



**DRAFT MINUTES OF THE PUBLIC BOARD MEETING**  
**Thursday 30 November 2023**

**Physio Gym, Ground Floor, Wharfedale Hospital**

<b>Present:</b>	Linda Pollard	Trust Chair
	Mike Baker	Non-Executive Director
	Mark Burton	Associate Non-Executive Director
	Suzanne Clark	Non-Executive Director
	Phil Corrigan	Non-Executive Director
	James Goodyear	Director of Strategy
	Magnus Harrison	Chief Medical Officer
	Paul Jones	Chief Digital and Information Officer
	Joanne Koroma	Associate Non-Executive Director
	Georgina Mitchell	Associate Non-Executive Director
	Jackie Murphy	Interim Chief Nurse
	Chris Schofield	Non-Executive Director
	Bob Simpson	Non-Executive Director
	Clare Smith	Chief Operating Officer
	Amanda Stainton	Associate Non-Executive Director
	Julia Brown	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
<b>In Attendance:</b>	Jo Bray	Company Secretary
	Jo Buck	Deputy Head of HR
	Victoria Hewitt	Trust Board Administrator
	Camelia Hughes	Corporate General Manager
	Jane Westmoreland	Associate Director of Communications
<b>Observing:</b>	Muz Mumtaz	Insight Programme
	Esther Wakeman	Chief Executive, Leeds Hospitals Charity
<b>Apologies:</b>	Jenny Lewis	Director of Human Resources & Organisational Development

Five members of the public attended the meeting.

Agenda Item		ACTION
1	<b>Welcome and Introductions</b>	
	The Trust Chair welcomed Board members to the meeting and formerly welcomed Julia Brown, Non-Executive Director (NED) as a new member of the Board. She welcomed Esther Wakeman, CEO, Leeds Hospitals Charity, and Muz Mumtaz, Insight Programme as observers to the meeting and also welcomed members of the public.	
2	<b>Apologies for Absence</b>	
	Apologies for absence were received from Jenny Lewis, Director of HR and Jo Buck, Deputy Director of HR was attending on her behalf.	
3	<b>Declarations of Interest</b>	
	<p>Prof Phil Wood noted his new declared interest as Director at the Northern Health Science Alliance and confirmed there was no direct conflict with the meeting agenda, noting this was recorded within Trusts Register of Interests and would no longer be singled but managed as business as usual alongside other Board conflicts by respective Directors and the oversight of the Company Secretary.</p> <p>No other declarations were raised, and the meeting was confirmed to be quorate.</p>	
4	<b>Patient Story</b>	
	<p>Prof Phil Wood updated that due to staff sickness the Freedom to Speak Up staff story that had been scheduled on the agenda had been deferred to the next meeting.</p> <p>He introduced a patient story which had previously been shared through the Quality Assurance Committee (QAC) which shared Lisa's experience: <a href="https://youtu.be/UFwDaUQp-9g">https://youtu.be/UFwDaUQp-9g</a></p> <p>Lisa had spent 17 years in the Army and had had an accident on an assault course and developed Complex Regional Pain Syndrome (CRPS) which led to an above knee amputation. She had a prosthetic limb fitted and described the skin irritation issues, which were impacting on her quality of life; through speaking to another amputee, they were able to signpost her to laser therapy which was delivered by LTHT. She shared the difference this treatment had made to her daily life including increased self-confidence and been able to wear her prosthetic for longer periods of time supporting her independence.</p> <p>The Board was informed that the Amputee Service Manager had been in attendance during the QAC meeting and had updated the Committee of the patient pathway changes that had been implemented following this feedback, highlighting the importance of patient feedback and experience in informing practices and implementing positive changes.</p> <p>The Board received and noted the update.</p>	
5.1	<b>Draft Minutes of the Last Meeting</b>	
	The draft minutes of the last meeting held 28 September 2023 were agreed to be a correct record subject to:	

	<ul style="list-style-type: none"> <li>the Audit Chairs Update Summary (page 12) to clarify the assurance deep-dives received with the sentence to read; 'the Committee had received assurance deep-dives on the following risks: Infection Prevention and Control, Patient Experience, Counter Fraud, Financial Management &amp; Waste Reduction, Financial Reporting, Revenue Funding &amp; Cash Management, and Supply Chain, noting the further detail within the report.'</li> </ul>	
<b>6</b>	<b>Matters Arising</b>	
	There were no matter arising listed on the agenda and none were raised during the meeting.	
<b>7</b>	<b>Review of the Action Tracker</b>	
	The action tracker was reviewed, and progress noted.	
<b>8</b>	<b>Chair's Report</b>	
	<p>The report provided an update on the actions and activity of the Trust Chair since the last Board meeting.</p> <p>The Trust Chair highlighted the detail within her written report, drawing attention to the engagement visits over the last period and follow-up action from this. She shared that the scheduled visit from HRH Duchess of Edinburgh had been postponed as a result of poor weather and inability for the helicopter to land however confirmed this would be re-scheduled, confirming the event in Children's had gone ahead, and she thanked those who had attended, and the support provided from the Communications Team.</p> <p>She highlighted the Westminster event held 21 November 2023 and the insight this had provided on the City's ambition for the Innovation Village; and formally thanked Leeds Hospitals Charity (LHC) and the Communications Team for their facilitation of the event.</p> <p>She updated that LHC had appointed a new Chair with Dr Yvette Oade taking over from Edward Ziff.</p> <p>She 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 provided on 10 November 2023 for a five-year extension to BMC Helix Service Desk Contract for a total of £1,787,180 (£2,144,616 including VAT). Other products on the market, were considered, noting an initial uplift to the price and the on-going negotiations to reduce this, resulting in fixing for five-years, which provided good value for money and incurred no additional costs of change.</li> </ul> <p>Suzanne Clark reported on the ad-hoc reviews of the use and application of Chairs Action through the Audit Committee for assurance on appropriate use.</p> <p>The Board received the report and confirmed its endorsement of the items taken against Chairs Action.</p>	
<b>9.1</b>	<b>Chief Executive's Report</b>	

	<p>The report provided an update on news across the Trust and the actions and activity of the Chief Executive since the last Board meeting.</p> <p>Prof Phil Wood reflected on the ongoing challenging events external to the Trust and drew attention to the opening paragraph within his report addressing these and informing of the support networks available within the Trust.</p> <p>He shared comments on the Trusts ongoing focus on care, quality, effectiveness, and patient experience, updating on the positive progress in the discharge and internal planning process metrics, and highlighting the achievement of 5,000 robotic procedures performed.</p> <p>He updated that the Trust was holding interviews for a Director of Innovation and highlighted the detail at section 3 on the research and innovation agenda.</p> <p>He noted the narrative at section 5 of the report which highlighted several examples of success and celebration to share.</p> <p>The Board received and noted the report and endorsed the Consultant appointments.</p>	
<p><b>10</b></p>	<p><b>Quality and performance</b></p>	
<p><b>10.1</b></p>	<p><b>IQPR</b></p>	
	<p>The Integrated Quality Performance Report provided an overview of performance against the core key performance indicators; the report would be taken as read with attention drawn to any areas of variance or escalation with comments and queries welcomed (noting the assurance sought through the Board Committee structure on each of the metrics).</p> <p>Clare Smith introduced the new format IQPR which had been reset to align the metric to the 7Cs.</p> <p>Drawing attention to the Ambulance Handover Times she updated that due to a change in the national process for recording all handovers had increased and she provided assurance this was associated with the change in recording explaining circa five minutes had been added on average to each handover across the region and this was circa seven minutes nationally. She updated that the teams had been asked to provide additional assurance all internal action was being taken to improve this, which was being supported by colleagues from HALO. She noted with the caveat of this artificial inflation, handover times had remained stable at the LGI with a small increase at SJUH.</p> <p>Julia Brown sought further detail on the SHMI position which was categorised as higher than expected. Magnus Harrison provided further detail and explained that when assessed by individual site the SHMI was in expected range however in the totality of the Trust was higher than expected. He explained the nuances within the coding and the position of LTHT as a Major Trauma Centre and acute hospital meaning it did see a higher number of observed versus expected deaths. He provided</p>	

<p>assurance of the depth of understanding of this issue with assurance provided regularly to the QAC and updated of the ongoing work to resolve the coding challenges.</p> <p>Mike Baker noted the increase in the 62 CWT backlog and referencing the deep dive previously presented to the F&amp;P Committee questioned if this would impact the overall recovery plan (commitment to NHSE to achieve 69% by March 2024). Clare Smith confirmed this remained the ambition of the Trust and explained the majority of the challenge lay in one speciality with targeted action taken to support.</p> <p>Mike Baker sought further detail to the vacancy rate figures on page 5 of the report, noting the 6.8% position with a negative variance trend and questioning the longer term plan and prognosis to reduce. Responding, Jo Buck explained the measure was an in-month figure and therefore subject to fluctuations which could be caused by either or both of the staff in post and budget numbers. She continued that as a large proportion of the Trusts recruitment came from cohorts of newly qualified staff with the increase in budget at the beginning of the financial year not aligning with the staff landing in the organisation. The Trust was constrained by education timescales on this recruitment (as were all NHS trusts that recruit a lot of newly qualified staff each year) and she explained the vacancy was also impacted by any unidentified Waste Reduction Programme savings. This meant that until an FTE figure could be attributed to savings, which has the effect of reducing the budget line and therefore reducing the measure, the vacancy figure could often be over-stated. She informed that the Team would re-cast the control limits in the next IQPR to take account for the increase in the budget line which, combined with the latest cohort of recruited staff, should bring the variance of the measure within control.</p> <p>Against the Emergency Care standard, Jo Koroma questioned the confidence in necessary improvements to achieve the 76% by March 2024. Clare Smith reflected on the pressures across the health sector leading into winter however was also positive of the planning and modelling in place; commenting on various initiatives such as the SDEC and use of Rapid Improvement Event at LGI with a view to improve turnaround for patients. She was mindful of the capacity challenges the NHS experienced routinely throughout winter, confirming a reasonable trajectory was in place and confidence around planning.</p> <p>Jo Koroma referenced the stability within the 65ww waiting list and questioned the confidence in the actions taken resulting in improvement; seeking assurance these were the right actions. Responding, Clare Smith explained the tipping point of the waiting list that required consistent management, she confirmed that the Trust had made substantial progress but there were pressures in certain areas, which had been further exasperated by the ongoing industrial action. She could not provide assurance at this stage that the 65ww would be achieved however could provide assurance of the robust plans in place and confirmed the Trust would exhaust all options available.</p>
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	<p>Following a request from the Trust Chair, Clare Smith updated on the no Reasons to Reside (RtR) position and commenting on the success of the HomeFirst Programme for patients; she was positive of the multi-disciplinary approach across the City which had seen an achievement of the average LoS going from 10 days to 4.8 days; confirming the full combination had been beneficial.</p> <p>The Board received and noted the report.</p>	
<b>11</b>	<b>Risk</b>	
<b>11.1</b>	<b>Corporate Risk Register</b>	
	<p>The Corporate Risk Register (CRR) was presented following review by the Risk management Committee (RMC) on 5 October and 2 November 2023.</p> <p>Prof Phil Wood drew attention to page 3 of the report and highlighted the risks that had been reviewed by the Committee; with no significant changes in scoring to report and highlighting on going nature of many large scale risks</p> <p>He updated on the review of potential new and emerging risks, with a specific risk on the impact of industrial action considered however agreed that this was encompassed within other existing CRR descriptions; and on the increased DIT Data storage requirements which would be further considered by the RMC in December 2023.</p> <p>The Board received and noted the report.</p>	
<b>11.2</b>	<b><u>BLUE BOX ITEM</u> – Health and Safety Annual Report</b>	
	<p>The Health and Safety Bi-Annual Report was provided in the Blue Box for information [noting the review at the RMC in October 2023]</p> <p>Jo Koroma noted the £2.9M capital that had been allocated to reduce the fire safety backlog and questioned the size of the backlog in regard to fire maintenance and if this investment, along with the five-year plan, would achieve the Trusts statutory and safety obligations. She also asked if addressing this backlog over a five year period present any additional risks that were not currently captured in the risk register. Noting that the Q2 reporting was significantly lower in all measures than in previous quarters she also questioned if there was an underlying reason for this. Prof Phil Wood explained that some of this was due to the timelines of reporting with the data for Q2 not yet fully validated and confirmed a complete picture would be presented in the annual report.</p> <p>The report was received and noted assurance.</p>	
<b>12</b>	<b>Assurance from Committees</b>	
	<b>Quality Assurance Committee</b>	
<b>12.1(i)</b>	<b>Chair's Summary Report</b>	
	<p>The report provided an overview of significant issues of interest, highlighted key risks discussed, key decisions taken, and key actions agreed at the Quality Assurance Committee (QAC) meeting held 26 October 2023.</p>	

	<p>Phil Corrigan noted the additional items that had been made available to the Board via the Blue Box and shared the assurance that had been provided to the Committee on both of these items.</p> <p>She shared the assurances received by the Committee in regard to Maternity and the actions within the Maternity Incentive Scheme noting the further detail within her report. She updated that the West Yorkshire and Harrogate Local Maternity and Neonatal System had undertaken a assurance visit to the Maternity unit on 1 November 2023 and initial feedback had been positive and the formal report being overall positive with some areas of improvement including the estate but a recognising the Trusts aspirations here.</p> <p>She highlighted the continued assurance sought by the Committee on harm reviews of long waiting patients and informed the Committee had supported changes to the assurance process for CSU's noting this was a continuous assurance cycle not a one-off.</p> <p>The Committee had reviewed the impact of the ongoing industrial actions on patients with metrics including re-admissions, complaints, PALs which had been an overall positive report with a small, expected increase in the volume of PALS referrals linked to longer waiting times.</p> <p>The Board received the report and noted the assurances received by the QAC.</p>	
<b>12.1(ii)</b>	<b><u>BLUE BOX ITEM - Q1 Learning from Deaths</u></b>	
	The Q1 Learning from Deaths report was provided in the Blue Box for information and was received and noted.	
<b>12.1(iii)</b>	<b><u>BLUE BOX ITEM - Leadership Walkround Annual Report</u></b>	
	The Leadership Walkround Annual Report was provided in the Blue Box for information.	
	<b>Workforce Committee</b>	
<b>12.2(i)</b>	<b>Chairs Summary Report</b>	
	<p>The report provided an overview of significant issues of interest, highlighted key risks discussed, key decisions taken, and key actions agreed at the Workforce Committee meeting held 22 November 2023.</p> <p>Amanda Stainton highlighted the Staff Story received by the Committee which had provided an overview of the Management Fundamentals Toolkit for staff and the Committee had noted the support this provided to new managers.</p> <p>The Committee had received an update from the Director of HR and the national perspective and horizon scanning, and she updated that Jenny Lewis had been appointed as the Executive Director Trust Lead for the Domestic Abuse and Sexual Violence Charter.</p> <p>She drew attention to the Committees review of the People Priorities within the Five Year Plan and had explored the reasons behind some of</p>	

	<p>the changes, noting the benefits of the WRP and use of skill mix with a focus on efficiency; agreement to closely monitor this. The Committee had also reviewed the Workforce associated metrics and she noted the detail that had been made available in the IQPR at agenda item 10.1.</p> <p>She shared detail on the update received on the Healthcare Scientist workforce plan which had included an update and overview of actions taken from 2019 and the support and development provided to this staff group. The Committee had also received a deep dive on international recruitment and retention, and she noted that trusts had been asked to reduce reliance on international recruitment, confirming the Trust had done this in balanced measure and retained room for manoeuvrability below the threshold gap.</p> <p>She updated that the Committee had reviewed the preliminary results of the most recent Staff Survey with 56% completion rate at time of survey closing which was behind the target of 65%.</p> <p>The Board received the report and noted the assurance received through the Workforce Committee.</p>	
<b>12.2(ii)</b>	<b>Freedom to Speak Up</b>	
	<p>The report was deferred to the next Board meeting in January 2024.</p> <p>Prof Phil Wood provided a verbal update; noted the Workforce Committee had reviewed the bi-annual report at its meeting in November. He referenced the extensive discussion at the previous Board meeting regarding the Letby Case and the additional actions the Board had agreed to following this confirming the report would provide assurance, progress, and timelines to the requirements of NHSE. He reported on the reflection of the role of the Guardian and his duty as Chief Executive and alignment of reporting moving forward.</p> <p>Chris Schofield referred to his role as the NED for FtSU and shared the assurance he received through regular updates with Alan Shepard, FtSU Lead; he noted that one of the points raised during the September discussion was whether there was sufficient resource within the Trust and confirmed this was being considered.</p> <p>The Committee received and noted the update and welcomed a report to the next meeting.</p>	
	<b>Finance and Performance Committee</b>	
<b>12.3(i)</b>	<b>Chairs Summary Report</b>	
	<p>The report provided an overview of significant issues of interest, highlighted key risks discussed, key decisions taken, and key actions agreed at the Finance and Performance (F&amp;P) Committee meetings held 27 September and 25 October 2023.</p> <p>Gillian Taylor noted the detail within the report and in addition provided a verbal summary of the F&amp;P Committee meeting held the previous day highlighting the Patient Story received from Children's Service which had</p>	



	<p>explored the impact of long waits on Children and Young adults and the actions the CSU was taking to reduce the backlog.</p> <p>She noted that financial information had been shared via the IQPR and noted the discussion of this at the Board Workshop meeting.</p> <p>The Committee had reviewed the monthly performance standards and had noted improvements across several areas however had noted that the latest data aligned to a month with no industrial action. She highlighted the role of the assurance deep dives in providing further detail against each of the standards and commented on the assurance that a well written report could provide and offering to share an example from the Committee.</p> <p>The Committee received the report and noted the update.</p>	Jo Bray
<b>13</b>	<b>Strategy and Planning</b>	
<b>13.1</b>	<b>BLUE BOX ITEM – Building the Leeds Way</b>	
	The Building the Leeds Way update report was provided in the Blue Box for information and was received and noted.	
<b>13.2</b>	<b>Quality Improvement Strategy</b>	
	<p>The report provided an update on progress made against the 7 Annual Commitments (7Cs) and ambitions of the QI Strategy to continually improve quality of care and services provided.</p> <p>Magnus Harrison noted this was the first year in reporting against progress of the QI Strategy; he provided a high-level overview of progress against each of the seven goals and noting the summary of this which had been included within the report's appendices.</p> <p>He highlighted the proposal at section 3 of the report for the ongoing monitoring and reporting of progress against the Strategy and noted the link to the QAC sub-committee structure. He was also positive of the triangulation of this document to the LIM and support from the KPO office. He informed that work was taking place to define the seven goals verses the 7Cs within communications.</p> <p>Jackie Murphy shared that the QI Strategy and use of the LIM had been a stand out for her during her interim post with the Trust. She was positive of the commitment from the Executive Team and the use of LIM as a golden thread to QI work which engaged well with staff. Behaviours and values were testament and benefit to the Trust.</p> <p>Mike Baker reflected that a key success factor for organisations was how well training and development was embedded and was positive of the ambition within the Strategy. He referenced the Leadership Walkround he had attended that week and the Team had demonstrated how they were engaging on training and demonstrated good embedding.</p> <p>The Board received and noted the report.</p>	
<b>13.3</b>	<b>LTHT as an Anchor Institution</b>	

	<p>The report provided an update on the Trusts activity as an Anchor Institution, including the Anchor metrics collected for 2021/22, and 2022/23 and progress against the Trust's Anchor ambitions.</p> <p>James Goodyear drew attention to the detail within the report and noted this was the third annual update against this programme. He was positive of the volume of activity that was already embedded in the Trusts daily business operations and highlighted the work with Leeds Health and Care Academy, referencing the presentation from Kate O'Connell that had been received at the Board Timeout on 19 October 2023.</p> <p>He updated that the importance of social values had been embedded in the contract award process as standard and updated that the majority of procurement frameworks were also being updated to accommodate this. He highlighted the BtLW programme as an exemplar for this approach, which had allowed the Trust to learn from positive examples of working with local suppliers and priority neighbourhoods. He updated that Arrop was supporting the Trusts healthcare engineering apprenticeship and had been involved in several school engagement sessions to encourage young people to view this as a career.</p> <p>He highlighted the work across the Trust to address health care inequalities noting the further detail within the report.</p> <p>Overall he was positive the Trust had made and updated on the desire to use its economic strength to continue to embed these values as BAU.</p> <p>Suzanne Clark was commended the work that had taken place and linked this to the ESG agenda suggesting the Trust could do more to promote and communicate the work it did in this area which was supported with further exploration to take place outside of the meeting.</p> <p>The Board received the report and confirmed its assurance on progress against the Trust's activity as an Anchor Institution.</p>	James Goodyear
<b>14</b>	<b>Governance and Regulation</b>	
<b>14.1</b>	<b>Standing Orders – Terms of Reference</b>	
	<p>The Terms of Reference for the revised Research and Innovation (R&amp;I) Committee meeting were presented for approval and reflected the merger of the Innovation District Committee and the previous R&amp;I Committee, noting these were appendices to Standing Orders (SO).</p> <p>In addition, approval was sought to minor changes to the Scheme of Delegation (SoD) to reflect job title changes within the Estates and Facilities Team.</p> <p>The Board received the report and approved the amendments to the SoD and the R&amp;I ToR as cited in SO.</p>	
	<b>Items for Information</b>	
<b>15.1</b>	<b>BLUE BOX ITEM - Forward Planner</b>	

	The Board 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 that require 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 Trusts regulators.	
	<b>Communications</b>	
	There were no items arising from the meeting that required further internal or external communications.	
<b>17</b>	<b>Review of Meeting and Effectiveness</b>	
	With reference to the Lunch and Learn visits to radiology, Outpatients and the Health and Bilberry wards, it was agreed that the timing assigned to the Lunch and Learn visits would be reflected on for the next meeting.	
<b>18</b>	<b>Any Other Business</b>	
	No other business was discussed.	
	<b>Date of next meeting:</b> Thursday 25 January 2024	