



**The Leeds
Teaching Hospitals**
NHS Trust

DRAFT MINUTES OF THE PUBLIC BOARD MEETING

Thursday 29 May 2025

**Meeting Rooms, Ground Floor, Biomedical Research Centre, Chapel Allerton
Hospital**

Present:	Linda Pollard	Trust Chair
	Clare Smith	Chief Operating Officer
	Craige Richardson	Director of Estates and Facilities
	Gillian Taylor	Non-Executive Director
	Jane Nixon	Non-Executive Director
	Jenny Ehrhardt	Director of Finance
	Jenny Lewis	Director of HR & Organisational Development
	Joanne Koroma	Associate Non-Executive Director
	Laura Stroud	Associate Non-Executive Director
	Magnus Harrison	Chief Medical Officer
	Mark Burton	Non-Executive Director
	Mike Baker	Non-Executive Director
	Paul Jones	Chief Digital and Information Officer
	Phil Corrigan	Non-Executive Director
	Prof Phil Wood	Chief Executive
	Rabina Tindale	Chief Nurse
In Attendance:	Anju Aggarwal	Guardian of Safe Working Hours (for agenda item 15.1)
	Dan Jones	Operations Lead, Violence Prevention (for agenda item 12.4(ii))
	Esta Innes-Limbachia	Associate Director, CEO Office
	Jo Bray	Company Secretary
	Paul Widdowfield	Head of Communications
	Peter Aldridge	Associate Director, Estates – Fire & Safety (for agenda item 12.4(ii))
	Sudharsan Suriyakumar	Trust Board Administrator
	Santhosh Sundararajan	Guardian of Safe Working Hours (for agenda item 15.1)
Observing:	Allison Young	Consultant & Clinical Director Oncology CSU
	Esther Wakeman	Chief Executive, Leeds Hospitals Charity
	Piru Sukumar	Future NED Development, University of Leeds
Apologies:	Amanda Stainton	Associate Non-Executive Director
	Chris Schofield	Non-Executive Director (Exited after Board Workshop)

Agenda Item		ACTION
1	Welcome and Introductions	
	<p>The Trust Chair welcomed members of the Board and attendees from external organisation to the meeting. She noted the attendance of Allison Young, Consultant Medical Oncologist, who joined the meeting as part of her development programme.</p> <p>She welcomed Esther Wakeman, Chief executive, Leeds Hospital Charity (LHC) and Piru Sukumar, Future NED Development, University of Leeds as observers to the meeting.</p>	
2	Apologies for Absence	
	Apologies for absence were received from Amanda Stainton, Associate Non-Executive Director and Chris Schofield, Non-Executive Director.	
3	Declarations of Interest	
	<p>The Trust Chair declared that she had been appointed as the Chair of the Counter Fraud Authority, NHS, effective from 1st July 2025.</p> <p><i>Post meeting note:</i> <i>This appointment had since been deferred until the Chair had completed her term of office at the Trust.</i></p> <p>There were no other new declarations of interest, and the meeting was confirmed to be quorate.</p>	
4	Staff Story	
	<p>Jenny Lewis introduced the staff story video featuring Anne Page from the Senior Leadership Team, Pharmacy Services and was available to view via the following link; Leeds Teaching Anne Page Affina Team Journey</p> <p>Anne Page shared the experiences of her Team, reflecting on how the Affina Team Journey approach had supported them in overcoming initial challenges as a newly formed Team. The approach helped the Team to develop a clear organisational structure, foster psychological safety, and build a culture where honest conversations could take place without fear of personal conflict. As a result, the Team reported a more positive and efficient working environment.</p> <p>Clare Smith provided additional insights, commending the Team for their progress and highlighting the positive impact this work has had on team dynamics and overall service delivery. The Board members welcomed the improvement and appreciated the Team's commitment to development.</p> <p>The Board received and noted the update.</p>	
5	Draft Minutes of the Last Meeting	
	The draft minutes of the last meeting held 27 March 2025 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.	

7	Review of the Action Tracker	
	There were no items reported on the action tracker.	
8.1	Chair's Report	
	<p>The report provided an update on the actions and activity of the Trust Chair since the last Board meeting.</p> <p>The Trust Chair gave an overview of her attendance at UK Real Estate Investment & Infrastructure Forum (UKREiF), a national forum focused on investment and property development. She highlighted the presence and engagement of key stakeholders including Karin Smyth, Minister of State at the Department of Health and Social Care, Tracy Brabin, West Yorkshire Mayor, representatives from the Local Authority, and the MedTech sector. She emphasised the strength of the MedTech sector in Leeds, referencing independent research commissioned by Savills, which identified Leeds as having the largest student pipeline in MedTech across the UK.</p> <p>She acknowledged that this reinforced the city's potential as a strategic leader in health innovation and investment. She reflected on how this aligned with the Board's future strategy around Research & Innovation (R&I) and the development of the Innovation Village. These elements would be critical to shaping the strategic direction of the Trust, particularly in relation to the future development of the new Children's Hospital. She then referenced the Trust's ongoing partnership with the Royal Horticultural Society (RHS), which continued to deliver significant benefits to both patients and staff through its contributions to health and wellbeing initiatives, including the forthcoming opening of the hospital garden.</p> <p>The Board received and noted the update.</p>	
9.1	Chief Executive's Report	
	<p>The report provided an overview of key developments across the Trust and summarised the actions and activity undertaken by the Chief Executive since the last Board meeting.</p> <p>Prof Phil Wood expressed his sincere appreciation to all staff for their continued hard work and commitment to maintaining safe and effective hospital services during this demanding period. He acknowledged that despite moving into the warmer months, the Trust continued to face considerable operational pressures. He reflected on the evolving role of Integrated Care Boards (ICBs), which were increasingly expected to operate as strategic commissioners. It was anticipated that more functions and responsibilities would be delegated to provider organisations working at locality level, such as LTHT. In this context, he referenced the ongoing citywide review and the opportunity it presented for the Trust to play a leading role in shaping future models of neighbourhood health services.</p>	

<p>He went on to highlight the Trust's new seven commitments for this financial year, which had been developed to guide collective focus on seven key areas where the organisation could deliver meaningful improvements for patients, colleagues, and services. These commitments were to ensure alignment with the Trust's long-term strategic goals and vision. By delivering against these priorities, the Trust aimed to continue progressing towards its overarching ambition of providing the highest quality specialist and integrated care.</p> <p>He noted recent achievements across the organisation and highlighted the implementation of the Transplant Assessment and Relative Opportunity Tool, which had transformed care pathways for immunologically complex patients. This innovation contributed to 10% of renal transplants at the Trust during March and was recognised as a clinical success. The Trust's virtual ward Teams for both adults and children also received national recognition through a prestigious award, underlining their commitment to innovative, patient-centred care.</p> <p>He emphasised that sustainability remained a key focus, and the launch of the Greener Care Network was particularly well received by staff who felt strongly about environmentally responsible healthcare. In the area of research and innovation, the Trust had secured the contract to host the Biomedical Research Centre in partnership with the University of Leeds. This further strengthened the Trust's national and international research profile. LTHT was also recognised for delivering world firsts in health research, and the Trust's leadership was showcased at the recent Surgical Technology Conference.</p> <p>He noted that the Trust played an important role in a Cabinet Office-hosted national event on public service reform, held in Leeds. This reflected LTHT's contribution to shaping NHS leadership and policy discussions at a national level. He highlighted the ongoing cultural and staff engagement work within the organisation, including his Chat and Brew sessions, which have provided a valuable forum for staff to raise issues directly and for leaders to respond in real time. The annual appraisal season was also underway, supporting professional development and performance discussions across the workforce.</p> <p>He added that recent weeks had also seen several celebrations of staff and professional groups. International days for nursing and midwifery were marked across the organisation, and a special event was held to recognise the contribution of the Trust's Resident Doctors. He highlighted that during the month of Ramadan, the Chaplaincy Service arranged Iftar food packages for Muslim staff, supported by donations from local businesses including Mullaco and MyLahore, with additional support from Leeds Hospitals Charity. A final celebratory event was also held to mark the end of the holy</p>

	<p>month, reflecting the Trust's commitment to inclusion and staff wellbeing.</p> <p>He recognised a number of significant professional achievements within the Trust. He congratulated Dr Agam Jung, Consultant Neurologist and Director of the Leeds MND Service, for winning the Diaspora Health Champions Award. Several consultants were also recognised with professorships and college honours, underlining the high calibre of clinical leadership at LTHT.</p> <p>He informed the Board that he had also approved a number of consultant appointments through delegated authority. The Trust Chair made specific reference to progress with Neonatal appointments.</p> <p>The Board received and noted the report and supported the consultant appointments.</p>	
9.1(i)	WYAAT Annual Report 2024/25	
	<p>The WYYAT Annual Report for 2024/25 was published and made available for the Board to view via the following link; Publications :: West Yorkshire Association of Acute Trusts</p>	
9.1(ii)	Maternity Update	
	<p>The report provided an update on the Care Quality Commission (CQC) regulatory inspections of Maternity and Neonatal services and NHSE Maternity Safety Support Programme (MSSP).</p> <p>Prof Phil Wood drew attention to the detailed content of the report and summarised the current position, which had previously been discussed at the Trust Board meetings on 30 January and 27 March 2025. He reminded the Board that the Trust received initial written feedback from the CQC on 27 January 2025 following their inspection of Maternity services, which included a <u>Warning Notice under section 29A of the Health and Social Care Act 2008</u>. In response, the Trust had taken prompt action to address the areas highlighted for improvement. This work was being led by the Director of Midwifery, who took up post in March 2025, and was being delivered in close collaboration with the Senior Leadership Team and frontline staff.</p> <p>The draft inspection reports from the CQC were received on 14 May 2025 and were currently under review for factual accuracy. This stage enabled the Trust to provide additional information or context regarding findings from the inspection to ensure the accuracy of the CQC's final reports. The Trust was due to submit its responses by 29 May 2025. In parallel, engagement with both the CQC and MSSP continued, with a shared commitment to ongoing improvement. He noted that first meeting of the Maternity and Neonatal Quality Improvement Group (QIG), Chaired by NHSE, was held on 12 May 2025, which provided a valuable opportunity to review progress to date and to discuss the draft improvement plan. This plan would be</p>	

	<p>further refined once the MSSP diagnostic report, which was received late the previous evening, was fully considered.</p> <p>In addition to the work on Maternity, Magnus Harrison updated on the Neonatal services. He informed the Board that NHSE would be undertaking an external quality peer review, alongside a review of the MBRRACE data. A site-level review of Neonatal services was also being carried out, including an assessment of the proposal for a centralised model. An independent Chair had been appointed to oversee the work of the Quality Improvement Board, which would lead and coordinate the delivery of a single, integrated improvement plan across Maternity and Neonatal services. The Trust Chair referred to the documentation that had been compiled and shared with the Board over the course of the year, reflecting on the sustained focus and collaborative effort involved in driving these improvements forward.</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, noting 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 reported that Leeds General Infirmary (LGI) and St James's University Hospital (SJUH) were performing strongly in terms of ambulance handovers, ranking in the top quartile nationally for efficiency. In April 2025, LGI achieved 1,527 handovers within 15 minutes, equating to 54.8%, with an average handover time of 17 minutes and four seconds, placing it 23rd out of 183 hospitals. SJUH recorded 976 handovers under 15 minutes (28.3%), with an average handover time of 22 minutes and 50 seconds, placing it 83rd nationally. She stressed the ongoing focus on timely handovers to support Yorkshire Ambulance Service (YAS) and ensure ambulances could quickly return to community duty. She noted that the role and value of Hospital Ambulance Liaison Officers (HALOs), typically used during winter, which were under review for potential all-year-round deployment due to their positive impact.</p> <p>Turning to Emergency Care Standards (ECS), she reported a performance of 76.1%, making the Trust one of the top-performing organisations among its peers, especially given high patient volumes. She reinforced the priority of ensuring patients accessed Emergency Departments only when appropriate and highlighted joint efforts across departments to manage emergency observation and flow efficiently.</p>	

<p>On Referral to Treatment (RTT), the Trust had moved up to 23rd out of 118 Trusts, improving its performance to 65.1%. However, overall waiting lists had grown, partly due to increased referrals. The Trust had undertaken a list cleansing process, removing around 1,200 patients who no longer required treatment, which helped in achieving more accurate reporting. She explained that the Trust remained focused on addressing 52-week waits, with planning guidance directing attention to this area. She highlighted the continued rollout of high-volume, low-complexity Theatre work, although there were challenges, particularly around Paediatric Anaesthetic staffing. Mutual aid and partnerships with Independent Sector providers were being explored to manage capacity and demand more effectively.</p> <p>In relation to Cancer performance, she emphasised the importance of the Faster Diagnosis Standard and the need to reach a conclusion quickly for patients suspected of having Cancer. She outlined pressures in lower and upper Gastrointestinal pathways, noting that in the previous year, only seven weeks had seen over 1,000 Cancer referrals in a single week, whereas this year had already recorded 14 such weeks. Despite this increased demand, the Trust continued to prioritise Cancer patients. Although there had been some progress, the Trust remained in Tier One for Cancer delivery, stressing this remained below the desired level. Radiotherapy services were now delivering improved outcomes, and the Team had proactively taken responsibility for difficult internal decisions to improve performance. Work also continued to address demand in Pathology services, and benchmarking visits to other high-performing centres were being used to identify further improvements.</p> <p>She highlighted Ultrasound Diagnostics as an area under significant strain, with additional scrutiny from the Finance and Performance (F&P) and Quality Assurance Committees (QAC). Efforts to improve performance included clinical validation of waiting lists and the deployment of additional mobile scanners, with MediCare units and MRI support expected from June to meet growing demand and support delivery against set trajectories.</p> <p>Magnus Harrison provided an update on mortality, confirming that the Trust's performance remained "as expected." He emphasised that the Mortality Improvement Group continued to monitor the Summary Hospital-level Mortality Indicator (SHMI) in terms of absolute values, benchmarking against peer organisations, and analysing trends in diagnostic groups. The Trust maintained a robust approach to learning from deaths, underpinned by strengthened governance and a systematic screening process. The Structured Judgement Review (SJR) methodology was used to extract learning, assess quality of care, and ensure that any contributory factors to avoidable deaths were identified and addressed. He expressed specific interest in care lapses that may have contributed to negative outcomes and reinforced the importance of ensuring these were</p>
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	<p>explored and learned from. He discussed the 30-day mortality window and the impact of delays in treatment or discharge, as well as the continued input from the Mortality Improvement Group and the Trust's medical examiners.</p> <p>In relation to Never Events, he reported a recent incident involving the insertion of a thumb joint prosthesis of the incorrect size. The issue had since been corrected, with a discrepancy of just 0.5 to 1mm. However, he noted that this was the ninth Never Event in Theatres over the past two years and highlighted the need for a focused Quality Improvement initiative in this area. He drew attention to the importance of psychological safety for staff to feel confident raising concerns. Laura Stroud reinforced that such incidents were receiving appropriate scrutiny through QAC.</p> <p>Rabina Tindale acknowledged that performance in handling complaints remained below the desired level, although there had been significant improvement in the number of reopened cases. She reported on two recent stillbirths. The first involved a case where the support of an interpreter was missed, which pointed to underlying issues related to health inequalities. This would now inform a new workstream within the Health Improvement Board. The second stillbirth related to an out-of-area referral into Leeds of a baby with known abnormalities.</p> <p>Mike Baker commented that trends coming out of winter remained stable across most indicators. He questioned about Diagnostic waiting times and whether the additional capacity had been adequately profiled in Financial and Operational plans. Clare Smith confirmed that it had been factored into the return on investment, with the maximum use of capacity ensured through weekly reviews and the flexibility to allocate one or two additional slots as capacity became available. Mark Burton suggested that the deep dive report on Diagnostics, received at the F&P Committee, be shared with the Board.</p> <p>Jenny Lewis updated on workforce metrics, beginning with the sickness absence rate, which had reduced following the winter period. She noted that while this improvement was welcome, managing and supporting staff wellbeing remained a key area of focus. Voluntary turnover was also discussed and is being closely tracked through the Workforce Committee (WFC). Although the current level was manageable, she acknowledged that it could limit the Trust's ability to pursue growth and staff development opportunities. The ambition was to sustain turnover at this level to ensure balance between workforce stability and opportunities for progression.</p> <p>In terms of staffing expenditure, she reported that the Trust remained one of the top three performers nationally for bank and agency spend. In April 2025, bank usage accounted for 3.11% of total staff</p>	<p>Jo Bray/ Sudharsan</p>
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<p>spend, slightly above the target of 2.83%. The Board welcomed this continued strong performance. She flagged a dip in staff engagement as reflected in the recent pulse survey. In response, the governance around engagement activity had been strengthened, and the workforce plan refreshed. This updated plan would now flow through the Workforce Management Group (WMG) into the Workforce Committee (WFC). A more rigorous and systematic approach would be taken with the staff survey results at the Clinical Service Unit (CSU) level, and detailed reporting would be provided to assure progress and consistency.</p> <p>Jenny Ehrhardt reported on financial performance, highlighting that the Trust had achieved its financial plan for 2024/25, subject to the External Audit process. She expressed gratitude to all staff for helping to deliver the Waste Reduction Programme (WRP) of £110.4m. She noted that, as approved by the Board in March, the Trust had submitted a breakeven plan for 2025/26, which was supported by £9.4m in deficit support funding from the West Yorkshire Integrated Care System. The plan included a WRP target of £89m.</p> <p>In April 2025, the Trust reported a deficit of £4.3m against a planned deficit of £3.4m, which was £0.9m worse than the NHSE plan. She explained that this variance was largely due to under-delivery of WRP savings and ongoing costs associated with keeping additional winter bed capacity open. She also noted there was no offsetting additional income for this capacity. The Trust had deliberately chosen to keep these beds open in the interest of patient care, and although this contributed to the financial pressure, it was considered a necessary operational decision.</p> <p>She drew attention to the pay award pressures and highlighted this as a risk area, particularly as there was no certainty that this would be fully funded. Nevertheless, good governance structures remained in place, with regular oversight from the Financial Improvement Board (FIB) and Executive Management Group (EMG). There was also a strong emphasis on learning from other organisations. NHSE had continued to provide improvement support, and peer providers have also contributed to this process. She informed the Board that NHSE had selected LTHT for a financial deep dive review in the coming weeks.</p> <p>Regarding capital, she referenced a recent review at the F&P where adjustments were agreed between different programmes, accounting for a slight variance. The Trust's April 2025 closing cash balance stood at £97.9m, an increase of £15.8m from March 2025. This was £14.2m higher than expected in the latest fundamental review, largely because capital creditors were lower than anticipated. She added that if the Trust delivered its planned income and expenditure position, there would be no need to request cash support.</p>

	<p>Phil Corrigan questioned about the Elective Recovery Fund (ERF). Jenny Ehrhardt clarified that while there was theoretically an opportunity to earn additional ERF income, this was dependent on the affordability limits of commissioners, and it was unlikely that the Trust would be paid beyond current thresholds.</p> <p>The Board received and noted the report.</p>	
10.2	CSU Assurance Report	
	<p>The report provided an update on the process and assurance relating to the CSU end-of-year review meetings held in March 2025. These meetings were conducted with each CSU's Triumvirate Team (Tri-Teams) and were focused on reviewing progress and delivery against the seven annual commitments for 2024/25.</p> <p>Prof Phil Wood outlined the approach taken during these review sessions, noting the structured discussions that took place with each CSU. He emphasised that the reviews were aligned with wider governance processes and helped to create a more coherent picture of performance and improvement planning across the organisation. He shared that there had been positive feedback from CSUs, with many leaders appreciating the opportunity to meet with the full Executive Team. This was seen as an important forum not only to reflect on delivery but also to raise issues openly and constructively. These meetings were described as supportive and had contributed positively to building a culture of trust and collaboration across the organisation. It was noted that the next cycle of CSU reviews would take place in the autumn.</p> <p>Mike Baker explored the possibility of NEDs attending future CSU reviews. The Trust Chair underlined the valuable role of NEDs in offering objective challenge and external perspective, particularly in providing assurance around delivery and cultural tone but these meetings were an operational management function.</p> <p>Gillian Taylor referred to her recent leadership walkarounds and suggested that open questions asked during informal conversations often revealed useful insights, which complemented the more formal CSU review process. Mark Burton echoed this, commenting that similar reflections had arisen during the Board/Senior Leadership events at The Bridge. He suggested that it might be helpful to consider how these various leadership forums, including CSU reviews, walkarounds, and leadership development events, could be aligned to build a richer view of performance and experience, particularly when triangulated with Finance and Performance data.</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</p>	

	<p>discussions through the Risk Management Committee (RMC) from its meetings held.</p> <p>Prof Phil Wood highlighted that the RMC met on a monthly basis, bringing together the Executive Team to review risks in a structured and consistent manner. He noted that these meetings were also observed by the Chair of the Audit Committee, ensuring a clear line of oversight and assurance. He explained that the Committee worked to a planned programme which included systematic reviews of CSUs and Corporate functions to ensure all key areas of the organisation were regularly scrutinised. He summarised discussions from the two most recent RMC meetings, including updates on individual risks and any changes to risk scores, mitigations, or controls. In addition to reviewing risks already on the CRR, the Committee also considered and discussed emerging risks at each meeting, ensuring the organisation was responsive to new or evolving threats.</p> <p>He referenced the monthly review of risks related to Pathology, which remained a standing item on the agenda due to its complexity and strategic significance. This continued attention was part of the Trust's ongoing commitment to maintaining a robust and responsive approach to corporate risk management.</p> <p>The Board received and noted the report.</p>	
11.1(i)	<u>BLUE BOX ITEM</u> – Corporate Risk Register	
	The updated summary of Corporate Risk Register (May 2025) was provided in the Blue Box for information.	
11.2	<u>Board Assurance Framework</u>	
	<p>The report provided an update on the changes made to the Board Assurance Framework (BAF) since it was last presented at the Trust Board time out in October 2024</p> <p>Prof Phil Wood highlighted that, with the start of the new financial year, the BAF had been refreshed to ensure it accurately reflected the Board's ongoing commitment to delivering the Trust's strategic priorities. The update align the framework with current organisational objectives and risks, providing a clear and structured overview of how the Trust was managing the delivery of its goals.</p> <p>The Board received the report and approved the updated BAF noting the changes made since the previous version.</p>	
11.3	<u>BLUE BOX ITEM</u> – Health & Safety Annual Report	
	The Health and Safety Annual report was provided in the Blue Box for information and was received and noted.	
11.4	<u>Risk Appetite Third Edition</u>	
	Prof Phil Wood noted the review process undertaken for the Trust's Risk Appetite, highlighting that this had been triangulated with the organisational risk profile and discussed through RMC. This process ensured alignment between the Trust's stated risk appetite and the actual risks being managed across the organisation.	

	The Board noted the update.	
12	Assurance from Board 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 19 April 2025.</p> <p>Laura Stroud highlighted the details within the report and drew particular attention to the patient story, emphasising that such reflections were at the heart of the Committee's purpose. In this instance, the impact extended beyond clinical care, positively affecting the overall wellbeing of both the patient and their wider family. She emphasised the alignment with the Trust's commitment to "Recognise and act upon moments that matter to our patients." By understanding individual patient lives, the Trust could better identify how to tailor care that met personal needs. In this case, a young mother with a lifelong condition expressed a desire to feel heard and valued, and through co-produced care, the result was improved clinical outcomes and a more satisfying experience for both the patient and staff involved.</p> <p>For Maternity, the Committee welcomed the change in approach noted in the reports presented. Specifically, they recognised a shift toward greater compassion, reflected not only in actions but also in the tone and language of the documentation, reinforcing a more person-centred culture.</p> <p>The Committee also gave special commendation for the successful management of the recent measles outbreak. She noted that the learning from this incident would be shared nationally, particularly the insights on transmission risk in Emergency Departments and the operational challenges in providing post-exposure prophylaxis within the crucial 72-hour window. These lessons had already been shared with the UK Health Security Agency (UKHSA). The outbreak was officially declared closed on 7 April 2025.</p> <p>She stressed that Infection Prevention and Control (IPC) remained a key priority for the Committee. They reaffirmed the importance of combining a data-driven approach with an understanding of human factors, particularly in the context of the challenges posed by an ageing hospital estate and the increasing complexity of patient care needs.</p> <p>Mark Burton appreciated the QAC minutes noting how these presented a good and detailed record of the Committee's discussions, providing valuable insight that support his triangulation work in preparation for F&P Committee.</p>	

	The Board received the report and noted the assurances received by the QAC.	
12.1(ii)	BLUE BOX ITEM – Six Month Update on Complaints	
	Six month update on complaints was provided in the Blue Box for information and was received and noted.	
12.1(iii)	BLUE BOX ITEM – CQC Annual Assurance Report	
	The CQC annual assurance report was provided in the Blue Box for information and was received and noted.	
	Finance and Performance Committee	
12.2(i)	Chairs Summary Report (March & April 2025)	
	The report provided an overview of significant issues of interest, highlighted key risks discussed, key decisions taken, and key actions agreed at the F&P Committee meetings held 26 March and 30 April 2025 and was received and noted.	
12.2(ii)	Verbal update of the meeting held 28 May 2025	
	<p>Mark Burton provided a verbal summary of the key areas of note from the F&P Committee meeting held the previous day.</p> <p>He began by highlighting the patient story presented to the Committee, which focused on the improvements made to the bariatric patient pathway. These changes included reviewing and removing barriers to patient flow, leading to a reduction in discharge times from between six and ten hours to zero. The enhanced process significantly improved patient experience and reflected strong collaboration between surgical teams and pharmacists. He noted that this example of best practice would be shared at the next Senior Leaders meeting.</p> <p>Turning to the financial position, he reported that the month One figures showed a variance from the best-case plan, largely driven by an increase in substantive nursing Whole Time Equivalent (WTEs). Given the Trust's current levels of No Reason to Reside (NRtR) patients and the continued operation of additional ward capacity, the Committee expressed concerns about the feasibility of absorbing further financial stretch. A new risk was also identified relating to deficit support funding, which would now be assessed and allocated on a quarterly basis. This would be explored further in the month Two position and reported in the June Board Timeout meeting through the Fundamental Financial Review (FFR) update. Regarding the Capital Plan, the Committee engaged in a discussion on how to best prioritise limited capital allocations, with patient safety being reaffirmed as the primary driver for investment. The Committee also reviewed progress against constitutional standards, observing ongoing pressure in key areas such as total waiting list volumes and diagnostic waits.</p> <p>A deep dive session was noted on total waiting lists and RTT long waits. The Committee took particular interest in the harm review process, monitored through QAC, which provided assurance regarding the clinical impact of extended waiting times. The Committee received an update on the pilot implementation of the</p>	

	<p>HEARTT tool for the upper limb pathway at Chapel Allerton Hospital. This digital matrix integrated clinical, chronological, and enhanced demographic data into waiting list management systems, supporting more equitable and clinically informed prioritisation of care.</p> <p>The Board received and noted the report.</p>	
	Audit Committee	
12.3(i)	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 1 May 2025.</p> <p>Gillian Taylor provided a detailed summary of the report beginning with the Committee's focus on Level 1 and Level 2 risks. A deep dive was conducted into several key areas, including Physical Assets, Information Technology, and Research, Innovation and Development. She noted that the Committee received assurance that these areas were being appropriately managed. The Committee had a particular focus in terms of preparing for the year-end audit process.</p> <p>She updated the Board on the revised 24/25 Internal Audit plan, noting that the adjustments reflected updated timelines and expectations. Although there had been some delays in delivering the 24/25 Internal Audit plan, she reassured the Board that there remained sufficient audit coverage to support year-end Internal audit activity. The Committee also acknowledged these delays and requested additional support from Executive Leads to expedite the sign-off of draft Audit reports. Looking ahead, the draft Internal Audit plan for 2025/26 was reviewed, with an emphasis on achieving a more even distribution of Audit work across the year to reduce pressure on both Internal Audit and Trust staff.</p> <p>She reported that the annual review of the Freedom to Speak Up (FtSU) process was presented, and the Committee was assured that the process remained robust and effective in promoting a culture of openness and encouraging psychological safety. The Committee undertook its annual review of the Declarations of Independence for Board members. This review confirmed the continued independence of the Board, supporting strong governance and objective decision-making.</p> <p>The Board received the report and noted the assurances received via the Audit Committee.</p>	
12.3(ii)	Audit Committee Annual Report	
	<p>The 2024/25 Audit Committee Annual Report was presented to the Board and sought to provide assurance that the Audit Committee had discharged its duties in accordance with its Terms of Reference (ToR), completed its Work Plan for 2024/25, and delivered against the defined objectives, and sets out the proposed Work Plan for 2025/26.</p>	

	<p>Gillian Taylor gave a brief outline of the report and confirmed that the Audit Committee had acted effectively throughout the year in line with its ToR and had reviewed all Annual Reports of the assurance Committees of the Board along with the Risk Management Committee report that were included, where possible as blue box items in the public domain. She confirmed that Committees had worked to their defined Terms of Reference, delivered the work plan delegated to them by the Board for activities in 2024/25 and set out their respective work plans for 2025/26 seeking confirmation of delegation by the Board, which was confirmed by the Board.</p> <p><i>Post meeting note – the QAC Annual Report, set out its delegated duties for Maternity service NHS Resolution scheme which would be reported to Board for approval, along with stating Laura Stroud was the Maternity Safety Champion.</i></p> <p>The Board received the report and confirmed its assurance of the Audit Committee activity during the year that it had discharged its duties and the 2025/26 workplan was supported.</p>	
12.3(iii)	All Committee Objectives for 2025/26	
	<p>The Board Committee 2024/25 Objectives were collated and provided to the Board for information and assurance.</p> <p>Gillian Taylor confirmed that all Committees had presented their respective objectives to the Audit Committee, cited within their respective Annual Reports, at its meeting on 1 May 2025, with the exception of the Infrastructure Committee due to the unavailability of the Chair. To address this an extraordinary Audit Committee meeting was held on 7 May 2025, during which the objectives of the Infrastructure Committee were reviewed, alongside the closure report of the Building Development Committee. The version submitted to the Board reflected the feedback gathered during that meeting and ensured that the overall objectives of each Committee were aligned and consistent with the Trust's strategic priorities. She thanked those involved in reviewing and refining the objectives, recognising the consistency and constructive overlap that had emerged through the process.</p> <p>The Board received the report and confirmed its endorsement of the 2025/26 Committee Objectives.</p> <p>Dan Jones and Peter Aldridge joined the meeting.</p>	
12.3(iv)	<u>BLUE BOX ITEM</u> - Annual Plan for Internal Audit Programme 2025/26	
	The Annual plan for Internal Audit programme 2025/26 was provided in the Blue Box for information and was received and noted.	
	<u>BLUE BOX ITEM</u> – Committee Chairs Annual Report	
	<p>Following Committee Chairs Annual Reports received by the Audit Committee, were received for assurance as Blue Box items:</p> <ul style="list-style-type: none"> • 12.3(a) – Quality Assurance Committee • 12.3(b) – Workforce Committee 	

	<ul style="list-style-type: none"> • 12.3(c) – Risk Management Committee • 12.3(d) – Finance & Performance Committee 	
	Workforce Committee	
12.4(i)	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 15 May 2025.</p> <p>Jane Nixon noted the details within the report and noted that the Trust's staff turnover position at the end of March stood at 5.9%, narrowly missing the target of 5.77%. While slightly above the intended benchmark, this reflected a stable trend in workforce retention. She cited that sickness absence had shown a reduction across both February and March, a positive sign of improving staff wellbeing and operational resilience. In terms of compliance, mandatory training levels remained strong, demonstrating continued commitment from staff and managers in maintaining core competencies across the Trust. There was continued focus on embedding the Trust's care and compassionate commitment, which was being driven forward through the Workforce Management Group (WMG), helping to align cultural values with workforce practice.</p> <p>Jenny Lewis expanded on the discussion around the Domestic Abuse and Sexual Violence report, reinforcing the importance of the Trust's duty to create and maintain a safe environment for both staff and patients. She noted the ongoing work relating to sexual misconduct and acknowledged that while there were strong domestic abuse processes in place, there remained a disconnect between the visibility of support for staff and the reality reflected in the data. She emphasised the need to bridge this gap, highlighting that although policies and pathways existed, the level of engagement and awareness among staff did not always match the prevalence of issues identified through reporting mechanisms. She referenced the regular safeguarding updates that were brought to the Board twice a year and stressed that these updates must continue to evolve to better reflect and respond to staff experience and need. She underscored the need for strengthened visibility and accessibility of support resources, to ensure that staff felt confident and supported in coming forward, and that the Trust's safeguarding approach was truly embedded across all levels of the organisation.</p> <p>The Board received the report and noted the assurances received via the Workforce Committee.</p>	
12.4(ii)	Violence & Prevention Reduction	
	<p><i>In attendance:</i></p> <p><i>Dan Jones, Operations Lead, Violence Prevention and Peter Aldridge, Associate Director, Estates – Fire & Safety</i></p>	

	<p>The report provided assurance to update to the Board of the on-going work in relation to violence prevention and reduction in LTHT.</p> <p>Craige Richardson noted that this was reported to the Board on a bi-annual basis with routine oversight and monitoring provided through WFC.</p> <p>Dan Jones provided a high-level overview of the report and referenced the staff survey results included within the Blue Box item, noting that while historically the Trust had performed below the national average in terms of staff reporting experiences of violence, the latest results had shown a shift with the Trust now 1% above the national average. This had suggested that the strengthened support and encouragement to report incidents had begun to have a positive impact. He outlined the introduction of the Prevention and Management of Violence and Aggression (PMVA) Training Team, which had focused on the delivery of practical skills. It was noted that all security staff had been trained to a level above the recognised SII standard and that the Trust had invested in dedicated training spaces to support this. He updated on the implementation of the operational Alpine model, which described the partnership established between LTHT and West Yorkshire Police. The initiative had already been delivered at SJUH and, more recently, had also been implemented at the LGI site. This collaborative approach had been designed to improve on-site safety, ensure a visible presence, and support both staff and patients through a proactive model of engagement and response.</p> <p>The Trust Chair commended the report for its thoroughness and relevance. Mark Burton referred to the assurance provided through the WFC and acknowledged the publication of related information, while also cautioning about the sensitivity of some details. He noted that the assurance offered was valuable, particularly concerning the role of Police Officers. The Trust Chair expressed gratitude and confirmed that a letter of thanks would be sent to the Officers involved.</p> <p>The Board received the report and the assurances of the proactive work taking place to support all staff.</p> <p>Dan Jones and Peter Aldridge exited the meeting. Santhosh Sundararajan and Anju Aggarwal joined the meeting.</p>	Trust Chair
12.4(ii)	BLUE BOX ITEM – Violence & Aggression (full report)	
	The violence and aggression report was provided in the Blue Box for information and was received and noted.	
	Research and Innovation Committee	
12.5(i)	Chairs Report	
	The report provided an overview of significant issues of interest, highlighted key risks discussed, key decisions taken, and key actions agreed at the R&I Committee meeting held 8 April 2025.	

	<p>Magnus Harrison provided an overall summary of the report and commended the staff story of Kerrie Davies, her work focused on the diagnosis and management of Antimicrobial Resistance (AMR) and infectious diseases. The discussion covered important clinical scenarios such as post-surgical infections, Clostridium difficile (CDI), Respiratory Tract Infections (RTIs), sepsis, and Urinary Tract Infections (UTIs).</p> <p>Updates were given on commercial work and the RTT performance, which was improving gradually with plans to enhance it further. The Committee was also informed about the regional research delivery network and the re-allocation of funding to support ongoing projects. Progress with the Scarborough Group International and other partners in the regional innovation ecosystem was highlighted, including a collaborative bid submitted with colleagues at NEXUS and Leeds Beckett University to the West Yorkshire Combined Authority. This bid aimed to establish the “Health Innovation Leeds Incubator” as part of the Investment Zone, which seek to foster the right culture for innovative ideas. There was also a focus on giving energy to the Pop-Up initiative for staff ideas, which had seen reduced engagement recently. Over the past 12 months, the Trust had received over 170 pieces of media coverage related to research and innovation activities. He noted that the work plan for 2024/25 had been fully delivered and that future plans would prioritise increasing staff engagement in research and innovation.</p> <p>The Board received the report and noted the assurances received via the R&I Committee.</p>	
12.6	BLUE BOX ITEM – Environmental Audits PLACE Inspections	
	The published PLACE results was provided in the Blue Box for information and was received and noted.	
13	Partnership Working	
13.1	Partnership Update Report	
	<p>The report provided an update on the rapid changes and ongoing work within the partnership landscape.</p> <p>Prof Phil Wood highlighted that the Trust remained an active participant in several partnerships across Leeds (Place), the WY ICB, and at the wider regional level. He noted the significant national structural changes announced by the Government in February 2025, which had introduced a climate of rapid transformation across all partnership arrangements. He referenced the NHSE publication of the Model ICB Blueprint earlier in the month, which offered greater clarity on the roles, functions, and priorities of ICBs going forward. While this provided a clearer direction, it was acknowledged that further detail was still awaited from the forthcoming NHSE ten-year plan, expected to be published later in the summer.</p> <p>The Board was also assured that clear reporting and governance structures existed within the Leeds Health and Care Partnership, as</p>	

	<p>well as across the ICB and regional partnerships, to ensure the timely escalation and resolution of key issues.</p> <p>The Board received the report and noted the assurance provided in relation to partnership working.</p>	
14	Strategy and Planning	
	<i>No items to report.</i>	
15	Governance and Regulation	
15.1	Guardians of Safe Working Annual Report	
	<p><i>In attendance:</i> <i>Anju Aggarwal and Santhosh Sundararajan, Guardians of Safe Working Hours</i></p> <p>The Guardians of Safe Working (GoSW) Hours Annual Report was presented to the Board for information and assurance.</p> <p>Anju Aggarwal provided an overview of exception reporting during the 12-month period, noting a total of 578 reports. This represented a 39% increase compared to the previous year (April 2023 – March 2024), with the previous highest number being 450. It was acknowledged that last year's industrial action had contributed to the overall figures, and the increase this year was seen positively, as it reflected greater engagement by doctors with the reporting process. A breakdown was provided by grade and type, with Foundation Doctors making the most reports. She underscored that some specialty trainees may face barriers to reporting, and this required further consideration.</p> <p>She explained the processes for submitting exception reports and raising awareness and reported that Trauma & Orthopaedic (T&O) Surgery continued to be the top reporting CSU, with 143 reports. This had remained consistent over the past three years. She noted that meetings with Training Leads and Business Managers had contributed to this progress, and there was an intention to understand what had worked well in order to apply learning across other specialties.</p> <p>Santhosh Sundararajan gave an update on Immediate Safety Concerns (ISCs), risks, and the reporting process. ISCs were reviewed within 24 hours and acted upon accordingly. There had been 19 ISC reports during the period, and a review showed that 12 of these shared similarities with seven reports that had not initially been escalated as ISCs. This led to improvements in escalation plans. Obstetrics and Gynaecology was identified as one of the CSUs where escalation needed reinforcement to ensure appropriate management action.</p> <p>Both Guardians shared reflections from their own specialties to provide insight and context. They also referenced the National Guardian of Safe Working Hours Conference, held on 8 October 2024, where Anju Aggarwal had spoken for a second consecutive</p>	

	<p>year. The value of building professional networks and engaging widely was emphasised. Awareness efforts had included attending meetings and placing posters in all rest areas to encourage reporting. Santhosh Sundararajan gave an overview of the upcoming changes to the exception reporting process and anticipated that reporting would increase significantly following the reforms, which would require all exception reports to be addressed within 14 days. Current Trust processes were already averaging 12 days, and preparations were underway to meet the new standard.</p> <p>Jo Koroma referred to the recurring spike in exception reports seen last year and again this year, questioning what further support could be put in place to help prevent this increase. Anju Aggarwal explained that the majority of the spike occurred within the first ten days of junior doctors joining the Trust. She emphasised the importance of addressing the underlying themes within the exception reports, such as rota issues and the immediate support needs of new starters. Rather than relying solely on exception reporting, she encouraged greater engagement from senior teams within departments to proactively identify and resolve issues at source. She highlighted how departmental leadership could take early steps to support staff and reduce escalation. Santhosh Sundararajan added that many of the exception reports came from doctors who were new to the organisation.</p> <p>Jenny Lewis acknowledged the significant amount of work already underway to support junior doctor rotations and suggested that the visibility of this support could be improved. She proposed better alignment and triangulation of this work to help anticipate and reduce future spikes. She referenced a recent meeting with colleagues and noted there was still a substantial challenge ahead in increasing reporting levels. She also shared insights from feedback received, which highlighted reasons why some staff were reluctant to report exceptions.</p> <p>Anju Aggarwal reinforced that there was a need to better target support and communications at senior staff to help shift the culture.</p> <p>Magnus Harrison agreed and committed to sharing exception reporting data with Clinical Directors and Clinical Leads. He also proposed a meeting between the Guardians and this leadership group to discuss how best to create a supportive environment that encouraged appropriate exception reporting.</p> <p>Clare Smith offered the opportunity for the Guardians to attend the next General Managers' meeting to continue this conversation and reinforce key messages.</p> <p>The Board thanked the GoSW, received the report and noted the update.</p>	<p>Magnus Harrison</p> <p>Clare Smith</p>
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15.2(i)	Freedom to Speak Up Guardians Annual Report	
	<p>The report provided an objective assurance update on the Freedom to Speak Up (FtSU) process and activity from the Guardian.</p> <p>It was noted that Alan Sheppard, the FtSU Guardian, was currently unwell. In his absence, Gillian Taylor, the FtSU Non-Executive Director Champion, took the Board through key areas of the report.</p> <p>She drew attention to section 3 in the report and confirmed there had been one formal case raised during the period and provided assurance that this was not related to Maternity services. The report highlighted a continued increase in the number of cases raised overall. She noted that Alan Sheppard was now operating in a full-time capacity as Guardian, supporting the increasing volume and complexity of cases. The most common reason for raising a concern remained staff wellbeing. Underlying themes included repeated reports of incivility from managers and colleagues, poor communication from leaders when service changes were being made, and a lack of clarity or ongoing communication during formal HR or management processes.</p> <p>She highlighted the Guardian's activities to promote the service and tackle known barriers to speaking up. These included internal and external engagement sessions and the introduction in April of a new poster campaign featuring a QR code to encourage anonymous reporting. While there had not been a significant influx in cases since the introduction of the QR code, early indications were that the tool provided an accessible and secure channel for staff to raise concerns, with the added benefit of allowing the Guardian to respond to anonymous submissions in a protected way.</p> <p>It was also noted that the Trust's results from the latest staff survey continued to compare favourably against the NHSE average for raising concerns.</p> <p>Laura Stroud questioned whether there were organisations with higher levels of reporting from whom the Trust could learn.</p> <p>The Board received and noted the report.</p>	<p>Alan Sheppard/ Jo Bray</p>
15.2(ii)	Executive Report for Assurance Processes for Freedom to Speak Up	
	<p>The report provided an update following an internal review of the Trust's Freedom to Speak Up position in April 2025. The Self-Assessment Tool used was provided by the National Guardians Office toolkit. The information collated in this assessment was provided through the Trust's NHS Staff Survey 2024 results, engagement with Trust staff, Senior Leaders, Steering Group members and the Trust FtSU Guardian.</p> <p>Prof Phil Wood reminded the Board that the Guardian's report had previously been presented for information and assurance, but that</p>	

	<p>the responsibility for implementing its recommendations and making meaningful progress rested with the Executive Team. He reiterated the importance of recognising FtSU as one of several routes for staff to raise concerns and encouraged the Trust to celebrate the increase in reporting, viewing it as a positive indicator of staff engagement and confidence in the process. He described how the self-assessment highlighted areas of good practice while also identifying the need for continued staff education and awareness, particularly in relation to available channels for speaking up. The introduction of the QR code had been a helpful step in supporting ease of access.</p> <p>Jenny Lewis explained that the Guardian's work had directly informed the Executive Team's contributions to the development of the Trust's annual workforce commitments. She noted the importance of maintaining oversight of the Guardian's workload and the potential need to expand capacity if demand continued to rise. She acknowledged the value of anonymous reporting, which allowed safe feedback and supported a learning culture.</p> <p>She further noted the benefits of championing FtSU across staff networks, helping to collate feedback through multiple routes. She drew attention to cases where individuals had reported a negative impact as a result of speaking up. These would be fully investigated, and the FtSU policy would be reviewed to support improvement. There had been three such cases reported, one of which remained active. A PDSA cycle had been initiated to assess and respond to this feedback. Looking forward, the focus for 2025/26 would be to embed FtSU more fully within the Trust's wider kindness commitment. This would include sharing best practice, encouraging a multidisciplinary approach to thematic review, and strengthening local ownership of actions. The intention was to develop a consistent and standardised approach on FtSU cases.</p> <p>The Board received and noted the report.</p>	
15.2(ii)a	<u>BLUE BOX</u> ITEM - Supporting Appendices (Annual Self-Assessment)	
	The Annual self-assessment report was provided in the blue for information and Was received and noted.	
15.3	Code of Conduct and Nolan Principles Leeds Way Values & CQC well-led Guidance – Annual Pledge	
	<p>The Code of Conduct for the Board of Directors at LTHT adheres to the Nolan Principles, the values set out in The Leeds Way and underpins the capable, compassionate and inclusive leaders with exemplary behaviours as defined by the CQC Well-led guidance.</p> <p>The Board was asked to make its annual endorsement of their support to the Code of Conduct for Directors at LTHT and recognise their personal duties to role model exemplary behaviours which would be recorded formally within the minutes of the meeting.</p> <p>All in attendance confirmed their pledge to these commitments.</p>	

	<u>Post-meeting note:</u> Amanda Stainton and Chris Schofield confirmed their pledge to this commitment via email.	
15.4	Standing Orders Update	
	<p>The report sought Board approval for the changes made to the ToR of Board Committees (as cited in the Standing Orders) which had arisen following the annual Committee review.</p> <p>Jo Bray drew attention to the proposed changes at section 2 including the removal of all references to the former Building Development Committee and their replacement with references to the newly established Infrastructure Committee across all relevant ToR.</p> <p>The Board received the report and approved the amendments to the ToR as set out.</p>	
	Items for Information	
16.1	BLUE BOX ITEM - Forward Planner	
	The Board Forward Planner was provided in the Blue Box for information and was received and noted.	
17	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 Trusts regulators.	
	Communications	
	There were no specific items highlighted from the meeting discussion that required additional communication activity.	
18	Review of Meeting and Effectiveness	
	The Trust Chair reflected on the significant volume of information presented and acknowledged the breadth of knowledge required to hold such discussions effectively. She thanked all those involved for their contributions, emphasising the collective aim to ensure safe services for patients and continued support for staff.	
19	Any Other Business	
	No other business was discussed.	
	Date of next meeting: Thursday, 31 July 2025, SJUH	