The Leeds Teaching Hospitals NHS Trust

DRAFT MINUTES OF THE PUBLIC BOARD MEETING
Thursday 25 January 2024

Hybrid Meeting: Seminar Rooms 2(099) and Seminar Room 3 (096) Gledhow Wing, SJUH, with a Microsoft Teams (MST) option available

Present:	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 (via MST)
	James Goodyear	Director of Strategy
	Magnus Harrison	Chief Medical Officer
	Paul Jones	Chief Digital and Information Officer
	Joanne Koroma	Associate Non-Executive Director
	Jenny Lewis	Director of HR & Organisational Development
	Georgina Mitchell	Associate Non-Executive Director
	Clare Smith	Chief Operating Officer
	Amanda Stainton	Associate Non-Executive Director
	Gillian Taylor	Non-Executive Director
	Rabina Tindale	Chief Nurse
	Craige Richardson	Director of Estates and Facilities
	Prof Phil Wood	Chief Executive
	Rachel Woodman	Associate Non-Executive Director (via MST)
	Simon Worthington	Director of Finance
In Attendance:	Jo Bray	Company Secretary
	Vickie Hewitt	Trust Board Administrator
	Camelia Hughes	General Manager, CEO Office
	Sue Gibson	Director of Midwifery (for agenda item 12.1(ii)) – via MST
	Alan Sheppard	Freedom to Speak Up Guardian (for agenda items 4 & 12.2)
	Jane Westmoreland	Associate Director of Communications
Observing:	Muz Mumtaz	Insights Programme
Apologies:	Julia Brown	Non-Executive Director
	Chris Schofield	Non-Executive Director
	Bob Simpson	Non-Executive Director

Agenda Item		ACTION
1	**Welcome and Introductions**	
	The Trust Chair welcomed members to the meeting and formerly welcomed Rabina Tindale, Chief Nurse to the Board. She welcomed Muz Mumtaz, Insights Programme as an observer to the meeting as well as members of the public.	
2	**Apologies for Absence**	
	Apologies for absence were received from Chris Schofield, Non-Executive Director (NED), Julia Brown, NED and Bob Simpson, NED.	
3	**Declarations of Interest**	
	Prof Phil Wood noted his declared interests as co-Chair of the West Yorkshire (WY) Cancer Alliance, and, as Chair of the Leeds Health and Care Academy (LHCA). There were no other declarations of interest in respect to the meeting agenda and the meeting was confirmed to be quorate.	
4	**Staff Story – Freedom to Speak Up**	
	In attendance: *Alan Shepard, Freedom to Speak Up (FtSU) Lead* Alan Shepard introduced the Staff Story which shared commentary from a manager of her experience of utilising the Freedom to Speak Up (FtSU) process to support a member of staff. The full video is available to view via the following link: **https://www.youtube.com/watch?v=yC2sbxS1PLs** He explained that this story had been chosen as a positive example of the consequences of speaking up, and the support provided as well as bringing process to life for managers and staff. He confirmed the story would be shared with the FtSU Champions to promote wider learning Prof Phil Wood commended the video and reinforced the importance of supporting staff to speak up, referencing the alignment to the Trusts values and annual commitments which was echoed by the wider Board. The Board received and noted the update.	
5.1	**Draft Minutes of the Last Meeting**	
	The draft minutes of the lase meeting held 30 November 2023 were confirmed to be a correct record subject to the following amendments: • Section 13.2 correction of ‘gaols’ to ‘goals’ and section 13.3 remove ‘was’.	Vickie Hewitt
6	**Matters Arising**	
	Magnus Harrison raised that several queries had been received from a member of the public in relation to neonatal services and explained that due to the detail provided within the response, which was linked directly to an individual patients care, this would not be shared within the public meeting. He confirmed that a comprehensive written response had been provided. Post meeting note – see Appendix A for the response.	

7	**Review of the Action Tracker**	
	The action tracker was reviewed, and progress noted.	
8	**Chair's Report**	
	The report provided an update on the actions and activity of the Trust Chair since the last Board meeting. The Trust Chair highlighted the detail available within the report and drew attention to the items that had been taken under Chairs Action, and seeking Board ratification of these: • Chairs Action was supported on 17 December 2023 for the contract for the appointment of a MEPH Designer in connection with the delivery of the Hospitals of the Future Project, the contract value is £6,886,689.12 (estimated) + VAT and expenses. This was reviewed at the 14 December 2023 Building Development Committee (BDC) meeting. Chairs Action was supported by Linda Pollard, Chair, Prof Phil Wood CEO, Suzanne Clark, Chair of Audit Committee and Mike Baker, NED and member of Finance & Performance (F&P) Committee. • Chairs Action was provided on 10 January 2024 to ensure sufficient digital storage capacity to mitigate the risk to the Trust with a requirement for £2M excluding VAT (£1.561,560 capital and £438,840 revenue annualised over five years) with confirmation the VAT was reclaimable. Chairs Action was provided by Linda Pollard, Chair, Prof Phil Wood, CEO, Gillian Taylor, Deputy Chair/Chair of F&P Committee and Suzanne Clark, Chair of Audit Committee. The Board received the report and confirmed its endorsement of the items taken against Chairs Action.	
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. Prof Phil Wood formerly thanked Jackie Murphy, former acting interim Chief Nurse for the interim support she had provided to the Trust. He summarised the detail within his report, and noted the publication of the Leeds Health and Well-Being Five Year Strategy which the Trust would be feeding into. He noted the Consultant appointments listed at section 6 and also highlighted the Celebrating Success section of his report which shared several successes of LTHT staff. He referenced the Lunch and Learn sessions that the Board had attended during the lunch break and noting that some of the group had had the opportunity to visit the new Same Day Emergency Care (SDEC) unit. Gillian Taylor shared that she had joined the HomeFirst Team during the Lunch and Learn session and was positive of the proactive attitude displayed from staff. Georgina Mitchell added that the Team had	

	also shared findings of what they achieved in pilot and reflected on the impact if this was supported to be rolled out wider. The Board received and noted the report and endorsed the Consultant appointments.	
	Operational Context	
10	**Quality and Performance**	
10.1	**Integrated Quality Performance Report (IQPR)**	
	The Integrated Quality Performance Report (IQPR) 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). Magnus Harrison referenced the query raised at the last Board meeting in regard to the Standard Hospital Mortality Indicator (SHMI). He updated on the agreement to move this under the Chief Medical Officer Portfolio and outlined the educational piece that would follow this move, noting the ongoing assurance that would be provided via the QAC. Georgina Mitchell sought clarity on the 65ww position and noted the Trusts target to reduce the backlog to 150 by the end of March 2024. She questioned how the 150 positions had been agreed, and also sought clarity on when the backlog would be cleared entirely. Clare Smith explained the NHSE target was for Trusts to clear their backlogs by the end of April 2024, and explained the internal review of activity and capacity which had informed the trajectory for clearance; the 150 had been agreed as an achievable position in current activity levels and she explained that these would be lower acuity patients. She reported that there was a risk to this position if further industrial action was announced and continued that the trajectory for the clearance of the 150 had not being finalised as some specialities were under extreme pressure. She was mindful that there would be additional stretch targets on organisations in 2024-25 and the Trust would be working to eradicate this waiting list at the earliest opportunity. Mark Burton referenced the change in the data collection for Ambulance Handover Times (AHT) *(as reported to the previous Board meeting; the process for measuring AHT had changed averaging an additional seven minutes on each handover*) and questioned the impact of this. Responding, Clare Smith confirmed that performance at the LGI had remained stable however SJUH had experiences additional pressure. She updated that the Trust was working with the Yorkshire Ambulance Service (YAS) on a joint action plan to address congestion. Magnus Harrison shared that an EPRR meeting had been held with YAS in December to agree an exception route to enable ambulances to return to the road and was positive that to date this process had not required enacting. The Trust Chair shared she had received positive comments from Chair of YAS on collaboration between their teams. Mike Baker referenced the weekly performance scorecards and noted	

	the stability with project of improvement and the evidence of demonstrated control. He noted that staff sickness absence had reduced and explored if this could be a soft level measure for moral and stress, the Trust Chair noted that improvements in retention had also been seen which prompted wider discussion. Prof Phil Wood reflected on the position across the wider City and explained there were two key metrics across the City which the Trust hoped to see sustained change against – the number of patients with No Reasons to Reside within the hospital bed base, and the early benefits from pilot programmes. He was mindful of the pressures facing other colleagues across the City and stressed the importance of continuing to seek collaborative solutions to shared problems. The Board received and noted the report.	
10.2	**Chief Nurse Bi-annual Establishment Review**	
	The report sought to provide assurance against the Trusts compliance with national safer staffing regulations and requirements. Rabina Tindale drew attention to the detail within the report and reminded of the statutory requirement to review the nurse staffing on a bi-annual basis (which was completed through the Safer Nursing Care Tool (SNCT)). She reported that in aggregate the Trust was above the national average for its establishment however explained that when this was broken down into individual CSU's and roles there were some specific challenges. She referenced the processes in place for staff to raise any concerns with staffing including the Stop the Line, and Red Flag process (with assurance and updates provided via the QAC). She reported that eleven CSUs and 84 ward/units had been eligible for the SNCT audit (noting that some areas were out of scope of the SNCT including: Critical Care, Outpatients, Theatres and Midwifery). The SNCT result demonstrated that all adult areas had met or exceeded the recommended Whole Time Equivalent (WTE) staffing compared to the current nursing establishment; the Children's CSU audit results showed that for some of the wards, the recommended SNCT WTE was higher than the current nursing establishment and she noted the further detail within the report. She updated against the current work taking place against the January 2024 SCNT results which would inform the phase one nursing establishment review planned for April 2024. She reported that the national Safe Staffing Team were anticipated to make some changes to the guidance this year and confirmed any changes would be incorporated into the planning process. Reporting against Care Hours Per Patient Day (CHPPD), she highlighted the graphs at section 5 of the report which presented a national comparison and benchmark. The results evidenced that LTHT was aligned to the recommended peers however the Registered Nurse and Midwife CHPPD was lower than the majority of the recommended peers	

	by one, and she updated on the progress made in closing the registered nurse vacancy gap. Against the Maternity Services she explained the national recommendation that the service undergo a full Birth-rate + (BR+) workforce review every three years (however Trusts could hold these anytime and were recommended after changes to the service). She informed that the last BR+ establishment review was undertaken in 2021 and reported that a further BR+ midwifery staffing review had been commissioned to identify whether the current workforce modelling remained appropriate for the complexity of care and current service requirements. The review would also incorporate an assessment of the midwifery workforce required to fully embed the Birmingham Symptom Specific Obstetric Triage System (BSOTS) used in the LTHT Maternity Assessment Centres (MAC) which was an identified area for improvement. Suzanne Clark explored the confidence in the scheduling of the reviews, and Rabina Tindale explained this was a nationally dictated timeline, and providing further assurance that if a staffing requirement was identified as action there were other process to escalate this through, with reference to the additional assurance updates to the QAC. The Board received the report and confirmed it had received sufficient assurance regarding safer staffing governance.	
11	**Risk**	
11.1	**Corporate Risk Register**	
	The report provided an overview of the current content of the Corporate Risk Register (CRR) and a summary of the associated discussions through the Risk Management Committee (RMC) from its meetings held in December 2023 and January 2024. Prof Phil Wood drew attention to the detail within the report of the key risks reviewed by the RMC. He noted the narrative against the Brotherton Wing risk and referred to the update received in the Board Workshop meeting. The Board received and noted the report.	
11.2	**Board Assurance Framework**	
	James Goodyear referenced the report presented to the Board at its Timeout in October 2023, and outlined the feedback received, confirming this had been incorporated into the updated Board Assurance Framework (BAF) which was provided at Appendix 1. He reported that the BAF would be reviewed again in Q1 2024-25 to align with the new annual commitments which would be confirmed by March (and referencing the update on this that would be provided at agenda item 13.2). The Board received and noted the update.	
12	**Assurance from Committees**	

	Quality Assurance Committee	
12.1(i)	**Chair's Summary Report**	
	The report provided an overview of significant areas of interest, highlighted the key risks discussed, key actions taken, and key actions agreed by the QAC at its meeting held 6 December 2023. Phil Corrigan drew attention to the detail within the report and highlighted the Patient Story which had shared the experience of a volunteer within the neonatal service; the Committee had recognised the value of lived experience and noted this individual had also gone on to have a career in the NHS with comments made on retention and a positive working environment. She highlighted the deep dive of the Maternity Incentive Scheme which would be seeking Board approval at agenda item 12.2(ii) and noted the assurance received by the QAC who were providing a recommendation for Board sign-off. She drew attention to the assurance received by the Committee on the safety of patients during periods of industrial action and noted the ongoing increased monitoring in place. She continued that the Committee had also received an update against patient safety and Never Events and had noted the value of shared learning both internally and across the wider WYAAT network. With reference to the previous agenda item she highlighted the assurance received through the bi-monthly Safer Staffing report of the daily management in place to monitor staff and the recognition of continued recruitment efforts. The Board received the report and noted the assurances received through the QAC.	
	Workforce Committee	
12.2(i)	**Chairs Summary Report**	
	The report provided an overview of significant areas of interest, highlighted the key risks discussed, key actions taken, and key actions agreed by the Workforce Committee at its meetings held 17 January 2024. Amanda Stainton highlighted the Staff Story received by the Committee which had shared the experience of two staff members against the retire and return process. The Committee had explored the importance of retaining skill sets, and had received assurance over the overall process however had requested additional information on controls and cost. The Committee had reviewed the position across the ICB and were informed that a Workforce Forum had been created to support the roll-out of the NHS Long Term Plan across the ICB; Jenny Lewis would be attending to represent WYAAT. In addition, the Committee had reviewed the Trusts Five Year Workforce Plan with a deep dive into professions to understand the groups most impacted.	

	She updated that the voluntary turnover rate had reduced however explained that at present it was too early to see if this was as a result of the ongoing retention work. She noted there had also been some improvement in sickness; with reference to the workforce metrics provided within the IQPR. She summarised the deep dives received by the Committee, noting the progress on succession planning and performance expectations, however there was some additional work to take place against the Executive and Senior Leadership pipeline. She reported that the last Staff Survey results had been released under embargo and outlined the engagement and triangulation work that would take place once the embargo was lifted. She noted that the Audit Committee had requested further assurances against the internal audit workforce actions and confirmed that a response had been provided to the Audit Committee Chair. The Board received the report and noted the assurances received through the Workforce Committee.	
12.1(ii)	**Maternity Clinical Negligence Scheme for Trusts**	
	In attendance: *Sue Gibson, Head of Midwifery* The report provided information in relation to compliance with the fifth year of the Clinical Negligence Scheme for Trusts (CNST) Incentive Scheme for Maternity, and sought to provide assurance to the Trust Board that the NHS Resolution (NHSR) Maternity Incentive Scheme year 5 standards had been met. Sue Gibson provided a high level overview of the detail within the report and highlighting the reports Appendices which set out the evidence submitted for each of the 10 safety actions; LTHT Maternity Services had met compliance with all 10 actions and she referenced the deep dive provided to the QAC which had gone through each of these actions in detail. She noted that the evidence submitted against safety action 4 neonatal medical workforce was ongoing with reference to the approved phased recruitment programme and a copy of the supporting business case included within the evidence. Ongoing actions against this was managed locally and recorded on the CSU risk register. The Board received the report and confirmed its assurance of the evidence and compliance for the 10 safety actions, and authorised the CEO to sign the compliance declaration form confirming this, which will be submitted to NHSR by 1 February 2024. **Sue Gibson exited the meeting**	
12.2(ii)	**Freedom to Speak Up**	

	In attendance: *Alan Sheppard, Freedom to Speak Up (FtSU) Guardian* The report provided a bi-annual update regarding the Freedom to Speak Up (FtSU) processes and activity within the Trust. Prof Phil Wood reminded that this item had been deferred from the November Board meeting to able to incorporate learning points from the ongoing Thirlwall Inquiry and reported that a further update would be presented to the Board in March. Alan Sheppard introduced the report which included information on the volume and types of FtSU cases raised, identified barriers to speaking up and presented opportunities for further learning and improvement. He reported that 46 cases had been reported during Q1 and Q2 across a range of themes which were summarised in the table included at section 3; he explained that categorisation for some cases could be challenging, or across a number of themes and expanded on the element of professional judgement within this; against the 46, five cases were ongoing, eight referred to another process and 33 completed (i.e. resolved to the satisfaction of the individual). He drew attention to section 4 of the report which described some of the barriers in speaking up, and noting that themes echoed the national picture. He explained the utilisation of the FtSU network to share positive stories to encourage staff to raise concerns, with reference to the staff story provided at agenda item 4 as an example of this. He also referenced the 100 voices campaign and hoped this would encourage more to share stories and an ongoing ripple effect from this. He updated on the continued development of the FtSU Champions within CSU and Corporate areas and highlighted the valuable resource they provided included engagement, visibility and accessibility. He updated against ongoing work to review the data collection process to enable better triangulation for reporting, and explained the intention to align data sources to provide a Q1 update moving forward. He provided further insight into the recurrent themes raised; 11 were attributed to incorrect use of Trust Policy and he explained that cases were recorded as they reported by staff however on further investigation it could be that the interpretation of the policy was incorrect versus misapplication of a policy. He continued that 11 cases total for 2023/24 attributed to unsafe patient care and he provided assurance of the immediate escalation of concerns to the Executive Team should a risk to patient harm be reported. He highlighted the inclusion of the FtSU action plan within the reports appendices noting the majority of actions had been completed, with two still in process, and noting the further update that would be provided to	

	the Board in March 2024. He shared that the Annual Report of the National Guardians Office was laid before Parliament in November 2023, and highlighted several points of note included at section 7. Following a request from Amanda Stainton, Alan Shepard provided further detail on the FtSU Champions reporting there were circa 65 Champions across a range of CSU's, however explaining that currently were some gaps within CSU's. He confirmed he had engaged with these CSU's with plans to address gaps and also updated on the development of bespoke training for CSU's. Georgina Mitchell questioned the comparability of data within the report noting the variance between the local and national reported themes. Alan Sheppard explained that the national themes were limited in their definition, with the Trust using more granular categorisation (and noting this was echoed across organisations) and whilst the total number of cases remained the same there was a disparity in the number per theme. Responding to a query from Jo Koroma, Alan Shepard explained that a decrease had been seen in the volume of anonymous cases which demonstrated the levels of growing trust in the FtSU process. This was echoed by Rabina Tindale who cross-referenced this to the strong safety culture within the Trust, she questioned if the FtSU data was cross-referenced with Datix incidents suggestion correlation could provide evidence of safety culture and it was confirmed this was an area that could be looked at. Jenny Lewis reminded that the associated action plan was the responsibility of the Board and explained the regular reviews of the FtSU Toolkit through the Workforce Committee. She shared there were some nuances with the Toolkit in that it was slow to respond to external reviews and requirements and updated on the development to the Toolkit to reflect this, and noting the further update that would be presented in March. The Board received the report and confirmed its assurance of the process and actions against the FtSU policy and in supporting staff to speak up. **Alan Sheppard exited the meeting**	
	Finance and Performance Committee	
12.3(i)	**Chairs Summary Report**	
	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&P) Committee meetings held 29 November and 13 December 2023. Gillian Taylor noted the detail within the report and in addition provided a	

	verbal summary of the F&P Committee meeting held the previous day; She outlined the performance update received and the assurance provided of progress against the recovery trajectories and noting the performance data within the IQPR at agenda item 10.1. In addition the Committee had received a deep dive into the Diagnostics performance standard and had recognised the work to return the waiting list to pre-pandemic levels, there had been recognition that there was further work to do however progress was recognised and assurance received of the ongoing recovery plans in place. She continued that the Committee had reviewed the financial position at month nine and confirmed the continued forecast of a balanced position at the year-end, and had reviewed the potential risk to manage to achieve this position. She shared the assurance received against the 2023-24 capital programme noting the increased oversight during Q4 and to manage schemes as the financial year end approached. The Board received the report and noted the assurance received via the F&P Committee.	
	Audit Committee	
12.4(i)	**Chairs Summary**	
	The report provided an overview of significant areas of interest, highlighted the key risks discussed, key actions taken, and key actions agreed by the Audit Committee at its meeting held 13 December 2023. Suzanne Clark highlighted the assurance deep dives reviewed by the Committee (with phased reporting aligned to the risks defined within the BAF) which had included patient safety and outcomes, health and safety, financial and partnership working, and strategic planning risk and noting the summary of assurance included within the report. She summarised the progress updates received from the internal audit team on progress against the annual audit plan, and external audit on the associated timeline for audit submission for 2023-24. She noted the consideration of the Single Site Valuation and referenced the report provided at the following item, and confirming the Committee had received assurance and was recommending sign-off. She shared that the Committee had explored the ESG reporting requirements in the private sector versus public; with an agreement that whilst no formal additional reporting was required, work would take place to promote the work taking place on the Trusts website. She continued that the Committee had reviewed progress against the Counter Fraud Standards noting the Trust was reporting green against 12 with one rated amber and assurance received against ongoing work to address this. She noted that the Trust had also hosted a visit from the NHS Counter Fraud Authority Hub and was positive of the feedback received.	

	She noted the updates received against Loses and Special Payments, and Single Tender Waivers and outlined the regular assurance sought by the Committee on the appropriate application of these policies. The Board received the report and noted the assurance received by the Audit Committee.	
12.4(ii)	**Single Site Valuation**	
	The report provided a summary of the assessment criteria and the associated evidence of the Single Site Valuation methodology. The Board was asked to re-affirm the decision to adopt SJUH as the single site for estate valuation purposes and agree the methodology continued to be the appropriate valuation methodology for the Trust. Simon Worthington drew attention to the detail within the report and noted that the methodology used which was in line with previous years. He highlighted the narrative at section 3 of the report which provided a summary of the guidance requirements and assessment/ evidence provided as per the guidance in the DHSC Group Accounting Manual (GAM). He explained the annual confirmation required by the Board and reported that the Audit Committee had reviewed and supported the position as stated within the report. The Board received the report and confirmed its support to continue with a single site basis for estate valuation and to retain St James's as the single site for that purpose.	
13	**Strategy and Planning**	
13.1	**<u>BLUE BOX ITEM</u> – Building the Leeds Way (BtLW)**	
	The report provided an update against the ongoing BtLW programme and was provided in the Blue Box for information and was received and noted.	
13.2	**Process for Reviewing Annual Commitments**	
	The report set out the process to close down the 2023/24 annual commitments, and to agree refreshed commitments for 2024/25. James Goodyear drew attention to the detail within the report which described the process for reviewing and closing down the 2023-24 annual commitments, and the process for developing and communicating the 2024-25 annual commitments. He explained this process as an evolution rather than a revolution and explained the learning that would be sought from staff experiences against the 2023-24 commitments. The Trust Chair further explored the process for the planned launch of the 2024-25 commitments at the Board Timeout with Senior Leaders on 21 March 2024 which the Board explored in more detail. Amanda Stainton commented on the clarity of the approach described, she reflected that the wider challenge was often in embedding actions	

	and supported the comment of evolution not revolution. Gillian Taylor explored the process for closing down previous year objectives to ensure progress was not lost, and workstreams were closed safely and James Goodyear confirmed this was being actively considered through the Executive Team. Suzanne Clark questioned if the updated commitments would feed into staffs objective setting within the appraisal process which was confirmed by James Goodyear. He reminded that there were two separate processes for medical and Agenda for Change (AfC) staff, however confirmed both processes would be updated to signpost to updated commitments and initiate discussion. Prof Phil Wood added that the Virginia Mason Institute (VMI) was continuing to support the Trust through this process, however reflected on the progress of the partnership to date and was positive of the learning which had moved to a BAU and embedding stage. The Board received and noted the report.	
14	**Governance and Regulation**	
14.1	**Emergency Preparedness; Resilience & Response Core Standards**	
	The report provided a description of the process for the annual Emergency Preparedness, Resilience and Response (EPRR) self-assessment and peer review process which gave an indication of readiness to respond to business continuity, critical or major incidents which could impact the Trust. Clare Smith drew attention to the detail within the report and explained the new evidence requirements that had been introduced which had impacted the Trusts compliance within the current year. She reported that an action plan had been developed to respond to the updated evidence requirements which would return the Trust to substantial compliance and reiterated it was the evidence requirements and not standards that had changed. She highlighted the additional assurance provided via the internal audit review (October 2021) which had confirmed that the Trusts EPRR arrangements were robust and the Trust was in a strong state of readiness to respond to incidents. She highlighted the role of the EPRR Planning Group and confirmed they would provide assurance and ongoing monitoring against the associated action plan. The Trust Chair shared that this submission had been debated across various forums as there was a lack of consistency across regions and confirmed the Trust was engaging with NHS Professionals on these concerns, with reference to the discussion which had taken place during the Board Workshop. The Board received and noted the report.	
	Items for Information	
15.1	**BLUE BOX ITEM - Forward Planner**	
	The Board Forward Planner was provided in the Blue Box for information	

	and was received and noted.	
15.2	**<u>BLUE BOX ITEM</u> – Freedom of Information Annual Report**	
	The Freedom of Information (FoI) Annual Report was provided in the Blue Box for information and was received and noted.	
16	**Standing Agenda Items**	
	Risk	
	There were no items arising from the meeting for escalation to the RMC for consideration on the CRR.	
	Legal Advice	
	There were no items arising from the meeting that warranted the consideration of legal advice.	
	Regulators - CQC or NHS England, ICB/Place issues	
	There were no items arising from the meeting for escalation to the Trust regulators.	
	Communications	
	The ongoing communications referenced in the FtSU update at agenda item 12.2(ii) were noted however no areas were highlighted as requiring specific additional communications.	
17	**Review of Meeting and Effectiveness**	
	No comments on the effectiveness of the meeting were raised.	
18	**Any Other Business**	
	Georgina Mitchell noted that the Government had asked Public Bodies to review any contracts held with Fujitsu and questioned if the Trust had any. Responding, James Goodyear confirmed they were involved in the Innovation District Pop-Up however explained this was a non-contractual relationship and offered to provide further detail outside of the meeting.	
	Date of next meeting: Thursday 28 March 2024 (SJUH)	

Appendix A

Neonatal mortality January 2024

Response to questions raised by email prior to public Board meeting 25 January 2024

(The data analysis preceding the questions is provided be a member of the public from their own interpretation of the data).

Response supplied to the member of public by email 24 January 2023.

Do you agree/acknowledge that there has been a steady increase in neonatal and perinatal mortality rates in Leeds from 2018 to 2023?

Yes, we acknowledge this fact.

LTHT has robust processes in place to ensure that our perinatal mortality is monitored and all our perinatal mortality cases are reviewed using the recommended Perinatal Mortality Review Tool (PMRT) which aims to support objective, robust and standardised reviews of deaths of babies (up to 28 days post birth). Where external trusts and/or the regional transport team have

been involved in the care and transfer of an infant they are also involved in these reviews. In the last 18 months we have had regular peer review from senior maternity and neonatal staff from neighbouring trusts.

All neonatal mortality cases are also reviewed by the Yorkshire and the Humber Neonatal network in their quarterly meetings with other tertiary NICU staff to provide regional peer review. This review has more recently moved to focusing on the cases that have been through the local PMRT processes and have been graded a C or a D by the local team, suggesting that there either may have been, or there definitely were, deficiencies in care that impacted on the outcome for the infant.

On comparison of the neonatal data from 2018 and 2023 the three most striking differences within LTHT are the increase in cases where there has been foetal medicine input (a surrogate marker for complexity). Network data shows an increase in infants with complex cardiac conditions being born and cared for in our trust. Another factor which network data also evidence the implementation of a change in guidance relating to resuscitation of infants at 22 weeks gestation. In 2018 no infants at this gestation were resuscitated whereas in 2023 there were five infants live born and resuscitated, of which three died. We have engaged in a network review of managing this new cohort of patients as they present unique challenges and are developing a best practice guideline to reflect current evidence and what we have learned so far from our local and regional experiences.

Do you acknowledge that you have one of the highest neonatal and perinatal mortality rates of all the UK 26 Level 3 NICU and neonatal surgery units?

LTHT acknowledges this and as such have engaged in more detailed peer review of cases with similar trusts such as University Hospitals of Leicester (UHL). LTHT has also peer reviewed cases for Birmingham Women's and Children's Hospital (BWCH). UHL and BWCH are both large surgical centres and have cardiac NICU with similar patient demographic to LTHT and function as a split site service like LTHT.

This was hugely beneficial for both teams acknowledging similar challenges and shared learning. They did not raise any concerns about our care provided by LTHT.

This has led to a group of similar units keen to come together and repeat the process on a more regular formalised basis to ensure effective peer review across the UK.

If you do agree with this, has it been fully understood and investigated? …And is the action plan adequate to get Leeds perinatal mortality rate back close to the Level 3 group average?

LTHT is committed to ensuring our perinatal mortality is understood and appropriately investigated, with actions to make improvements in place and I have summarised these below:

1. Monthly oversight of mortality and an immediate review should concerns be raised with a robust action plan developed.
2. Peer review as set out in the response above
3. Review of all cases of diaphragmatic hernia and gastroschisis (our two more complex surgical conditions) over 5 years resulting in updated guideline, pre delivery safety checklist

for the neonatal team and development of a specialist team for surgical deliveries will come to fruition in 2024.

4. MSc projects being undertaken through the University of Leeds to review all infants with cardiac conditions cared for on the Neo Natal Unit to ensure care is consistent and in line with accepted best practice. A second project is focusing on outcomes for those infants born at less than 28 week gestation, aligning to the British Association of Perinatal Medicine framework of optimisation as part of the review.
5. Benchmarking our decisions around palliative care with other units, acknowledging that currently all cases undergo an MDT discussion before this pathway of care is embarked on to ensure transparency in decision making.
6. Meeting with trust coding team and data team to ensure robustness of data as there are many different sources of data presented in different ways which makes it harder to provide clear assurance.

Dr Magnus Harrison, Chief Medical Officer