following week and explained this would include the showcase and sharing of other donor stories, and offering an open invitation to Board members to attend [confirming he would circulate details following the meeting].</p> <p>Laura Stroud commended the dedication from staff to their patients and the work that went on behind the scenes to support them; with the story been an example of assurance of the care delivered.</p>	<p>Jo Bray/ Linda Pollard</p> <p>Julian Hartley</p>

	<p>Mike Baker shared his take away from the video as a NED, recognising the ground-braking capability of the surgeons but also on the welcoming comments on the professionalism and friendliness of staff.</p> <p>Kate Jones thanked the Board for their comments and expanded on the Multi-Disciplinary Team collaboration of staff that had contributed to transplant procedures. She updated on the increased demand for donations and explained the need for live donors moving forward; 'we owe it to patients to consider everything we can'.</p> <p>The Board received the update and noted the recognition letters that would be circulated following the meeting.</p> <p><b>Lorna Johnson and Kate Jones exited the meeting</b></p>	
<b>5.1</b>	<b>Draft Minutes of the Last Meeting</b>	
	<p>The draft minutes of the lase meeting held 28 July 2022 were confirmed to be a correct record subject to the following amendment:</p> <ul style="list-style-type: none"> <li>Page 9, agenda item 10.4 (paragraph 4) – typo to be corrected from 'stick' to 'stock'.</li> </ul>	Vickie Hewitt
<b>6</b>	<b>Matters Arising</b>	
	There were no matters arising listed on the agenda and none were raised during the meeting.	
<b>7</b>	<b>Review of the Action Tracker</b>	
	<p>The action tracker was reviewed, and progress noted.</p> <p><b>Post-meeting note:</b> <i>Following the meeting, Dr Phil Wood reported via email the outcome of the Research Bid: 'The Trust, in partnership with the University of Leeds, had been awarded £19.8M by the National Institute for Health and Care Research (NIHR) to fund the NIHR Leeds Biomedical Research Centre (BRC) for five years. This award represents the largest amount of research funding the Trust had ever received'.</i></p>	
<b>8</b>	<b>Chair's Report</b>	
	<p>The report provided an update on the actions and activity of the Trust Chair since the last Board meeting.</p> <p>The Trust Chair informed that several events had been postponed in September due to the period of national mourning which had followed Her Royal Majesty's (HRM) passing; she reported to the public that the Board had sent a letter of condolence to His Royal Majesty, King Charles III, and also to HRH The Countess of Wessex, who was a patron of the Leeds Children Hospital.</p> <p>She updated on the cross-party support that had been received for the Building the Leeds Way (BtLW) programme and informed the Trust was anticipating a visit from the new Secretary of State for Health regarding the programme and the aligned Innovation Arc.</p> <p>She drew attention to section 6 and sought endorsement for the items taken as Chairs action noting the further detail within the report:</p>	

	<ul style="list-style-type: none"> <li>• Approval was granted to place an order for an urgent replacement of the Neuro-Interventional Biplane system (LVR3); due to supply risk approval was fast-tracked with Chairs action supported by Linda Pollard, Julian Hartley, Gillian Taylor and Suzanne Clark.</li> <li>• Approval was granted to support the proposal for phase Two of the End User Compute (EUC) programme with the total cost expected to be £3.8M (excluding VAT) however would be confirmed in the final statement. Chairs action was supported by Linda Pollard, Julian Hartley, Gillian Taylor and Suzanne Clark.</li> </ul> <p>The Board received the report and confirmed its endorsement to the items approved for Chairs action.</p>	
9.1	<b>Chief Executive's Report</b>	
	<p>The report provided an update on news across the Trust and the actions and activity of the Chief Executive since the last Board meeting.</p> <p>Julian Hartley added his condolences following the passing of HRM and updated on the events that had been held across the Trust to remember and mark this event.</p> <p>He acknowledged the new Government in place and informed that the Trust was eager to engage with the new Secretary of State and wider team.</p> <p>He updated on the Summer of Connecting engagement campaign and shared that this feedback was being collated for discussion at the next Board Timeout which would include Triumvirate Teams and Clinical Leaders. The campaign was looking at a refresh of the Leeds Way and culture in recognition of the challenging period staff were working in. He stressed the dedication from the Board to support staff through this period and summarised how the feedback would be incorporated into strategic plans to respond to challenges.</p> <p>He highlighted the visible progress been made on the new Pathology Laboratory build at SJUH and outlined the active planning to transition the team from their current laboratory at the LGI.</p> <p>He reported that demand at the Trust had reached extra-ordinary levels throughout August and September and noted the update received in the Board Workshop with system partners. He reported that the West Yorkshire Association of Acute Trusts (WYAAT) had issued a media alert to the public in August to support public awareness of the pressures within hospitals and actions they could take to support. He provided assurance of the system wide action that was being taken to support pressures and maintain safe and quality care for patients.</p> <p>He highlighted the welcoming of Victoria Critchley, to the Trust to lead the development of the planned Innovation Village at the LGI in her new role as Development Director. He reminded the Board of the importance of research and innovation to the Trust and a Teaching Hospital, and the academic evidence that research led to better healthcare outcomes.</p>	

	<p>He reported that the Trust continued to prepare for the public Covid-19 inquiry, noting the further detail within the report and the learning that the NHS would seek to draw from this.</p> <p>He updated the Board of the visit by Sir Jim Mackie (who was advising NHSE on clearing the elective backlog to the Trust) and the opportunity to showcase the Operational Transformation Strategy (OTS). The OTS was supporting progress against the elective recovery position, however pressures within the Emergency Departments (ED) was impacting the rest of the Trust which reinforced the importance of the wider system action and learning</p> <p>He highlighted section 5 of the report which set out examples of some of the success across the Trust during the last reporting period.</p> <p>He concluded by drawing attention to the consultant appointments listed at section 6 of the report which were endorsed by the Board.</p> <p>The Board received and noted the report.</p>	
<b>10</b>	<b>Minutes of Meetings</b>	
	<b>Quality Assurance Committee</b>	
<b>10.1</b>	<b>Chair's Summary Report</b>	
	<p>The report provided an overview of significant issues of interest to the Board, highlighted key risks discussed, key decisions taken, and key actions agreed at the Quality Assurance Committee (QAC) meeting held 25 August 2022.</p> <p>Laura Stroud informed that the Committee had maintained its revised schedule of meeting bimonthly which was releasing clear benefits and enabled the Committee to triangulate and respond to escalations from other Board Committees more effectively.</p> <p>She updated on the increasing awareness in the Committee of system wide issues and sharing the recent patient story received had focussed on patients experience as they transition away from hospital services. Assurance had been received on the centrality of the patient within the system work however there was also recognition of the pressures across the sector which was creating variance across the packages of care received.</p> <p>She highlighted the Committee's continued core focus on Maternity, noting the additional updates that were also provided to the Board for assurance in this area.</p> <p>She reported that the Committee had received assurance on the actions in place to maintain Infection Prevention and Control (IPC), informing that the Head of IPC had attended to the Committee to provide assurance against Healthcare Acquired Infections (HCAIs) in the transit from this phase of Covid and the risk of a resurgence of further infections. Whilst assurance had been received of the actions in place, assurance could not be provided</p>	

	<p>that Blood Gram negatives could be contained with revised communication implemented to reinforce Infection Prevention and Control.</p> <p>The Committee had been cognisant of the levels of risk across the Trust and the centrality of patients and triangulating with staffing and known pressures.</p> <p>The Board received and noted the report.</p>	
<b>10.1(i)</b>	<b>BLUE BOX ITEM – Learning from Deaths Report Q1 2022/23</b>	
	The Q1 Learning from Deaths report, received by the QAC, was provided in the Blue Box for information and was received and noted.	
<b>10.1(ii)</b>	<b>BLUE BOX ITEM – CQC Registration Annual Assurance</b>	
	The CQC Registration Annual Assurance report, received by the QAC, was provided in the Blue Box for information and was received and noted.	
	<b>Audit Committee</b>	
<b>10.2(i)</b>	<b>Chairs Summary Report</b>	
	<p>The report provided an overview of significant issues of interest to the Board, highlighted key risks discussed, key decisions taken, and key actions agreed at the Audit Committee meeting held 7 September 2022.</p> <p>Suzanne Clark highlighted the Cyber-Security training session that had been held prior to the meeting which she commended and updated a further session would be held with the wider Board, CSU Triumvirate Teams and Lead Clinicians at the Board Timeout in October.</p> <p>She reported that the Committee had received the Trust's final Auditor's report (and noting the inclusion of this at agenda item 10.2(ii)); which included a clean Value for Money (VfM) assessment; this had been published on the Trust website and she also recommended the video by the Director of Finance which had been published as part of the Trust's virtual AGM offering.</p> <p>She highlighted the assurance deep-dives the Committee had received against the controls for the Financial and Clinical risks as described in the Board Assurance Framework.</p> <p>She drew attention to the summary of updates received from the Internal Audit functions, highlighting the reports which had been issued in final.</p> <p>She reported that the Committee had also received a deep-dive on the Cyber-Security Internal Audit report with recommended actions to be monitored through the DIT Committee.</p> <p>She updated that an Extra-Ordinary Audit Committee had been scheduled for 11 October 2022 to review the performance of the Internal and External Audit functions, along with the self-assessment of effectiveness from Committee members.</p> <p>The Board received and noted the report.</p>	
<b>10.2(ii)</b>	<b>Auditor's Annual Report 2021/22</b>	

	The Mazar's Auditor's Annual Report for LTHT for the year-ending 31 March 2022, and the Audit Completion Certificate were provided to the Board for information, (with assurance received by the Audit Committee on 7 September 2022).	
10.3	<b>DIT Committee</b>	
	<i>Due to the inclusion of information that is restricted from the public domain (as per the Freedom of Information Act 2000) this report has been removed from the public meeting and would be received at the Board Workshop moving forward.</i>	
	<b>Workforce Committee</b>	
10.4(i)	<b>Chairs Summary Report</b>	
	<p>The report provided an overview of significant issues of interest to the Board, highlighted key risks discussed, key decisions taken, and key actions agreed at the Workforce Committee meeting held 29 September 2022.</p> <p>In the absence of Tom Keeney, Laura Stroud noted the detail within the report and expanded on the recognition by the Committee of the substantial challenges impacting the workforce which was reflected across most sectors.</p> <p>She explained the Committee's focus on the seven People Priorities and associated performance measures; and how this data supported discussions on how to support staff and plan for workforce need. The Committee had received deep-dives on the planning process, HWB and sickness management and had received an update on the ongoing inequalities work. The discussion had considered the financial implications and limitations within workforce planning.</p> <p>She expanded on the Committee's focus on risk with the Committee asked to share their feedback, sharing comments by Georgina Mitchell, NED who had been observing the meeting; commended the renewed focus on risks which had come through the discussions.</p> <p>Jenny Lewis added that Internal Audit had also observed the meeting as part of the annual programme, with this as one aspects of governance under review.</p> <p>The Board received and noted the report.</p>	
10.4(ii)	<b>BLUE BOX ITEM – Violence Reduction and Prevention Report</b>	
	The Violence Reduction and Prevention Report which had been reviewed through the Workforce Committee was provided in the Blue Box for information and was received and noted.	
11	<b>Risk</b>	
11.1	<b>Corporate Risk Register</b>	

	<p>The Corporate Risk Register (CRR) was presented with an accompanying summary report providing an overview of developments. The Board was asked to consider, challenge and confirm the correct strategy had been adopted and advice on any further risk treatment required.</p> <p>Julian Hartley noted the detail within the report describing the assurances received and noting there had been no changes to any of the associated risk scores.</p> <p>He commented on the criticality of CSU attendance to the RMC meetings and the engagement between them and the corporate teams to articulate and mitigate associated risk.</p> <p>He reminded the Board of the work to develop the Risk Appetite Framework and described how this was supporting the RMC discussions noting the Board would be conducting its annual review of the Risk Appetite Framework (RAF) at its Timeout in October.</p> <p>The Board received and noted the report.</p>	
<b>12</b>	<b>Quality and Performance</b>	
<b>12.1</b>	<b>Context – Current Operational Pressures</b>	
	<p>Julian Hartley set context to the ongoing operational pressures across the Trust.</p> <p>He informed that the Board had reviewed the system winter/ seasonal plan during its workshop that morning and looking at how the system would balance elective recovery with urgent care demand alongside a notable increase in Covid infections at the onset of flu season.</p> <p>He explained that staff were working tirelessly to respond to demand, however he was cognisant of the increased pressure as the Trust moved into the winter period. He noted the focus of the Board on supporting and retaining staff as the Trust responded to these challenges.</p> <p>Linda Pollard noted for assurance to the wider Board, that the F&amp;P Committee conducted regular deep-dives into the performance standards which would be received at the next item and reminded of the flexible schedule that had been introduced to respond to areas of focus during the reset and recovery journey.</p>	
<b>12.2</b>	<b>Integrated Quality and Performance Report</b>	
	<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 and reported that the Trust contained to maintain its performance</p>	



with the average handover time at the LGI for August 17 minutes, and for SJUH 19 minutes. She outlined the continued work with colleagues from the Yorkshire Ambulance Service to sustain this. She noted that the slight increase in handover time was linked to the increased congestion within the Emergency Departments (ED). She updated on the introduction of a priority card service to support triage in ED and also referenced the further expansion of the Same Day Emergency Care (SDEC) service.

Reporting against the Emergency Care Standard (ECS) she reported August performance at 68.2% and she reminded the Board of the knock-on effect pressures in ED had against the other constitutional standards. She informed that the Trust had ranked 56 out of 112 in peer comparisons, which was an achievement given the high levels of occupancy; in occupancy comparisons the Trust was ranked 120 of 123. She updated on the work taking place across minor illness pathways to try to reduce this congestion and speed up waiting times for patients.

Moving to Referral to Treatment (RTT) on page 9 she reported performance at 64.3% which was a marginal decrease on the previous month. She highlighted the progress made in reducing the volume of 104ww with 16 patients remaining noting those remaining past September were due to complexities and had been agreed with the patients.

She updated against the 78ww position and outlined the work taking place to reduce the number of patients at risk of breaching the 78 week mark which had been reduced by 70%; focus would be on sustaining these gains. Work continued to address the Total Waiting List (TWL) size and she updated on the focus of 'Outpatient October' to try and turn the dial with focused attention on the TWL. She informed that Dr Phil Wood would be leading a workshop with the Outpatients Team and invited him to provide further comment; Dr Phil Wood updated that 80 Lead Clinicians had been invited to the workshop which would be to have an honest conversation on barriers and opportunities to take learning forward.

Clare Smith drew attention to the Cancer Waiting Time (CWT) standards from page 12. She highlighted the improvements within the Breast service, however informed that both the Lower GI and Skin pathways were experiencing pressure from increased volumes of referrals; she outlined the work taking place to provide additional capacity and support to the team. Performance against the 31 day was at 93.5% for July; and she reminded of the protected theatre capacity which had been utilised to sustain this position. Against the 62 day standard she reported that focus continued to be maintained on the backlog clearance and as result performance was off trajectory; mitigating actions had been enacted which would be shared with the F&P Committee for scrutiny and assurance.

She drew attention to page 59 which set out the no Reasons to Reside (RtR) position, referencing the collaborative work across the City, and the introduction of the Transfer of Care Hubs however explained that despite these interventions the position was not shifting, with a need to redouble efforts and reference to the discussion with partners that morning.

The Trust Chair updated on the agreement at the F&P Committee the previous day and the escalation to WYAAT CiC re. CWT.

Lisa Grant noted the healthcare inquired infections summaries from page 24 and informed of the assurance report presented to QAC on 25 August. She summarised that the Trust was in line with peers however there were some challenges with blood gram negatives with the Head of IPC attending the last QAC to provide assurance of the actions moving forward; recognition was given that following the pandemic attention was on airborne virus protection which had impacted nursing skills. The IPC team were reinforcing best practice to staff, patients and public and associated indicators would remain under observation and working with CSU's.

Against the Pressure Ulcer (PU) performance on page 30 she reminded of the working group in place with local nursing homes to share learning and support education across the wider piece. She informed that some CSU's were seeing an increase of patients admitted with PU which was an impact of occupancy pressures and an impact of the risk the Trust was carrying. She updated that speciality teams had been brought together across the Trust to respond to this.

Sue Gibson provided supporting narrative to the maternity data summarised on page 32; in July one referral had been made (and accepted) to the Healthcare Safety Investigation Branch (HSIB) which related to a baby who required therapeutic cooling after a LSCS was performed.

There were five Neonatal Deaths (NND) reported in July and four in August; of these nine, four related to extreme prematurity, three associated with congenital abnormality, one case related to an un-booked her pregnancy and the final case was a post-surgical death which is under coroner's review.

In the case of the un-booked pregnancy the Trust Chair questioned if support was being provided to staff; confirmed by Sue Gibson who updated the Trust was also supporting YAS colleagues who had been first to the scene.

There had been three antepartum stillborn babies in July (none in August) with all cases reviewed with the MDT. There had been no other Serious Incidents reported from the maternity service.

She updated that the Trust Maternity Team continued to work with a neighbouring Trust to peer review the PMRT process and reviews, and in addition was also working with colleagues from Leicester to peer review the grading of a mixed set of PMRT cases in a reciprocal arrangement.

Dr Phil Wood drew attention to the Mortality metrics on page 20 and explained there had been an increase in excess deaths nationally; he

updated that the SHMI had returned to 'within expectation' levels and reminded of the scrutiny and assurance of this position through the QAC.

He updated that the Patient Safety Incident Investigations Process (PSIRP) was now live and drew attention to the information available from page 21.

Noting the summary on page 22 he reported that no Never Events had been reported during Q1 2022/23. He provided assurance of the reviews of softer measures through the Mortality Improvement Group (MIG) to provide assurance of this position.

Noting the detail on page 33 he confirmed that the Trust had achieved the 95% target for VTE for 2021/22.

He reported that the CQUIN measures had been re-established following temporarily suspension during the Covid pandemic drawing attention to page 60 and highlighting the priority areas in yellow.

Craige Richardson provided supporting commentary to the Patient Environment measures from page 33; patient catering satisfaction remained high, and against cleaning he confirmed the new standards were fully implemented with all wards displaying a cleanliness rating; performance across the Trust remained above the national targets.

Noting the detail on page 36, he informed that cases of physical abuse on staff had continued to decline over the last quarter however there had been a slight increase in nonphysical abuse; he reminded of the additional resources deployed across both ED's and noted the additional information that had been provided in the Violence Prevention and Reduction report in the Blue Box at agenda item 10.4(ii).

The Trust Chair referenced the Better Hospitals Food review and questioned if there was a risk to food costs across the supply chain (result of external factors) and any indication of this. Craige Richardson confirmed that an increase in costs had been seen however the Trust had been able to mitigate this to date by offering alternative recipes. He confirmed this was would continue to receive close oversight to manage this position.

Paul Jones provided an update against the digital associated metrics presented from page 38; he reported that the service delivery backlog was remaining static and it was anticipated the planned upgrades to the IT infrastructure would have a significant impact on reducing this backlog.

On page 41, he highlighted the progress by the Medical Records Team for the volume of images scanned, and the good quality rating against this.

Jenny Lewis drew attention to the People Priority measures from page 42 and reminded of the increased focus of workforce planning which had resulted in strengthened approached to planning and mitigation. She noted

<p>the deadline of 30 September 2022 for all CSU's to have submitted their workforce action plan.</p> <p>Highlighting the chart on page 43 she explained the continued progress against plan to close the gap of the registered nurse workforce; the vacancy rate at July 2022 was 12.53%.</p> <p>Against the Clear Performance Expectations measures she updated on the increased volumes of staff accessing leadership training – enabling skills to support their staff and managers. She updated on the scheduled Education and Training deep-dive that would take place through the Workforce Committee with an intention to provide an update to the Board Workshop next year.</p> <p>She reminded of the publication of the Amplified Voices Mending Divides book which had been distributed to all staff; and updated on the continuation of inclusive conversations across the Trust with the Critical Care CSU the latest to undergo this.</p> <p>Drawing attention to the metrics on page 50 (Health and Wellbeing) she reported that staff sickness absence was an area of concern and informed of the deep-dive of this position that were taking place through the Workforce Committee.</p> <p>The Trust Chair referenced her national role in carrying out the review of Leadership and Management across the NHS and was encouraged at the number of Trust staff accessing training and developing their skills. On the national work she updated that findings had been submitted to NHSE for implementation and it would be useful to have sight of this for inclusion in development programmes. Clare Smith updated that she and Dr Phil Wood were engaged with the Organisational Learning Team to support the development of the Clinical Leadership training offer.</p> <p>Mike Baker referenced the external factors of the current economy and commented on the additional challenges this could create, particularly for lower band staff which could also impact their HWB – this was a key area to watch for the NHS as both an employer and carer. This was echoed by Jenny Lewis who updated on the initiatives that the Trust had put into support staff sharing examples such as money buddies; staff support fund: it was confirmed that additional information of the support available to staff would be circulated to Board members for information following the meeting.</p> <p>Jonny Gamble provided an update against the financial associated metrics; he reported that at August, the Trust was reporting a year to date deficit of £11.2M (£9.9M favourable to the NHSE plan) which included the elective recovery fund. The Trust was forecasting delivery of a £7.6M surplus however he noted there were a number of significant risks to the delivery of this position which included the ability to secure elective recovery funding in H2, the continued prevalence of Covid-19, patients in the Trust's bed base with no RtR and higher inflation due to worldwide events such as the</p>	<p>Jo Bray</p>
--	----------------

	<p>conflict in Ukraine. A range of mitigations have been identified and are being implemented to manage these risks with assurance provided to the Board through the F&amp;P Committee.</p> <p>Against the Capital and Cash position he informed there had been some slippage in the capital expenditure forecast with originally planned TIF funding now expected in 2023/24. Assurance had been received on the remainder of the plan from the Capital Planning Team.</p> <p>The Board received and noted the report.</p>	
<b>12.3 (i)</b>	<b>Nursing &amp; Midwifery Quality &amp; Safety Staffing Report</b>	
	<p><i>In attendance:</i> <i>Sue Gibson, Director of Midwifery</i></p> <p>The report provided the Board with key nursing and midwifery workforce data which described staffing levels in relation to the safety and quality of care provided; data in the report was provided for June and July 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; (for members of the public she provided supporting narrative to each of the areas):</p> <ul style="list-style-type: none"> <li>• Hard Truths – in June 2022, of the 90 inpatient areas reviewed, 28 areas reported less than an average of 80% fill-rate against their planned staffing levels; of this one area had also triggered the safety and quality requirements in the Ward Healthcheck Process (WHP). In July, of the 89 inpatient areas reviewed 33 areas reported less than an average fill rate of 80% with two clinical areas also triggered the safety and quality metrics in the WHP. All areas who had triggered the WHP also received a follow-up with further analysis shown at Appendix 2 of the report.</li> <li>• SafeCare Red Shifts – in June 2022 there were 125 red shifts (unmitigated safety concerns) reported – this was an increase of 76 when compared to May 2022, the majority of shifts were reported in the Specialty Integrated Medicine (SIM) CSU. In July 2022 there were 263 red shifts reported, a significant increase. Both months reported similar themes of nursing staff vacancies, short term staff absence and cancellation of or Bank and Agency shifts remaining unfilled. All CSU's reported increased patient acuity and dependency, specifically increased enhanced care requirements. All shifts with unmitigated safety concerns were escalated appropriately and no serious incidents were reported; Bank and Agency rates were temporally escalated on a shift by shift basis to maintain safe care.</li> <li>• Red Flag Escalation - a total of 1643 Red Flags were reported across the Trust in June and July 2022 (with attention drawn to the SPC charts within the report). The greatest number of red flags</li> </ul>	

	<p>were in relation to 'Number of skill mix of nurses not sufficient' and 'Unmet Enhanced Care Need'.</p> <p>Lisa Grant expanded on the underlying workforce pressures and asked the Board to be aware that some nursing staff were missing their break-time due to pressures on the ward. She explained that the benefits of the additional nursing investment were not coming through due to the volume of additional capacity that was open across the Trust. Unplanned absence had also increased, and she updated on the increased engagement with wards. She asked the Board to be mindfully that whilst all Red Flags were responded to not all could be fully mitigated. She provided assurance of the ongoing support to staff.</p> <p>Sue Gibson drew the Boards attention to the Midwifery safe staffing information from page 4 of the report;</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 with Ward health check metrics continuing to be monitored monthly and remaining green.</p> <p>On the Birthrate Plus workforce acuity tool she reported the midwife to birth ratio had remained consistent at 1 to 26 for June &amp; July; 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>She reported there had been an increase in the volume of maternity red flags reported since the last update to the Board; the themes remained unchanged and continued to be related to 'a delay from the admission for induction of labour' and the subsequent beginning of the process. There had been an increase in the number of births in both units since April, which has had an impact on activity and flow. Induction of Labour (IOL) accounts for approx. 40% of all births - and this is consistent across maternity services.</p> <p>She informed the Board there had been one moderate harm incident which has been referred to Healthcare Safety Investigation Branch (HSIB) related to a delay in the IOL process (noting it was currently not clear if the delay contributed to the outcome or not).</p> <p>She noted the additional information in the Blue Box at agenda item 12.3(ii) and highlighted the information relating to the pausing of Continuity of Care (CoC) and removal of associated targets. She informed that the bi annual midwifery workforce review had been completed prior to receipt of the NHSEI letter, therefore the Trust was now reviewing the content of the letter and its position.</p> <p>She also updated that the service would be hosting a series of listening events with staff and service users regarding community needs which, on completion, would report through the QAC.</p>	<p>Sue Gibson</p>
--	--	-------------------

	<p>Following a query from Georgina Mitchell, Lisa Grant explained that the increase in acuity seen in June and July had coincided with an increase of Covid presentations which had also impacted staff sickness and there was learning to take forward from this.</p> <p>Laura Stroud reflected on the earlier comments made on the ability to look ahead and focus on planning which was releasing tangible improvements. Clare Smith supported this and reminded of the use of 'seasonal planning' to describe the Trust's plans with recognition pressures traditionally reserved to winter were spreading much wider as a result of the aftermath of the Covid pandemic.</p> <p>The Board received and noted the report.</p>	
12.3(ii)	<b>BLUE BOX ITEM – Supplementary Information Quality &amp; Safety Staffing Report and Annual Report</b>	
	Supplementary information to support the N&M Q&S Staffing Report was provided in the Blue Box for information and was received and noted.	
13	<b>Strategy and Planning</b>	
13.1	<b>BLUE BOX ITEM - Building the Leeds Way</b>	
	<p>The report provided a summary update of progress against delivery of the BtLW programme and investment plans.</p> <p>Noting the detail received in the Board Workshop the report had been provided in the Blue Box for information and was received and noted.</p>	
13.2	<b>BLUE BOX ITEM – Annual Plan Q2 Overview</b>	
	<p>The report provided an update on the progress of the in-year actions included in the 2022/23 Annual Plan and was provided in the Blue Box for information.</p> <p>Following a query from Suzanne Clark, James Goodyear explained that the process was based on a self-assessment process and offered to provide further details outside of the meeting on several specifics on the ongoing actions.</p>	James Goodyear/ Suzanne Clark
13.3	<b>Launch of Green Plan</b>	
	<p><i>In attendance:</i> <i>Chris Kelly, Associate Director for Estates Compliance &amp; Risk and Libby Sutherland, Head of Sustainability</i></p> <p>This item aimed to provide an update on the Trust's Green Plan and information on the Trust's activity to date in relation to sustainability including interventions that had been undertaken to reduce carbon emissions. The following reports were provided to the Board in advance of the meeting:</p> <ul style="list-style-type: none"> <li>• Appendix 1 – Sustainability Update</li> <li>• Appendix 2 – Green Plan 2022 (Full)</li> <li>• Appendix 3 – Green Plan 2022 (Executive Summary)</li> <li>• Appendix 4 – Estates Decarbonisation Strategy</li> </ul> <p>In addition to the reports provided, a deep-dive was presented which included an update against the following areas:</p>	

	<ul style="list-style-type: none"> <li>• The drive for a Green Plan and the Trust's strategic direction;</li> <li>• Carbon reduction to date and the road map for future carbon emissions;</li> <li>• Staff engagement and involvement;</li> <li>• Summary of the decarbonisation strategy.</li> </ul> <p>Mark Burton explored how funding was identified and sourced to support schemes. Responding, Craige Richardson explained the central funding routes that the Trust was able to bid for and shared examples of where this had been used in the past and what it had been invested in.</p> <p>Georgina Mitchell shared that she had recently joined a Deloitte's webinar with one of the topics of discussion on the energy usage of digital and IT; she noted the relevance to the BtLW project and would share further details with Craige Richardson outside of the meeting.</p> <p>The Board received the update and shared its support for the Green Plan and associated decarbonisation strategy.</p>	Georgina Mitchell
<b>14</b>	<b>Governance and Regulation</b>	
<b>14.1</b>	<b>Medical Re-validation Annual Report</b>	
	<p>The report updated on progress and compliance with the national policy and legal requirements for medical revalidation and sought approval of the Board assurance statement relevant to the report.</p> <p>Dr Phil Wood reminded the Board of the new appraisal system for medical staff called SARD that was used across the Trust and outlined the functionality to support the Trust to complete its role as a Designated Body.</p> <p>He drew attention to page 6 of the report and highlighted the appraisal data, noting the improvement to 93% following a dip of 70% during the 2020-21 Covid year. There were 53 unapproved missed appraisals, where doctors failed to engage with the appraisal process; since the audit, 20 had now completed their appraisal, 11 had left the trust, 14 were in progress and eight have still not made a start on their appraisal which would be followed up with their manager.</p> <p>He explained the process of revalidation which was digitally enabled through the SARD portal; in 2021/22 there were 115 deferrals however this was linked to increased workload during the pandemic and the GMC had written to all Revalidation Officers to acknowledge this would be the case in some instances and no further action would be taken.</p> <p>The Board received the report, confirmed its assurance of the medical appraisal and revalidation process and approved the Board assurance statement (as described at Appendix 2).</p>	
<b>14.2</b>	<b>Emergency Preparedness Resilience and Response Core Standards (EPRR)</b>	
	The report provided a summary of the 2022/23 EPRR core standards assurance process and an overview of the Trust's self-assessed performance which demonstrated 'substantial' compliance.	



	<p>Clare Smith drew attention to the report provided which detailed the process of the assessment and the remit of its domain. The core standards self-assessment, deep dive, compliance levels and action plan had all been considered by a meeting of the Emergency Preparedness Coordinating Group (EPCG) on 14 September;</p> <p>Of the 64 core standards that were applicable, the Trust was fully complaint against 59 and partially complaint for five. Of the deep-dives, 13 standards were applicable with the Trust fully compliant in nine and partially complaint in four.</p> <p>She highlighted the additional assurance that had been received following the 2021/22 Internal Audit of the EPRR process which had identified two low risk recommendations both of which had been enacted in the current years audit; one was the need to include the process in the EPCG terms of reference and the second was that the sign off by governance groups of self-assessments should be done at a meeting rather than by email circulation.</p> <p>In aggregate, the Trust was reporting compliance of 92% in its self-assessment which demonstrated Substantial Compliance with a copy of the Compliance Statement included at Appendix 1.</p> <p>The Board received the report and confirmed it supported the statement of compliance at 'Substantially Compliant'.</p>	
14.3	<p><b>Amendments to Committee Membership – Standing Orders; ToR</b></p>	
	<p>The report sought approval of minor amendments to the Trust's Standing Orders, specifically Committee Terms of Reference (ToR).</p> <p>Jo Bray drew attention to the list of required updates following changes which are summarised below (with further detail described within the report):</p> <ul style="list-style-type: none"> <li>• Jas Narang and Tom Keeney had both agreed six month sabbaticals from their NED role and had been paused on Committee membership;</li> <li>• James Goodyear had been appointed as Executive Director for Strategy and Planning and would be joining the Board and Committees as described.</li> <li>• Suzanne Clark to act as interim Chair to the DIT Committee;</li> <li>• Phil Corrigan to act as interim Chair to the Workforce Committee.</li> <li>• Mike Baker to join DIT Committee;</li> <li>• FtSU interim role to be taken on by Chris Schofield and Georgina Mitchell;</li> <li>• Chris Scofield to take on Chair of the ID Committee; as Linda Pollard stepped down;</li> <li>• Laura Stroud to stand down from Audit Committee;</li> <li>• R&amp;I Committee to become an Assurance Committee of the Board, Chaired by Linda Pollard with NED membership from Laura Stroud and Chris Schofield</li> </ul>	

	<p><b>Post meeting note</b> – Jas Narang and Tom Keeney had both resigned from their roles as NED with detail provided to the Board at its Timeout on 21 October 2022.</p> <p>The Board received the report and confirmed its approval to the changes to the Standing Orders as described within the report.</p>	Jo Bray
	<b>Items for Information</b>	
<b>15.1</b>	<b>BLUE BOX ITEM - Forward Planner</b>	
	The Forward Planner was provided in the Blue Box for information and was received and noted.	
<b>16</b>	<b>Standing Agenda Items</b>	
	<b>Risk</b>	
	There were no items arising from the meeting for escalation to the CRR.	
	<b>Legal Advice</b>	
	There were no items arising from the meeting that warranted the consideration of legal advice.	
	<b>Regulators - CQC or NHS England, ICB/Place issues</b>	
	There were no items arising from the discussion for escalation to the Trust's regulators.	
	<b>Communications</b>	
	Jane Westmoreland confirmed that the Communications Team was already well engaged on the BtLW programme. She also updated that a number of the themes discussed throughout the meeting had come out strongly in the feedback from the Summer of Connecting which would be shared with the Board at its Timeout.	
<b>17</b>	<b>Review of Meeting and Effectiveness</b>	
	Comments on the meeting review and effectiveness were welcomed via email.	
<b>18</b>	<b>Any Other Business</b>	
	No other business was discussed.	
	<b>Date of next meeting:</b> 24 November 2022	