

## DRAFT MINUTES OF THE PUBLIC BOARD MEETING

Thursday 28 September 2023

Biomedical Research Centre Meeting Room, Chapel Allerton Hospital

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| <b>Present:</b>       | Chris Schofield       | Non-Executive Director ( <b>Chair of the meeting</b> )                                    |
|                       | Mike Baker            | Non-Executive Director (exited at agenda item 12.2)                                       |
|                       | Mark Burton           | Associate Non-Executive Director  |
|                       | Helen Christodoulides | Interim Chief Nurse   |
|                       | Suzanne Clark         | Non-Executive Director  |
|                       | James Goodyear        | Director of Strategy  |
|                       | Magnus Harrison       | Chief Medical Officer (exited at agenda item 11.2(i) and re-joined at agenda item 12.2)   |
|                       | Paul Jones            | Chief Digital and Information Officer   |
|                       | Jenny Lewis           | Director of HR & Organisational Development   |
|                       | Georgina Mitchell     | Associate Non-Executive Director  |
|                       | Bob Simpson           | Non-Executive Director  |
|                       | Clare Smith           | Chief Operating Officer (exited at agenda item 11.2(i) and re-joined at agenda item 13.2) |
|                       | Amanda Stainton       | Associate Non-Executive Director  |
|                       | Laura Stroud          | Non-Executive Director (exited at agenda item 11.4)                                       |
|                       | 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   |
| <b>In Attendance:</b> | Jo Bray               | Company Secretary   |
|                       | Hamish McLure         | Former interim Chief Medical Officer  |
|                       | Vickie Hewitt         | Trust Board Administrator   |
|                       | Camelia Hughes        | Corporate General Manager   |
|                       | Jane Westmoreland     | Associate Director of Communications  |
| <b>Observing:</b>     | Breeda Columb         | Interim Deputy Chief Nurse  |
|                       | Esther Wakeman        | Chief Executive, Leeds Hospitals Charity  |
| <b>Apologies:</b>     | Linda Pollard         | Trust Chair   |
|                       | Phil Corrigan         | Non-Executive Director  |
|                       | Joanne Koroma         | Associate Non-Executive Director  |

| Agenda Item |   | ACTION |
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| 1           | <b>Welcome and Introductions</b>  |        |
|             | <p>Chris Schofield, Deputy Chair welcomed Board members to the meeting and in addition welcomed those members of the public who were observing. He explained that the Trust Chair had a family matter to deal with and as one of the Deputy Chairs of the Trust he would Chair the meeting.</p> <p>He formerly welcomed Magnus Harrison, Chief Medical Officer as a new member of the Board.</p>  |        |
| 2           | <b>Apologies for Absence</b>  |        |
|             | <p>Apologies for absence were received from Linda Pollard, Phil Corrigan, and Jo Koroma, and in addition, it was noted that Laura Stroud would be exiting the meeting at 3.15pm.</p> <p>It was also noted that Magnus Harrison and Clare Smith would be stepping out of the meeting at 3.30pm to respond to an operational issue.</p>   |        |
| 3           | <b>Declarations of Interest</b>   |        |
|             | <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           | <b>Patient Story – James’s Story;</b>   |        |
|             | <p>Chris Schofield introduced the patient story and shared that this video had resonated with him as it had highlighted the different care needs of individual patients from different services and different organisations but also that it was the little things that often made a difference in a patient’s journey. The story showcased listening to patients and or their careers as their insight and experiences provide valuable information to base future care and interaction.</p> <p>The video shared James’s story and was available to view via the following link: <a href="https://www.youtube.com/watch?v=fy9u9NgIayk">https://www.youtube.com/watch?v=fy9u9NgIayk</a></p> <p>Jenny Lewis reflected on the challenges of car parking across some of the Trust sites and the impact on patients but also to staff. The story had shared the anxiety of locating the Trust as a Tertiary Centre, along with accessible car parking and pressure of not wanting to be late for appointments. Clare Smith commented on the location of the new Children’s Hospital (as part of the Building the Leeds Way (BtLW) programme) in the City Centre and the car parking places within this which would be beneficial for access.</p> <p>Mike Baker recognised this as a good example of how service users could support and inform future service design and reiterated the importance of the Board listening to patient feedback on what works within service pathways and what did not.</p> |        |

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|            | The Board received the update, and it was confirmed that a letter of thanks would be distributed to the video contributors.   | Chris Schofield/<br>Jo Bray |
| <b>5.1</b> | <b>Draft Minutes of the Last Meeting</b>  |                             |
|            | The draft minutes of the last meeting held 26 July 2023 were confirmed to be a correct record.  |                             |
| <b>6</b>   | <b>Matters Arising</b>  |                             |
|            | <p>There were no matters arising listed on the agenda however Jo Bray informed that several queries had been raised by a member of the public in advance of the meeting. She confirmed that a comprehensive written response had been provided to the individual who had raised these questions, however they would also be addressed within the Public meeting for transparency and accountability purposes</p> <p>Chris Scofield commented that he had seen the questions and that they were predicated on either the level of care or the level of staffing being inadequate and said that the Trust was not in a position to make any form of admission on either point and any response to these questions were given on that basis. Chris Schofield asked Magnus Harrison to provide a verbal summary of the assurances provided against each question raised:</p> <p>The first been in relation to the fragility of the neonatal workforce rotas. Magnus Harrison informed the Board that the CSU and Executive Team was sighted on this risk and mitigations were in place through the use of Multi-Disciplinary Teams and recorded on the CSU risk register.</p> <p>The second question asked when full cover would be re-established and Magnus Harrison explained that this would take time, referencing the wider pressures within NHS recruitment however updating that funding had been agreed for a further six consultants to support the Team with successful appointments made to three positions so far taking the WTE consultant cover for the service to 14.</p> <p>The third question pertained to the controls in place to manage safety during periods of low staffing cover and Magnus Harrison outlined the perinatal review tools in place which were supported through external reviews and a wider reporting structure.</p> <p>In addition to these responses, Laura Stroud highlighted the assurances on quality and safety that were sought and explored through the Quality Assurance Committee (QAC) and its sub-Committees and confirmed she would share further detail during the QAC Chairs update agenda item.</p> <p>Prof Phil Wood commented on the importance of and the culture of learning lessons and listening to clinicians and service users.</p> <p>The Board noted the response and update provided, and confirmed its assurance that an appropriate response had been submitted.</p> |                             |
| <b>7</b>   | <b>Review of the Action Tracker</b>   |                             |
|            | The action tracker was reviewed, and progress noted.  |                             |

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| <p><b>8</b></p>   | <p><b>Chair's Report</b></p> <p>The report provided an update on the actions and activity of the Trust Chair since the last Board meeting.</p> <p>Chris Schofield highlighted the detail within the written report and in addition noted the detailed discussion within the Board Workshop that morning regarding the Letby verdict and the controls in place within LTHT and reaction from leaders with a number of workstreams coming out of this to review our own processes and assurances.</p> <p>He highlighted the Ministerial visit to the new Pathology Laboratory, which demonstrated strong evidence of delivery to support LTHT reputation.</p> <p>He drew attention to the items taken via Chairs Action which were seeking endorsement from the Board:</p> <ul style="list-style-type: none"> <li>• Chairs Action was granted on 17 August 2023 to approve the sign-off of an Urgent Decision Memorandum in relation to the Wharfedale Theatres, which required the signatures of the Chair and Chief Executive. This was supported by Gillian Taylor, Deputy Chair and Suzanne Clark, Chair of the Audit Committee. As this related to an amendment to Wharfedale Hospital this also required an amendment to the PFI legal documentation. Appendix A of the report set out the draft of the minute from the Board meeting and this agenda item to fully endorse this action and be supplied to the legal representatives of the Trust and the PFI funders.</li> <li>• Chairs Action was granted on 18 September 2023 to approve the Outline Business Case to progress to NHSE for funding to support the development of additional theatres at Chapel Allerton Hospital. Submission dates had been determined by NHSE and to meet NHSE approval deadlines. The OBC could not be re-presented to the Finance and Performance Committee (F&amp;P) and Board, noting an increase in cost of £2M now taking the programme to just over £14M. This would be reported for retrospective assurance to the F&amp;P Committee meeting on 27 September. This action was supported by Linda Pollard, Trust Chair, Clare Smith, Deputy Chief Executive (acting as CE), Gillian Taylor, Deputy Chair and Suzanne Clark, Chair of the Audit Committee.</li> </ul> <p>The Board received the report and confirmed its endorsement of the items taken against Chairs Action.</p> |  |
| <p><b>9.1</b></p> | <p><b>Chief Executive's Report</b></p> <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 acknowledged the verdict of the Letby Trail which had been dominating the news headlines and provided assurance to the Public that the Board had held a robust discussion during its Workshop meeting that morning, which had confirmed that the Trust had robust escalation processes in place and that several workstreams had been highlighted for further action. He encouraged all staff (and patients) within the Trust to take action to speak up against any concerns.</p>  |  |

He outlined the delegated authority of the Board to its assurance Committees, each of which was Chaired by a Non-Executive Director (NED) to provide objectivity. He explained the scrutiny and challenge applied to the information received at these Committees (to provide assurance to the Board) with their duties determined by the Terms of Reference (ToR) and meeting effectiveness managed through recorded minutes, actions and policies.

He reported that during August the Centre had announced that an Independent Inquiry would be held into the Letby case, and he confirmed the Trust would be reviewing the learning which came out of this.

He commented on the ongoing industrial action taking place across the NHS and referenced the increased challenge of managing staffing during periods in which multiple groups of staff were on strike. He confirmed that the Trusts approach to planning and preparation was centralised around the Leeds Way values with patient safety a priority in all planning.

He updated on the new appointment of Rabina Tindale to the Chief Nurse role who would be commencing on 2 January 2024 and explained the interim arrangements in place with Jackie Murphy to hold the interim CNO role for a three month period to provide continuity. He thanked Helen Christodoulides for her support during her time as interim CNO. He formally welcomed Magnus Harrison to his role as Chief Medical officer (CMO) and thanked Hamish McLure for this support during his time in the post of interim CMO.

He reported that the Trusts Maternity Services had recently undergone a CQC inspection and had received an overall rating of Good with several areas of good practice highlighted.

He informed that NHSE had written to all NHS Trusts to ask them to review their estate for Reinforced Autoclaved Aerated Concrete (RAAC). He confirmed this exercise had been completed and could provide assurance that there was no RAAC within the LTHT estate.

He highlighted the ongoing winter vaccination programme which would be vital in supporting IPC within the Trust and was included within the winter planning process; delivered with partners and well developed process across the system.

He informed that both CAH and the LGI had been named as a National Joint Registry (NJR) Quality Data Provider 2022/23, which was a scheme to offer hospitals public recognition for achieving excellence in supporting the promotion of patient safety standards through compliance with the mandatory NJR data submission quality audit process.

He drew attention to the detail within the report of the City Home First programme and updated on the improvements within discharge pathways and in reducing Length of Stay (LoS) within the acute sector.

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|         | <p>He highlighted the opening of the LGI Acute Laboratory and the SJUH Pathology Laboratory which would both enable the delivery of modern healthcare for patients.</p> <p>He noted the narrative at section 3 of the report which provided further detail to the Trust research activity and ambition, and also drew attention to the activity at section 4 of the work the Trust was doing to support and develop its people. He highlighted the Launch by NHSE of the ‘Sexual Safety in Healthcare – Organisational Charter’, which was designed to support and ensure that all those who work, train and learn within the healthcare system have the right to be safe at work.</p> <p>He noted the Consultant appointments at section 6 which he had approved under delegated authority, seeking endorsement from the Board.</p> <p>Gillian Taylor was positive of the inroads that had been made across the Trust and wider system in reducing LoS. She shared that during the Board Lunch and Learn visits she had the opportunity to visit a ward area and had been able to speak to staff directly on the work they were doing in their area to reduce LoS and their recognition of the pay-off of strategic initiatives.</p> <p>The Board received and noted the report and endorsed the Consultant appointments.</p>   |  |
| 11      | <b>Assurance from Committees</b>   |  |
|         | <b>Quality Assurance Committee</b>   |  |
| 11.1(i) | <b>Chair’s Summary Report</b>  |  |
|         | <p>The report provided an overview of significant issues of interest to the Board, highlighted key risks discussed, key decisions taken, and key actions agreed at the Quality Assurance Committee (QAC) meeting held 14 September 2023.</p> <p>Noting the comments on the Letby Verdict during the CEO’s update, Laura Stroud expanded on the role of the QAC in providing assurance to the Board on the scrutiny of safety and quality governance. She explained how the Committee used data provided and triangulated this to quality measures and staff or patient feedback to build up layers of assurance.</p> <p>She shared examples of the areas that the QAC routinely sought assurance on which included Freedom to Speak Up, Clinical Staffing, Patient Safety Incidents, Maternity, health inequalities, patient experience and performance dashboards. She noted that similar to the Board, the Committee commenced each meeting with a patient story which was aligned to a specific topic within the agenda; to share and reflect on first hand patient feedback. She stressed the importance of an open safety culture and for learning to come from this and shared the assurance she received as Committee Chair.</p> <p>She shared that at the previous meeting the Committee had received a patient story which provided information to members on living with chronic</p> |  |

pain and the Pain manual used by the service;  
<https://www.youtube.com/watch?v=dF4CnxRZBRY>

She highlighted the receipt of the Public Health report which had provided a progress update on the work across the Trust to deliver against health inequalities and the targets within the Public Health Strategy noting the further detail within her report.

She updated on the assurances received from the Patient Safety Incident and Never Events Report and noted the external source of assurance provided through the WYAAT Shared Learning Network meeting (whose meeting minutes were reported to the Committee). She noted that if any anomalies had been identified within the data this would have prompted a further deep dive.

The Committee had also received the Q4 2022/23 Learning from Deaths report which had provided assurance that the Trust had appropriate processes in place to report on and review patient deaths and ensure that lessons were being learned and improvements outlined. Within this the Committee had reviewed that latest Summary Hospital-level Mortality Indicator (SHMI) published in May 2023 which banded the Trust at 1.134 (up from 1.1312 in April 2023; however was within limits when broken down to individual sites The Hospital Standardised Mortality Ratio (HSMR) for March 2022 – February 2023 for LTHT was 113.7 (a decrease from 114.3) which was above the expected range. There were six potentially avoidable deaths identified in Quarter 4 2022/23.

Members discussed learning highlighted in the Lucy Letby trial and sought assurance on the Trust's mortality process for neonatology. It was advised that all neonatal deaths undergo a mortality review, coronial referral where appropriate and where a spike in deaths are noted scrutiny from external peers.

The Committee had received a deep dive into the Maternity Services and assurance of the risk management, safety and quality in the maternity service. Members were updated on the outcome of the CQC Maternity Inspection where the key lines of safe and well led were both rated as 'Good'. Areas of outstanding practice noted were the approach taken in health inequality, and the appointment of a Consultant Midwife, the development of the PLICs dashboard which supports focused improved outcomes, the end-to-end digital electronic maternity system and the dedicated Deputy Chief Midwifery Information Officer.

Assurance was received on the Trust compliance with seven IEA within the interim Ockenden report.

The Committee received assurance via the CQC Registration Annual Assurance 2022/23 report that the Trust's current registration status was registered with the CQC without conditions (compliant).

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|                  | <p>There has been no routine (planned) or responsive (unannounced) visits by the CQC in 2022/23. The Trust continued to engage with the CQC through monthly meetings to discuss a range of topics and themes identified by the Trust CQC Inspector.</p> <p>The Committee received an assurance report regarding industrial action and the impact on patient treatment, safety, and experience during periods of industrial action. The report summarised a detailed review of incidents, elective and outpatient cancellations, readmissions and complaints and PALs.</p> <p>Members were advised that readmission, complaints, and PALs would continue to be routinely monitored to ascertain if any statistically significant deteriorating trends in variation occur in future months. The Risk Team would continue to review incidents categorised as moderate harm and above at the Weekly Risk Management Review meeting, significant patient safety incidents would be escalated and discussed at the Weekly Quality Review meeting.</p> <p>The Committee had reviewed the Safe Staffing Workforce Report which triangulates key quality and staffing information for the period May and June 2023. Members discussed key points of the report in particular the action taken to mitigate red shifts and red flags and reviewed the hard truths data. In June 2023 the financial ledger showed that the Trust had a registered nursing, midwifery, and operating department practitioner vacancy of 484 WTE. The current Registered Nursing turnover rate was 6.53%. Recruitment to vacant posts remains a priority.</p> <p>Clare Smith noted the narrative on HCAI included within the report and raised to the Board that the Trust was an outlier in five of the six key areas; she reminded that HCAI was an annual commitment of the Trust, stressing there was a lot of work taking place to strengthen controls within CSU's; CSUs had been asked to complete a thematic analysis which would support the planning of additional interventions; provided assurance of the work and focus in this area; with good engagement resulting in improvements. Hamish McLure commented on the wider engagement work to ensure that HCAI prevention was the responsibility of all staff and not limited to the IPC and Medical Teams. This was echoed by Laura Stroud who noted in the previous HCAI update to the Committee the Housekeeping Teams had been highlighted for specific interventions to support their areas; thus had highlighted to the Committee that IPC was everyone's business.</p> <p>The Board received the point and noted the assurance received through the QAC.</p> |  |
| <b>11.1(ii)</b>  | <b>BLUE BOX ITEM – Learning from Deaths Report</b>   |  |
|                  | The Q2 Learning from Deaths report was provided in the Blue Box for information and was received and noted.  |  |
| <b>11.1(iii)</b> | <b>BLUE BOX ITEM – CQC Annual Assurance on Compliance</b>  |  |
|                  | The CQC Annual Assurance on Compliance report was provided in the Blue Box for information and was received and noted.   |  |



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| <b>10</b>      | <b>Risk</b>  |  |
| <b>10.1</b>    | <b>Current Operational Pressures</b>   |  |
|                | <p>Prof Phil Wood provided a verbal update to set context to the current operational pressures across the Trust.</p> <p>He reported that improvements within the bed occupancy position were beginning to be seen, along with incremental progress within the elective care and cancer performance recovery.</p> <p>He highlighted the continued reduction of the volume of Last Minute Cancelled Operations (LMCO) and was also positive that a range of other operational areas had remained in a stable position despite the ongoing pressures across the NHS.</p> <p>The Board received and noted the update.</p>  |  |
| <b>10.2</b>    | <b>Corporate Risk Register</b>   |  |
|                | <p>The Corporate Risk Register (CRR) was presented with an accompanying summary report providing an overview of developments. The Board was asked to consider, challenge, and confirm the correct strategy had been adopted and advice on any further risk treatment required.</p> <p>Prof Phil Wood highlighted the detail within the accompanying Risk Management Committee Chairs report. No additional risks had been added during the August and September meetings however the Committee had reviewed, and received updates on the mitigation plans, for several clinical risks as described within the report.</p> <p>He highlighted the positive progress in reducing the digital Redcentric risk and noted the further detail that had been provided to the Board workshop due to commercial sensitivity.</p> <p>He was positive of the cross-dialogue between the RMC and Board Assurance Committees, commenting on the escalation routes and triangulation of risk.</p> <p>The Board received and noted the report.</p> |  |
|                | <b>Workforce Committee</b>   |  |
| <b>11.2(i)</b> | <b>Chairs Summary Report</b>   |  |
|                | <p>The report provided an overview of significant issues of interest to the Board, highlighted key risks discussed, key decisions taken, and key actions agreed at the Workforce Committee meeting held 13 September 2023.</p> <p>Amanda Stainton updated that the Committee had commenced with a Staff Story which had related to Suicide Awareness Week. The stories shared had prompted wider discussions and reflections by the Committee on the importance of difficult conversations to support staff and the importance of listening. The vital role of the Mental Health First Aiders across the Trust was noted, and it was confirmed that increased guidance had been provided to help managers to support their staff. She encouraged anyone</p>  |  |

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|                 | <p>who was struggling to find the courage to speak out and seek the support that was available.</p> <p>The Committee had also reviewed the NHS Long-term Workforce Plan and had received assurance of the actions in place to align to this with oversight provided by the Workforce Committee, and she noted the additional detail that would be provided at agenda item 13.2.</p> <p>She shared that the Committee had also received an update, and assurance of the actions in place, to plan and respond to the ongoing industrial action, noting the further detail that had been provided to the Board during the Workshop meeting.</p> <p>She highlighted the Committee's review of the performance related metrics which were all in line with trajectory and included within the Board IQPR at agenda item 12.1</p> <p>She noted the inclusion of the Workforce Annual Report at agenda item 11.2(iii) and highlighted her reflections on this as Committee Chair included within the report.</p> <p>She continued that the Committee had received a number of deep dives against the Trusts People Priorities as described within the report and noted the further engagement that would take place with CSU Leaders at the Board Timeout in October 2023.</p> <p>The Committee had received the biannual Violence and Aggression Report and noted the inclusion of this report with at agenda item 11.2(ii).</p> <p>She highlighted the update received from Pathology on their progress against their retention annual commitment and the Committee had commended the understanding of the challenges and the local action being taken to resolve.</p> <p><b>Clare Smith and Magnus Harrison exited the meeting – (in order to respond to an urgent operational issue)</b></p> <p>Jenny Lewis updated that the HR Team had recently engaged with the Staff Networks to reinforce the importance of listening and they had helped support the development of policies and guidance.</p> <p>James Goodyear, referencing the Annual Workforce Report at agenda item 11.2(iii), suggested that information on workforce demographics be included in future iterations which was supported.</p> <p>The Board received the report and noted the assurances received by the Workforce Committee.</p> | Jenny Lewis |
| <b>11.2(ii)</b> | <b>Violence and Aggression Biannual Update</b>  |             |
|                 | The report sought to provide assurance of the on-going work within the Trust in relation to violence prevention and reduction, and to embed a culture where staff felt supported, safe and secure at work.  |             |

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|           | <p>Craige Richardson highlighted the detail within the report and noted the assurances that had been provided to the Workforce Committee.</p> <p>He drew attention to page 6 of the report and informed that there had been an increase in the reported number of physical assaults on staff; he explained that a proportion of this rise was believed to be due to the encouragement to staff to speak up and report incidents and he updated on the actions being taken to support staff and signpost them to help available. Due to the nature of the hospital's business, he explained that mental health and those in distressing situations did contribute to this and reported on assurance on the good collaboration across Teams and good contact with other agencies.</p> <p>He reported that there were two cases pending court action against individuals who had enacted violence on hospital staff; and two cases had completed with both individuals receiving sentencing.</p> <p>He highlighted the detail on the multi-disciplinary approach to violence reduction across the City; and also reported strong progress against the 32 violence reduction actions and an increase in training across all staff groups.</p> <p>He recognised the impact on staff welfare and provided assurance to the Board of the support that was provided through the HR Team to any staff involved in an incident. He provided further detail to the guidance that had been introduced for managers and was positive of the increased Corporate oversight to this area, to create a centralised point for incidents.</p> <p>Jenny Lewis updated on the support that had been provided through the Positive Working Environment Group, which had arisen through feedback received through the Staff Survey. The Group had been active over the last 12 months and had progressed a number of actions. The Group had now ceased meeting formally however continued to provide challenge and intelligence to support ongoing action.</p> <p>Following a query from Chris Scofield, Craige Richardson explained the acceptance that the Trust could not operate under a zero tolerance environment due to the nature of healthcare however stressed that staff had the right to work without fear, and any incidents would be responded to seriously. He expanded on the consideration of this within the communication messaging with staff and Jenny Lewis noted the support that the Mental Health First Aiders could provide to share messaging.</p> <p>The Board received the report and confirmed its assurance the on-going work in relation to reducing violence and aggression</p> |  |
| 11.2(iii) | <b>BLUE BOX ITEM – Annual Workforce Report</b>   |  |
|           | The 2022/23 Annual Workforce Report was provided in the Blue Box for information and was received and noted.   |  |
|           | <b>Finance and Performance Committee</b>   |  |
| 11.3(i)   | <b>Chair's Summary Report</b>  |  |

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|                 | <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&amp;P) meetings held 26 July and 30 August 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&amp;P Committee</p>  |  |
| <b>11.3(ii)</b> | <b>Verbal update of the meeting held 27 September 2023</b>  |  |
|                 | <p>Gillian Taylor provided a verbal update of the meeting held the previous day;</p> <p>The Committee had received an update on the financial position at month six, with the Trust currently running at a deficit and the Committee reviewing the mitigating actions in place and noting that the Fundamental Financial Review (FFR) had been presented to the Board that morning within the Workshop. The Trust continued to forecast achievement of a balanced position.</p> <p>She continued that the Committee had received detail on the latest position against the constitutional performance standards; and had also received a deep dive on the preparation and planning for the winter period with strong assurance received. She reminded that new Cancer Waiting Time (CWT) would be introduced in October and the Committee had been briefed of the impact of this on the data during the transition.</p> <p>She updated that the Committee was trailing the use of Patient Stories to support triangulation and provide a real-world patient perspective to the data when making finance and performance decisions. She shared that this had been a positive introduction to the Committee with the intention to retain this moving forward.</p> <p>The Board received and noted the update.</p> |  |
|                 | <b>Audit Committee</b>  |  |
| <b>11.4</b>     | <b>Chairs Summary</b>   |  |
|                 | <p>The report provided an overview of significant issues of interest to the Board, highlighted key risks discussed, key decisions taken, and key actions agreed at the Audit Committee meeting held 7 September 2023.</p> <p>Suzanne Clark commented on the introductory training session that had been delivered by Internal Audit /PwC on assurance versus reassurance and noting this had been attended by wider Board and Finance Team members.</p> <p>The Committee had received assurance deep-dives on the following risks within the BAF: HCAI, Patient Experience, and Finance, and noting the detail within the report.</p>   |  |

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|                    | <p>The Committee had received the CSU Compliance Report which presented the overall summary for the 18 CSUs audited to date. It was agreed that Internal Audit would report to the next meeting with options of future models of assessing and reviewing governance or aspects of governance of the CSUs.</p> <p>The Committee had reviewed the latest PwC risk publication and cross referenced to CRR with assurance received against the gap analysis. The Internal Audit Team had escalated one audit finding which was related to the documentation of fire risk assessments and she asked Craige Richardson to provide further comment; Craige Richardson explained that the Team had reviewed this finding and had identified a system error in uploading completed documentation. He confirmed that this was in the process of being rectified and confirmed assurance would be reported to the Audit Committee when complete.</p> <p>The Board received the report and noted the assurance received through the Audit Committee.</p> <p><b>Laura Stroud exited the meeting</b></p>                           | <p>Craige Richardson</p> |
|                    | <p><b>Research and Innovation Committee</b></p>   |                          |
| <p><b>11.5</b></p> | <p><b>Chairs Report</b></p>   |                          |
|                    | <p>The report provided an overview of significant issues of interest to the Board, highlighted key risks discussed, key decisions taken, and key actions agreed at the Research and Innovation (R&amp;I) Committee meeting held</p> <p>Chris Schofield highlighted the detail within the report of the deep dives received by the Committee and shared that overarching themes had included creating protected time for research and support to streamline the approval and onboarding process.</p> <p>He noted that this would be the last meeting of the Committee in the current format noting the merger with the Innovation District in November which would revise the terms of reference and assurances received by the Committee.</p> <p>He drew the Boards attention to the lack of assurance received by the Committee on the Teams response to the O’Shaughnessy review that the actions being taken were sufficient to close the current gap and further assurances had been sought with improvement expected to be recovered by the end of the year.</p> <p>The Board received and noted the report.</p> |                          |
| <p><b>14</b></p>   | <p><b>Governance and Regulation</b></p>   |                          |
| <p><b>14.1</b></p> | <p><b>Standing Orders, Amendment to Committee Terms of Reference and Non-Executive Director Membership</b></p>  |                          |
|                    | <p>The report sought approval of the changes to the Terms of Refence (ToR) of Board Committees, which were cited in Standing Orders.</p>  |                          |

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|      | <p>Jo Bray drew attention to the amendments seeking approval which were required to reflect the following changes in NED membership of Committees;</p> <ul style="list-style-type: none"> <li>• Audit Committee – Chair, Suzanne Clark. Members – Rachel Woodman and Phil Corrigan. With Jo Koroma observing until December;</li> <li>• Finance &amp; Performance Committee – Chair Gillian Taylor. Members Linda Pollard, Mike Baker and Mark Burton;</li> <li>• Quality Assurance Committee – Interim Chair Phil Corrigan. Members Amanda Stainton and Jo Koroma (until January 2024);</li> <li>• DIT Committee – Chair, Jo Koroma. Members Georgina Mitchell, Mike Baker and University of Leeds nominated NED</li> <li>• Workforce Committee – Chair Amanda Stainton. Members Mark Burton, Suzanne Clark and University of Leeds nominated NED</li> <li>• Building Development Committee – Chair, Bob Simpson. Membership Chris Schofield and Gillian Taylor</li> </ul> <p><b><i>Post-meeting note; the UoL nominated NED was confirmed as Professor Julia Brown who commenced in role from 6 October 2023.</i></b></p> <p>The Board confirmed its approval of the amendments to the Committee ToR, as cited above.</p>   |  |
| 14.2 | <b>Medical Revalidation Annual Report</b>   |  |
|      | <p>The report provided detail on the progress, compliance with national policy and legal requirements for medical revalidation; and provided a copy of the assurance statement that would be submitted to NHSE.</p> <p>Hamish McLure drew attention to the detail within the report and outlined the requirement, and process for the annual medical appraisals which were recorded through the SARD system. He expanded on the process of revalidation within this which was on outward focus. He reported that 98% of appraisals were completed within 2022/23 with positive levels of overall engagement.</p> <p>He outlined several improvements to the SARD system which was supporting the appraisal and revalidation process including the ability to record electronic patient feedback and the ability to produce monthly reporting on completion rates which was allowing targeted support for CSUs. He updated on the digital tools available to prepare medical staff for their appraisal which were available across a range of platforms.</p> <p>He updated on the centralisation of the appraisers which was supporting more efficient use of time and was reducing the potential for conflicts of interest. He reported that there was an increasing risk against the number of medical appraisers available, particularly in light of the additional work that staff were taking on in current operational pressures.</p> <p>Suzanne Clark questioned where the quality of medical appraisals was assessed which was confirmed as the AAC panel who reviewed a sample portion each year. Hamish McLure confirmed the sample size for the</p> |  |

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|             | <p>current year had been 30 and explained the quality indicators that were reviewed in this process.</p> <p>Mark Burton sought further detail on the medical staff who had not received an appraisal and Hamish McLure provided further details; confirmed had all been contacted and delay often due to difficulties in personal life or in taking time away from clinical commitments.</p> <p>The Board received and noted the report.</p>  |  |
| <b>13.3</b> | <b>Partnership Working</b>  |  |
|             | <p>The report provided an update on the Trusts current partnerships and the alignment of these to the Trusts key commitments.</p> <p>James Goodyear provided opening commentary to the report highlighting the importance of partnership working and the benefits it could release. He drew attention to the detail within the report which had been provided for information and proposed further exploration at the Board Timeout in October on how to ensure the effective working of partnerships. He was positive of the engagement with partners both within the Executive Team and wider Board.</p> <p>Chris Scofield reflected on the volume and complexities of some of the partnerships the Trust was involved in which sparked wider discussion. The discussion explored how the complexities of partnerships was perceived from a patient perspective and whether they delivered value-added benefits to the Trust. The discussion also explored how external assurance could be received on the effective running on partnerships and it was confirmed that there were companies associated with the NHS that could support this. The Board confirmed that they had found the information within the report helpful, summarising partnerships in one place and noted the further exploration that would take place at the Timeout.</p> <p>The Board received and noted the report.</p> |  |
| <b>13.2</b> | <b>Self-Assessment Against the National Workforce Plan</b>  |  |
|             | <p>The report provided a high-level summary of the ambitions detailed within the national workforce plan together with a summary of the current local context, and an assessment of opportunities and risks for both LTHT and the City of Leeds.</p> <p>Jenny Lewis provided a high-level overview of the report which incorporated feedback from various staff groups; focus was on three key areas of Growing, Retention, and Innovation. She provided assurance of the gap analysis that had taken place against the Trusts own workforce plans with confirmation that local plans aligned overall to the key areas within the national plan. There were some minor gaps to address including an assessment of risks and opportunities which was taking place through the Workforce sub-committee structure. It was also noted that digital had not featured strongly in the national plan and there was a need to reflect on the digital skills that would be needed in the future.</p>   |  |

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|                | <p>James Goodyear welcomed the publication of the national plan however was mindful of the increase in budget that would be required to support the desired increase in workforce. There was a wider discussion on the financial pressures within public services and the gap between the ambitions been set. Rachel Woodman questioned if the Centre was advising on prioritisation, and it was explained that this was to take place within individual trusts with added recognition that organisations were all coming from different starting places.</p> <p><b>Clare Smith re-joined the meeting</b></p> <p>The Board received and noted the report.</p>  |  |
| <b>12</b>      | <b>Quality and Performance</b>   |  |
| <b>12.2(i)</b> | <b>BLUE BOX ITEM – Integrated Quality and Performance Report</b>   |  |
|                | <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>Jo Bray shared a query that had been raised by Jo Koroma, NED via email in regard to the Ambulance Handover Times (AHT). In response Clare Smith confirmed that common cause variation had been seen within the performance data however not to the extreme that special cause variation had been triggered. She shared that the Trust continued to perform well against AHT which was a testament to the ED and SDEC Teams. She outlined the use of the Leeds Improvement Method (LIM) with YAS to continue to improve flow and processes. She updated on ongoing work within the ICB regarding the validation of AHT and confirmed that the Trust would continue its ambitions.</p> <p><b>Magnus Harrison re-joined the meeting</b></p> <p>Mike Baker asked for further detail on the digital service delivery backlog which was provided by Paul Jones who updated on the rollout of new kit across the organisation which should have a positive reduction on the service delivery backlog. He updated that the Digital Team would be running a validation exercise of the backlog list in November with a review to reset and recover.</p> <p>Georgina Mitchell drew attention to the Friends and Family Test (FFT) responses within the ED and noted that both the top three themes for positive and negative was 'staff attitude'. She asked if there was further granular detail behind this to understand the types of interactions that were leading to these scores, and to inform targeted action. It was explained that the FFT data was collated using an AI system which provided a high-level thematic review and did not currently have the sophistication to drill down into specific areas of detail. Assurance was provided however of the depth of data received through the Patient Advice and Liaison Service (PALS) which did enable this level of breakdown including into individual staffing groups.</p> <p><b>Mike Baker exited the meeting</b></p> |  |



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|             | <p>Georgina Mitchell raised that she had also sent a specific query to Hamish McLure in advance of the meeting following the Board briefing on the Letby Case; she had been assured of the level of detail of how the Trust had investigated what happened however had questioned if data anomalies were identified how would the Trust identify individuals involved (to identify any patterns). She shared that Hamish had replied with a detailed answer that had provided assurance on what data was anonymised and what was not and therefore how and where patterns involving one individual would be identified. She noted the detailed discussion regarding the Letby Case during the Board Workshop however had wanted to raise this assurance within the Public domain.</p> <p>In addition it was noted that, Laura Stroud had submitted a question prior to the meeting regarding the Trust's risk planning for climate related risk, with reference to the current heatwave and impact in Europe. Craige Richardson confirmed that a written comprehensive response had been provided and in addition explained that the Green Plan demonstrated the action that the Trust was taking to respond to climate change however confirmed further action to be taken to consider if to include in CRR. Prof Phil Wood commented on the strong emergency planning process for the Trust which could explore further the potential threats from the environment.</p> <p>The Board received and noted the update.</p> | Phil Wood |
| <b>13</b>   | <b>Strategy and Planning</b>  |           |
| <b>13.1</b> | <b>BLUE BOX ITEM – Building the Leeds Way</b>   |           |
|             | The BtLW update report was provided in the Blue Box for information and was received and noted.   |           |
|             | <b>Items for Information</b>  |           |
| <b>15.1</b> | <b>BLUE BOX ITEM - Forward Planner</b>  |           |
|             | The Forward Planner was provided in the Blue Box for information and was received and noted.  |           |
| <b>16</b>   | <b>Standing Agenda Items</b>  |           |
|             | <b>Risk</b>   |           |
|             | There were no items arising from the meeting for escalation to the RMC for consideration on the CRR.  |           |
|             | <b>Legal Advice</b>   |           |
|             | There were no items arising from the meeting that warranted the consideration of legal advice.  |           |
|             | <b>Regulators - CQC or NHS England, ICB/Place issues</b>  |           |
|             | There were no items arising from the meeting for escalation to the Trust's regulators.  |           |
|             | <b>Communications</b>   |           |
|             | There were no areas identified within the discussion that required additional internal or external communications.  |           |
| <b>17</b>   | <b>Review of Meeting and Effectiveness</b>  |           |
|             | No comments on the meeting effectiveness were raised in the meeting and further comments were welcomed via email.   |           |
| <b>18</b>   | <b>Any Other Business</b>   |           |

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|    | No other business was discussed however it was conveyed from the Trust Chair by Chris Schofield her formal thanks on behalf of the Board to Helen Christodoulides and Hamish McLure for their time acting up in the interim Chief Nurse and interim Chief Medical Officer roles. |  |
| 19 | <b>Date of next meeting:</b> Thursday 30 November 2023 (Wharfedale Hospital)   |  |

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