



**The Leeds
Teaching Hospitals**
NHS Trust

DRAFT MINUTES OF THE PUBLIC BOARD MEETING
Thursday 28 November 2024

Seminar Rooms 2 (099) and 3 (096), Ground Floor, Gledhow Wing, SJUH

Present:	Linda Pollard	Trust Chair
	Mike Baker	Non-Executive Director
	Mark Burton	Non-Executive Director
	Phil Corrigan	Non-Executive Director
	Jenny Ehrhardt	Director of Finance
	James Goodyear	Director of Strategy
	Magnus Harrison	Chief Medical Officer
	Joanne Koroma	Associate Non-Executive Director
	Jenny Lewis	Director of HR & Organisational Development
	Bob Simpson	Non-Executive Director
	Clare Smith	Chief Operating Officer
	Amanda Stainton	Associate Non-Executive Director
	Laura Stroud	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
In Attendance:	Peter Aldridge	Associate Director - Estates, Fire And Security (for agenda item 12.4(iv))
	Jo Bray	Company Secretary
	Nigel Burchell	Development Lead, Leeds Health and Care Academy (for agenda item 13.2)
	Vickie Hewitt	Trust Board Administrator
	Esta Innes-Limbachia	Assistant Director, CEO Office
	Dan Jones	Violence Prevention and Reduction Coordinator and Operational Lead (for agenda item 12.4(iv))
	Anya MacBeth	Talent Pipeline Officer, Leeds One Workforce (for agenda item 13.2)
	Anna Ray	Public Health Consultant (for agenda item 13.2) (via MST)
	Alan Sheppard	Freedom to Speak Up Guardian (for agenda item 12.4(v))
	John Speight	Deputy Chief Digital and Information Officer
	Jane Westmoreland	Associate Director of Communications
Observing:	Eve Hartrick	Director of Finance, Leeds Hospitals Charity
Apologies:	Paul Jones	Chief Digital and Information Officer
	Chris Schofield	Non-Executive Director

Agenda Item		ACTION
1	Welcome and Introductions	
	<p>The Trust Chair welcomed members to the meeting and welcomed Eve Hartrick, Director of Finance, Leeds Hospitals Charity as an observer.</p> <p>In addition she welcomed John Speight, Deputy Chief Digital Information Officer (CDIO) who was in attendance on behalf of Paul Jones.</p>	
2	Apologies for Absence	
	Apologies for absence were received from Paul Jones, CDIO and Chris Schofield, Non-Executive Director (NED).	
3	Declarations of Interest	
	<p>The Trust Chair updated that she had been appointed as a member of the Department of Health 10 Year Plan People Scrutiny Group.</p> <p>There were no other new declarations of interest and the meeting was confirmed to be quorate.</p>	
4	Staff Story - Workforce Planning: Growing Our Own	
	<p>Jenny Lewis introduced the Staff Story which shared the experience of several staff members in their development and career progression through the organisation and was available to view via the following link; https://www.youtube.com/watch?v=SLM_piQmCd4</p> <p>Amanda Stainton shared that a similar video had been received at the Workforce Committee with this being a small example of the career development opportunities available and updated that the Committee was also exploring how this could be utilised from a recruitment perspective.</p> <p>The Trust Chair recognised that some of the examples shared had developed from starting in the apprenticeship programmes to relatively senior levels and Jenny Lewis expanded on the current apprenticeship offer at LTHT which spanned across a number of different roles and provided an alternative route to healthcare careers and an opportunity to grow and develop. LTHT was in the top-100 providers nationally (private and public sector) for its apprenticeship programme and intended to continue to utilise and develop this cohort.</p> <p>Jo Koroma questioned the career trajectories for new staff and Jenny Lewis expanded on the potential career pathways for each staff group with development opportunities available via the Organisational Learning Team. She informed that the Chief Nurse Team had developed a pathway for Nursing Apprenticeships, however was mindful that this was more challenging within some of the corporate role apprenticeships with the Team working on improved descriptions and mapping. Prof Phil Wood reflected that the media narrative was often on clinical staff and it was great to see examples from the administration and managerial professions and how they contributed to patient care.</p> <p>The Board received and noted the update.</p>	

5.1	Draft Minutes of the Last Meeting	
	The draft minutes of the last meeting held 26 September 2024 were confirmed to be a correct record.	
6	Matters Arising	
	There were no matters arising listed on the agenda and none were raised during the meeting.	
6.1	Patient Food	
	<p>The Trust Chair referenced the sampling of inpatient food (a ward trolley) during the Boards lunch break which took place annually and was an opportunity for the Board to experience the service and options offered to patients and to triangulate with the annual update on the quality of patient catering.</p> <p>Craige Richardson presented an update on the current patient catering offer explaining that the Trust served circa 2.3M patient meals a year, including breakfast, lunch and evening meal. Choice was a key consideration within the menu's offered to reflect patients' needs and preferences.</p> <p>He highlighted the five star food hygiene standard across the Trust which had been independently verified by Leeds City Council, and also highlighted the 95.7% satisfaction rating received from patient feedback.</p> <p>He updated on the food costs per patient per day with the Trust comparing well in both regional and peer comparisons, and operating below the national average, whilst maintaining food quality. With the festive period approaching he also updated on the festive menus available on Christmas Day for patients staying with the Trust.</p> <p>The Trust Chair was positive of the consideration of nutrition and dietary requirements, respecting cultural diversity within the menu planning which the Board had had the opportunity to explore with the Catering Team over the lunch break. She shared that she had previously had the opportunity to visit the catering preparation unit at Seacroft which had been a positive experience. Mike Baker referenced the ward visits the Board had also attended over the lunch period and the opportunity to speak to staff and patients, he was mindful that some patients were with the Trust for a considerable length of time and that nutrition and variety was important.</p> <p>The Board received the update and it was confirmed that a thank you letter would be circulated to the Patient Catering Team for hosting the Board.</p>	Jo Bray
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.	

	<p>The Trust Chair highlighted the detail available within the report and updated against the two-day Board Timeout event held in October which had included an engagement session with Senior and Clinical Leaders, and a Board to Board with Leeds Community Health (LCH) to explore opportunities for further improvement and collaboration between the two organisations. She was positive of the interactions with Leaders and noted that feedback from the event would be incorporated into the next planned event in March 2025.</p> <p>She highlighted the Trusts engagement with the RHS who were supporting the development of a wellbeing garden at the SJUH site which was anticipated to be opened in spring. She also noted the visit from Karin Smyth, MP who was the newly elected Minister of State for Health.</p> <p>The Board received and noted the report.</p>	
9.1	Chief Executive's Report	
	<p>The report provided an update on news across the Trust and the actions and activity of the Chief Executive since the last Board meeting.</p> <p>Prof Phil Wood highlighted the detail within the report and updated on the increased operational pressures as the Trust headed into the winter period. He reported that the Trust had been moved into Tier 1 escalation for its RTT 65 week position due to high numbers and informed of the deep dive that had been provided to the F&P Committee the previous day.</p> <p>He referenced the national Budget Statement on 30 October 2024 and the implications of this to the NHS, noting that an announcement on the New Hospitals Programme (NHP) was anticipated to be received in the new year. He reflected on the state of readiness of the Trusts NHP and the support of the local council and wider region to the new build.</p> <p>He noted the open national consultation on the future of the NHS and the encouragement to all staff to contribute their views which would be in addition to an organisation response.</p> <p>He reported that NHSE had informed all trusts of their intention to make changes to the current operating model with the aim of these changes to simplify processes, shift resources towards neighbourhood health care and devolve more decision making to ICPs and had been broadly welcomed across the acute sector.</p> <p>He updated that the NHE England (NHSE) had published an 'Insightful Board' guidance which the Board would be reviewing at its next meeting in January 2025.</p> <p>He highlighted the opening of the Community Diagnostic Centre (CDC) in Beeston, bringing the total to three across the City and allowed for diagnostic testing to take place closer to patients homes and out of the acute hospital setting. During October the new Elective Care Hub had</p>	

	<p>also opened at Wharfedale Hospital which had created additional theatre capacity.</p> <p>He updated on the launch of the 'Making Every Day Count' programme which aimed to prevent avoidable delays to patient care and was an organisation wide improvement effort, and he thanked colleague for their support, sharing the programme was already beginning to have a positive impact.</p> <p>He also referenced the Board to Board with LCH and the opportunity to explore how the two organisations could work more collaboratively and was positive of the commitment from both Boards and the agreement to scope several project areas and reconvene in March 2025.</p> <p>He noted there had been a number of senior appointments within partnership organisations as detailed within the report.</p> <p>He highlighted the detail within the report on the latest R&I activity and success in attracting funding for research. He updated that the Trust had submitted an application to receive University Hospital status and outlined the impact of this which would better reflect the breadth and scale of the Trust's wider academic work in both research and innovation as well as education and training.</p> <p>He shared that he had continued the 'Chat and Brew' informal engagement sessions with staff which had resulted in a number of positive changes been implemented and had been well received.</p> <p>He noted the consultant appointments that had been made over the last reporting period at section 7 which were endorsed by the Board.</p> <p>With reference to the 'Making Every Day Count' initiative, Amanda Stainton updated that she and Bob Simpson had recently attended a Leadership Walkround to the Head and Neck service on the LGI site and shared that the Teams focus on this had been evident which was commendable given the competing priorities on staff. The Trust Chair welcomed this feedback and commented on the importance of the Board in reaching out into the organisation and witnessing these initiatives in action.</p> <p>The Board received and noted the report.</p>	
9.2	Mid-year Review with CSUs	
	<p>The report provided a summary of the internal CSU mid-year review meetings that had taken place in September and October 2024.</p> <p>Prof Phil Wood noted that this had been the second year of this process and explained the focus of the meetings on CSUs progress against the seven annual commitments and was designed to be a supportive/ collaborative meeting which did not replace the existing governance and oversight programmes. The annual commitments had provided pillars to frame the conversation and enabled focus on the key priorities for the Trust.</p>	

	<p>Outcomes of the meeting had highlighted the continued challenging environment that CSUs were working in however the Executive Team had been assured of the continued commitment across all CSUs to meet these challenges and keep teams engaged throughout the process. Individual action plans for CSUs had been developed following the meeting with additional support being provided to CSUs who had RAG rated Red across a number of metrics.</p> <p>Mark Burton explored how learning from this process would be implemented and shared across CSUs which prompted wider discussion. The discussion highlighted the 'buddy system' which would see strong performing CSU's partnered with those CSU's who were more challenged, and also explained how themes would be collated to inform improvement programmes and commitments for the coming year. The review process had highlighted that those CSUs who were more literate and engaged with the Leeds Improvement Method (LIM) were performing better which would be reflected on further, with recognition that some CSUs were responding to specific capacity and demand challenges.</p> <p>The Board received and noted the report.</p>	
10	Quality and Performance	
10.1	Integrated Quality and Performance Report (IQPR)	
	<p>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 scrutiny provided and assurance sought through the Board Committee structure against each of the metrics).</p> <p>Clare Smith reported that the Trust had been placed in Tier 1 escalation for both Cancer Waiting Times (CWT) and Elective Care (specifically due to the 65ww position). She expressed the Trust's disappointment in this position noting the ongoing actions across CSUs to recover and maintain standards. She shared that a deep dive had been provided to the F&P Committee on the detail of this escalation and was mindful that despite this, several specialties were fully compliant against their constitutional standards, which should be celebrated.</p> <p>She updated on the continued focus on reducing the 38 and 52 week waits to reduce the overall Total Waiting List size and confirmed that Teams had been allocated clear recovery trajectories. A number of specialties did have patients waiting over 65ww and were responding to some specific challenges however she shared her confidence in the Leadership Teams and the innovative response from staff to identify additional activity opportunities, and noting the additional support from the national Team, as a result of the escalation. She referenced the cross-correlation between the F&P Committee and Quality Assurance Committees (QAC), which included a regular harms review of patients on the waiting list.</p>	

	<p>Laura Stroud, as Chair of QAC expanded on the different lens that the QAC and F&P Committee's reviewed the waiting list, with the QAC focussed on harms review, quality and patient experience with regular updates received. She noted that the minutes of the last QAC meeting had been made available to the Board Workshop meeting which had described the assurance received from the last deep-dive and noted a copy of these reports had also been shared with the F&P Committee for information. Assurance received that patients were at the centre of this process and also updated that consideration was being given to the removal of the Priority 2 classification which had been introduced during the Covid pandemic however was now providing limited clinical value.</p> <p>Following a query from Phil Corrigan on the Standard Hospital Mortality Indicator (SMHI), Magnus Harrison explained that the reason for the data lag was due to the standard also accounting for deaths outside of the hospital and up to 30 days. He expanded on the focus via the QAC in reviewing any potential lapses of care within the mortality data versus the static figure provided by the SHMI and expanded on the additional assurance provided by the Mortality Improvement Group (MIG) and external assurance via Dr Forster reviews. He expanded on the escalation process should any care concerns arise from these reviews and Laura Stroud noted the assurance deep dives received via the QAC.</p> <p>The Board received and noted the report.</p>	
11	Risk	
11.1	Corporate Risk Register	
	<p>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 3 October and 7 November 2024.</p> <p>Prof Phil Wood noted the detail within the report on the Corporate and CSU risks reviewed at the meetings. He highlighted the addition of a new risk to the CRR regarding the cash position of the Trust which had been given a risk score of 16 with ongoing assurance and oversight provided via the F&P Committee.</p> <p>He reminded of the monthly rolling programme of risks reviewed via the RMC and noted the inclusion of the latest CRR within the reports appendices (noting that some risks had been restricted from the public domain due to commercial sensitivity).</p> <p>The Board received and noted the report.</p>	
11.2	BLUE BOX ITEM – Health and Safety Annual Report	
	The Health and Safety Annual Report was provided in the blue Box for information, following review by the RMC, and was received and noted.	
12	Assurance from Committees	

	Quality Assurance Committee	
12.1(i)	Chair's Summary Report	
	<p>The report provided an overview of significant areas of interest, highlighted the key risks discussed, key actions taken, and key actions agreed at the QAC at its meeting held 17 October 2024.</p> <p>Laura Stroud explained the role of the QAC in reviewing the reports it received via a quality, safety and patient experience lens with recognition of the additional pressure the Trust and wider healthcare system was currently operating under and triangulating this information with other key Board Committees primarily the F&P and Workforce Committees.</p> <p>She highlighted the Patient Story received by the Committee which had shared the experience of a former nurse in relation to the care received of a family member. The video had highlighted a poor experience with communication and the Committee had recognised the courage in speak up as a former employee with a view for future improvements. The Committee had been updated of the immediate improvements implemented and the improved communications process regarding patient handovers.</p> <p>She noted the update received on Perinatal Services and the scrutiny applied by the Committee informing that a phased recruitment plan had been supported for Neonatal Medical staff. She noted her role as Board Maternity Safety Champion along with the accountability to the Chief Nurse and the regular engagement with the department to triangulate information in the reports received. She was mindful of the reliance on the decision from NHP and the redevelopment of the LGI site that was to create a single site neonatal unit.</p> <p>She outlined the assurance update received from the IPC Team and the continued sharing of good practice across the Trust to reduce the risk of healthcare infections with targeted action plans in place. The Committee had also noted the support provided by the Estates & Facilities Team for their role in supporting clinical services and patient safety with regard to cleanliness.</p> <p>She noted the limited assurance received in relation to Pressure Ulcers and additional information had been requested with a focus on specific actions.</p> <p>The Board received the report and noted the assurances received by the QAC.</p>	
12.1(ii)	BLUE BOX ITEM – Learning from Deaths Report	
	The latest Learning from Deaths report was provided in the Blue Box for information following review by the QAC, and was received and noted.	
	Finance and Performance Committee	
12.2(i)	Chairs Summary Report	
	The report provided an overview of significant issues of interest, highlighted key risks discussed, key decisions taken, and key actions	

	<p>agreed at the F&P Committee meetings held 25 September and 30 October 2024.</p> <p>Mark Burton recognised the current operational pressures across the Trust and wider region as referenced throughout the Boards discussion and referenced the finance & performance metrics provided within the IQPR at agenda item 10.1.</p> <p>He reported that the Cabinet Office spend controls on buildings over £20M were now also applicable to the NHS with the Committee reviewing the potential impact of this and noting there may some delays in the future approvals of some capital business cases.</p> <p>He updated of his attendance to the Trusts Annual Waste Reduction Conference in October 2024 and shared positive feedback of the event and the engagement and ownership by staff.</p> <p>He noted the Committees deep dive of the Winter Planning Process and noted the further detail that would be provided to the Board at agenda item 13.5 and noting the assurance received by the Committee.</p> <p>The Board received the report and noted the assurances received by the F&P Committee.</p>	
12.2(ii)	Verbal update of the meeting held 27 November 2024	
	<p>Mark Burton provided an update of the key areas of discussion at the F&P Committee meeting held the previous day with reference to the detail that had been provided to the Board Workshop that morning.</p> <p>He shared context to the Patient Story received by the Committee which had informed of the updates within the children's warfarin clinic and the use of available technology to support parents in attending and engaging with the clinic and the Committee had commended the flexible approach with recognition of the varied needs across families.</p> <p>He referenced his attendance at a recent HMFA Conference which had explored topics including cyber security, procurement, productivity and efficiency. He informed that the conference had raised that there were several tools available from NHSE to support trusts with their productivity position and noted that the F&P Committee would be receiving a deep dive into the Trusts productivity position at its next meeting, The Conference had also included an update from another trust who was utilising the Virginia Mason Institute (VMI) improvement methodology and had provided assurance of the impact and effectiveness of the Trusts own Leeds Improvement Method (LIM).</p> <p>He shared that the Committee had scrutinised and approved the procurements (underpinned by external funding) in relation to the NPIC and reminded this was a key strategic driver for the Trust and wider NHS.</p>	

	<p>He referenced the scrutiny applied by the Committee to the performance against the Constitutional Standards noting the Board had site of the latest position via the IQPR.</p> <p>The Committee had also received a deep dive on the RTT standard with a further look at the actions in place following the Trust's escalation into Tier 1 and a chance to demonstrate the positive work and focus taking place across the Trust. The Committee had received assurance of the actions taken and he noted the triangulation with the QAC Committee who had reviewed the harms review process and assurance.</p> <p>The Committee had also reviewed the month seven financial position with an in month surplus of £1.1M, which was £0.5M favourable to plan with a year to date deficit of £22.3M, which was £6.2M adverse to the NHSE plan. The Committee had explored the progress of financial improvement plans and noted the additional support being provided to several CSUs. The Committee had also recognised the positive progress in reducing the Trust's agency spend.</p> <p>He noted that the Board was scheduled to receive the Q3 Fundamental Financial Review in December which would provide additional detail on the risk, income and expenditure position.</p> <p>The Board received and noted the update.</p>	
	Audit Committee	
12.3	Chairs Summary	
	<p>The report provided an overview of significant issues of interest, highlighted key risks discussed, key decisions taken, and key actions agreed at the Audit Committee meeting held 15 November 2024.</p> <p>Gillian Taylor noted this had been an Extra-Ordinary meeting with primary focus on the controls in place to support the financial risks (as described within the Board Assurance Framework).</p> <p>A recommendation had been made from the Audit Panel regarding the appointment of the Trusts External Auditors for the coming year with detail on the assessment process reported to the Board that morning. The recommendation was supported by the Board.</p> <p>The Committee reviewed the recommendations for the update and amendments to Standing Orders and Standing Financial Instructions which were presented to the Board for approval at agenda item 14.2.</p> <p>The Board received and noted the report.</p>	
	Workforce Committee	
12.4(i)	BLUE BOX ITEM – Chairs Report 19 September 2024	
	<p>The Workforce Committee Chairs Summary Report of the meeting held 19 September 2024 was provided in the Blue Box for information following deferral from the September Board meeting which had been due to the limited timeline to submit final reports and the meeting taking place.</p>	

12.4(ii)	BLUE BOX ITEM – Workforce Annual Demographics	
	The Workforce Annual Demographics report was provided in the Blue Box for information and was received and noted.	
12.4(iii)	Chairs Summary Report	
	<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 21 November 2024.</p> <p>Amanda Stainton referenced the Staff Story shared with the Board at agenda item 4, and in addition updated of the Committees review of Workforce related metrics which aligned to the Trust's People Priorities with reference to the summary included within her report. She highlighted the improved turnover and retention rates which would continue to remain a focus across the Trust.</p> <p>The Committee had also received a deep dive into the performance against the Equality, Diversity and Inclusion People Priority and she noted improvements in all nine WRES measures since 2023, however explained these continued to show a gap in the experiences of white staff and BME staff which the Committee had further explored. The Trust had also improved in all 10 WDES measures, however a gap remained with responses from staff who were disabled or had a long-term health condition, demonstrating they reported a more negative experience than their non-disabled colleagues. The Committee had reviewed and supported actions for the next 12 months, with recognition of the progress to date and that improvement actions would take time to implement.</p> <p>Within the health and wellbeing (H&W) metrics the Committee had noted the continued reduction in the rolling 12 month absence rate and she informed that a stretch target had been put in place for the current year which was currently being achieved. There had been recognition of the additional risk of sickness absence over the winter period which the Committee would maintain oversight of via its sub-committee structure.</p> <p>The Board received and noted the report.</p>	
12.4(iv)	Violence Against Staff Annual Report	
	<p><i>In attendance:</i> <i>Peter Aldridge, Associate Director - Estates, Fire And Security and Dan Jones, Violence Prevention and Reduction Coordinator and Operational Lead</i></p> <p>The report sought to provide assurance of the ongoing work in relation to violence prevention and reduction in LTHT and the programme of work aimed to ensure staff felt supported, safe and secure at work.</p> <p>Dan Jones provided a high level overview of the detail within the report which included information on the workstreams and quality improvement programmes in place. The report responded to six key areas; all of which were reporting compliance and RAG rated Green and included;</p>	

	<ul style="list-style-type: none"> • Reporting mechanisms • Corporate risk • Quality Improvement Collaborative • Aggression and violence by patients who lack mental capacity and/or present with mental ill health • Position statement against the violence prevention and reduction standard • Staff training and staff support and wellbeing <p>He drew attention to the table on page 5 which set out the volume of assault incidents by month (noting that the October 2024 data was incomplete due to the way DATIX produced the report). There was an increase in the average number of assault incidents however this also coincided with a reduction in severity of incidents. At present there was not sufficient data to evidence if this was a continued trend and it was also believed that the increase was due to an increase in reporting and awareness.</p> <p>He updated on the training available to staff and noting the strong compliance rates against the two levels of personal safety training available to patient facing staff. Level one was an e-learning package delivered to staff in areas identified as posing a lower risk of violence and aggression. Level 3 training was delivered face to face and was more comprehensive, aimed at staff working in areas assessed as posing a high risk of violence/aggression. He highlighted the development of a Prevention and Management of Violence and Aggression Team who were currently delivering upskilling theory training to the security team with a view to delivering physical skills training to them towards the end of this calendar year.</p> <p>Peter Aldridge added further reflections and was positive of the robust response from the Teams in responding to incidents and the multi-disciplinary approach across the Trust.</p> <p>Mark Burton referenced the review and discussion via the Workforce Committee and the recognition of the various complexities of patients presenting to the Trust which did feed into this. The Workforce Committee had also reviewed the triangulation of DATIX and Security reporting and Amanda Stainton also commented on the assurance received on the focus on post-incident response and support provided to staff. Jenny Lewis was positive of the increase in reporting which was also helping to inform where to place additional support, explained DATIX an important trigger and would continue to raise the profile on reporting incidents. Board was mindful that acute trusts were seeing an increase in incidents due to capacity pressures in the wider system which prompted wider discussion.</p> <p>Following a query from the Trust Chair it was confirmed that the Trust was engaged with other agencies including WY Police as well as partners such as LYPFT and Peter Aldridge expanded on the multi-disciplinary approach to try to ensure patients were cared for in the right environment.</p>	
--	--	--

	<p>The Board received and noted the report.</p> <p>Peter Aldridge and Dan Jones exited the meeting</p>	
12.4(v)	Freedom to Speak Up	
	<p><i>In attendance:</i> <i>Alan Sheppard, Freedom to Speak Up Guardian</i></p> <p>The report provided a bi-annual update regarding Freedom to Speak Up (FtSU) processes and activity.</p> <p>Alan Sheppard noted the detail within the report and updated on the key points of note which included:</p> <ul style="list-style-type: none"> • There continued to be an increase in the number of FtSU cases reported; • Ongoing activity to raise the profile of speaking up including improvements to the systems and processes to strengthen the governance around speaking up; • An overview of reoccurring themes identified for the reporting period. <p>He Highlighted there was a risk (currently been monitored via the HR risk register) of the current FtSU resource and ability to respond, therefore the Team were exploring the use of an App and how background administration functions could simplify the reporting process. In addition, a temporary increase had been agreed to the Guardian hours to full time for five months with a review scheduled to take place on 28 February 2025.</p> <p>He drew attention to the detail at section 3 which summarised the activity in this reporting period to foster a positive culture where staff felt confident to speak up and that their voice will be heard. He updated that a new process had been developed to support staff who felt they had received negative impact after raising a concern, and in particular for those cases that did not meet the criteria for a detrimental case which also included legal connotations.</p> <p>A summary of reporting themes was included within the tables at section 4, with attention drawn to the increase in cases reported and noting that the national Guardians Office had amended the reporting themes during 2024/25. The FtSU process continued to receive a broad range of themes however there had been a notable rise in cases linked to incivility from colleagues with patient care impact. He reflected on the ongoing operational pressures across the Trust and how this impacted staff behaviour, noting that Leeds Way values needed to be adhered to even more so in times of pressure and there was a need to retain focus on this.</p> <p>There had also been a rise in staff registering their concerns with the FtSU Guardian but not requiring action at the time of raising the</p>	

	<p>concern. He provided assurance that any concerns linked to safety or illegal activity would be immediately escalated and not ignored.</p> <p>Gillian Taylor referenced her role as FtSU Champion and noted that she and Alan Sheppard met regularly to provide ongoing assurance. She updated that another area being explored was the use of a QR code in prominent places to make it easy for people to speak up and raise concerns.</p> <p>Following a query from the Board, Jenny Lewis expanded on the tools in place to support line managers in their response following a concern and updated that pilot work was taking place in Theatres and Children's looking at how incivility impacted on performance with a view to inform learning across the wider organisation.</p> <p>The Board received and noted the report.</p> <p>Alan Sheppard exited the meeting</p>	
	Remuneration Committee	
12.5	Notes from 26 September 2024	
	The notes of the Remuneration Committee meeting held 26 September 2024 were provided in the Blue Box for information and were received and noted.	
13	Strategy and Planning	
13.1	<u>BLUE BOX ITEM – Building the Leeds Way</u>	
	The BtLW report was provided in the Blue Box for information and was received and noted.	
13.2	Career Compass Leeds	
	<p><i>In attendance:</i> <i>Anya MacBeth and Nigel Burchell</i></p> <p>Jenny Lewis welcomed colleagues to the meeting and was positive of the introduction of the Career Compass Leeds tool to support future healthcare recruitment across Leeds. She updated that the live tool would also be shared via Team Brief the following week and outlined the support sought from the Board in endorsing and advertising.</p> <p>Anya MacBeth and Nigel Burchell presented a deep dive on the Career Compass Leeds tool and explained how an individual could build their profile and use their interests to discover suggested roles. There were over 120 roles already live on the site. The website include information on health and care roles specific to Leeds as well as frequently asked questions and would continue to grow and develop.</p> <p>The website was accessible via the following link; www.careercompassleeds.co.uk</p> <p>The tool was positively received by the Board who reaffirmed its support. Laura Stroud suggested the inclusion of information of where young people could receive financial support for further education which would be considered in future design updates for the website. Jo</p>	

	<p>Koroma explored how success via the website would be measured and Nigel Burchell explained the analytical tools available and informing the website already had 415 registered users.</p> <p>The Board received and noted the update.</p> <p>Anya MacBeth and Nigel Burchell exited the meeting</p>	
13.3	Leeds As Anchor Institution	
	<p><i>In attendance,</i> <i>Anna Ray, Public Health Consultant (via MST)</i></p> <p>The report provided an update on LTHT's activity as an Anchor Institution, including engagement with the Leeds Anchor Network (LAN), and the 2024 review of the Inclusive Anchor Progression Framework.</p> <p>James Goodyear set context to the responsibilities of Anchor Organisations and noted the Trust had been an active member of the LAN since 2018. He reported that the Trust had completed recently completed its latest review against the Inclusive Anchors Progression Framework which looked across five domains; employer, procurement, environment & assets, service delivery and corporate & civic. Scores were applied to each domain on a scale of 1-4 with 4 being the highest.</p> <p>He provided a high level overview, explaining that overall the Trusts current position scores across the framework represented modest to good performance with a mixture of strong actions and scope to do more. They were strongest against the employer dimension and lowest against the service delivery dimension.</p> <p>Anna Ray expanded on the service delivery element and explaining the interactive relationship between Anchor organisations which included various programmes including responding to health inequalities. She recognised that some elements were outside of the organisations control and expanded on how the Trust could use its size and position to influence wider agendas to build on existing opportunities. There was a wider discussion by the Board exploring this and confirming the Trust would continue to be an active partner.</p> <p>The Board received and noted the update.</p> <p>Anna Ray exited the meeting</p>	
13.4	Emergency Planning	
	<p>The report provided an update of the process for the annual emergency preparedness, resilience and response (EPRR) self-assessment and peer review process to provide an indication of readiness to respond to business continuity, critical or major incidents which could impact the Trust.</p>	

	<p>Clare Smith drew attention to the detail within the report and noted her role as Senior Responsible Officer for the Trusts EPRR.</p> <p>She expanded on the core standards that formed the overall EPRR Framework which were self-assessed and the Trust required to go through an annual peer review process. The overall assessment for the Trust for 2024 was 'Substantial Compliance' with 57 of the 62 standards reporting as Fully Compliance and the remaining five as Partially Complaint. Action plans had been developed in response to those areas reporting partial compliance which included additional training for staff.</p> <p>The Board received and noted the report.</p>	
13.5	Winter Planning	
	<p>Clare Smith presented an update on the LTHT 2024/25 Winter (Seasonal) Plan, noting the additional assurance reports provided to the QAC and F&P Committee, and to the Board Workshop that morning. The deep dive include detail on the following areas:</p> <ul style="list-style-type: none"> • The approach to the winter planning process which included analysis of the previous years activity and bring forward lessons learnt, using modelling data to forecast the anticipated bed requirements for the coming winter and plan actions to mitigate, which were supported by the use of a Decision Management Tool (DMT) and guidance produced for an operational response. • Detail to the modelling scenarios used to inform the 2024/25 modelling scenarios with predictions made based on scenarios developed from the local, national and international intelligence together with last year's data; it was noted there was a separate Winter Plan in place for the Childrens hospital. • Regional predications of the likely scenarios to be experienced (for planning purposes only) with the NHS advised to maximise vaccinations with all staff offered access to Covid and Flu vaccines and to all in-patients over the age of 65. • Detail to the winter modelling scenarios and the mitigating action being taken to identify additional capacity and support admissions avoidance; • And overview of the actions being taken across the City to open additional beds; • Despite planning, normal variation on in patient arrivals even if capacity is sufficient on average will mean there are days of pressure and at these peaks, we will use a list of options we can consider in those circumstances to reduce any risk to patients. <p>She updated on the aligned focus in maintaining turnaround times for ambulance handovers with recognition of the increased demand on YAS over the winter period. Prof Phil was positive of the strengthening of plans across Leeds Place which would mitigate some pressures on the Trust. Clare Smith was positive of the impact of the 'Making Every Day Count' initiative on departments in the lead up to winter. The Board commented on the additional assurance it received from Teams during Leadership Walkrounds.</p>	

	The Board received the update, and noted the assurance on the operational detail within the Plan provided via the Board Committee structure.	
14	Governance and Regulation	
14.1	Standing Orders	
	<p>The report sought approval to changes to the Terms of Reference (ToR) of Board Committees as cited in the Trust Standing Orders.</p> <p>Jo Bray drew attention to the amendments seeking approval which was to formally close the Building and Development Committee (BDC) and replace this with the Infrastructure Committee whose ToR were set out at Appendix A. There were also minor changes to the ToR of the DIT and R&I Committees as described within the report.</p> <p>The Board approved the ToR of the Infrastructure Committee and noted the minor amendments to the ToR for the DIT and R&I Committees.</p>	
14.2	Standing Financial Instructions	
	<p>The report sought approval of a number of proposed amendments to the Standing Financial Instructions as recommended by the Audit Committee.</p> <p>Jenny Ehrhardt drew attention to the amendments seeking approval which had been reviewed and recommended at the Audit Committee meeting held 15 November 2024;</p> <ul style="list-style-type: none"> • Update to Single Tender Waiver threshold from £10k to £30k due to inflation (section 22.3) • Infrastructure Committee to replace the Building Development Committee • Updated form for Single Tender Action • Minor updates in terms of external titles/org names (e.g. NHSI to NHSE) <p>The Board approved the amendments to the SFI's.</p>	
	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.	
16	Standing Agenda Items	
	Risk	
	There were no items arising from the meeting for escalation to the RMC for consideration to include 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	

	There were no specific items highlighted from the meeting discussion that required additional communication activity.	
17	Review of Meeting and Effectiveness	
	No comments on the meeting effectiveness were raised.	
18	Any Other Business	
	No other formal business was discussed. On behalf of the Board, the Trust Chair thanked James Goodyear for his time served in the Trust and his latter role of Director of Strategy and wished him well in his departure and six months travels.	
	Date of next meeting: Thursday 30 January 2025	

DRAFT