

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

<b>Present:</b>	Linda Pollard	Trust Chair
	Mike Baker	Non-Executive Director
	Mark Burton	Associate Non-Executive Director
	Suzanne Clark	Non-Executive Director
	Phil Corrigan	Non-Executive Director
	Amanda Stainton	Associate Non-Executive Director
	James Goodyear	Director of Strategy
	Helen Christodoulides	Deputy Chief Nurse (representing Lisa Grant)
	Julian Hartley	Chief Executive
	Paul Jones	Chief Digital and Information Officer
	Jenny Lewis	Director of Human Resources & Organisational Development (from agenda item 11.2)
	Georgina Mitchell	Associate Non-Executive Director
	Chris Schofield	Non-Executive Director
	Bob Simpson	Non-Executive Director
	Clare Smith	Chief Operating Officer (from agenda item 11.2)
	Laura Stroud	Non-Executive Director (via MS Teams)
	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)
	Lynda Bradley	Minute Taker
	Jane Westmoreland	Associate Director of Communications
<b>Observers:</b>	Esther Wakeman	Chief Executive Leeds Hospitals Charity
<b>Apologies:</b>	Lisa Grant	Chief Nurse

There was one member of the public observing the meeting.

Agenda Item		ACTION
1	<b>Apologies for Absence:</b>	
	<p>Apologies received from Lisa Grant.</p> <p>The Trust Chair informed that Jenny Lewis and Clare Smith needed to step out of the meeting to attend an operational issue.</p>	
2	<b>Welcome and Introductions</b>	
	The Trust Chair opened the meeting and welcomed public observers.	
3	<b>Declarations of Interest</b>	
	It was confirmed there were no declarations of interest and the meeting was quorate.	
4	<b>Staff Story</b>	
	<p>The Trust Chair explained to the meeting the walkabouts that were carried out by the Executives and Non-Executives, with the purpose of triangulation of information shared with the Board and ability to engage with patients and staff.</p> <p>Jenny Lewis set the context to the staff story explaining that this presentation had been presented to the Workforce Committee and focused on equality. She reminded that there had been an ambition for all colleagues to be free from discrimination and described the Trust's publication Amplifying Voices and Mending Divides, where our staff had shared insightful stories and personal experiences to reduce discrimination. She explained that Andy Breen, Clinical Director for Critical Care was not able to attend Board.</p> <p><a href="#">'Staff Story' Impact of Race Equality Workshops &amp; Inclusive Conversations (J54) - YouTube</a></p> <p>Jenny Lewis expressed that this had been a powerful story and had received feedback from the National Team, citing that LTHT had been the most pro-active Trust on this topic. She was delighted to report that Ester Jamera, Senior Project Nurse - Staff Experience, had won the Nursing Times Workforce award for Diversity and Inclusion Champion of the Year 2022.</p> <p>She referenced that she was most proud of the time spent designing the inclusion conversations to carefully and thoughtfully create a safe space and a product that CSUs could take forward, be successful and creating a psychologically safe space, highlighting that slow, continuous improvements are being made.</p> <p>Clare Smith recognised that this had been a great video with a big focus, but maturity of the inclusive conversations needed to also include other protected characteristics which also needed to be reflected in the services we deliver. The Trust Chair reflected that as an organisation we were cosmopolitan and that inclusive conversations were not just about race, which was echoed by Jenny Lewis who clarified that inclusive</p>	

	<p>conversations were also about the protected characteristics and gender for all colleagues in the workplace.</p> <p>Mike Baker expressed that the presentation was important as a first agenda item and reflected that the organisations that do well with inclusivity had four things that were present:</p> <ol style="list-style-type: none"> <li>1) Top team acknowledgement of an issue;</li> <li>2) There is a clear plan;</li> <li>3) There is funding;</li> <li>4) Are able to communicate what they are doing.</li> </ol> <p>He reflected on his own experience of organisations and the challenge for educations of leaders and colleagues to understand their own views and perceptions.</p> <p>The Board received and noted the video and work taking place with the equality and inclusion.</p>	
<b>5</b>	<b>Draft Minutes of the Last Meeting</b>	
	The draft minutes of the last meeting held 29 September 2022 were confirmed to be a correct record.	
<b>6</b>	<b>Matters Arising</b>	
	There were no matters arising listed on the agenda and none were raised during the meeting.	
<b>7</b>	<b>Review of the Action Tracker</b>	
	The action tracker was reviewed, and progress noted as all actions being green with no comments expressed.	
<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 the Trust had been very busy since the last Board meeting. She referenced the current work of recruitment to the Chief Executive Officer and Chief Nurse and expressed she was happy to take questions from the Board.</p> <p>She referred to the Chair's Actions within the report and asked the Board to approve.</p> <p>The Board received and endorsed the items approved via Chair's Action.</p>	
<b>9</b>	<b>Chief Executive's Report</b>	
	<p>The report provided an update on news across the Trust and the actions and activity of the Chief Executive Officer (CEO) since the last Board meeting.</p> <p>Julian Hartley thanked the Board for the kind messages and support he had received since announcing his departure from the Trust.</p> <p>He reflected on the challenges place on the organisation, City and wider NHS as result of the pandemic and expressed that his new role he was able to champion and advocate the NHS. He expressed the important of continuity and stability across the leadership team and informed that Dr</p>	

	<p>Phil Wood would act as interim CEO and Helen Christodoulides would act as interim Chief Nurse.</p> <p>He referenced the Summer of Connecting, and the importance of the culture of the organisation, and engagement to refreshment the Leeds Way. He gave thanks to Jane Westmoreland and her colleagues in the Communications Team, for shaping and driving this forward, and holding the launch event at the Bridge Community Church in Leeds.</p> <p>He explained that as a result of the feedback received, we had commenced the process of Living the Leeds Way, with a focus on ‘What Three Things’, which were about behaviours, getting the basics right, and communication and that this had been well received with colleagues making their own pledges. He informed that this would feed in to the revised Communications Strategy and would be scheduled to be reviewed by the Board in March 2023. He informed the Board that he had been able to share the LTHT engagement work with the Secretary of State for Health, Steve Barclay.</p> <p>He referred to the industrial action following the Royal College of Nursing () nursing ballot, that was imminent and that the format was currently unknown and informed of the work with Staff Side colleagues to minimize and mitigate the impact of patient care but to also include other Trade Unions who were looking at industrial action. He expressed that this would be a challenging period which was on top of winter pressures.</p> <p>He explained that the Trust Chair and himself had spent time supporting leaders across the Leeds Health Care System and the Integrated Care Board across West Yorkshire to ensure LTHT winter plans were reflected in the wider system plans.</p> <p>He raised the presentation of LTHT work at the recent North East &amp; Yorkshire (NEY) Regional Event and reflected that LTHT data had compared well with peer organisations and on was on trajectory, stressing the importance of managing urgent care pressures, cancelling as few electives as possible.</p> <p>He referenced the importance of continuing work with Innovation &amp; Research and the award of £20million by NIHR for the Biomedical Research Centre, together with the award of £9million for the Clinical Research facility and thanked Dr Phil Wood and the team who had worked to secure this funding.</p> <p>He expressed that work was being prepared for the Covid Inquiry and that from the October Board Timeout meeting work continued on the review of the risk appetite statements.</p> <p>He highlighted that under section 7 of his report, the teams he had been able to visit along with clinical areas across the Trust.</p>	<p>Jane Westmoreland</p>
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	<p>He sought approval from the Board for new Consultant and replacement Consultant appointments.</p> <p>Mark Baker referred to the industrial strikes and asked to clarify the definition of emergency care and deregulation of services. Julian Hartley responded that there had been a combination of input from Jenny Lewis, Clare Smith and Helen Christodoulides with close involvement with the Executive Team. Helen Christodoulides noted that the definition and decisions were made by the national nursing team and the local nursing team and were based on safe levels of baseline care modelled on night shift staffing.</p> <p><b><i>Post meeting note:</i></b> <i>The Royal College of Nursing confirmed industrial action was to take place on Thursday 15 and Tuesday 20 December 2022.</i></p> <p>The appointments of the new and replaced consultants was approved by the Board.</p> <p>The Board received and noted the report.</p>	
<b>10</b>	<b>Risk</b>	
	<b>10.1 Current Operational Pressures</b>	
	<p>Julian Hartley updated on the challenges with a large number of patients presenting in both the Emergency Department (ED) and expressed LHTT was maintaining good ambulance turnaround times and with the well-established process of patient flow into beds across the hospital. He informed of spending two days in ED and had seen teams working with Yorkshire Ambulance Service (YAS) and noted that the Trust was doing well to manage and mitigate risks for these patients by offloading into ED. However, the Trust was operating at 99% occupancy, with the ongoing challenges of patients being discharged to more appropriate settings, noting the work and longer term plans in place to mitigate these pressures.</p> <p>The Trust Chair referred to the morning Board Workshop with the attendance of City partners along with the Rob Webster, Chief Executive of West Yorkshire E of the ICS where we had discussed system issues.</p>	
	<b>10.2 Corporate Risk Register</b>	
	<p>Julian Hartley updated against the Risk Management (RMC) Committee meetings which had been held on the 6 October 2022 and the 3 November 2022 informing of the consideration of key risks across the CSU's and corporate functions. There were 23 material risks included in the Corporate Risk Register (CRR) for consideration and oversight by the Board.</p> <p>He noted from the reviews at the October RMC meeting, that there were no changes in risk score and the addition of CRR04 (Staff Health, Safety and Wellbeing during the COVID-19 Pandemic) had increase from a score of 12 to 15 and therefore was escalated to the CRR. From the reviews at the November meeting, he highlighted the reduction in score from 16 to 12 of CRRW3 (COVID-19 Vaccination Programme) and noted the development of a new proposed risk relating to DIT capacity to deliver projects to be presented at the December meeting.</p>	

	<p>He reported positive of the progress in the new Pathology Build and noted the success of the Topping Out Ceremony that had taken place the previous week.</p> <p>The Trust Chair explored the use of the NHS App and drew attention to the ability to record receiving the vaccinations that would record against LTHT statistics.</p> <p>The Board received and noted the updated to the CRR.</p>	
	<b>10.3 Health &amp; Safety Six Month Update</b>	
	This item was noted as a blue box item and was for assurance.	
<b>11</b>	<b>Assurance from Committees</b>	
	<b>11.1 Quality Assurance Committee Chairs Report 27 October 2022 (Appendix –ref Duty of Candour)</b>	
	<p>The Trust Chair highlighted the new approach to the Committee Chairs reports, with the aim to reduce the duplication of the reporting of the IQPR. She highlighted that more detail had been included in the reports and invited the respective Executive to co-present</p> <p>Laura Stroud reminded of the purpose of the Quality Assurance Committee, which was to assure the Board of patient safety and quality of our services.</p> <p>She drew attention to the work that Allied Health Professionals undertake and reflected on the video staff story at the start of the recent meeting which had been a powerful story for the Committee to hear. She expressed that the pressures in the Trust were no longer confined to Winter and that there were challenges with patients in ED and the flow of inpatients waiting for discharge. She expressed there were challenges with patients who decondition, who were medically fit for discharge, and the Trust was working to mitigate potential harm from staying in the hospital.</p> <p>She highlighted continuation of the virtual Leadership Walkround's being key to triangulate the commitments of quality and improvement and enabled continued connection with clinical teams where the leadership team could respond to actions. She expressed the aim was to return to in person meetings as soon as able, which was echoed by Dr Phil Wood.</p> <p>She informed of the Committee's continued focus on Maternity and highlighted the strong assurance received, noting the Trust's compliance with the actions from the Ockenden Report which were on track and the evidence that had been presented to demonstrate the 10 safety standards associated with the maternity incentive scheme. She referred to the Maternity Voices Project which had taken place that day in the Trust.</p> <p>On Healthcare Associated Infections (HCAI), she highlighted regular reports were provided to give assurance on actions, but areas remained challenging for the Trust.</p>	

	<p>She referenced the appendix which set out the Annual Report for 2021/22 to duty of candour statement and the assurance work of the Committee against these requirements.</p> <p>Helen Christodoulides added that Lisa Grant had wanted the Board to know she had been at a national meeting, and whilst we track above our peers for Clostridium Difficile Infection (CDI), there was a recommendation on back to basics for antimicrobial stewardship, which she confirmed was included within plans to ensure not becoming complacent.</p> <p>The Committee received and noted the report.</p>	
	<p><b>11.1(i) Ockenden Update</b></p>	
	<p>The report provided assurance of the regional visit that had taken place by the NE&amp;Y Regional Maternity Team to identify full compliance against all seven Ockenden Immediate and Essential Actions (IEAS) in addition to workforce and NICE compliance. It reported final Ockenden 15 IEAS and the four safety actions from the East Kent report which were being reviewed nationally with the anticipation of a refresh of the maternity delivery plan being published in early 2023. Work of the Maternity Team with its focus to addressing culture within the service and areas for improvement was on-gong work.</p> <p>Sue Gibson reminded the Board of the first Ockenden Report, and that the Trust was compliant with seven actions. She informed that the Maternity Safety Champions held regular meetings with the maternity team, The Maternity Voices Partnership was currently underway both that day and with another event in December. She noted Laura Stroud attendance at tactical events where possible as Maternity Safety Champion and to triangulate information for further assurance on quality.</p> <p>Sue Gibson noted that the East Kent Report on Maternity Services had been a harrowing and distressing report but stressed the need to learn and do the right thing for our patients and staff.</p> <p>The Board noted the report and the assurances provided.</p>	
	<p><b>11.1(ii) Leadership Visit Programme Annual Report 2021/22</b></p>	
	<p>The report summarised the 24 visits that had taken place during 2021/22 with key themes identified and the actions taken, providing assurance.</p> <p>Dr Phil Wood commented on the Leadership Visit Programme paper in the blue box and although had been virtual they were well received by staff and patients with the Non-Executive Directors who felt these were positive.</p> <p>Helen Christodoulides reflected on the Leadership Visit Programme with the main focus being health and wellbeing with CSU teams really working on progressing these and as an example informed that today was the first of four days of AHP away days.</p> <p>The Board received and noted the report.</p>	
	<p><b>11.2(i) Workforce Committee Chairs Report 9 November 2022</b></p>	

Phil Corrigan referred to a video presented to the Workforce Committee on the role of the Trust as an Anchor Organisation, where staff had been recruited to the Trust from areas of deprivation in Leeds, but they had encountered very negative experiences which had caused them to resign.

She explained that a long discussion had taken place at Committee regarding culture in the Trust and did receive assurance that the issues with the individuals had been addressed. She expressed that it had been disappointing that the individuals were not able to stay with the Trust.

She informed that industrial action had been discussed at Committee and wanted to give assurance that an action plan had been put in place to minimise impact and disruption and noted the escalation to the Corporate Risk Register.

She informed there had been a conversation regarding Pensions and the impact of the annual and the lifetime allowance of the Pension Taxation for Consultants. She noted that a survey had been conducted to gain insight to the potential impact of Consultants and their choices to either retire early or to reduce hours of work. She explained that a paper would be pulled together to present at Executive Meeting.

An update was provided on Mandatory Training and the challenges some staff were facing in using Electronic Staff Records (ESR) and she explained that there would be an interim solution in place from January.

She provided an update to the people priorities dashboard, as this was not regularly updated and the focus for the future, the assurance would be on the CSU performance and priorities which would be revisited and taken back to Workforce Committee.

She noted the paper on the Education & Training Strategy including the core business, the people infrastructure, and the Committees support for this to flow to Board in March 2023 for approval.

She explained the deep drive regarding the People Priority for the Most Engaged Workforce, and the presentation from the Freedom to Speak Up Guardian (FTSU) and the review of the new NHS England toolkit to ensure LTHT was compliant by 2023/24. She informed that data had been received for Q1 and Q2 which had been discussed which showed the need for staff to feel that they had been heard, provision of a culture created for everyone to speak up and act on this. She explained that the Committee welcomed the insight and step changes with the new Guardian.

She reflected on the Risk and Governance risk of inadequate nurse staffing levels and had received assurance around

- Safe care
- Increase in nurse and CSW establishment
- Approval of funding to recruit more international nurses
- Implementation of 'New to Care' programme
- Impact of Finance Mitigation Workstream



	<p>Regarding the Health &amp; Safety of staff, she noted that although levels of Covid absence had decreased, absence had increased in other areas.</p> <p><b>Jenny Lewis and Clare Smith re-joined the meeting.</b></p> <p>The Trust Chair commented that some nursing staff had highlighted the lack of facilities for Education &amp; Training that had been re-purposed during Covid and would need to return to former use, raising this as a concern. Responding James Goodyear updated the work with Tissue Viability Nurses and Clinical Educators to return classrooms to their former use, as per pre Covid.</p> <p>The Board received and noted the report.</p>	
	<p><b>11.2(ii) Flu Update &amp; Assurance</b></p>	
	<p>This was provided as a Blue Box item with no further comments.</p>	
	<p><b>11.2(iii) Freedom to Speak Up Six Month Update report - self assess</b></p>	
	<p>Jenny Lewis introduced Alan Sheppard, the new Freedom to speak up Guardian and outlined the work he was completing to reshape the Trust approach to speaking up. A short video was shared by means of an introduction of the item by Alan Sheppard as he wasn't able to be present at the Board meeting.</p> <p>Alan Shepherd had provided a paper for Board to give an update and provide assurance on the progress for the period Q1 and Q2 1 April 2022 to 30 September 2022, which outlined several key issues which were discussed at the Workforce Committee setting the plan of work for improving and strengthening processes for speaking up linked to the People Plan (most engaged workforce) and addressing key concerns from staff in the Summer of Connecting.</p> <p>Mark Burton noted that this had been a fantastic conversation at the Workforce Committee, and that Alan Shepard should be asked to present at Board in March.</p> <p>Georgina Mitchell asked for assurance on the actions and asked to clarify if the result were from the survey or the actions for the changes that had been taken. Jenny Lewis agreed it was both, informing of trying to increase the number of speaking up options so all diverse colleagues could raise their concerns. She informed that Alan Shepherd was a great cultural ambassador and noted time was being allocated to present to Board in March. Mike Baker reflected that the Board should not be worried if the number of cases increased, as this was positive and would be important that people are prepared to be open.</p> <p>The Board received and noted the progress, the opportunities through new leadership and welcomed further exploration at the Board Timeout session in March.</p>	
	<p><b>11.3(i) Finance &amp; Performance Committee Chairs Summary Report September &amp; October</b></p>	

	<p>Gillian Taylor informed that this was the first Finance &amp; Performance Committee (F&amp;P) Chairs report in the public Board meeting, noting the commercial information was not shared within the report.</p> <p>She updated on operational performance and that there were many operational standards that were currently hard to achieve and that joint work with Clare Smith on focusing deep dives for the progress to deliver constitutional standards.</p> <p>She explained the three areas had included; Emergency Department, Cancer and 78ww/104ww patients. The Board had been assured at Workshop this morning on the 78ww patients.</p> <p>The Board received an update and assurance on the Leeds Winter Plan, working with Clare Smith and the team to look at the options and interventions.</p> <p>F&amp;P had reviewed the risks and mitigations of the financial performance, and the finance of the Leeds Way Plan having agreed the approach to the challenge for next year. She did note that national planning guidance for next year had not yet been received.</p> <p>The Trust Chair reminded the Board on discussions that had taken place at F&amp;P the previous day.</p> <p>Clare Smith noted the improvement on the 78ww for patients, remaining on trajectory to reduce the number of patients waiting, however there were many risks sitting in the non-admitted position.</p> <p>The Trust Chair noted World Cancer Day would take place on 4 February 2023 and stressed the need of a communications approach and an event to highlight the work in LTHT.</p> <p>Gillian Taylor added the work of the improvement plans and triangulated from the Friday tactical meeting of being able listen to the successes from our staff as this was the reality on the ground.</p> <p>The Board received and noted the report.</p>	
	<p><b>11.3(ii) Verbal Summary Update from the Meeting held 23 November 2022</b></p>	
	<p><i>As per previous item.</i></p>	
	<p><b>11.4 Audit Committee Chairs report 11 October 2022</b></p>	
	<p>Suzanne Clark highlighted this had been a shorter Audit Committee meeting which had formally reviewed the work of external and internal audit during the year, along with the feedback from the survey monkey on the Committees effectiveness. She gave thanks to Mark Dalton who was retiring and was being replaced by Suresh Patel as Engagement Partner of Mazars.</p> <p>The Board received and noted report.</p>	
	<p><b>11.5 R&amp;I (Assurance) Committee Chairs Summary Report</b></p>	

	<p>The Trust Chair noted this had been the first meeting of this Committee in its new format as an assurance Committee. She informing there was much work to do and that she had received, positive feedback from the university.</p> <p>The Board received and noted the report.</p>	
	<b>11.6 Note of the Remuneration Committee meeting 21 October 2022</b>	
	The notes of the Remuneration Committee held 21 October 2022 were provided for information and were received and noted.	
<b>12</b>	<b>Quality and Performance</b>	
	<b>12.1(i) Integrated Quality &amp; Performance Report</b>	
	<p>Julian Hartley referenced the data presented by NHSE, noting the reporting of hours lost for ambulance handover, the week of 20 November, nine Trusts accounted for 33% of all hours lost, highlighting the variance in the whole of the NHS.</p> <p>Dr Phil Wood emphasised the strength of the LTHT clinical culture, and with recognition of clinicians to decant ambulances into the organisation and get Yorkshire Ambulance Service (YAS) back on the road showing a clear commitment to integration.</p> <p>Julian Hartley recognised the known risk of patients in ED, to the unknown risk of patients waiting at home for an ambulance. The Trust Chair added this was the right thing, but the risk then sat with LTHT but was better for patients to be in a place of care, and YAS being able to get to patients who needed care.</p> <p>Georgina Mitchell drew attention to the detail against diagnostic waits, removing an MRI machine to replace with a CT machine, impacting on Paediatric Cardiology and asked what underpinned the decision. Clare Smith responded this was about volume and offered to share the deep dive paper to F&amp;P, showing the volume and acuity of patients and the size of waiting lists.</p> <p>Mark Burton referred to Referral to Treatment and questioned what could be learned from others Trusts. Clare Smith responded that the Trust was currently in the middle of the pack, this included private providers completing NHS work which was being included within this and stressed that the Operational Transformational Strategy would continue to focus on improvements.</p> <p>Craige Richardson referred to the positive feedback from the patient catering satisfaction survey and his discussion with the Board during the food tasting session at lunch time. The Trust Chair commended the food sampled and offered to write to the Team to say how impressed the Board were.</p> <p>Suzanne Clark expressed the vegan meal range had been broadened with the options and was good for patient experience.</p>	<p>Clare Smith</p> <p>Linda Pollard/ Jo Bray</p>

	<p>The Trust Chair reflected on the Digital Patient Hub, which was working well and commended external feedback being easy to navigate, well put together and LTH was a national leader on this work. Paul Jones stressed this was run by the outpatient CSU and not DIT Team.</p> <p>Dr Phil Wood gave assurance on the slight increase in mortality indices, explaining that there was a structured review process that was consistently achieved at 100%. Laura Stroud agreed of having received significant assurance on this work through the QAC.</p> <p>The Board received and noted the report and its assurances.</p>	
	<p><b>12.1(ii) Questions to the Executive Team by exception</b></p>	
	<p>No questions were received, and none were raised during the meeting.</p>	
	<p><b>12.3(i) Nursing &amp; Midwifery Quality &amp; Safety Staffing Report</b></p>	
	<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>Helen Christodoulides 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 August 2022, of the 90 inpatient areas reviewed, 43 areas reported less than an average of 80% fill-rate against their planned staffing levels; of these two areas had also triggered the safety and quality requirements in the Ward Healthcheck Process (WHP). In September, of the 90 inpatient areas reviewed 56 areas reported less than an average fill rate of 80% with two 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.</li> <li>• SafeCare Red Shifts – in August 2022 there were 260 red shifts (unmitigated safety concerns) reported –the majority of shifts were reported in the Specialty Integrated Medicine (SIM) CSU. In September 2022 there were 93 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;</li> <li>• Red Flag Escalation - a total of 1964 Red Flags were reported across the Trust in August and September 2022 (with attention drawn to the SPC charts within the report). The greatest number of</li> </ul>	

	<p>red flags were in relation to 'Number of skill mix of nurses not sufficient' and 'Unmet Enhanced Care Need'.</p> <p>She provided an update on the recruitment work and noting the Trust's investment in the recruitment of international nurses. She referenced the current gaps in CSW staffing and updated that a further 80 roles had been offered with participants currently undertaking their care certificate process.</p> <p>Jenny Lewis commented on the scrutiny and triangulation of this information through the Finance and Performance, and Workforce Committees to provide assurance to the Board.</p> <p>Sue Gibson drew the Boards attention to the Midwifery safe staffing information from page 4 of the report; 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 27 for both August and September; 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 a total of 158 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. Staffing had been used flexibly to support patient flow and safety, and to support improvements in delays in induction of labour, 1.6 WTE Band 7 Patient Flow Coordinators had been appointed to support the inpatient maternity services.</p> <p>She noted the additional information in the Blue Box at agenda item 12.3(ii) and welcomed wider comment.</p> <p>The Board received and noted the report.</p>	
	<b>12.3(ii) Supplementary Information Quality &amp; Safety Staffing Report</b>	
	Supplementary information to support the report provided at agenda item 12.3(i) was provided in the Blue Box and was received and noted.	
	<b>12.3(iii) Allied Health Professionals staffing principles &amp; quality indicators (Bi-annual)</b>	
	<i>This item was deferred to the next meeting and no further discussion took place.</i>	
<b>13</b>	<b>Strategy and Planning</b>	
	<b>13.1 Building the Leeds Way</b>	
	The report provided was received as a blue box item, noted and no further discussion took place.	
<b>13.2</b>	<b>Leeds as an Anchor Institution</b>	

	<p>James Goodyear presented a paper as an update on LTHT’s activity as an Anchor Institution, including engagement with the Leeds Anchor Network, with anchor metrics collected and progress against the anchor’s framework for action. including the anchor metrics collected for 2021 – 2022, and progress against the Trust’s anchor ambitions. This included the work from the Health and Care Academy, noting that Shell Stanley had published several academic papers highlighting its effectiveness. He noted the challenges of the national procurement framework, and that real living wage was likely to fall</p> <p>The Board were asked to review and comment on the anchor metrics, the progress since the self-assessment, and receive the report for assurance on progress against the Trust’s activity as an anchor institution</p> <p>Georgina Mitchell asked to clarify who decided the activities the Trust would do, who would benefit and who would measure the impact of the activity. Responding, James Goodyear informed this was part of the Leeds Anchors Network and the use of a framework that had been developed with the Joseph Rowntree Foundation. Internally, LTHT have a Steering Group to review progress against the framework.</p> <p>Jenny Lewis updated on recruitment from the most deprived areas which had been very successful informing of a project approach which was moving in to business as well. She informed of a meeting in January to discuss how the Trust move away from being project based.</p> <p>The Board were asked to review and comment on the anchor metrics and progress since the self-assessment and receive the report for assurance on progress against the Trust’s activity as an anchor institution.</p>	
<p><b>13.3</b></p>	<p><b>Leeds Health and Wellbeing Strategy – Consultation &amp; Refresh</b></p>	
	<p>James Goodyear presented a paper to outline the refresh of the Leeds Health and Wellbeing (HWB) Strategy, informing of the intention to engage the LTHT Trust Board at the January Board Timeout with the final draft strategy to be brought to the Trust Board in March 2023. He noted the leads for the Strategy refresh had been invited to attend the January Trust Board Timeout to give Board members the opportunity to engage with the draft content and issues informing the refreshed strategy. The Board received the report for information.</p> <p>Julian Hartley recognised the statement of intent of the Health and Wellbeing Board (HWB) (of which he was a member) with the 2021 Joint Strategic Needs Assessment being used to develop the 2023 – 2030 HWB strategy. He informed the paper outlined the timeline for this work with the Trust having a role to support this in terms of integrated care and gave reference to the review of work in New York for alternative models of work. He agreed of the engagement at January Board Timeout with the final draft strategy to be brought to the Trust Board in March 2023. He expressed the start of the breakthrough across the system to address some best practice on this. The Trust Chair reflected that from the discussion from the Workshop that morning with City Partners, there was a need for a shift in</p>	<p>James Goodyear</p>

	<p>ways the NHS worked to adopt best practice globally, and that she wanted ICB colleagues to understand this.</p> <p>Phil Corrigan referred to the growth in an aging population with numbers that were within this with the absence of a Frailty Strategy and one to support people living within their own homes, she asked if this was an opportunity to influence the Frailty Strategy. Julian Hartley responded that 5% of the population used 85% of the resources and referred to the Staten Island case study. James Goodyear expressed the need to turn outputs from intermediate care review into 5 – 10 year capacity plans, adding he would pick this up with HWB colleagues. The Trust Chair requested that Phil Corrigan stay close to this work and reminded her of her corporate memory on this from her previous role in the City which was an advantage to the Trust. She also referred to the HWB to Board meeting next week.</p> <p>The Board received and noted the update.</p>	James Goodyear
<b>13.4</b>	<b>Quality Improvement Strategy Publication</b>	
	<p>Dr Phil Wood presented the Quality Improvement Strategy, reporting this had now been published, noting the review of the draft at the September Board Workshop. He explained this would shape how LTHT would continually improve services to achieve its vision to provide the best specialist and integrated care services for patients.</p> <p>The Board were delighted on the publication of the Strategy.</p>	
<b>14</b>	<b>Governance and Regulation</b>	
	<p><b>14.1 Standing Orders, Amendment to Committee Terms of Reference and Membership</b></p> <p>Jo Bray informed of the changes to R&amp;I Committee Terms of Reference, noting this was now an assurance Committee of the Board, which were approved along with amendments to the DIT Committee Terms of Reference and DIT workplan.</p>	
<b>15</b>	<b>Items for Information</b>	
	<b>15.1 Forward Planner</b>	
	Not discussed at this meeting.	
<b>16</b>	<b>Standing Agenda Items</b>	
	<b>Risk</b>	
	<p>There were no items arising from the meeting for escalation to the CRR.</p> <p>The Trust Chair reference the on-going work and support from Rob Kurau with risk and his help with R&amp;I Team.</p>	
	<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; noting that the ICB CEO was in attendance at the Board workshop that morning.	
	<b>Communications</b>	
	Jane Westmoreland noted the World Cancer Day event.	
<b>17</b>	<b>Review of Meeting and Effectiveness</b>	

	<p>Comments on the meeting review and effectiveness were welcomed via email.</p> <p><b>Suzanne Clark left the meeting for a work commitment.</b></p> <p>Jo Bray requested feedback on new approach to prevent duplication of IQPR and the Committee Chair's Report. The Board agreed this had been more effective.</p>	
<b>18</b>	<b>Any Other Business</b>	
	<p>The Trust Chair reminded the Board of the Q3 Fundamental Review and the open invitation to attend part of the next F&amp;P Committee meeting and explained Jo Bray would send out the appointment for a hybrid meeting.</p> <p>Clare Smith shared that 100% of elective and day cases income had been received for month seven.</p> <p>The Trust Chair thanked Craige Richardson for organising the meeting room and lunch.</p>	
<b>19</b>	<b>Date of next meeting: Thursday 26 January 2023</b>	