

DRAFT MINUTES OF THE PUBLIC BOARD MEETING
Thursday 30 March 2023

**Hybrid Meeting; Seminar Rooms 2 and 3 (099, 096), Gledhow Wing, SJUH with MS
Teams Option available**

Present:	Linda Pollard	Trust Chair
	Mike Baker	Non-Executive Director
	Mark Burton	Associate Non-Executive Director
	Suzanne Clark	Non-Executive Director
	Phil Corrigan	Non-Executive Director
	Helen Christodoulides	Interim Chief Nurse
	James Goodyear	Director of Strategy
	Paul Jones	Chief Digital and Information Officer
	Jenny Lewis	Director of Human Resources & Organisational Development
	Hamish McLure	Interim Chief Medical Officer
	Georgina Mitchell	Associate Non-Executive Director
	Chris Schofield	Non-Executive Director
	Bob Simpson	Non-Executive Director
	Clare Smith	Chief Operating Officer
	Amanda Stainton	Associate Non-Executive Director
	Laura Stroud	Non-Executive Director (from agenda item 11.2 - via MS Teams)
	Gillian Taylor	Non-Executive Director (via MS Teams)
	Craige Richardson	Director of Estates and Facilities
	Prof Phil Wood	Chief Executive Officer
	Simon Worthington	Director of Finance
In Attendance:	Jo Bray	Company Secretary
	Sue Gibson	Director of Midwifery (for agenda item 12.3(i))
	Lucy Jackson	Public Health Consultant (for agenda item 13.3)
	Karen Sykes	Head of Safeguarding (for agenda item 4)
	Jane Westmoreland	Associate Director of Communications
Observing:	Martin Campbell Smith	Associate Director of Finance
	Esther Wakeman	Chief Executive, Leeds Hospital Charity
Apologies:	-	

Agenda Item		ACTION
1	Welcome and Introductions	
	<p>The Trust Chair welcomed members of the Board and officially welcomed Helen Christodoulides, interim Chief Nurse and Hamish McLure, interim Chief Medical Officer.</p> <p>She welcomed Esther Wakeman, Leeds Hospitals Charity (LHC) Chief Executive and Martin Campbell Smith, Associate Director of Finance as observers to the meeting.</p> <p>She commented on the alignment of the Trust and LHC strategies and suggested wider alignment between the Trust NEDs and LHC Trustees asking that this be followed up outside of the meeting.</p> <p>Post meeting note – the Board Timeout meeting 29 June 2023 was a face to face Board to Board meeting between LTHT and LHC, annual meeting for alignment between both organisations.</p>	Jo Bray
2	Apologies for Absence	
	<p>It was noted that Laura Stroud had sent apologies for a section of the meeting due to a clashing commitment at the University of Leeds and was scheduled to join from 3pm.</p> <p>No other apologies for absence had been received.</p>	
3	Declarations of Interest	
	There were no declarations of interest, and the meeting was quorate.	
4	Staff Story	
	<p><i>In attendance:</i> <i>Karen Sykes, Head of Safeguarding</i></p> <p>Helen Christodoulides introduced the Patient Story which focussed on how A&E could be made more accessible for people with a learning disability and autistic people; www.youtube.com/watch?app=desktop&v=bCR226bEaOk&feature=youtu.be</p> <p>Karen Sykes provided additional context to the bags provided to patients which provided sensory support tools and distractions as well as Easy Accessible Guides. She shared that feedback from patients had been excellent and thanked LHC for the funding support they had provided to enable this initiative. She also commented on the benefits the bags and visual clues were providing for staff in supporting patients through their journey. She informed that West Yorkshire ICB had committed further funds to support wider roll out of the bags. She informed that the design of the bags had come from a patient focus group and patients had been used throughout the development.</p> <p>The Board commended the bag initiative, recognising the clear benefits to patient experience and were excited to see this progress further.</p>	

	Karen Sykes exited the meeting	
5.1	Draft Minutes of the Last Meeting	
	The draft minutes of the last meeting held 26 January 2023 were confirmed to be a correct record subject to the following amendments: <ul style="list-style-type: none"> • Page 12 – tense correction; ‘update’ to ‘updated’ 	
6	Matters Arising	
	There were no matters arising listed on the agenda and none were raised during the meeting.	
7	Review of the Action Tracker	
	The action tracker was reviewed, and progress noted.	
8	Chair’s Report	
	<p>The report provided an update on the actions and activity of the Trust Chair since the last Board meeting.</p> <p>The Trust Chair noted the detail within her report and in addition sought endorsement for the following items taken under Chair’s Action:</p> <ul style="list-style-type: none"> • Chair’s action was granted for a contract award to BAM FM Ltd. for initial early orders for the Wharfedale Theatre Development. This followed the approval of agenda item 6.5 “Wharfedale Early Orders” at the Finance & Performance Committee on 25 January 2023. The approval requested was for initial early orders to a maximum value of £1.15m net of VAT (£1.377M gross of VAT). • Chair’s action was granted for a contract award to Illingworth & Gregory Ltd. for the Same Day Emergency Care project in Chancellor’s Wing. This follows the update to Trust Board in January 2023 noting that a Chair’s action would likely be requested (agenda item H2.9 “SDEC Contract Award”). The work was to expand Same Day Emergency Care provision in Chancellor’s Wing costing £4,094,461 net (£4,749,774 including VAT). • Chair’s action was granted to approve the award of the Contract Change Notices (CCN) for the Performance and Storage Upgrades and Long-Term Archiving Repository to the NPIC Digital Pathology hosting Infrastructure with a total Capital Investment of £4.24M (Exc. VAT) and a revenue consequence of £0.86M. This was external funding to the Trust however required adherence to internal governance via Standing Orders. • Chair’s action was granted to replace an existing robot, currently on loan to LTHT through a lease arrangement. £2,207,000 capital was available for leases outside of the Trust’s usual allocation in 2022/23 however an order was required to be placed ahead of the 29 March F&P Committee. This would provide a third robot within the Trust and would ensure the continuation of the Trust’s successful robotic surgery programme. The loan arrangement which had been in place, was to assess the viability and sustainability of expanding the robotic programme at LTHT and 	

	<p>had supported the advancement of surgical practice within the Trust.</p> <ul style="list-style-type: none"> Chair's action was granted for an estimated £2.5M to support consultant cover during the planned Junior Doctor Industrial Action scheduled for 11-14 April 2023. <p>The Board received the report and confirmed its endorsement to the items approved for Chair's action.</p>	
9.1	Chief Executive's Report	
	<p>The report provided an update on news across the Trust and the actions and activity of the Chief Executive since the last Board meeting.</p> <p>Prof Phil Wood drew attention to the detail within his report and highlighted the successes listed at section 1 which included the continuation of strong Ambulance Waiting Times (with LGI ranked first in the country) and the achievement of 76% against the Emergency Care Standard (national average of 69%) which was encouraging to see.</p> <p><i>Post-meeting note – for the year 2022/23 LGI was confirmed as the best in England for Ambulance Waiting Times and SJUH as tenth.</i></p> <p>He highlighted the work with Partners across the system and commented on the criticality of this work.</p> <p>He updated on the agreement of the seven annual commitments for the Trust in 2023/24 and the engagement of Clinical and Senior leaders to support these. A copy of the report presented at the Board Timeout on 23 March 2023 was included within the report's appendices for information.</p> <p>He noted the consultant appointments that had been made and sought ratification of these. The Trust Chair updated that work was taking place to see what improvements could be made to the AAC panels and lay representation, noting the difference between Foundation and Non-Foundation Trusts.</p> <p>She also updated on the research by one of the Trust's consultants that had been presented to the Workforce Committee on the impact of the pension tax on consultant PA's and early retirement which had been shared with NHSE to support the national debate.</p> <p>The Board received the report and confirmed its ratification of the consultant appointments made.</p>	
10	Risk	
10.1	Current operational Pressures	
	<p>Prof Phil Wood provided a verbal update against the current operational pressures, informing that demand continued to remain high with the workforce impacted by the pressures of this. He commended the collaboration of teams across the organisation to manage this and informed of the notable achievements of reducing the volume of 104 and 78 week waits.</p>	

	<p>He referenced the NHS Operational Planning Guidance and national targets for the coming year and outlined the work across the Trust to prepare for the achievement of these.</p> <p>He noted that the Trust continued to experience high volumes of patients categorised as no Reason to Reside (RtR) and noted the update that had been provided to the Board that morning to provide assurance of the work taking place across the city.</p> <p>The Board received and noted the update.</p>	
10.2	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>Prof Phil Wood highlighted the detail within the report and in addition updated on the publication of the revised Risk Appetite Framework for 2023/24.</p> <p>The Board received and noted the report.</p>	
11	Minutes of Meetings	
	Workforce Committee	
11.2	Chairs Summary Report	
	<p>The report provided an overview of significant issues of interest to the Board, highlighted key risks discussed, key decisions taken, and key actions agreed at the Workforce Committee meeting held 16 March 2023.</p> <p>Phil Corrigan updated the Board of the Staff Story video received by the Committee which had focussed on the 'what three things' commitment and conversation for Bank staff and how this impacted staff retention.</p> <p>She noted the Committee's assurance of the Industrial Strike action and referenced the update on the latest position that had been provided within the Board Workshop meeting.</p> <p>The Committee had also received a deep dive of the workforce related metrics and explored the triangulation of various sources of data to support CSU's management of their workforce.</p> <p>She continued that the Committee had also reviewed the appraisal completion rates from the previous year and had been updated of the changes within the appraisal process this year which would be linked to the Trust's annual commitments and have a focus on personal development.</p> <p>The Committee had also discussed the provision of a Welfare Officer and potential benefit of this to support staff with complex problems to</p>	

	<p>return to work; with the thought this would be shared across the system for unique and complex cases.</p> <p>Laura Stroud joined the meeting</p> <p>Jenny Lewis informed of the verbal update received by the Committee on the Leadership Programmes across WY and shared details of a regional event held for aspiring leaders from a range of professions within healthcare. Following a query from Mark Burton she provided examples of the leadership training and development offers by the Trust and collaborative opportunities across the region.</p> <p>The Board received the report and noted the assurances received by the Workforce Committee.</p>	
	<p>Quality Assurance Committee</p>	
<p>11.1(i)</p>	<p>Chair's Summary Report</p>	
	<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 23 February 2023.</p> <p>Laura Stroud explained that seeking assurance on patient safety was a high priority for the Committee and outlined the scrutiny applied to the mitigating actions that were been taken during this sustained period of pressure. She highlighted the update and assurance received from the Committee's deep dive on maintaining quality over winter alongside the standing quality updates.</p> <p>She reported that Healthcare Acquired Infections was a current area of focus for the Committee and informed of the assurance received from the team of the actions taken in this area; noting a copy of the report had been provided in the Blue Box at agenda item 11.1(iv).</p> <p>She informed that the Committee would continue its increased frequency of meeting on a bi-monthly basis to support the Trust to be able to discharge its duties and maintain patient safety.</p> <p>Suzanne Clark explored the completion targets against complaints response times and sought further detail recognising that the Trust was not currently achieving its self-imposed targets. Helen Christodoulides provided further context and updated of the discussions led through the Patient Experience Sub-Group which was exploring adjusting these targets to allow CSU's the time to respond. She provided assurance that all complaints were acknowledged on receipt and explained the reliance on clinical staff within complaints responses whose time was balanced against operational priorities. Laura Stroud informed of the assurance received from the Head of Complaints on the process and shared that the Trusts Complaints Conference had also been held to share learning with staff. She noted that the Complaints Annual report would be presented to the Board in July and further assurance could be sought here if required.</p>	

	The Board received the report and noted the assurances received by the QAC.	
11.1(ii)	BLUE BOX ITEM – Complaints Six Months Update Report	
	The Complaints Six-month update report to the QAC was provided in the Blue Box for information and was received and noted.	
11.1(iii)	BLUE BOX ITEM – Children’s Hospital CSU Annual Report 2022/23	
	The Childrens Hospital Annual Report, presented to the QAC, was provided in the Blue Box for information and was received and noted.	
11.1(iv)	BLUE BOX ITEM – Healthcare Associated Infection Assurance Report	
	The Healthcare Associated Infections (HCAI) Assurance report, presented to the QAC, was provided in the Blue Box for information and was received and noted. Helen Christodoulides drew the Boards attention to the deteriorating C-diff position and updated of the assurance proved to the QAC on the mitigating actions that had been taken and noting the reduction of these had formed one of the Trust’s annual commitments for the coming year.	
	Finance and Performance Committee	
11.3(i)	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 Finance and Performance Committee (F&P) meetings held. Gillian Taylor drew attention to the detail within the report and in addition noted that commercially sensitive items had been reported to the Board via their Workshop meeting. The Board received the report and noted the assurances received by the F&P Committee.	
11.3(ii)	Verbal Summary from the meeting held 29 March 2023	
	Gillian Taylor referenced the update provided to the Board Workshop that morning and had no further items to raise in the public meeting.	
	Audit Committee	
11.4	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 Audit Committee meeting held 2 March 2023. Suzanne Clark informed of the training session held for members of the Committee and Finance Team on the changes to accounting standard IRFS16. She highlighted the deep dive received on the single site valuation and the assurance received on the process noting the approval that had been granted within the Board Workshop meeting. The Committee had received a deep dive on the controls in place against the Physical Asset, Information Governance, Information	

	<p>Security, Information Technology and IG Governance Toolkit risks with assurance received on all.</p> <p>She updated on the Committee's preparation and planning for the year-end processes with External Auditors and noting the receipt of the proposed Internal Audit plan for 2023/24 which had been supported.</p> <p>She informed that a new Counter Fraud Specialist had joined the Counter Fraud team and had been welcomed as an observer to the meeting.</p> <p>The Board received the report and noted the assurances that had been received by the Audit Committee.</p>	
	Research and Innovation Committee	
11.5	Chairs Summary	
	<p>The Trust Chair provided a verbal update of the key highlights following the Research and Innovation (R&I) Committee meeting held 21 March 2023.</p> <p>She reported that three deep dives had been received by the Committee from the Cardiovascular research, Adult Critical Care research and Dental research teams who highlighted the patient benefits at the heart of their research work.</p> <p>The Committee had also received an update against the R&I Portfolio and Performance and had noted the continued strong performance in recruitment to research projects. Hemant Pandit attended the meeting to provide an update on the new National Institute for Health Research (NIHR) Leeds Biomedical Research Centre, a £19.8M investment in research in LTHT, University of Leeds and University of York from NIHR.</p> <p>She updated on the ongoing work to create a long-term marketing and communications strategy for R&I.</p> <p>The Board received the update and noted the assurances received by the R&I Committee.</p> <p>Sue Gibson joined the meeting</p>	
12	Quality and Performance	
12.1(i)	BLUE BOX ITEM - Integrated Quality and Performance Report	
	<p>The Integrated Quality and Performance Report (IQPR) was provided in the Blue Box for information and triangulation with the updates received via the Chairs Committee reports. Data within the IQPR was aligned to the domains set out within the CQC Well-led framework (Safe, Responsive, Effective, Well-Led, Caring and Use of Resources).</p> <p>Amanda Stainton drew attention to the Outpatient Measures on page 11 and sought assurance that the actions in place, particularly the work on Robotic Process Automation (RPA) would improve patient experience and satisfaction; noting that Outpatients was often the most likely area</p>	

	<p>for people to interact with LTHT. Responding, Clare Smith explained that RPAs could and would contribute significantly to the validation of patients and contacting them. She explained that currently RPAs had been trialled with five specialities with positive results and the team had been asked to develop a strategy to roll this out wider.</p> <p>Mike Baker highlighted the Estates Security metrics on page 36 and noted the increase in antisocial behaviour. Craige Richardson provided additional context and explained that the increase was attributed to an increase in waiting times and also due to hospital location people crossing the site. He reminded of the additional security within the ED to support staff safety and address issues in real time.</p> <p>The Committee received and noted the report.</p>	
<p>12.3(i)</p>	<p>Nursing and Midwifery Quality and Staffing report</p>	
	<p><i>In attendance, 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 December 2022 and January 2023; the report included staffing information against all ward areas opened in month.</p> <p>Helen Christodoulides provided a high-level overview of the report, including additional context to the Safer Staffing metrics and requirements to support the data included within the report. A summary of the key headlines from the report was included below:</p> <ul style="list-style-type: none"> • Hard Truths – in December 2022, of the 92 inpatient areas reviewed, 16 areas reported less than an average of 80% fill-rate against their planned staffing levels; of these one area had also triggered the safety and quality requirements in the Ward Healthcheck Process (WHP). In January 2023, of the 93 inpatient areas reviewed 11 areas reported less than an average fill rate of 80% with one clinical areas also triggering 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. • Safe Care Red Shifts – in December 2022 there were 117 red shifts (unmitigated safety concerns) reported – this was an increase of 86 shifts when compared to the previous month; the majority of shifts were reported in the Specialty Integrated Medicine (SIM) and were related to increased enhanced care needs which was exacerbated by the CSW vacancy rate. In January 2023, there were 58 red shifts reported (a reduction of 120 compared to December) with a notable reduction in SIM and Urgent Care. 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.

- Red Flag Escalation - a total of 1999 Red Flags were reported across the Trust in December 2022 (1140) and January 2023 (859) (with attention drawn to the SPC charts within the report). The greatest number of red flags continued to be in relation to 'Number of skill mix of nurses not sufficient' and 'Unmet Enhanced Care Need'. Red Flags in relation to unmet enhanced care needs had decreased in January 2023 aligning to the reduction in red shifts reported in January 2023. The SIM CSU continued to utilise 700-800 hours per week of Mental Health CSW agency support which was planned into the CSU's increased nursing establishment and the internal staff bank had increased recruitment of Mental Health CSW's.
- The current Registered Nursing, Midwifery and Operating Department Practitioner vacancy rate was 546.41 WTE with the current registered nursing turnover rate at 7.35%.
- The current CSW vacancy rate was 516 WTE with a turnover rate of 11.08% (a reduction from 11.45% in October 2022); the first two cohorts from the new to care' trainee CSW pathway were now in post (131 WTE) and a further 160 WTE CSW's were in recruitment to start training in March 2023.

Noting the progress made against staffing data and assurances she informed that the Team would be reviewing the content of the report from April 2023 with an intention to utilise the QAC to provide wider assurance.

Sue Gibson drew the Boards attention to the Midwifery safe staffing information from page 6 of the report.

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

She continued there had been 189 Maternity Red Flags reported over the last period (an increase of 12) with the theme remaining unchanged with the majority of red flags being a delay from admission to the start of the induction of labour process. Staffing continued to be used flexibly to support patient flow and safety and two Patient Flow Coordinators had been appointed covering seven days a week. She updated that the Team was reviewing this data collection across the region to seek clarity on what other trusts were reporting as there was a consideration that LTHT was overreporting in comparison to other areas.

	<p>Phil Corrigan referenced the information provided to the F&P Committee the previous day and the risk of removal of nurse funding, questioning if this would reduce the vacancy rate (as some posts would be removed). This was confirmed by Helen Christodoulides who reiterated that this would be from the unregistered workforce and would equate to circa 68 WTE providing assurance that quality impact assessments would be completed prior to any final decision.</p> <p>Georgian Mitchell noted the additional appointments of the Patient Flow Coordinators within the Maternity Services and explored the impact of this noting that the overall narrative and data had remained static. Responding, Sue Gibson explained the improvements that had been seen in patient flow, recognising the data around induction had not seen a notable change. She reiterated the belief that the Trust was overreporting (with the LTHT recording from admission rather than the first intervention) and updated on the use of LIM and QI methodology to review this.</p> <p>The Board received and noted the report.</p> <p>Sue Gibson exited the meeting</p>	
12.3(ii)	BLUE BOX ITEM – Supplementary Information Quality & Safety Staffing Report and Annual Report	
	Supplementary information to support the Nursing and Midwifery Quality and Safety report was provided in the Blue Box for information and was received and noted.	
13	Strategy and Planning	
13.1	Building the Leeds Way	
	<p>The report provided an update on the delivery of the Trusts investment plans and progress to deliver the Building the Leeds Way programme.</p> <p>Lucy Jackson joined the meeting</p> <p>Simon Worthington reported on the progress against the Pathology Laboratory building and referenced the visible progress made on the SJUH site with a forecast completion date of Summer 2023.</p> <p>It was noted that Trust was awaiting approval of the Outline Business Case for the new hospital on the LGI site from the DHSC.</p> <p>The Board received and noted the report.</p>	
13.2	City Health and Wellbeing Strategy	
	<p>The draft Leeds Health and Wellbeing Strategy refresh was presented to the Board.</p> <p>Prof Phil Wood highlighted the detail within the report and outlined the population challenges specific to Leeds. He commented on the growing and diversifying population and the impact on the elderly and frail as their traditional social structures broke down. He also referenced the</p>	

	<p>impact of Covid on the population, particularly young people, and the steep increase in mental health referrals.</p> <p>He outlined how the Strategy would support the response to these issues and highlighted the importance of making sure that every contact counted within healthcare promotion.</p> <p>The Board received the report and confirmed its endorsement of the Strategy.</p>	
<p>13.3</p>	<p>Health Inequalities & Public Health Strategy Update</p>	
	<p><i>In attendance:</i> <i>Lucy Jackson, Public Health Consultant</i></p> <p>Lucy Jackson presented an update to the Board which detailed the role of LTHT as a clinical provider, healthcare partner and as an anchor institute.</p> <p>She explained the key workstreams aligned to the programme as summarised below:</p> <ul style="list-style-type: none"> • Strengthening foundations (Data/ insights/ Communication/ Engagement/ Leadership/ Accountability) • Embedding Enablers (Quality Improvement/ Person Centred Care/ Organisational Development) • Delivering Outcomes (Proactive preventative programmes/ equitable clinical services) <p>She shared examples of how these enablers had led to improvements in the DNA rate for 2ww Breast cancer appointments and within the Kidney Health Equity Project, noting the additional detail within the presentation.</p> <p>She updated on the positive impact of the NHS Tobacco Dependency treatment Services, highlighting the reduction in readmission and financial savings per year with clear health and economic benefits.</p> <p>She explained that the year two actions of the programme were about ‘moving up a gear’ and expanded on the expansion of existing actions to further developments moving forward.</p> <p>Prof Phil Wood commended the action taken to date and reflected on the wider impact of this work which aligned to the Trust’s annual commitments. Mike Baker reflected on the power within the narrative of quantifying the economic savings of these interventions. Laura Stroud recognised the work behind the scenes to achieve meaningful change in population health and commended the update. She noted the impact these changes would have on the most vulnerable in society and the Trust’s role as an anchor institution in supporting this.</p> <p>The Board received and noted the update.</p> <p>Lucy Jackson exited the meeting</p>	

14	Governance and Regulation	
14.1(i)	Amendments to Scheme of Delegation	
	<p>The report sought approval of the following changes to the Trust's Standing Financial Instructions (SFI) and Scheme of Delegation (SoD):</p> <ul style="list-style-type: none"> • SoD to be updated to reflect the changes by the NHSE Joint Investment Committee which had increased the limit at which NHS Trusts need to submit business cases for approval from £15M to £25M; • To reflect the increase in the Board approval limits, it was proposed the approval limit of the F&P Committee and Building Development Committee be uplifted from £2.5M to £5M; • For clarity, it was proposed that the requirement to inform the Board of business cases that were within 10% of its approval threshold is removed; • Remove a defunct email address from the Single Tender Waiver form. <p>These amendments were approved by the Board.</p>	
14.1(ii)	Amendments to Standing Orders; Committee Terms of Reference	
	<p>The report sought approval of the following changes to the Terms of Reference for Board Committees;</p> <ul style="list-style-type: none"> • Building Development Committee – Prof Phil Wood named as Chief Executive, updates to terminology (as described in the report) and updated governance diagram; • Innovation District Committee – Chair description to include NED status, minor updates to terminology (as described in the report) and updated governance diagram; • F&P Committee – update to the reference of the NHSE Planning Guidance • Workforce Committee – addition of new Chair, Amanda Stainton, and Phil Corrigan to be removed as a member; • R&I Committee – addition of the Chief Nurse to the membership. <p>These changes were approved by the Board, and it was confirmed the relevant ToR's would be updated to reflect these.</p>	
14.2	Fit and Proper Persons Test; Compliance	
	<p>The report set of the requirements of the CQC Fit and Proper Person Test (FPPT).</p> <p>Jo Bray highlighted the detail within the report and noted the FPPT requirements had also been extended to wider directors who contributed to the Board.</p> <p>Board members in attendance were asked to make a further self-declaration against the following statement:</p> <p><i>'I declare that I am a Fit and Proper Person to carry out my role, I am of good character, I have the qualifications, competence, skills and experience which</i></p>	

	<p><i>are necessary for me to carry out my duties, I am capable by reason of health of properly performing tasks which are intrinsic to the position, I am not prohibited from holding office (e.g. directors disqualification order), within the last 5 years I have not been convicted of a criminal offence and sentenced to imprisonment of 3 months or more, been un-discharged bankrupt nor have been subject to bankruptcy restrictions, or have made arrangement/compositions with creditors and has not discharged it, nor is on any 'barred' list.</i></p> <p><i>The legislation states, for those required to hold a registration with a relevant professional body to carry out their role, they must hold such registration and must have the entitlement to use any professional titles associated with this registration. Where the person no longer meets the requirement to hold the registration, and if they are a health care professional, social worker or other professional registered with a health care or social care regulator, they must inform the regulator in question.</i></p> <p><i>Should my circumstances change, and I can no longer comply with the Fit and Proper Person Test (as described above), I acknowledge that it is my duty to inform the Chair of Leeds Teaching Hospitals NHS Trust.'</i></p> <p>All members in attendance confirmed their compliance with this statement and the report was received and noted.</p>	
	Items for Information	
15.1	BLUE BOX ITEM - Forward Planner	
	The Board's Forward Planner was provided in the Blue Box for information and was received and noted; it was confirmed that the Plan would be reviewed in advance of the next meeting to ensure it aligned with the seven annual commitments for 2023/24.	
15.2	BLUE BOX ITEM – West Yorkshire ICB Committee Papers	
	The link to access the Leeds Committee of the WY ICB meeting held 14 March was provided for information; Public-Leeds-Committee-FINAL-Agenda-Pack-140323.pdf (healthandcareleeds.org)	
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 that required escalation to the Trust's regulators.	
	Communications	
	Jane Westmoreland informed that she would be exploring the wider utilisation of the Patient Story videos within staff education and training.	
17	Review of Meeting and Effectiveness	
	The Board commented on the visits during the lunch period to clinical areas and had welcomed this opportunity to engage with staff.	
18	Any Other Business	
	Jo Bray asked the Board to note that an updated template for Board and Committee reports would be in use from 1 April 2023 which included reference to the updated annual commitments and the revised Risk Appetite Framework.	

	She also informed that, following a point raised at the Board Timeout on 23 March 2023, a LIM introduction/ refresh session would be arranged for the NED's.	Jo Bray
	Date of next meeting: 25 May 2023	

DRAFT