



DRAFT MINUTES OF THE PUBLIC BOARD MEETING
Thursday 25 May 2023

Hybrid Meeting – Board Room (7.04), Level 7, Worsley Building, LGI with MS Teams option for speakers

Present:	<p>Linda Pollard Mike Baker Mark Burton Helen Christodoulides Suzanne Clark Phil Corrigan James Goodyear Paul Jones Joanne Koroma Jenny Lewis Hamish McLure Georgina Mitchell Chris Schofield Bob Simpson Clare Smith Amanda Stainton Laura Stroud Gillian Taylor Craig Richardson Prof Phil Wood Simon Worthington</p>	<p>Trust Chair Non-Executive Director Associate Non-Executive Director Interim Chief Nurse Non-Executive Director Non-Executive Director Director of Strategy Chief Digital and Information Officer Associate Non-Executive Director Director of HR & Organisational Development Interim Chief Medical Officer Associate Non-Executive Director Non-Executive Director Non-Executive Director Chief Operating Officer Associate Non-Executive Director Non-Executive Director Non-Executive Director Director of Estates and Facilities (via MS Teams) Chief Executive Director of Finance</p>
In Attendance:	<p>Dr Anju Agarwal Peter Aldridge Jo Bray Jane Barratt David Goulding Vickie Hewitt Gerrard Kelly Jimmy Parvin Alan Sheppard Dr Santosh Sundararajan Keeley Townend Hymesha Williams-Crockwell</p>	<p>Guardian of Safe Working Hours (for agenda item 14.1) Associate Director for Estates, Fire and Security (for agenda item 11.2(ii) and via MS Teams) Company Secretary Executive PA (for agenda item 14.4) Service Manager, AMS (for agenda item 14.4) Trust Board Administrator ENT Consultant and LIM Facilitator (for agenda item 12.2) KPO Specialist (for agenda item 12.2) Freedom to Speak Up Lead (for agenda item 14.3) Guardian of Safe Working Hours (for agenda item 14.1) General Manager, Oncology (for agenda item 14.4) Assistant Patient Services Co-Ordinator (for agenda item 14.4)</p>
Apologies:	<p>Esther Wakeman Rachel Woodman</p>	<p>Chief Executive, Leeds Hospitals Charity Associate Non-Executive Director</p>
Observing:	<p>There were two members of the public present</p>	

Agenda Item		ACTION
1	Welcome and Introductions	
	<p>The Trust Chair welcomed members of the Board and public observers to the meeting. She formally welcomed Joanne (Jo) Koroma as a new Associate Non-Executive Director (NED) to the Board.</p> <p>She welcomed feedback from the Lunch and Learn session to the Dental Hospital and Old Medical School with positive feedback received. It was confirmed that a thank you letter would be circulated to management for accommodating these visits.</p> <p>She referenced the public announcement by the Centre that afternoon which had confirmed that several Trusts had been given approval to move forward with their New Hospital Programme plans; the Trust's Building the Leeds Way (BtLW) programme had received approval and the Trust would be moving forward at pace to deliver the new hospital(s).</p>	Linda Pollard/ Jo Bray
2	Apologies for Absence	
	Apologies for absence were received from Esther Wakeman and Rachel Woodman.	
3	Declarations of Interest	
	<p>Prof Phil Wood noted his declared interest as Senior Responsible Officer (SRO) for the City Intermediate Care Programme confirming there were no direct conflicts with the Board agenda.</p> <p>There were no further declarations of interest, and the meeting was quorate.</p>	
4	Staff Story - Women's CSU participating in the Scope for Growth Career Conversations pilot	
	<p>Jenny Lewis introduced the Staff Story (reminding that these were scheduled to be received twice a year in rotation with the Patient Story's received) and explained that the Trust had been one of the organisations selected to pilot the Scope for Growth Career Conversation, with the video sharing a staff members experience of using the tools available; https://youtu.be/Wluc6CRJVaw</p> <p>The video shared the breadth and depth of training that the tools offered and supported staff to engage with the broad range of options for career development. She explained that following the pilot the Trust would work with CSUs to maintain the most successful part of the programme.</p> <p>The Trust Chair suggested this could be entwined with the Board Timeout with the Clinical Leadership teams in October to support that wider understanding of governance and act as an enabler for CSU's.</p>	Jo Bray/ Linda Pollard/ Phil Wood
5.1	Draft Minutes of the Last Meeting	
	The draft minutes of the last meeting held 30 March 2023 were confirmed to be a correct record.	
6	Matters Arising	
	There were no matters arising listed on the agenda and none were raised during the meeting.	

7	Review of the Action Tracker	
	<p>The action tracker was reviewed, and progress noted.</p> <p>Referencing action 21, (to arrange a Leeds Improvement Method (LIM) refresh session for NEDs), it was agreed that a secondary session would be arranged for the LIM Refresh for those who were unable to attend the original session.</p>	Vickie Hewitt
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 formally noted her thanks to the Communications Team for their engagement work with wider stakeholders on the BtLW programme.</p> <p>In addition, she sought endorsement for the following item taken under Chair's Action:</p> <ul style="list-style-type: none"> At the March Board Timeout meeting within the Q4 Financial Fundamental review, the Board supported the empowerment of the Executives to make positive adjustments to the planned deficit if any material improvements to income or expenditure were received. This work had progressed, and the Trust was required to submit its final financial plan to WY ICB on 4 May 2023. This plan was circulated to all Board members and reviewed by the Finance & Performance (F&P) Committee on 26 April 2023 with formal Board approval gained via Chair's Action the same day supported by Linda Pollard, Trust Chair, Prof Phil Wood, Chief Executive, Gillian Taylor, Deputy Chair and Suzanne Clark, Chair of the Audit Committee <i>[a further update on the West Yorkshire ICB and the acute sector's financial position was received at the Board Workshop meeting]</i>. <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 referenced the ongoing industrial action that was taking place from several professional groups; he noted that detail had been provided to the Board in the Workshop meeting and acknowledge the leadership across the Trust during this time in supporting colleagues with their right to strike and managing the impact in the Leeds Way.</p> <p>He reported that Clare Smith, Chief Operating Officer had been appointed as Deputy Chief Executive from 15 May 2023.</p> <p>Drawing attention to the detail at Section 1 of the report he commended the efforts by staff which were delivering improvements in the constitutional standards, this was commendable given the consistent pressures and further detail would be provided through the IQPR.</p>	

	<p>He highlighted the meetings he had attended in his new role as CEO which included meeting with the WY Mayor and MPs across Leeds, noting this would be a key group of stakeholders as the BtLW programme developed.</p> <p>He drew attention to the research update at section 3 and highlighted the partnership between Leeds and Norway Growing Health-tech Partnership updating on the event hosted at the Nexus Centre. The event was organised by the Trust's Innovation Pop Up team and welcomed a delegation from Norway and Sweden and had showcased the Trust's Research and Innovation infrastructure to national and international audiences.</p> <p>He noted the investment in innovative, next-generation Hydrogen Peroxide Vapour (HPV) decontamination equipment which would support the Trust's annual objective to reduce Healthcare Acquired Infections (HCAI), and also updated on the additional MRI SIM machine which would increase capacity and had been funded from the Leeds Hospitals Charity.</p> <p>He asked the Board to note the activity at Section 4 that the Trust had taken to support its people and the celebrating success at section 5, highlighting the Covid Memorial Event held at Kirkstall Abbey in April.</p> <p>He noted the consultant appointments that had been made and sought ratification of these which was confirmed.</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 and noting the performance data that would be provided within the IQPR; the hospital remained in a pressured position though improvements had been seen since the winter period. High attendances continued to be seen within the ED however the Trust had held the line on its strong ambulance handover time performance. The Same Day Emergency Care (SDEC) unit was beginning to release benefits which were diverting some of the pressure away from ED. He commended the work of the Teams in ED in managing and improving their position.</p> <p>He reported positive progress within the City's Home First Programme and noted the update that had been provided to the Board Workshop meeting. He referenced the change in leadership across the City and the focus on key components which included the recognition of the high volumes of no Reason to Reside (RtR) patients within the Trust.</p> <p>He informed that continued progress had been made against planned and elective care however there would be a challenge in the current year to maintain this and achieve the improvements required. He</p>	

	<p>referenced the work within the outpatient's facility which linked to a wider number of programmes. He reminded that the Elective Recovery Fund (ERF) did not distinguish between specialist services and there were some financial challenges with this which were being addressed.</p> <p>He reported that the ongoing industrial action was impacting activity and noted the assurances that had been provided to the Board Workshop of the planning and mitigations in place.</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 noted the following risks had been reviewed and controls updated however there had been no change to their assigned risk score:</p> <ul style="list-style-type: none"> • CRRO1 - Risk of a viral pandemic • CRRO7 - Risk of failure to deliver the hospital of the future project • CRRC1 - Healthcare acquired infection <p>The Board received and noted the report.</p>	
10.3	BLUE BOX ITEM – Health and Safety Annual Report	
	The 2022/23 Health and Safety Annual Report was provided in the Blue Box for information and was received and noted.	
11	Assurance from Committees	
	Quality Assurance Committee	
11.1(i)	Chair's Summary Report	
	<p>The report provided an overview of significant issues of interest to the Board, highlighted key risks discussed, key decisions taken, and key actions agreed at the Quality Assurance Committee (QAC) meeting held 20 April 2023.</p> <p>Laura Stroud informed that the Committee had commenced the meeting with a patient story entitled 'Maternity Lives Matter' (https://www.youtube.com/watch?v=1K_Hlxma88) and shared the underlying message within the video that kindness had no colour or language. She updated that the UoL had recently appointed a Women's Health Ambassador and shared that she had been able to reinforce the duties of the QAC in the Trust in supporting Women's health and she had reinforced the importance of videos. This appointment would be focussed on women's voices and those hard to reach and the video shown at the QAC had been recommended for wider use.</p> <p>She reported the QAC continued to maintain oversight and seek assurance for the controls in place within maternity and for HCAI noting the further summary within the report. In addition, the Committee had received assurance of the underlying work to support ongoing quality</p>	

	<p>as part of normal business. The Committee received an overview and assurance of the 2022/23 Quality Account production including the recommended quality goals and priorities for 2023/24 (across patient safety, clinical effectiveness, and patient experience).</p> <p>She was positive of the announcement that day on the NHP noting a lot of the challenges the QAC reviewed were directly related to limitations of the ageing estate.</p> <p>The Committee had also received deep dives on the role of the Cancer Assurance Board and Maintaining Quality in Urgent and Emergency Care which had included an update on the use of Exceptional Surge Area (ESA) beds. Following a query from Mark Burton, Clare Smith expanded on the daily touch points for ESA beds and the ambition to eradicate their usage by March 2024. She linked this to the annual commitment to reduce Length of Stay (LoS) and confirmed the Trust was looking at external solutions as well as internal.</p> <p>Helen Christodoulides updated that following the last QAC meeting the Trust had requested a visit from NHSE to review its HCAI position and had received the final report back during the week; the report had provided assurance around processes and plans and NHSE confirmed their assurance appropriate action was being taken.</p> <p>The Board received the report and noted the assurances received by the QAC.</p>	
11.1(ii)	BLUE BOX ITEM – Learning from Deaths Report	
	The Q4 2022/23 Learning from Death Report was provided in the Blue Box for information and was received and noted.	
	Workforce Committee	
11.2(i)	Chairs Summary Report	
	<p>The report provided an overview of significant issues of interest to the Board, highlighted key risks discussed, key decisions taken, and key actions agreed at the Workforce Committee meeting held 17 May 2023.</p> <p>Amanda Stainton reported that the meeting had commenced with a staff story from the Leeds Health and Care Academy (LHCA) (https://www.youtube.com/watch?v=xrDOUCWrIXE) which had explored the benefits of joint apprenticeships; she noted the LHCA Annual Report had been provided in the Blue Box for information and also updated that the LHCA Strategy was scheduled to be presented to the Board in October and would have a focus on healthcare inequalities.</p> <p>She updated of the oversight being provided through the Workforce Committee on areas including industrial action, pay awards and national pension changes and noted the detail that had been provided in the Workshop meeting.</p> <p>She informed that the Committee had reviewed the data within the IQPR and was looking to revise these to align with the Trust's annual commitments.</p>	

	<p>She updated on the deep dive received by the Committee on workforce planning, within this the Adult Critical Care (ACC) CSU Leadership Team had joined and shared their A3 on retention (annual commitment) which had been a good format to bring the discussion to life.</p> <p>The Committee had also received updated on Violence and Aggression and Freedom to Speak Up, and noted the updates scheduled later in the Board agenda.</p> <p>The Committee had agreed its objectives for the current year and had advised that workforce planning related to service deliverability would be included within the assurances provided to the Finance and Performance (F&P) Committee.</p> <p>The Board received the report and noted the assurances received by the Workforce Committee.</p>	
11.2(ii)	Violence and Aggression Biannual Update	
	<p><i>In attendance:</i> <i>Peter Aldridge, Associate Director for Estates, Fire and Security</i></p> <p>The report provided an update on the on-going work in relation to the management of violence and aggression (V&A) and sought to provide assurance of the Trust's compliance with the Violence Prevention and Reduction Standard.</p> <p>Craige Richardson introduced the item and noted that the comprehensive report that had been presented to the Workforce Committee had been made available within the Blue Box. He reminded that the revised standards had been published in January 2021 which had included the requirement for biannual updates to the Board. He referenced the recent internal audit review of the arrangements which had been positive and informed that the Trust was sharing learning from its model with colleagues across WYAAT and the wider ICS.</p> <p>Peter Aldridge provided additional context to the detail within the report and highlighted the positive progress that had been made across the three key stands of work; a gap had been identified in the collective oversight however the Executive Team had supported the appointment of a V&A Coordinator that would provide this moving forward.</p> <p>He explained that the Trust was moving away from the language of 'zero tolerance' in recognition that not all cases would proceed to court and the desire to not set false expectations for staff. He stated the right for staff to work in a safe environment and updated on the collaborative work with HR colleagues to develop pathways and supported deep-dives into specific areas at increased risk of V&A incidents (due to the cohort of patients under their care).</p> <p>He reported that the Trust was seeing an increase in cases however was also improving its investigations into the causality with improved</p>	

	<p>understanding of data and metrics to inform deep-dive and targeted responses. He highlighted the examples of the improved reporting within the paper and also noted the improved compliance in training which had been achieved by focussed cohorts on wards with higher instances of V&A.</p> <p>He noted there was a typographical error on page 2 of the report with the reference to the 14% and 14.5% needing to be swapped.</p> <p>Amanda Stainton noted the assurances from the Workforce Committee following the deep dive they had received and the positive collaboration between staff.</p> <p>Georgina Mitchell updated on feedback she had received from staff during a Leadership Walkround to CAH on comments they felt remote from the other sites and often saw a higher volume of patients more likely to be violent. She noted they had confirmed they had been trained in de-escalation and questioned if this formed part of this work. Peter Aldridge confirmed and updated that he had recently met with CAH colleges, noting the care of those with brain injury and challenging behaviour, to discuss the specific issues which was being addressed under the clinical workstream.</p> <p>On the improved data, Jenny Lewis further updated on the revisions being made to the existing reporting systems which would allow for automated triggers and responses as well as sign posting to services and support.</p> <p>The Trust Chair explored the consideration within the Health Wellbeing Board to Board meetings of the recognition of mental health issues on V&A within the acute sector which prompted wider discussion James Goodyear updated that as part of remodelling of the ED structure, additional expertise and tools would be provided to staff to support staff to manage neuro-diverse patients.</p> <p>The Trust Chair questioned if the Trust maintained specific data on reported cases of sexual assault and Peter Aldridge confirmed this categorisation was included within the Datix reporting system.</p> <p>Laura Stroud updated that she and Jenny Lewis had recently discussed increases nationally in cases of sexual assault and she updated on the separate reporting structures within the UoL. She was mindful of the risk of underreporting and suggested the Trust and UoL could triangulate information to seek wider assurance across the organisation.</p> <p>The Board received and noted the report.</p> <p>Peter Aldridge exited the meeting</p>	<p>Vickie Hewitt</p> <p>Laura Stroud/ Peter Aldridge</p>
<p>11.2(iii)</p>	<p>BLUE BOX ITEM – Violence and Aggression Full Committee Report</p>	

	The Violence and Aggression Report presented to the Workforce Committee on 17 May 2023 was provided in the Blue Box for information and was received and noted.	
11.2(iv)	BLUE BOX ITEM – Leeds Health and Care Academy Annual Report	
	The LHCA Annual Report was provided in the Blue Box for information and was received and noted.	
	Finance and Performance Committee	
11.3(i)	Chairs Summary Report	
	<p>The report provided an overview of significant issues of interest to the Board, highlighted key risks discussed, key decisions taken, and key actions agreed at the Finance and Performance Committee (F&P) meetings held 29 March and 26 April 2023.</p> <p>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.</p> <p>The Board received the report and noted the assurances received by the F&P Committee.</p>	
11.3(ii)	Verbal update of the meeting held 24 May 2023	
	<p>Gillian Taylor provided a verbal update of the key activities that had been discussed at the F&P Committee meeting held the previous day.</p> <p>The Committee had received detail on the level of financial risk within the current year and had been briefed on the high reliance on the waste production programme which was significantly larger than previous years. Within this the Committee had received an update on the current position of CSU's and she noted the triangulation of this with the Boards visit to the Dental School that had taken place earlier that day.</p> <p>The Committee had been briefed on the capital programme – again within the Lunch and Learn sessions the Dental School had shared how the capital investments into equipment had supported a reduction in their waiting list and return to standards.</p> <p>She updated on the agreement to bring workforce planning within the F&P reports received by the Committee to allow for that wider strategic discussion and the Committee would utilise its link with the Workforce Committee where further escalation was required.</p> <p>The Board received and noted the update.</p>	
	Audit Committee	
11.4(i)	Chairs Summary	
	<p>The report provided an overview of significant issues of interest to the Board, highlighted key risks discussed, key decisions taken, and key actions agreed at the Audit Committee meeting held 4 May 2023.</p> <p>Suzanne Clark highlighted the deep dives received by the Committee on the controls in place for the Workforce, Business Continuity and Capacity Planning, and External (Legal & Governance, and Regulatory</p>	

	<p>Risk) risks listed within the Board Assurance Framework (BAF) and noted the strong assurances received.</p> <p>The Committee had also received an update on the progress with the year-end External Audit process with strong assurances received that the programme was progressing in the defined timescale. The Internal Audit Team had provided an update on the 2022/23 programme with the final report anticipated to be received at the next Committee meeting; the Committee reviewed the full report of the HCAI data audit which had been rated as 'limited' and an escalation made to the QAC to provide ongoing monitoring and assurance of this position.</p> <p>The Committee had reviewed and supported the 2023/24 Internal Audit Plan which included a review of any gaps in assurance and confirmation that key assurance areas were covered.</p> <p>The draft Internal Audit Opinion for the 2022/23 year had been reviewed and was looking favourable with the final statement to be reported when all yearend work was closed off and at next meeting.</p> <p>The Committee had received and update on the Counter Fraud activities and had noted the replacement appointment to the Counter Fraud Team which would support additional proactive work.</p> <p>She informed that the Committee had reviewed the 2022/23 Annual Reports of each of the Board Committees and had noted the strong assurances received (these were presented for approval from the Board via the Blue Box at agenda item 11.4(iii). The Committee had also reviewed the content of its own Annual Report (provided at agenda item 11.4(ii)) and had confirmed its assurance that the Committee had completed its duties in accordance with its Terms of Reference (ToR).</p> <p>The Board received the report and noted the assurances that had been received by the Audit Committee.</p>	
11.4(ii)	Audit Committee Chairs Annual Report	
	<p>The report sought to provide assurance to the Board that the Audit Committee has discharged its duties in accordance with its Terms of Reference, completed its Workplan for 2022/23 and delivered against the defined objectives, and set out the proposed Workplan for 2023/24.</p> <p>It was noted that Mark Burton's qualifications listed within the draft report had been corrected following the paper circulation; the draft report cited that he was a qualified accountant which had been corrected to 'FSA regulated, financially trained and literate, CISI qualified'</p> <p>The Board received the report and confirmed its approval of the 2023/24 Workplan.</p>	
11.4(iii)	Collation of Committee Objectives	
	<p>The collated objectives for each of the Board Committees was provided to the Board for information, and noting the assurances received</p>	

	through the Audit Committee were received and supported (with approval to be sought at the next agenda item)	
11.4(iv)	BLUE BOX ITEM – Committee Annual Reports (Public Domain)	
	<p>The Board were asked to approve the Workplans for 2023/24 and the Committee Objectives as cited in the Annual Reports below (<i>Annual Reports for the Digital and IT, Risk Management, Building Development, and Innovation District Committees were approved within the Board Workshop and were restricted from the Public domain</i>):</p> <ul style="list-style-type: none"> • 7.1b Quality Assurance Committee • 7.1c Finance & Performance Committee • 7.1d Workforce Committee • 7.1g Research & Innovation Committee <p>Suzanne Clark confirmed that the Audit Committee had received the annual reports at its meeting on 4 May 2023 with Committee Chairs in attendance and confirmed the assurance received with a recommendation of approval to the Board</p> <p>The Board received the reports and confirmed its approval for the Committee Workplans and Objectives for 2023/24.</p>	
	Research and Innovation Committee	
11.5(i)	BLUE BOX ITEM – Chairs Report (21 March 2023)	
	The Research and Innovation (R&I) Committee's Chairs Report summarising the key activities from the meeting held 21 March 2023 was provided in the Blue Box for information and was received and noted; this was to correlate to the verbal update received at the Board meeting on 31 March 2023.	
11.5(ii)	Chairs Report	
	<p>The Trust Chair updated on the maturing journey of the Committee to an assurance vehicle for the Board and noting the announcement from the Centre on the BtLW programme she updated that the Workplan of both the R&I and ID Committee would be reviewed with a further update to be provided to the Board in September.</p> <p>Post meeting note: report to Board in November not September.</p> <p>The Board received and noted the update.</p>	
12	Quality and Performance	
12.2(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>Drawing attention to the Complaints and PALS data on pages 17-18, Gillian Taylor noted the performance against complaints response time was not achieving the 80% threshold; she questioned what action was in place to improve this and whether benchmarking data was available against other trusts. She also sought further detail on the telephone issue in PALS with reference within the report being made about phone</p>	

<p>lines being unmanned; she recognised the increase in flexible working and people working from home and wondered why phone lines could not be diverted seeking wider context for assurance. Paul Jones expanded on the limitations with the current telephone system and explained that due its age, diverted lines needed to take up two ports which would then restrict the volume of phonelines available to the Trust. He updated on the planned upgrades to the system that would mitigate this.</p> <p>Against the complaints query, Helen Christodoulides explained that the 80% was a self-imposed target however recognised that the Trust was not achieving these and improvements were required. She outlined the multi-factorial approach in response which included streamlining the review process to speed up Executive sign-off and implementing accountability meetings from next month which would support the turnaround time of non-complex responses. She reflected on the operational pressures on staff which was a factor in the delay in response time and there was work to do around creating availability for staff to respond. This work would be aligned with the transformational strategy, and she updated on her discussions with the COO Team to support this.</p> <p>She updated on the challenges in identifying benchmarking data as the Trust had defined its 20, 40 and 60 day target internally against the national six month deadline however, she confirmed she would reach out to neighbouring trusts to see what data could be made available.</p> <p>Laura Stroud reflected on historic role within a Community Health Council and suggested if there was benefit of a fresh review of complaints, rather than tweaking around the edges underpinned by an academic piece of work. This prompted wider discussion with Non-Executive Director colleagues from other regulated sectors offering strong support to look at a cross-sector group to explore and share learning and it was confirmed this would be followed up outside of the meeting.</p> <p>Prof Phil Wood commented on the additional time required for multi-speciality response and referenced the Patient Safety Incident Reporting Framework as a tool to engage with staff on learning. He provided assurance to the Board of the communications with patients and families prior to the formal response.</p> <p>Amanda Stainton noted the progress that had been made in addressing the 104 week wait position and questioned the confidence in achieving the zero position for 78 weeks by June. She noted that she had also raised a question in relation to the mortality metrics and had received a response via email from Hamish McLure on the mortality indicators and further detail on the SHMI and HSMR.</p> <p>Clare Smith provided assurance of the level of detail provided to the F&P Committee on the waiting list position and explained that due to</p>	<p>Helen Christodoulides</p> <p>Helen Christodoulides/ NEDs</p>
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	<p>pressures and risks within the spinal pathway (which were mirrored nationally) the Trust would have a small number of patients waiting beyond 78 weeks at the end of June. The Trust had engaged with regulators on this and was working to a current deadline of August.</p> <p><i>Post-meeting note</i> - Due to industrial action in July, The Trust has cancelled at least 18, 78 week waiting patients; it had not yet mitigated for August, therefore it was likely patients would be carried into September.</p> <p>The Board received and noted the update.</p>	
12.2	Leeds Improvement Method Annual Update	
	<p><i>In attendance:</i> Jimmy Parvin, KPO Specialist and Gerrard Kelly, Consultant</p> <p>A deep dive was presented to the Board which provided an update on the Leeds Improvement Method (LIM) programme with a summary of the key highlights included below:</p> <ul style="list-style-type: none"> • The formal re-structure of the Kaizen Promotion Office (KPO) had completed in August 2022; • Each CSU had a designated KPO Specialist 'improvement partner' with the new structure enabling increased cross-functional relationships with Organisational Development (People Priorities) and Finance Programme Management (Waste Reduction); • Work was taking place to align LIM operational processes alongside improvement activity to embed principles as part of BAU; • There was a need to expand the size and skill mix within the KPO team to support capacity for project, event, and training delivery; • the Trust was in year two of its new four year contract with the Virginia Mason Institute (VMI); the VMI continued to provide education and support via online courses and coaching; • Reference was made to the development of the annual commitments and the expectation each CSU had a local A3 focussed on each of the commitments; • The team had engaged with Improvement Leaders across the City to connect on shared opportunities for learning; • An infographic was shared on slide 4 which depicted the steps to fostering a culture of continuous improvement; • Detail was shared on the LIM education and training offers in place; • Examples of CSU value workstreams were shared and detail provided to the flexible model applied in recognition that each of the CSU's was at a different stage of their journey; • Examples of the output and learning from several LIM projects were shared for information; <p>Phil Corrigan commended the output of the examples provided; she questioned what method was applied where improvement work was</p>	

	<p>taking place outside of the hospital boundaries. Responding, Jimmy Parvin confirmed that the internal LIM was adopted for system collaborative improvements. He explained that there were occasionally challenges of the ownership of the improvements in jointly owned programmes and expanded on the expectation and sponsorship of others. He confirmed that the Trust offered LIM training to Community colleges and Clare Smith noted the LIM training had been utilised within the local Covid vaccination centre roll-out and was also offered through the LHCA.</p> <p>Prof Phil Wood updated on the launch of the NHS Impact which built upon similar principles to the LIM and the recognition of the benefits to systems of having an improvement methodology in place.</p> <p>Mike Baker questioned if the Team had conducted a cost benefit analysis of the potential financial savings released through the LIM. Responding, Jimmy Parvin explained that programme output data had not been collated in this way as focus was on the quality aspect however within the upcoming Team appraisals the team would be exploring the value adding of LIM and this could be considered. Simon Worthington updated that a review of the financial benefits had been included within the original contract, and also highlighted the alignment of the LIM to the Waste Reduction Programme and productivity improvements.</p> <p>Mark Burton questioned how learning from improvements was shared across CSU's and Jimmy Parvin explained the role of the Friday Report-outs and updated on the work taking place with communications to increase the awareness and engagement of this with staff. Gerrard Kelly noted the information sharing through the KPO Facilitators for each of the CSU's who provided an important connecting link. Jenny Lewis added the commitment from the Executive Team to dedicate two days per month to working with CSU's and Corporate Teams on their LIM. Prof Phil Wood provided additional context to the phased matrix arrangement within the VMI contract and explained the next stage was focussed on interconnections. James Goodyear referenced the planned session with CSUs on 7 June 2023 to learn and share their A3 plans.</p> <p>The Trust Chair referenced the recommendations from the Messenger Leadership Review which linked to the principles of the LIM and raised the need to consider the implementation of these moving forward and to support colleagues.</p> <p>The Board received and noted the update.</p> <p>Jimmy Parvin and Gerrard Kelly exited the meeting</p>	
12.3	PLACE Results	
	The report provided an update regarding the Trust's published results, following the annual PLACE (Patient-Led Assessment of the Care Environment) inspection.	

	<p>Craige Richardson provided context to the PLACE assessment and reported that the Trust's results were favourable when compared to other similar organisations, both regionally and nationally.</p> <p>He explained that for large organisations, a minimum of 25% of wards or ten, whichever was the greater, should be assessed. In October 2022, the Trust undertook four PLACE assessments across four sites, which exceeded the 25% target of clinical estate to be inspected. He highlighted the information within the reports tables which set out the PLACE results for the LGI, St James's, Chapel Allerton and Wharfedale sites with further detail within the reports appendices.</p> <p>He noted that an internal review had also taken place against the Trust Cleaning Standard which had resulted in a positive report.</p> <p>The Board received and noted the report.</p>	
13	Strategy and Planning	
13.1	BLUE BOX ITEM – Building the Leeds Way	
	<p>The BtLW update report was provided in the Blue Box for information and was received and noted.</p> <p>Prof Phil Wood noted the public announcement made that day (as reported at agenda item 1) and confirmed that communications would be circulated to staff and stakeholders to provide an update on the revised position.</p>	
14	Governance and Regulation	
14.1	Guardians of Safe working	
	<p><i>In attendance:</i> <i>Dr Anju Agarwal and Dr Santosh Sundararajan, Guardians of Safe Working Hours</i></p> <p>The Annual report from the Guardians of Safe Working (GoSW) Hours was presented for information and included detail on the Trust's current position with respect to the Version 11 (Feb 2023) of Terms and Conditions for NHS Doctors in training. In addition to the report provided the GoSW presented an update to summarise the key headlines with a summary included below:</p> <ul style="list-style-type: none"> • A total of 544 exception reports were reported during 2022/23, peaks were highlighted within August and January which coincided with junior doctor rotation schedules; • A breakdown of grade and category was provided with the majority of exception reports (206) raised by the FY1 cohort and the largest reported category (454) related to hours; • The 10 CSUs with the largest volume of reports were listed on page 5 with a summary of the number of exemptions that had result in payment; • For exception reports related to immediate safety concerns the highest reporting group was FY1 and acute sickness of staff was 	

	<p>the underlying reason on 50% cases (with other reasons cited as service pressure and long term gaps);</p> <ul style="list-style-type: none"> • Future aspirations were described as establishing a Junior Doctor Forum, working towards a solution for workload issues, overseeing the provision of the Junior Doctor's mess halls and continued education and engagement. <p>Chris Schofield reflected on the volume of exemptions raised by the FY1 cohort and questioned if there was more action the Trust should be taken to support junior doctors when they joined the Trust. Dr Santosh Sundararajan expanded on the transition junior doctors underwent as they advanced in their careers, he confirmed there were elements of support that could be better delivered however also raised the challenge of limited resources and updated on the work the GoSW were doing to build resilience on the junior doctor rosters. Laura Stroud added that the current FY1 group was also one of the student groups that had been most impacted by the pandemic and had experienced a different learning experience to their peers. She commented on the vitality of the junior doctor forum as a support vehicle.</p> <p>Jenny Lewis shared further insight into the support that the HR Team was providing to the strengthening of rostering however acknowledged the challenges of gaps in rotas.</p> <p>The Board received and noted the report</p>	
<p>14.2</p>	<p>Freedom to Speak Up Annual Report</p>	
	<p><i>In attendance;</i> <i>Alan Sheppard, Trust Freedom to Speak Up Guardian</i></p> <p>The report provided a bi-annual update regarding Freedom to Speak Up (FtSU) processes and activity during Q3 and Q4 2022/23.</p> <p>Alan Sheppard noted the action plan approved by the Board on 23 March 2023 at their Timeout meeting and reported that the majority of actions were on track with the exception of two which were currently rated as red; these were the development of a FtSU improvement plan and FtSU Strategy. He updated that draft documents for both of these actions were with the Strategy Team for comment prior to seeking approval from the Workforce Committee.</p> <p>He drew attention to the tables at section 3 which provided a summary of the volume of referrals and themes; 44 concerns had been raised during Q3 and 4 with the highest reported themes as Other and Bullying (Other was a diverse term and included areas impacting patient care). He updated that this information was being triangulated with the Summer of Connecting findings and Leeds Way behaviours to inform piece of work around civility and looking at what support could be provided through the FtSU Champions.</p> <p>He referenced the increased focus on performance management within the annual appraisals and informed that there had been an increase in</p>	

	<p>enquiries from staff if this meant they were in a formal process or not. This had been raised with the HR Business Partners and would be reviewed again in six months to see if this trend had declined.</p> <p>He updated on the various contact points for staff to raise a concern with the FtSU process, and the wider triangulation and signposting where other support structures were available.</p> <p>Following a query from Chris Schofield regarding the limited FtSU concerns related to patient safety, Alan Sheppard explained that in most cases these were picked up via separate reporting structures and escalation routes. This was reiterated by Helen Christodoulides who explained that these types of concern would be escalated through the Red Flag and Stop the Line processes. Prof Phil Wood also referenced the PSIRF framework which allowed for rapid escalation of patient safety concerns.</p> <p>The Board received and noted the update.</p> <p>Alan Sheppard exited the meeting</p>	
14.3	<p>Pledge to Code of Conduct, Nolan Principles and Leeds Way Values</p>	
	<p>The Board were invited to complete their annual endorsement of their support to the Code of Conduct for Directors at Leeds Teaching Hospitals NHS Trust (which was set out within the report); Those not present at the meeting, will be required to confirm outside the meeting and an audit trail recorded within these minutes.</p> <p><i>Post-Meeting Note</i> – Rachel Woodman, NED confirmed her endorsement and commitment via email following the meeting</p> <p>The Board confirmed their endorsement to the Code of Conduct.</p>	
14.4	<p>Celebrating Admin</p>	
	<p><i>In attendance:</i> Keeley Townend, General Manager, Oncology, Jane Barratt, Executive PA, Hymesha Williams-Crockwell, Assistant Patient Services Co-Ordinator and David Goulding, Service Manager, AMS</p> <p>Clare Smith introduced the item and shared her own development journey through the administrative pathways. She referenced the recent activity across the Trust to celebrate administrative staff.</p> <p>Keeley Townend presented an update to the Board which provided further detail on the activity taken to celebrate administrative staff and increase their visibility with the programme centred on three key branches:</p> <ul style="list-style-type: none"> • Excellence in Admin - a programme to support personal development and promote excellence in the work of administrative colleagues. 	

	<ul style="list-style-type: none"> • Career development - a dedicated admin Intranet hub to support career development and connect admin colleagues with opportunities across the Trust. • Celebrating Admin Awards - an annual awards programme and celebration event linked to National Administration Professionals Day - 26 April 2023 - to recognise and value admin colleagues. <p>She updated on engagement with the programme with 537 responses to the survey to shape the programme; 404 nominations for inaugural administration awards with six awards in total presented to the winners; to date 32 individuals had completed the virtual Excellence in Admin course.</p> <p>She shared further detail to the Excellence in Admin portfolio noting that a copy of the booklet had been provided to all Board members. The programme had received positive feedback and she updated on the future focus to maintain viability and increase the perceived value of the profession.</p> <p>Laura Stroud updated on the change of terminology being adopted within the UoL to describing administrative roles as 'Professional Services' and Keely Townend updated on the branding work that had taken place within the Trust, with a desire for administration staff to feel proud of their profession and their choice to retain their job titles.</p> <p>The Board received and noted the update.</p> <p>Keeley Townend, Jane Barratt, Hymesha Williams-Crockwell and David Goulding exited the meeting.</p>	
14.5	Workforce Committee Terms of Reference	
	The Board received a verbal update that the Workforce Committee's ToR required one amendment (the removal of James Goodyear, Director of Strategy as a member) which was approved and would be updated in Standing Orders.	
	Items for Information	
15.1	BLUE BOX ITEM - Forward Planner	
	The Board Forward Planner was provided in the Blue Box for information and was received and noted.	
15.2	BLUE BOX ITEM – West Yorkshire ICB	
	Copies of the reports presented at the WY ICB meeting were provided in the Blue Box for information. Prof Phil Wood suggested that at future meetings more time be allowed to focus on the activity of each organisation to understand why the Board was receiving these papers.	Phil Wood/ Jo Bray
16	Standing Agenda Items	
	Risk	
	There were no items arising from the meeting for escalation to the CRR.	
	Legal Advice	
	There were no items arising from the meeting that warranted the consideration of legal advice.	
	Regulators - CQC or NHS England, ICB/Place issues	

	There were no items arising from the meeting for escalation to the Trust's regulators.	
	Communications	
	The Board noted the communications that would be circulated in regard to the confirmed advancement with the BtLW programme. It was also confirmed that a summary of the Board meeting would be included within the 'Our Week' newsletter to all staff.	
17	Review of Meeting and Effectiveness	
	No comments of the meeting effectiveness were raised in the meeting however and follow-up comments were welcomed via email.	
18	Any Other Business	
	No other business was discussed.	
	Date of next meeting: Thursday 27 July 2023 (SJUH)	

DRAFT