



DRAFT MINUTES OF THE PUBLIC BOARD MEETING
Thursday 27 July 2023, 9.30am

Hybrid Meeting: Seminar Rooms 2 (099) and 3 (096), Gledhow Wing, SJUH with an MS Teams option for speakers

Present:	Linda Pollard	Trust Chair
	Mark Burton	Associate Non-Executive Director (via MS Teams)
	Helen Christodoulides	Interim Chief Nurse
	Suzanne Clark	Non-Executive Director (via MS Teams)
	Phil Corrigan	Non-Executive Director
	James Goodyear	Director of Strategy
	Joanne Koroma	Associate Non-Executive Director
	Jenny Lewis	Director of HR & Organisational Development
	Hamish McLure	Interim Chief Medical Officer
	Georgina Mitchell	Associate Non-Executive Director
	Chris Schofield	Non-Executive Director
	Amanda Stainton	Associate Non-Executive Director
	Laura Stroud	Non-Executive Director
	Gillian Taylor	Non-Executive Director
	Craige Richardson	Director of Estates and Facilities
	Prof Phil Wood	Chief Executive
	Rachel Woodman	Associate Non-Executive Director
	Simon Worthington	Director of Finance
In Attendance:	Jo Bray	Company Secretary
	Andy Bennet,	Head of Nursing, CAH (for agenda item 4) (via MS Teams)
	Craig Brigg	Director of Quality (for agenda item 12.2)
	Mike Harvey	Deputy Chief Operating Officer
	Stuart Haines	General Manager, Corporate Medical (for agenda item 13.2)
	Vickie Hewitt	Trust Board Administrator
	Karen Sykes	Head of Safeguarding (for agenda item 12.3)
	John Speight	Deputy Chief Digital and Information Office
	Rachel Urwin	Dermatology Consultant (for agenda item 4) (via MS Teams)
	Jane Westmoreland	Associate Director of Communications
Observing:	Camelia Khoshehchin	General manager, CEO Office
	Esther Wakeman	Chief Executive, Leeds Hospitals Charity
Apologies:	Mike Baker	Non-Executive Director
	Paul Jones	Chief Digital and Information Officer
	Clare Smith	Chief Operating Officer
	Bob Simpson	Non-Executive Director

Agenda Item		ACTION
1	Welcome and Introductions	
	<p>The Trust Chair welcomed members to the meeting and in addition welcomed John Speight, Deputy Chief Digital, and Information Officer (CDIO) (who was attending on behalf of Paul Jones) and Mike Harvey, Deputy Chief Operating Officer (COO) (who was attending on behalf of Clare Smith).</p> <p>She welcomed Esther Wakeman, CEO, Leeds Hospitals Charity and Camelia Khoshehchin, General Manager as observers to the meeting and also welcomed members of the public.</p>	
2	Apologies for Absence	
	Apologies for absence were received from Mike Baker, Bob Simpson, Clare Smith, and Paul Jones.	
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	Patient Story – Donald’s Story	
	<p><i>In attendance;</i> <i>Rachel Urwin, Dermatology Consultant and Andy Bennet, Head of nursing, CAH</i></p> <p>Helen Christodoulides introduced the patient story video which shared Donald’s Story who was a patient who had a severe version of Rhinophyma, a benign dermatological condition of the nose, and his experience of treatment; https://youtu.be/a_URXioHuyY</p> <p>Georgian Mitchell explored the treatment interventions and timelines for treating illnesses such as these with further detail provided by Dr Rachel Urwin; in this instance the patient had experience accelerated growth after a fall which had led to a concern of a possible tumour which had triggered the request for a biopsy to be performed.</p> <p>Laura Stroud reflected on the transformation this procedure had enabled in the individual’s life, and also noted the evidence of the communication from the Team highlighting the video as a positive of this example of holistic care recognising it was often easy to lose sight of these procedures against the complexity and scale of the Trust.</p> <p>It was agreed that a letter would be circulated to Donald to thank him for sharing his story and the Board received the update.</p> <p>Rachel Urwin and Andy Bennet exited the meeting</p>	<p>Jo Bray/ Linda Pollard</p>
5.1	Draft Minutes of the Last Meeting	

	<p>The draft minutes of the last meeting held 25 May 2023 were confirmed to be a correct record subject to the following amendments:</p> <ul style="list-style-type: none"> • Section 11.1 (after YouTube link) - invited not appointed; and was part of discussion (national ambassador) – not UoL led • Section 5.1 – typo correction; ‘lase’ to ‘last’ • Section 11.1 – typo correction ‘underlaying’ to ‘underlying’ • 11.2 – typo corrections ‘stands’ to ‘strands’ and ‘colleges’ to ‘colleagues’ 	Vickie Hewitt
6	Matters Arising	
	There were no matters arising listed on the agenda and none were raised during the meeting.	
7	Review of the Action Tracker	
	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 highlighted the detail within her report and in addition updated on the VIP visit the Trust had hosted the previous day on behalf of the ICB. She formally thanked all involved in supporting this meeting.</p> <p>She highlighted the recent Time to Shine Awards and was positive of the event to thank and celebrate achievements of our staff.</p> <p>In addition, she sought endorsement for the following item taken under Chair’s Action:</p> <ul style="list-style-type: none"> • Approval was granted for the Business Case to mitigate the impact of a data centre closure (reported previously to the Board workshop, noting the sensitivity of this within the public domain due to cyber risk). The DIT Committee had fully explored the audit and options appraisal for mitigations. • Approval was granted to the Trust endoscope maintenance contract due to the contract dates. • Chairs Action had been taken to support the two separate occasions, since the last Board meeting, of industrial action by junior doctors. • Chairs Action was taken to commence the process to refund a maximum of £1.8m to staff to resolve the national VAT issue associated with the NHS Lease Car Scheme. <p>The Board received the report and confirmed its endorsement of the items taken under Chairs Action.</p>	
9.1	Chief Executive’s Report	
	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>Prof Phil Wood updated on the appointment of Dr Magnus Harrison to the Chief Medical Officer vacancy who would be joining the Trust in October 2023.</p> <p>Post meeting note; update that the CMO post now due to commence from 18 September 2023.</p> <p>He updated that steady improvements and stabilisation were beginning to be seen against performance of the constitutional standards, reminding of the Trust strategic priorities, and commending the effort by Teams.</p> <p>He highlighted the celebratory events that had taken place as part of the NHS 75th anniversary and also highlighted the Time to Shine Awards, noting this had been the first in person event since the pandemic. He thanked those who had sponsored the awards and shared the positive feedback on the event from staff.</p> <p>The Board received and noted the report.</p>	
9.2	BLUE BOX ITEM – Leeds Committee of the WY ICB; 5 July 2023	
	The reports presented to the WY ICB Leeds Committee meeting on 5 July 2023 were provided in the Blue Box for information and were received and noted.	
10	Risk	
10.1	Current Operational Pressures	
	<p>Prof Phil Wood reported against the ongoing significant demand within the hospital and noted the update that had been provided to the Board within its Workshop meeting.</p> <p>He referenced the Integrated Quality and Performance Report (IQPR) at agenda item 12.1 and the progress that could be seen in stabilising the ECS performance and patient flow across the organisation; with subsequent improvements to bed occupancy across the City.</p> <p>He reported on the progress being made against elective activity, recognising that patients were still waiting too long for treatment however also highlighting the zero position for 104 week waits (ww) and noting the Trust was on trajectory to eliminate 78ww by the end of March 2024. He was mindful of the specialist treatments that the Trust performed and lack of alternative suppliers; progress was a testament to teams.</p> <p>He noted the further industrial action planned for August and provided assurance of the Trusts preparation and planning; and supporting staff through this.</p> <p>He updated that the Board had received an assurance update that morning on the planning process and preparation for winter which would continue to take shape over the coming weeks.</p>	

	<p>He reported that workforce resilience was a continued focus for the Trust; recognition of the challenges faced by staff both internal and external to the work environment.</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 that the Trust was carrying risk across a variety of professions, with reference to the operational overview provided at the earlier agenda item.</p> <p>He highlighted the review of the Infection Prevention and Control (IPC) associated risk which remained a focus across the organisation and was included within the annual commitments; noting the regular assurance updates provided through the Quality Assurance Committee (QAC).</p> <p>He highlighted the ongoing work taking place to provide efficient services and to achieve the financial position for coming year.</p> <p>The Board received and noted the report.</p>	
10.3	BLUE BOX ITEM – Leeds Committee of the WY ICB (Risk Register)	
	The WY ICB Leeds Committee Risk Register was provided in the Blue Box for information and was received and noted.	
10.4	Board Assurance Framework	
	<p>The report provided an update on the Board Assurance Framework (BAF) following review of the Trust's strategic priorities, multi-year goals and annual commitments 2023/24, and review of the risk categories and risk appetite statements, published in March 2023.</p> <p>James Goodyear updated of the review of the BAF to align with the 2023-24 annual commitments and updated Risk Appetite Framework.</p> <p>He referenced the BAF discussion at the Board Timeout on 29 June 2023 and confirmed that comments had been incorporated with the report here today for assurance of management of strategic risks.</p> <p>The Board received the report and confirmed its endorsement of the BAF.</p>	
11	Assurance from Committees	
	Quality Assurance Committee	
11.1(i)	Chair's Summary Report	
	The report provided an overview of significant issues of interest to the Board, highlighted key risks discussed, key decisions taken, and key	

	<p>actions agreed at the Quality Assurance Committee (QAC) meeting held 22 June 2023.</p> <p>Laura Stroud referenced the central focus of the Committee on patient experience with the wrap-around of quality and safety and triangulating information with the safety culture within the Trust.</p> <p>She shared that the Committee had started with a patient story video on the use of suitcases packed with information and resources to welcome Down syndrome babies, reporting this programme had started from a patient initiative and supported the open culture of the Trust, with evidence that the Trust flexed and responded to patient need.</p> <p>She shared that the Committee had reviewed the Quality Account (which was approved by the Board and published in July and available to view: Quality Accounts (leedsth.nhs.uk)) and was positive of the use of infographics to bring the information alive.</p> <p>She informed that the Committee had received an assurance deep-dive of the IPC position as well as receiving the IPC Annual Report; the Committee had noted the enthusiasm that the small Team were embracing the challenges with. The Team had sought support for an App which would enable greater IPC support to staff and the Committee recognised the benefits of this and encouraged further exploration of this.</p> <p>The Committee had also reviewed the complaints position (with the Complaints Report to be received later in the Board agenda) and Helen Christodoulides noted she had met with several NED colleagues to explore lessons from other regulated sectors and how the Trust could look at complaints differently to support the achievement of its internal targets.</p> <p>The Board received the report and noted the assurances received by the QAC.</p>	
11.1(ii)	BLUE BOX ITEM – Annual Report Learning Disabilities & Autism	
	The 2022-23 Annual Report on Learning Disabilities and Autism were provided in the Blue Box for information and were received and noted.	
11.1(iii)	BLUE BOX ITEM – IPC Annual Report	
	The 2022-23 IPC Annual Report was provided in the Blue Box for information and was received and noted.	
	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 5 July 2023.</p> <p>Amanda Stainton updated that the Committee had commenced with a patient story on equality, diversity and inclusion and had highlighted work taking place in the Outpatients CSU.</p>	

	<p>The Committee had reviewed the NHS Long Term Workforce Plan, noting the three key strands and receiving assurance the Team were distilling this content with a view to report back to the Committee with a framework for LTHT and Leeds Place to assess where opportunities and risk were.</p> <p>The Committee had reviewed the impact of the national pay award and commended the response from the payroll Team on swift implementation. They had also received the Annual Report on disciplinary action and received strong assurance on activity in this area with some further actions agreed.</p> <p>An update had been received on the NHSE Scope for Growth pilot with positive responses from staff and recognition to the importance of this process to spot talent within the business.</p> <p>The Committee had received an update on the HR metrics that were included within the IQPR with a summary of the key highlights included within the report.</p> <p>She noted that the Committee was provided with an update and assurance on the action plans related to the Workforce Disability Equality Standard (WDES) and Workforce Race Equality Standard (WRES) data. They had been informed that NHSE had produced an Equality, Diversity and Inclusion (EDI) Improvement Plan, and that the Trust would be required to provide evidence against six high impact actions by October 2023 which were listed at page 6 and noting the activity for the Board in this area.</p> <p>The Board received the report and noted the assurances received by the Workforce Committee.</p>	
	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 24 May and 28 June 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 26 June 2023	
	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>She updated on the continued focus on the Trusts financial position noting that a number of deep dives had been received and strong assurance of the management via the Executive Team.</p> <p>She noted the operational summary that had been provided at agenda item 10.1 and confirmed that the Committee continued to receive oversight and seek assurance against the recovery actions against the constitutional standards.</p> <p>She informed that the Committee had trialled the use of a patient story at its July meeting which had been on the use of VR Technology which had realised both patient and financial benefits.</p> <p>The Board received and noted the update.</p>	
11.3(iii)	BLUE BOX ITEM –Sustainability Annual Report	
	The 2022/23 Sustainability Annual Report was provided in the Blue Box for information and was received and noted.	
	Audit Committee	
11.4	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 27 June 2023.</p> <p>Suzanne Clark explained that the meeting had focussed on reviewing the end of year documentation and Annual Accounts, noting that these were approved by the Board on 29 June 2023.</p> <p>The Committee had commended the Finance Team for the quality of the accounts and noted Trust had achieved a modest surplus despite in year challenges.</p> <p>The Board received and noted the report.</p>	
	Research and Innovation Committee	
11.5(i)	BLUE BOX ITEM – Chairs Report (23 May 2023)	
	The Research and Innovation (R&I) Committee Chairs report of the meeting held 23 May 2023 was provided in the Blue Box for information (noting the verbal update that was provided during the May Board meeting).	
11.5(ii)	Chairs Summary Report (4 July 2023)	
	<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 R&I Committee meeting held 4 July 2023.</p> <p>Chris Schofield noted the detail within the report and was mindful that the Committee was still maturing as an assurance committee.</p> <p>He reported of the planned merger in the autumn of the R&I Committee with the Innovation District Committee in recognition that two agendas complimented one another and stronger assurance.</p> <p>The Board received and noted the report.</p>	

12	Quality and Performance	
12.1(i)	BLUE BOX ITEM – Integrated Quality and Performance Report	
	<p>The IQPR was provided in the Blue Box for information with comments and queries welcomed (noting the assurance sought through the Board Committee structure on each of the metrics).</p> <p>Mark Burton noted the improvements against the Emergency Care Standard (ECS) and questioned if the change in performance over the last six months was related to industrial action. He also questioned how quickly the Trust was anticipating the Patient Flow Transformation Programme to have an impact on the situation. Responding, Mike Harvey explained that sustained progress had been seen against the ECS which was attributed to the various active improvement programmes. The biggest enabler had been the reduction in bed occupancy; reduced to 95-96% (noting that had been over 100%) which had enabled more flexibility within the organisation, and it was hoped that this could be sustained through winter.</p> <p>Chris Schofield questioned how much of this improvement was driven from the wider external system with Mike Harvey providing further detail; it was confirmed that the majority of patients were impacted from barriers in the community and work was taking place across the system to utilise resources more effectively. The Trust Chair updated on the collaborative working between the Trust and Leeds Community Healthcare including on initiatives such as the virtual wards and discharge initiatives. She reflected that joint Teams were working well together however there was a need for continued focus and support to the leadership Teams.</p> <p>Against admissions avoidance she noted the emphasis on this across Place however was mindful of the workforce challenges and commented on the investment in training for this sector.</p> <p>The Board received and noted the report.</p>	
12.2	Complaints Annual Report	
	<p><i>In attendance:</i> <i>Craig Brigg, Director of Quality</i></p> <p>The Complaints Annual Report was presented for assurance and to provide an update that summarised Trust activity and performance in relation to complaints and PALS (Patient Advice and Liaison Service) during Q3 and Q4 2022/23. [Complaints and PALS activity and performance during Q1 and Q2 2022/23 and associated improvement work was reported to the Trust Board in March 2023].</p> <p>Helen Christodoulides noted the review of the report content through the QAC, and also thanked NED colleagues for the additional conversations that had been held to explore suggestions for improvement against the Trusts internal standards from other regulated sectors.</p>	

	<p>Craig Brigg reiterated the assurances provided via the QAC and explained that whilst the Trust was achieving the nationally set six month standard it was experiencing challenges in achieving the timelines of its internally set 20,40 and 60 day standards. He updated that the Trust was using QI methodology to identify and remove barriers within the process to support achievement of these timelines.</p> <p>He highlighted changes to the leadership and review stages which had been streamlined to allow for a model of autonomy for those CSU's who demonstrated their capability noting some CSUs would continue to receive increased targeted support. He reported the encouragement for services to hold face-to-face meetings with the complainant and informed that the arranging of this meeting had been removed out of the local standards (due to the time delays it could take to arrange a convenient date for all). These meetings would still be maintained and a new standard to ensure that a write up of the meeting output was provided within five days introduced. This was anticipated to improve both the patient experience and performance against the internal standards.</p> <p>This was supported by the Board, however they also requested that this transition be monitored closely, to provide assurance that there were not any unintended consequences associated with this change.</p> <p>Suzanne Clark reflected on the volume of complaints that quoted communications as a concern and updated on the agreement via NEDs colleagues to reinforce the importance of clear communication through the Leadership Walkround Programme. Craig Brigg confirmed that this would be picked up in the associated paperwork to support this.</p> <p>Laura Stroud was positive of the report and the consideration from the Trust on what it could do differently to make improvements. She reflected on the triangulation of complaints data with other data sources and Prof Phil Wood was mindful of the human factors and the pressures that staff were under.</p> <p>The Board received and noted the report.</p> <p>Craig Brigg exited the meeting</p>	Craig Brigg
12.3	Safeguarding Report	
	<p><i>In attendance:</i> <i>Karen Sykes, Head of Safeguarding</i></p> <p>The Safeguarding Annual Report provided a summary of the key issues and activity in relation to the Trust's safeguarding Teams during 2022/2023 and sought to provide assurance to the Trust Board and external agencies to evidence the Trust had discharged its statutory duties in relation to safeguarding</p>	

	<p>Karen Sykes noted the deep dive that had been provided through the QAC and noted the information presented to the Board Workshop that morning. She confirmed that the Trust was meeting, and in some cases exceeding, its statutory duties and continued to be an active safeguarding partner within the City.</p> <p>She reported there had been an increase in referrals and noted that the local themes mirrored the national and regional picture. This increase in referrals also offered assurance that clinical Teams were active in their safeguarding responsibilities and evidence of their commitment and drive.</p> <p>She noted there had been challenges in sustain training compliance for staff, particularly given the operational pressures and the team was exploring alternative ways to deliver the required training that may be more accessible to staff.</p> <p>She was mindful that Safeguarding was a reactive area that could be challenging for measurable outputs however update on the A&E Navigator role that had been introduced to work with young people who had been a victim of or involved in violent crime which was having a positive impact.</p> <p>Laura Stroud reflected on the increase in referrals that was being reflected nationally and questioned if there was any central lobbying for further resources which the Board explored in more detail. Karen Sykes informed that she had recently met with the Domestic Violence Lead for England who was championing for more input and resource. She continued that the expertise and identification of cases was often with clinical Teams and updated on the continued support provided to them. Laura Stroud updated that the QAC had suggested exploring which initiatives could lend them self to a publishable case study which may support an increase in finding or resources.</p> <p>The Board received the report and confirmed it assurance that the Trust was meeting its statutory safeguarding duties and was following good practice.</p> <p>Karen Sykes exited the meeting</p>	
<p>12.4</p>	<p>Bi-annual Review of Nurse Staffing – Phase 11</p>	
	<p>The report sought to provide assurance that the Trust was fully compliant with national safer staffing regulations, policy, and speciality guidance.</p> <p>Helen Christodoulides drew attention to the detail within the report which provide a summary and the outcome of the Safer Nursing Care Tool (SNCT) audit results for Nursing (Adult & Children inpatient areas and Emergency Departments) undertaken February 2023; the peer assessment against Care Hours Per Patient Day (CHPPD) and the bi-</p>	

	<p>annual establishment setting review for Nursing and Midwifery completed in April 2023.</p> <p>She expanded on the use of evidenced based tool and professional judgement, triangulated with patient outcomes to inform the outcomes, and also noted the regular assurance updates on safer staffing provided to the QAC.</p> <p>She highlighted that there were two areas where the staffing establishment was below the SNCT recommendation both within the Children's CSU; she explained that this shortfall had been there consistently since the introduction of the tool and work was taking place within the CSU to grow their establishment.</p> <p>She guided the Board through the data graphs included within the report confirming there were no items for concern or escalation. She noted that the Maternity Birthrate Tool was required to receive an external review every three years and updated that the Trust was scheduling this to take place in the Autumn.</p> <p>The Board received and noted the report.</p>	
12.5	Nursing and Midwifery Annual Report	
	<p>Helen Christodoulides introduced a video which provided an update on progress against the objectives described within the Nursing and Midwifery Strategy; https://www.youtube.com/watch?v=vUy4LL3qVXE</p> <p>Georgina Mitchell shared that she had recently attended a Leadership Walkround and was positive that all the areas mentioned in the video had been mentioned by staff or seen first hand which was good triangulation.</p> <p>The Board received and noted the update.</p>	
13	Strategy and Planning	
13.1	Building the Leeds Way	
	<p>The report provided an update on delivery of the Trust's investment plans and specifically progress to deliver the BtLW programme plan.</p> <p>Simon Worthington reported on the progress against the Pathology Laboratory build with construction works complete and on schedule to open on 26 September 2023.</p> <p>He referenced the formal announcement from the Centre in May 2023 which had confirmed that LTHT could progress with the BtLW programme, and he updated that the Team was currently completing the required submissions for the New Hospitals Programme (NHP) to take the design forward which was anticipated to conclude towards the end of financial year.</p> <p>The Board received and noted the report.</p>	
13.2	Learning, Education and Training Strategy	
	<i>In attendance:</i>	

	<p><i>Stuart Haines, General Manager, Corporate Medical</i></p> <p>The Learning, Education and Training (LET) Strategy was presented for approval.</p> <p>Stuart Haines introduced the final version of the LET Strategy, noting that the Board had had chance to comment on the draft document. He commented on the use of the video for the N&M Annual Strategy Update and suggested that his Team would explore if they could report progress in a similar format in future years.</p> <p>He highlighted the detail within the Strategy and commented on the growing profile of LET. He shared that there were various partners and internal staff involved in the delivery of LET noting education was a key component of exceptional companies and a need to be at the forefront of this.</p> <p>Suzanne Clark was positive that the Board feedback from the draft review had been incorporated into the final Strategy (with a focus on general learners rather than a subset of staff).</p> <p>The Trust Chair asked that a copy of the Strategy be shared with partners and also asked that a formal thanks be given back to the Team.</p> <p>The Board received the report and confirmed its approval of the LET Strategy.</p> <p>Stuart Haines exited the meeting</p>	Stuart Haines
13.3	Clinical Services Strategy	
	<p>The Clinical Services Strategy was presented for approval.</p> <p>James Goodyear explained that this Strategy brought together various contributions from a number of specialties and included the output of the CSU biannual reviews of their plans and aspirations. This information along with an MDT Task & Finish Group, and input from the Board Timeouts had produced the overarching for the future state of clinical services. This included key principles for service development, development of a permissive framework and how they could contribute to annual goals.</p> <p>He confirmed that the Patient Experience Representative Group had had the opportunity to input into the Strategy and described the support been sought today.</p> <p>The Board received the report and confirmed its approval of the Clinical Services Strategy.</p>	
14	Governance and Regulation	
14.1	Insurance for Directors	

	<p>The report provided an overview of the insurance arrangements in place for Directors.</p> <p>Jo Bray highlighted the detail within the report and noted the insurance arrangements in place which would cover directors on the proviso they had acted honestly and in good faith. The Trust Chair also reminded the NEDs that business cover was required on their car insurance if they were to submit travel expenses from the Trust. Chris Schofield summarised that members of the Board were covered by the insurances set out in the report with the exception of fraudulent activities.</p> <p>The Board received and noted the report.</p>	
14.2	Senior Independent Directors' Report on Chairs Appraisal	
	<p>The report provided assurance to the Board and the public that the Senior Independent Director (SID) had carried out his duties, as set out in NHSE/I Chairs Competency Framework and to confirm the Chair's appraisal summary had been submitted to NHSE.</p> <p>Chris Schofield noted the assurances within the report that the Trust Chair had undergone her appraisal which had included 360 degree feedback and thanked those who had provided this. He confirmed that all paperwork had been submitted to NHSE prior to the deadline submission.</p> <p>The Board received and noted the report.</p>	
	Items for Information	
15.1	BLUE BOX ITEM - Forward Planner	
	<p>The Board Forward Planner was provided in the Blue Box for information and was received and noted.</p> <p>It was noted that several of the Committee's Terms of Reference would be updated in advance of the next meeting to reflect NED membership changes.</p>	
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 discussion for escalation to the Trust's regulators	
	Communications	
	There were no specific areas highlighted that required additional communications.	
17	Review of Meeting and Effectiveness	
	Comments on the meeting review and effectiveness were welcomed via email.	
18	Any Other Business	

	No other business was discussed.	
	Date of next meeting: Thursday 28 September 2023	

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