



The Leeds
Teaching Hospitals
NHS Trust

DRAFT MINUTES OF THE PUBLIC BOARD MEETING

Thursday 25 September 2025

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

Present:	Antony Kildare	Trust Chair
	Amanda Stainton	Associate Non-Executive Director
	Angela Graves	Non-Executive Director
	Brendan Brown	Chief Executive Officer
	Clare Smith	Chief Operating Officer
	Craige Richardson	Director of Estates and Facilities
	Gillian Taylor	Non-Executive Director
	Jenny Ehrhardt	Director of Finance
	Joanne Koroma	Associate Non-Executive Director
	Jo Bray	Company Secretary
	Laura Stroud	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
In Attendance:		
	Chris Jones	Deputy Director of HR
	Karen Sykes	Head of Nursing for Safeguarding (for agenda item 4)
	Liz Garthwaite	Deputy Chief Medical Officer (for agenda item 15.1)
	Lorna Johnson	Deputy Chief Nurse
	Louise Barnes	Named Nurse for Safeguarding Children (for agenda item 4)
	Scott Cunningham	Patient Carer and Public involvement Manager (for agenda item 4)
	Sudharsan Suriyakumar	Trust Board Administrator
Observing:		
	Jane Westmoreland	Associate Director of Communications
	Wisdom Echefula	Governance Officer

Agenda Item		Action
1	Apologies for Absence	
	No apologies for absence were received.	
2	Welcome and Introductions	
	<p>The Trust Chair welcomed the Board and the members of the public to the meeting. He also welcomed Brendan Brown, Interim Chief Executive Officer.</p> <p>The Trust Chair further welcomed Chris Jones, Deputy Director of Human Resources, Lorna Johnson, Deputy Chief Nurse, and Angela Graves, Non-Executive Director.</p>	
3	Declarations of Interest	
	There were no new declarations of interest and the meeting was confirmed to be quorate.	
4	Patient Story	
	<p><i>In attendance:</i> <i>Scott Cunningham, Patient Carer and Public Involvement Manager, Louise Barnes, Named Nurse for Safeguarding Children, and Karen Sykes, Head of Nursing for Safeguarding</i></p> <p>Scott Cunningham introduced the patient story, which focused on safeguarding the voices of children and young people. The video was made available to view via the following link: 01 M20250529 013 CUNNINGHAM Safeguarding Voices 30 05 25 SL 3</p> <p>The video featured Louise Barnes, who explained that children aged 16 or 17 years were seen in the adult Emergency Department (ED), and that their treatment was carried out in adult areas. As a result, additional safeguarding measures were undertaken for these young people, who could be experiencing a range of vulnerabilities, including exposure to youth violence, domestic abuse, being looked after by the Local Authority, or being young parents themselves. In the video, it was highlighted that capturing the voices of these young people was one of the most effective ways to safeguard them, as it provided valuable insight into their thoughts, feelings, and lived experiences. This information was used to inform service improvements, addressing situations where young people's voices may previously have been absent. She acknowledged the contributions of all the young people involved in the project and expressed thanks to Leeds Hospitals Charity (LHC) for funding the initiative.</p> <p>The Patient, Carer and Public Involvement (PCPI) Team had conducted interviews with 15 young people to understand their experiences and concerns regarding safeguarding. Each participant received a £30 voucher on completion of their interview, funded by Leeds Hospitals Charity (LHC). The project employed the Leeds Three C's, Communication, Compassion, and Co-ordination, as both a framework for discussion and a lens for analysing the findings. Snippets from these</p>	

	<p>interviews were included in the video, and the recommendations arising from the project had been incorporated to enhance the Trust's safeguarding practices.</p> <p>The Board commended the initiative and the work undertaken by the PCPI Team. Clare Smith highlighted the importance of transitional services for 16 and 17 year olds. The Trust Chair noted the significance of the connection and partnership working with LHC.</p> <p>Scott Cunningham, Lousie Barnes and Karen Sykes exited the meeting.</p>	
5	Draft Minutes of the Last Meeting	
	The draft minutes of the last meeting held 31 July 2025 were confirmed to be a correct record.	
6	Matters Arising	
	Prior to the meeting, queries relating to the Trust's Maternity and Neonatal Service had been received. These were read aloud by Jo Bray, and Brendan Brown provided a response, which was included as Appendix 1 to these minutes.	
7	Review of the Action Tracker	
	<p>The action tracker was reviewed, and progress noted.</p> <p>In relation to Action 6, (<i>"To present a five-year plan showing the trajectory of capital investment to address backlog maintenance (BLM) risks, to be taken forward through the Infrastructure Committee"</i>), Craige Richardson reported that this work remained in progress and was being overseen by the Infrastructure Committee.</p>	
8.1	Chair's Report	
	<p>The report provided an update on the activities of the Trust Chair.</p> <p>The Trust Chair expressed that he was truly delighted to have commenced his role and noted that it had been a particularly busy period during his first few weeks in post. He highlighted the key priorities that were front and centre of his work since taking up the position and stated that he looked forward to working collaboratively with colleagues and meeting more of the Trust's staff during forthcoming site visits.</p> <p>The Board received and noted the update.</p>	
9.1	Chief Executive's Report	
	<p>The report provided an update on the recent actions and activities of the CEO.</p> <p>Brendan Brown reported that he had been in post for nine days and emphasised that his role as Interim Chief Executive was not simply to maintain continuity but to take decisive action. He reiterated his commitment to ensuring that the organisation moved forward with compassion at the heart of its approach. He acknowledged that the Trust had not always got things right in the past and stressed the importance of responding with empathy to improve services for both staff and patients.</p>	

	<p>He highlighted the need to see colleagues as part of the wider community and the community as part of the Trust, emphasising the importance of understanding the perspectives of others in order to meet their needs effectively. He underlined his commitment to driving forward improvements across the organisation, ensuring that resources were used wisely, and that discussions on performance and productivity were always framed around their impact on patient care.</p> <p>The Board received and noted the update.</p>	
10	Quality and Performance	
10.1	Maternity and Neonates Update	
	<p>The report provided an update on the Trust's monitoring and management of perinatal risks and the improvements in progress.</p> <p>Magnus Harrison drew attention to the details within the report, noting that the update formed part of the Maternity and Neonatal Services (MNS) and Friends and Families Safeguarding (FFS) review. He highlighted the need to review the assurances provided following the CQC assessment, particularly in relation to the ten safety actions within the Maternity Incentive Scheme (MIS). The local Maternity and Neonatal services had reviewed their submissions and agreed that, for Year Six, appropriate assurances regarding the Trust's submission were not evident. He advised that the Board would seek further be assurance for Year Seven.</p> <p>He noted the intense media scrutiny of the service, referencing various media coverage and earlier CQC reports, emphasising that assurances previously provided were under review and could not currently be fully supported.</p> <p>He reported that the Trust must make repayments of the MIS premium reductions. The Trust had been awarded ringfenced funding to allow for improvements investments, targeted at addressing any MIS areas of concern. Magnus Harrison confirmed he had agreed to be SRO for the Perinatal Improvement plan from the beginning of September 2025.</p> <p>He reported that the Perinatal Mortality Review Tool (PMRT) group reviewed seven perinatal mortality cases in August 2025, one of which was graded D and escalated to the Trust Weekly Quality Review Group to consider potential further learning. Overall compliance across all elements of Saving Babies' Lives Version 3 (SBLV3), as assessed through self-assessment and Local Maternity and Neonatal System (LMNS) validation, stood at 88%.</p> <p>He highlighted ongoing challenges with Midwifery staffing, noting attrition and recruitment pipeline issues. A Midwifery red flag event, as defined by National Institute for Clinical Excellence (NICE) 2015, served as a warning that staffing may be insufficient. During August 2025, 117 and 110 red flags were raised at SJUH and LGI delivery suites respectively, primarily due to delays in the induction of labour pathway. Work was ongoing to improve this pathway, with optimisation of staffing numbers</p>	

	<p>expected to enhance patient flow. In relation to Neonatal staffing, 11 new registered nurses had been appointed, with a further 12 expected between October and December. Extra-qualified staff were not expected to achieve full compliance (with the Qualified in Specialty qualification) until the end of the year. Consultant staffing met British Association of Perinatal Medicine requirements across both sites. He also noted a decline in Friends and Family Test (FFT) positive feedback in August, highlighting the importance of listening to patient experiences. He updated on the discussions at the NHS England Quality Improvement Group (QIG) earlier in the week had considered the challenging regulatory environment, and a revised action plan would be developed to report back to the NHSE Chaired Quality Improvement Group in November.</p> <p>The Board received and noted the report.</p>	
10.2	Investment into Maternity & Neonatal Services	
	<p>The report provided an update on the investments in Maternity agreed through the planning process for 2025/26 and into the financial year, alongside the financial implications of the loss of Maternity Investment Standard (MIS) rebates and the scale of bids submitted to recover some of these rebates to support improvements in patient safety and quality of Maternity and Neonatal services.</p> <p>Jenny Ehrhardt reported that formal notification of funding had now been received. She noted that the Birth Rate Plus funding supported investment in establishment, and referenced the CQC review of the MIS returns, including the current payment and the previous year's £5m repayment. Discretionary funding of £2.1m had also been approved to support service improvements. She emphasised that the paper was for information and clarity regarding investment, rather than confirmation of a final position, and that funding had been provided to achieve standards alongside the associated action plan.</p> <p>Mark Burton enquired about the priorities identified by SRO and initial impressions. Magnus Harrison highlighted that his biggest concern remained Midwifery staffing and ensuring the right personnel were available without negatively impacting other areas. He noted the current regulatory burden and the challenge of delivering improvement work while maintaining service provision, emphasising the need for a dedicated project management approach. Mark Burton confirmed the need for appropriate support from the Board and the Executive, to which Magnus Harrison agreed but stressed that additional staff were required. Amanda Stainton clarified that the loss of funding would not detrimentally impact service delivery, and Jenny Ehrhardt confirmed that any financial effect would be reflected in the overall Trust position.</p> <p>The Trust Chair explored further aspects of the report. Laura Stroud raised queries regarding tracking sickness and absence and the longer-term plan for addressing these issues. Lorna Johnson confirmed that these matters had been reviewed and addressed.</p>	

	The Board received and noted the report.	
10.3	Well-Led Update	
	<p>Brendan Brown presented the findings from the CQC Well-Led review and outlined the associated improvement work. He reported that the CQC had rated leadership at LTHT as “requires improvement”. Key findings included that the Board was not working as cohesively as it should, with feedback reflecting that openness and culture at Board level was mixed. While leaders aimed to promote a positive, compassionate, and listening culture that fostered trust between themselves and staff, this approach was inconsistent across services and at Board level.</p> <p>He highlighted that the Trust’s Board members possessed diverse skills, experience, and lived experience of using services, and that leaders aspired to make the Trust one of the greenest NHS Trusts in the UK, with plans to improve sustainability throughout the organisation. He further reported that an Improvement Director had joined the Trust over a week ago, and that an action plan had been established, with accountability for progress clearly assigned.</p> <p>The Trust Chair emphasised that the Board would take the findings seriously and respond proactively to ensure continued improvement.</p> <p>The Board received and noted the update.</p>	
10.4	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 highlighted operational performance. Regarding ambulance handovers, the average time at SJUH in August 2025 was 14:44 minutes and at LGI was 15:25 minutes. Out of 183 hospitals, SJUH ranked 17th and LGI 22nd for ambulance handovers in that month. Emergency Care Standards (ECS) performance was reported at 78.4%, placing LTHT 25th out of 118 Trusts. She noted the Urgent and Emergency Care Team had reviewed pre-pandemic A&E performance and taken learning from high-performing regional Trusts to inform improvement actions, which were scoped in August with a focus on delivery over the following two months. Referral to Treatment (RTT) performance was 66.3%, ranking 25th among 118 Trusts. She updated that Super-Saturday clinics commenced in Head and Neck and Neurosciences during September to reduce waiting list volumes and waiting times. Planning was underway for additional activity in Urology and Respiratory Medicine, including Friday super clinics. She reported that for RTT 52-week waits, LTHT was placed in Tier 1 escalation and through investment and commitment, the position had been reversed, with 1,500 patients over 52 weeks, better than the original planned trajectory. The aim remained to reduce 52-week waits to 1% of the overall waiting list. Cancer 31-day performance was reported at 93.8%, with 99% of patients receiving Chemotherapy within 31 days</p>	

<p>from the decision to treat. She highlighted that Radiotherapy performance had improved and was sustained across all categories. Performance against the 62-day Cancer pathway was reported and that funding from Tier 1 had been assigned to support additional capacity, including weekend sessions in Urology, six months of additional robotic surgery capacity, recruitment of a Locum Lung Consultant to reduce first outpatient appointments, and agency staffing in Radiology to reduce CT and ultrasound waiting times. Short-term focus remained on reducing the 62-day backlog to levels consistent with other providers to support sustainable delivery of care.</p> <p>She updated on the diagnostics performance, noting LTHT was ranked 53rd out of 118 Trusts. Ultrasound performance was now on trajectory, and monthly diagnostic escalation meetings continued to review performance and recovery plans.</p> <p>Magnus Harrison reported on mortality rate. The Trust's Summary Hospital Mortality Index (SHMI) for May 2024 to April 2025 was 112.4 and "As Expected." He noted that assurance continued to be sought through statistical analysis, coding reviews, and case note analysis. The Trust had strengthened the learning from deaths framework, with a robust screening process and the use of the Structured Judgement Review (SJR) methodology to identify learning and provide assurance on quality of care. He reported that two Never Events had been reported in 2025/26: An insulin overdose due to use of the wrong device (size of syringe) and a retained surgical item in ENT theatres at Wharfedale Hospital. Learning from these events had been highlighted. In Maternity, there were four stillbirths during August 2025. All cases continued to be reviewed as a Multi-Disciplinary Team (MDT) using the Perinatal Mortality Review Tool. The Trust continued to work with other units for peer review of perinatal mortality, engage with Maternity and Newborn Safety Investigations (MNSI) Teams to review cases and trends, and use appreciative enquiry to inform service improvements.</p> <p>Chris Jones provided an update on workforce metrics. The rolling sickness absence rate was 5.21% against a target of 4.9%. In-month rates were within SPC limits but slightly above target. A Burnout Group had been established, led by the Deputy Chief Medical Officer and Deputy Director of HR, reporting to the Workforce Management Group (WMG) and Workforce Committee (WFC). The Supporting Attendance Policy had been reviewed and amended with staff-side colleagues; process improvements had already been implemented. Stress management processes were under review, scheduled for completion by the end of the calendar year. The 12-month "Thrive at Work" pilot aimed to reduce and prevent long-term sickness absence. Voluntary turnover was 5.88%, below the target as of August 2025. Agency spend was 0.67%, with nursing agency spend increasing in Pathology and Children's CSU. Vacancy rates had been above the mean for seven consecutive months, constituting special cause for concern. Recruitment of registered nurses was improving, with clinical support worker recruitment ongoing. He noted that staff engagement rates remained</p>
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	<p>within control limits, informing the refresh of LTHT In-Year Commitments, and were triangulated alongside patient and quality metrics across relevant networks, sub-committees, and forums.</p> <p>Jenny Ehrhardt provided the financial update. At month five, the in-month deficit was £2m, £0.9m adverse to plan. The year-to-date deficit was £20.4m, £6.5m adverse to the NHSE plan. Reductions in bank expenditure had helped offset costs and maintain controls over non-pay expenditure. Significant risks to achieving the financial plan included delivery of the waste reduction programme, absorption of inflationary pressures, other cost pressures to meet operational standards, and assumed funding levels. She highlighted that the Trust continued to explore further mitigations. Under the new National Oversight Framework (NOF), the month five YTD deficit and adverse variance would result in a NOF score of 3.</p> <p>She updated that the Capital expenditure for 2025/26 was forecast at £87.8m, a reduction of £21.6m, primarily due to an agree rephasing into future years of £22.6m in the RtCS Elective Theatres allocation. Expenditure to 31 August 2025 was £14.8m, £0.4m behind forecast. M&SE year-to-date spend was £1.9m, and Informatics £3m, both in line with forecast. The August closing cash balance was noted at £87.8m, £17.8m better than the latest fundamental review due to the timing of capital invoice settlements and early R&D income from Department of Health and Social Care (DHSC). The latest cash forecast indicated that the Trust would not require revenue cash support for the remainder of the year, contingent on delivery of the revenue position including full achievement of the waste reduction programme.</p> <p>Phil Corrigan highlighted the need to maintain bank spend below £30m, while Chris Jones noted that employment and finance queries could not be fully addressed until ongoing work was completed. Amanda Stainton clarified the distinction between bank and agency staff, noting that bank staff represented the Trust's own employees. Laura Stroud emphasised the importance of triangulating impact on quality of care and patient experience with Committee oversight, and ensuring that spending was prioritised appropriately to maximise patient benefit.</p> <p>The Trust Chair acknowledged and commended the work being undertaken to address the performance challenges across the organisation.</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 7 August and 4 September 2025.</p>	

	<p>Clare Smith set context to the report, noting that there had been no changes to the risk ratings following the review of the risks considered at both RMC meetings. Standing items, including pathology and Maternity and Neonatal risks, were discussed, with consideration given as to whether these should be reviewed at RMC. Amendments to the Board Assurance Framework (BAF) were also noted. The Trust Chair confirmed that the purpose of the discussion was to provide assurance to the Board.</p> <p>Brendan Brown queried whether the organisation had a clear understanding of risk and escalation processes. Clare Smith reported that work had been undertaken but highlighted that due to churn in leadership, a review of training would be required. Gillian Taylor, as an observer, noted that some CSUs were uncertain about scoring methodology.</p> <p>The Board received the report and confirmed it had received assurance on the strategy adopted to maintain potential significant risks under prudent control.</p>	
11.1(i)	BLUE BOX ITEM – Corporate Risk Register	
	The corporate risk register was provided in the Blue Box for information and was received and noted.	
11.2	Board Assurance Framework (Updates)	
	The Board received the updated Board Assurance Framework (BAF), with changes highlighted in tracked amendments, and noted that a further update would be presented in October.	
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 21 August 2024.</p> <p>Laura Stroud explained the role of the Committee, noting that QAC reviewed matters through the lens of safety, quality of care and patient experience and that she had held pre-meetings with the Chief Medical Officer and Chief Nurse for horizon scanning. She noted that the Committee commenced with a patient story, which described the care of an elderly gentleman undergoing facial reconstruction. The story illustrated compassionate, holistic care provided over a prolonged pathway and had given the patient and his family reassurance and peace of mind; members noted this as a clear example of personalised care.</p> <p>The Committee received an update on patient safety incidents. It was reported that two Patient Safety Incident Investigations (PSSII) had been commenced during the period, one of which related to a Never Event. An overview of recently concluded investigations was provided, together with identified learning and the assurance methods in place. Members were provided with a broader summary of learning from patient safety events occurring within the Trust and across system partners. Emphasis was placed on improving systems and on fostering psychological safety, so staff felt able to raise concerns.</p>	

	<p>The Committee considered the Trust's position on Health Care-Associated Infections (HCAIs). It was reported that, since April, there had been a significant increase in HCAIs, with the Trust recording 45 Clostridioides difficile infection (CDI) cases in the first quarter, two MRSA bacteraemia cases and 28 MSSA bacteraemia cases. Members discussed the Trust's escalating position against agreed trajectories and the additional actions being taken to regain control. It was agreed that a combined MDT effort, including support from Estates and Facilities was required to protect patients and staff, and that Infection Prevention and Control (IPC) had become an organisation-wide priority.</p> <p>New governance arrangements for Perinatal services were also noted.</p> <p>Jo Koroma explored the data and observed that, despite considerable effort, the headline numbers were not yet improving. Magnus Harrison clarified that an ICP strategy was reported to be in development. Jo Koroma sought clarity on how progress would be assured. Magnus Harrison informed that assurance would be provided through Quality Impact Assessments and routine QAC oversight. Laura Stroud explained that the Team had a robust quality improvement mindset and was leading aspects of this work nationally.</p> <p>The Trust Chair thanked Laura Stroud for the comprehensive assurance provided. The Board received the report and noted the assurances received by the QAC.</p>	
12.1(ii)	<u>BLUE BOX ITEM</u> – Q4 Learning from Deaths	
	The Q4 learning from deaths was provided in the Blue Box for information.	
12.1(iii)	<u>BLUE BOX ITEM</u> – IPC Performance and Assurance report July/Aug 2025	
	The IPC performance and 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	
	The report provided an overview of significant issues of interest, highlighted key risks discussed, key decisions taken, and key actions agreed at the Finance and Performance (F&P) Committee meetings held 30 July and 27 August 2025 and was received and noted.	
12.2(ii)	Verbal update of the meeting held 24 September 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>Mark Burton emphasised the Committee's focus on maintaining a careful balance between financial performance and the quality and safety of patient care and services. He noted on the patient story illustrating the impact of improvement work on continence care. He highlighted that the initiative was the first of its kind in UK and demonstrated how targeted service improvements could deliver enhanced patient experience alongside financial savings and sustainability benefits.</p>	

	<p>He updated the Board on the Annual Waste Reduction Conference, and thanked Magnus Harrison and Jenny Ehrhardt for their leadership and contributions. The conference maintained a strong focus on patient safety and empowerment, with Jenny Ehrhardt, as Director of Finance, delivering a clear leadership message encouraging colleagues facing risks due to perceived insufficient funding, to raise these concerns directly with the Executive Team. He detailed the comments from Jim Mackey (Chief Executive, NHSE), who attended the event and participated in a Q&A session. The discussion reinforced the Trust's leadership commitment to driving improvements, fostering psychological safety, and maintaining curiosity in its approach to transformation. He reiterated that the Trust could not cut its way to excellence, instead, continuous improvement must be the route to delivering high-quality, sustainable services.</p> <p>He noted that performance was discussed in detail, with a particular focus on the importance of undertaking deep dives to provide robust assurance. He added that a Cancer performance deep dive had been undertaken in August, examining issues at a granular level, including CSU-level and pathway-specific detail. A further deep dive into diagnostics and productivity had been conducted at the most recent meeting. In relation to the financial position, the Committee noted that non-pay costs were increasing, which was attributed in part to higher levels of activity undertaken to reduce waiting lists. Much of this additional activity had not yet been matched by corresponding income.</p> <p>The Trust Chair noted the comprehensive nature of the update and emphasised the importance of ensuring that the Trust was taking the right actions and receiving the right level of assurance.</p> <p>The Board received and noted the update.</p>	
	Audit Committee	
12.3	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 Audit Committee meeting held 4 September 2025.</p> <p>Gillian Taylor presented a high-level summary of the report. She noted that, in relation to a contract approval issue within Pharmacy, governance checks had identified the need for a targeted review within the Medicines Management and Pharmacy CSU. This had been actioned, and Internal Audit had been asked to undertake a review.</p> <p>The Committee received updates on risk deep dive reviews, including work on IPC, which was cross-referenced to the QAC for assurance. Members discussed the overall 'limited' assurance rating from the Internal Audit review of Mortuary Security, which included one medium and two high recommendations. Leadership walkrounds had provided additional assurance regarding the layers of security in place within the Mortuary. She highlighted that reports on both External and Internal Audit performance were received, and the Committee was advised that the</p>	

	<p>Internal Audit service was currently out to tender, with the process due to commence in October.</p> <p>Laura Stroud queried the rules regarding the limitation of auditor tenure. Jenny Ehrhardt provided further clarification on the distinction between Internal and External Audit functions, including the governance requirements relating to the maximum duration of individual auditor appointments.</p> <p>The Board received the report and noted the assurances received via the Audit Committee.</p>	
	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 10 September 2025.</p> <p>Amanda Stainton, reminded the Board of the Committee's purpose and structure. The WFC was supported by the Workforce Management Group (WMG), which sits within its supporting governance framework and provided oversight of operational workforce matters. Information flowed from the WMG inform the Committee's strategic discussions.</p> <p>She described the staff story received at the Committee, which highlighted the successful outcome of a mediation process undertaken within the Neurosurgery Team. The story illustrated the Trust's commitment to supporting Teams to act with kindness and compassion, aligned with the organisation's values. She noted on the Annual Workforce report and considered an update on the Agenda for Change (AfC) job evaluation process following a letter from NHSE in May requiring Board assurance. An overview of the key risks and mitigating actions was presented. However, the Committee concluded that, based on the information available, it was not yet in a position to provide the required assurance to the Board. This would be revisited at the next meeting ahead of submission to the November Board.</p> <p>The Committee discussed staff wellbeing and burnout, emphasising the importance of clear communication around available support. Actions were underway to ensure that staff from all cultural backgrounds were aware of and able to access wellbeing services through the Health and Wellbeing Group. She explained that the Committee commended the progress made within Occupational Health and discussed plans to increase flu vaccination uptake by 5%. Previous approaches and peer learning would be reviewed to support improved uptake, and it was noted that there was a need to strengthen organisational understanding of the associated financial impacts. She further explained that the sickness absence rate was discussed in the context of the IQPR. HR colleagues were working closely with Finance to help CSUs understand both the financial and operational implications of absence and to provide targeted support. The Committee considered the workforce implications of the NHSE Ten Year Plan (10YP) and received an update on preparations for</p>	

	<p>the launch of the next NHS Staff Survey. Assurance was provided that learning from previous survey results with on going work to embed, with weekly monitoring of response rates in place.</p> <p>The Trust Chair reflected on the discussion around staff burnout and how this was being understood and addressed across the organisation. Liz Garthwaite provided an update on work to identify and support vulnerable staff groups, with actions focusing on addressing root causes such as line management, appraisals, and Team discussions. Mike Baker queried staff survey participation rates, drawing on his civil service experience and asking whether there was an active campaign to improve engagement. Chris Jones confirmed that a communications campaign had commenced and shared insights from previous research undertaken by a public health registrar to understand staff engagement and close feedback loops. Brendan Brown added that the organisation already had a range of mechanisms for staff feedback, and engagement levels were strong for an organisation of this size.</p> <p>The Trust Chair emphasised the importance of developing further methods for staff to contribute feedback and ensuring that these mechanisms continued to evolve to meet workforce needs.</p> <p>The Board received the report and noted the assurances received via the Workforce Committee.</p>	
12.4(ii)	BLUE BOX ITEM – Annual Workforce Report	
	The annual workforce report was provided in the Blue Box for information and was received and noted.	
13	Strategy and Planning	
13.1	Partnership Update Report	
	<p>The report provided an update on key developments within the Partnerships and Policy space, specifically the Leeds Place Provider Partnership review, neighbourhood health initiatives, and wider NHS system changes.</p> <p>Brendan Brown summarised the report, noting that Value Circle (VC), had been commissioned to review the current arrangements within Leeds Place and to provide recommendations on the future form and function of a Leeds Provider Partnership. Interim findings had identified several challenges to effective system working and were expected to include proposed collaborative governance mechanisms to support the future Provider Partnership model.</p> <p>He described the emerging neighbourhood model as a significant and positive development for the city. Plans to merge NHSE with the Department of Health and Social Care remained ongoing, with voluntary redundancy schemes launched and the proposed future senior leadership structure shared. However, there was still no clarity on the timeline for the completion of transition arrangements.</p> <p>He reported that the National Neighbourhood Health Implementation Programme had been launched, inviting places to bid for funding to</p>	

	<p>support accelerated test and learn approaches. Leeds Place had successfully secured funding under the programme and would be among the first pilot sites to develop and deliver neighbourhood health models. He acknowledged the uncertainty of the current policy landscape and emphasised the importance of continuing to respond effectively to the evolving needs of the Trust's communities.</p> <p>The Board received and noted the report.</p>	
14	Strategy and Planning	
14.1(i)	Winter Plan	
	<p>The report sought to provide assurance on the work being undertaken for the winter planning programme, including modelling demand and capacity, agreeing mitigating actions, and updating associated resilience documentation. The report also sought the Board approval of the new winter Board assurance template for submission to NHSE.</p> <p>Clare Smith presented the key details of the report and provided assurance that a comprehensive deep dive into winter preparedness had been undertaken at the F&P Committee the previous day. She noted that the NHSE Urgent and Emergency Care Plan, published in June 2025, had requested that all providers plan for winter earlier than in previous years and submit a signed Board assurance statement to the national Urgent and Emergency Care team by 30 September 2025. It was emphasised that the Trust's approach to Covid-19 planning was no longer seasonal. The Trust Chair confirmed that Board approval was required to sign off the assurance statement.</p> <p>Amanda Stainton highlighted the triangulation between the increased flu vaccination target discussed at the WFC and the potential impact on reducing sickness absence. Clare Smith confirmed that impactful data illustrating the direct link between vaccination uptake and sickness absence had been shared with CSUs. Laura Stroud queried whether vaccination data from other providers could be captured. Clare Smith clarified that, in relation to Covid-19 vaccinations, the Trust was unable to access external data. Laura Stroud emphasised the importance of vaccination as a key component of workforce safety. Clare Smith confirmed that a seven-day vaccination service was in place to support staff uptake. The Trust Chair noted that Committees had been focused on the importance of vaccination as a key mitigation measure, and reiterated that the Board's role was to approve the assurance statement. Clare Smith reported that there remained a deficit in the Trust's bed plan, which was not currently set at 92% occupancy. Plans were in place to open additional capacity, and city partners had committed to supporting the creation of further system capacity. She emphasised the importance of producing a realistic and deliverable plan rather than an aspirational one.</p> <p>The Board received the update, noted the assurance provided on the operational detail within the Plan and confirmed its approval of the new winter Board assurance template for submission to NHSE.</p>	
14.1(ii)	Appendix 2 – Board Assurance Statement	

	The Board reviewed the Board Assurance Statement (BAS), and the Chief Executive and Chair signed off the BAS on behalf of the Board.	
14.1(iii)	BLUE BOX ITEM - Appendix 1 - Full report from F&P	
	The full Winter Plan report submitted in F&P Committee was provided in the Blue Box for information and to support assurance, which was received and noted.	
15	Governance and Regulation	
15.1	Medical Revalidation Report	
	<p><i>In attendance:</i> Liz Garthwaite, Deputy Chief Medical Officer</p> <p>The report provided an update on progress and compliance against the national policy for medical revalidation during 2024/25. Board approval was sought for the assurance statement of compliance included at Appendix 2.</p> <p>Liz Garthwaite drew attention to the details within the report, noting that the annual report to the Board was a mandatory requirement of the General Medical Council (GMC). She explained that all doctors were required to identify their Designated Body, usually their employer, which monitored and assured their practice. The report outlined the processes in place to assure compliance with the mandatory requirements for appraisal, enabling recommendations to be made for the revalidation of all doctors with a prescribed connection to LTHT.</p> <p>The Board received the report and noted the assurance provided, confirming its approval of the assurance statement, which would be submitted to the GMC.</p>	
15.2	BLUE BOX ITEM – Assurance Report – Statement from External Audit	
	The yearend accounts report from the External Audit was provided in the Blue Box for information and was received and noted.	
16	Items for Information	
16.1	Forward Planner Reset for 2025/26	
	<p>Jo Bray provided a verbal update on the reset of the Board forward planner for 2025/26 and welcomed the Board's reflections and input.</p> <p>Angela Graves emphasised the importance of maintaining a commitment to learning and highlighted the need to consider the learners' voice, particularly in relation to the future focus of the Education and Training (E&T) reset.</p> <p>The Trust Chair reported on a recent meeting with the Trust's Clinical Fellows, noting the rich mix of disciplines represented and confirming that further consideration would be given to how this would be reflected in future planning.</p> <p>Clare Smith added that the scope of the work included Allied Health Professionals (AHPs), and that the term "clinical" should therefore be interpreted in its broadest sense.</p>	

	The Board received and noted the update.	
17	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.	
18	Review of Meeting and Effectiveness	
	The Trust Chair requested the Board to reflect on and consider whether it had achieved its intended outcomes and whether the appropriate questions had been asked.	
19	Any Other Business	
	The Trust Chair noted that this was Clare Smith's last public Board meeting before she assumed the role of Chief Executive at York and Scarborough Teaching Hospitals NHS Foundation Trust.	
20	Date of next meeting: Thursday, 27 November 2025	

APPENDIX 1

Public Query and Response

Q1: Do the LTHT executive team and non-executive team join bereaved families and whistle blowing staff in calling the health secretary for a full independent inquiry in Leeds maternity/neonatal services?

Q2: If there is an independent inquiry in Leeds maternity/neonatal services would LTHT welcome it?

Response from the Chief Executive on behalf of Board:

"The decision to commission a full independent inquiry sits with the Secretary of State for Health and Social Care. Our priority as a Trust is to focus on the improvements we need to make to our maternity and neonatal services and to improve how we listen to feedback and concerns from families and colleagues.

We welcome the opportunity to be part of the National Maternity and Neonatal Investigation and look forward to working with Baroness Amos and her team to develop improvements here in Leeds and nationally.

Similarly, if a full independent inquiry were commissioned into Leeds Maternity and Neonatal Services, we would work closely and openly with the inquiry team."