



**The Leeds
Teaching Hospitals**
NHS Trust

DRAFT MINUTES OF THE PUBLIC BOARD MEETING

Thursday 27 November 2025

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

Present:	Antony Kildare	Trust Chair
	Amanda Stainton	Associate Non-Executive Director
	Andrew Greenwood	Non-Executive Director
	Angela Graves	Non-Executive Director
	Beverley Geary	Interim Chief Nurse
	Brendan Brown	Chief Executive Officer
	Craig Richardson	Director of Estates and Facilities
	Gillian Taylor	Non-Executive Director
	Jenny Ehrhardt	Director of Finance
	Jo Bray	Director of Corporate Affairs
	Jo Koroma	Associate Non-Executive Director (exited at agenda item 14.4)
	Kate Sims	Interim Chief People Officer
	Laura Stroud	Associate Non-Executive Director
	Magnus Harrison	Chief Medical Officer
	Mark Burton	Non-Executive Director
	Mike Baker	Non-Executive Director
	Phil Corrigan	Non-Executive Director
	Simon Le-Clerc	Non-Executive Director
	Tim Hiles	Interim Chief Operating Officer
In Attendance:	Alan Sheppard	Freedom to Speak Up Guardian (for agenda item 12.4(ii), Via MST)
	Chris Kelly	Associate Director, Estates Compliance & Risk (for agenda item 14.3 & 14.4)
	Dan Jones	Violence Prevention and Reduction Coordinator and Operational Lead (for agenda item 12.4(iii))
	Gillian Lever	Clinical Leadership Fellow (for agenda item 14.4)
	Matthew Powell	Consultant – Intensive Care Medicine and Anaesthesia (for agenda item 14.4)
	Paul Ralston	Director of Commercial and Procurement (for agenda item 14.5)
	Sophie Williams	KPO Trainee (for agenda item 14.4)
	Sudharsan Suriyakumar	Trust Board Administrator
	Jane Westmoreland	Associate Director of Communications
Observing:	James Beck	Clinical Director, Adult Critical Care
	Vickie Hewitt	Trust Board Administrator
Apologies:	Paul Jones	Chief Digital and Information Officer

Agenda Item		ACTION
1	Apologies for Absence	
	Apologies for absence were received from Paul Jones, Chief Digital and Information Officer.	
2	Welcome and Introductions	
	The Trust Chair welcomed the Board and the members of the public to the meeting. He also welcomed Simon Le Clerc, Non-Executive Director and James Beck, Clinical Director, Adult Critical Care as an observer to the meeting.	
3	Declarations of Interest	
	Kate Sims declared her substantive role as the Director of People of West Yorkshire ICB and Beverley Geary declared her substantive role as Chief Nurse at West Yorkshire ICB. There were no further declarations of interest, and the meeting was confirmed to be quorate.	
5	Draft Minutes of the Last Meeting	
	The draft minutes of the last meeting held 25 September 2025 were confirmed to be a correct record.	
6	Matters Arising	
	<p>Prior to the meeting, queries regarding the Trust's services were received from members of the public. Jo Bray read aloud the question submitted by a member of the public; <u>Magnus Harrison has repeatedly committed to an external review of the LTHT baby mortality data throughout this year. When will the review start and when will the output be communicated publicly? Also do you accept that your delays will be impacting patient safety and amounts to poor leadership?</u></p> <p>Magnus Harrison responded by outlining the complexity involved in ensuring that decisions were taken at the appropriate stages. He explained that there had been a change in the way the review had been commissioned, noting that it had initially been intended as a tabletop review but had since evolved to ensure it was conducted in a trauma-informed manner, with families treated appropriately throughout the process. In relation to patient safety, he advised that he met weekly with Clinical Directors and received regular reports from the Maternity and Newborn Safety Investigation (MNSI) Perinatal Tool and other relevant safety monitoring systems. He also confirmed that he met weekly with Beverley Geary and her Team.</p> <p>He acknowledged that the commissioning process had been challenging and confirmed that a further update on the commissioning arrangements would be provided to the next Board. It was also confirmed that the Trust's response to the question raised would be formally recorded within the minutes.</p>	
7	Review of the Action Tracker	
	The action tracker was reviewed, and progress noted.	
8.1	Chair's Report	
	The report provided an update on the activities of the Trust Chair.	

	<p>The Trust Chair updated the Board on the receipt of the mid-year review letter from NHSE as follow up to the recent meeting. He also updated on new appointments of Non-Executive Directors (NEDs), including Simon Le Clerc, noting that one offer of appointment had not progressed to conclusion. In his capacity as Chair of LTHT, he also held the additional role of Trustee for the Leeds Hospitals Charity. He reported that he had been delighted to attend the royal opening of the Rob Burrow Centre for MND by the Prince of Wales and expressed thanks to the donors who had supported the Centre.</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 noted that this was his second Board meeting since his appointment and thanked colleagues for the work undertaken to date. He reflected that, at the previous meeting, the Trust had been scheduled to participate in the Baroness Amos review of Maternity services, however, the Trust had been removed from this, and a single independent Maternity inquiry into LTHT had been announced by the Secretary of State on 20 October 2025.</p> <p>He highlighted the ongoing work on elective recovery and waiting lists, emphasising that behind the statistics were patients whose care remained a priority. He commented on the current financial situation of the NHS and the planning round moving forward, noting that the recent budget announcement included investment in new health centres but did not provide additional funding for inflation for increases to drug costs or wider NHS services, which would need to be addressed.</p> <p>He provided an update on consultant appointments and highlighted the recent Leeds Live coverage regarding staff concerns. Amanda Stainton commended the work in responding to these issues, recognising the importance of staff being able to raise questions and receive timely answers from Executive Team members. Brendan Brown elaborated further on the Trust's approach to addressing these matters.</p> <p>The Board received and noted the update, and ratified the appointment of the consultants listed within the report.</p>	
10	Quality and Performance	
10.1(i)	Perinatal Services Update	
	<p>The report provided an update on the Perinatal Improvement Plan, as shared in draft format at the October Board Time Out, and on actions since the 24 September 2025 Board meeting (Appendix A).</p> <p>Beverley Geary introduced the report, noting that the Trust had not met all requirements of the Maternity Incentive Scheme (MIS) Year Six processes. The report highlighted 101 recommendations from the Maternity Safety Support Programme (MSSP), covering leadership, approach, interaction with service users, partners, and regulators.</p>	

	<p>She reported that a single action plan had now been developed, incorporating MSSP diagnostics and prioritised into thematic areas to aid navigation. The Board acknowledged that the action plan had been shared at the Board Time Out. Beverley Geary updated that the Perinatal Improvement Assurance Committee (PIAC), was to be established to operate separately from the Quality Assurance Committee (QAC). PIAC would include partners from MSSP, key local system representatives, and patient voices, and would be chaired by a Non-Executive Director and would be an assurance Committee of the Board. The Committee would hold the Trust to account, and MIS would be reviewed in detail within this forum.</p> <p>A weekly-led Improvement Steering Group, chaired by the Chief Executive, had also been established. The Terms of Reference (ToR) for the forthcoming independent inquiry were not yet known. An advice helpline had been established, and a dedicated office had been set up to support the independent inquiry, which was expected to grow, noting the potential financial risk to the Trust. Before submission, the action plan would be reviewed by the new PIAC, alongside external partners including LNMS. A multidisciplinary team review of the MIS evidence was also underway.</p> <p>Magnus Harrison updated the Board on the clinical and nursing leadership model, noting increased time commitments for clinical leaders and the creation of a psychologically safe environment. Weekly meetings and listening events were being held to support staff and foster a different working environment. Laura Stroud welcomed the revised Committee structure and the establishment of PIAC. Mike Baker supported the new structure and highlighted the importance of the detailed action plan for tracking and assurance, confirming that progress would be reported back to the Board. Amanda Stainton queried whether the Trust could influence the timing of the independent inquiry. Brendan Brown confirmed that the Trust's role was to be prepared and to provide necessary support. The timeline was not yet known, but the Board would be updated as soon as information became available.</p> <p>The Trust Chair emphasised the importance of giving the MIS process full attention. Brendan Brown noted the technical guidance and its role prior to sign-off. Beverley Geary requested that the Board receive the draft report on the review of the MIS Year Six and be assured by the ongoing actions to strengthen the process for the Year Seven submission. She also proposed that oversight and endorsement of the MIS be delegated to the newly established PIAC from Year Eight onwards, noting that the Trust Board would continue to receive reports on Perinatal Assurance.</p> <p>The Board received the report, noted the progress and actions, and confirmed its approval of the proposed management and oversight of the Perinatal Improvement Plan.</p>	
10.1(ii)	MIS: Review of Approval Process	
	The report provided an update on the review of the MIS Year Six and the ongoing actions to strengthen the process for the Year Seven submission.	

	<p>Beverley Geary highlighted the details within the report, explaining that, following the publication of the CQC report, the Trust was required to review MIS Year Six, as it had not fully met all scheme requirements. She outlined the actions undertaken in response to the findings, noting that the purpose of the review was to understand and learn from these findings. Several points of failure were identified within CSUs, and the Board noted that some detailed reviews had not previously been carried out.</p> <p>She updated the Board on progress to date, confirming that the review would be considered by the Perinatal Improvement Assurance Committee (PIAC), which included external partners. A Multi-Disciplinary Team (MDT) review of the evidence was underway, prior to full submission. Additional assurance steps had been introduced by LNMS, and NHS Resolution sessions would also be undertaken, with PIAC reviewing the scheme in detail.</p> <p>Phil Corrigan queried whether technical guidance needed to be retained, which Beverley Geary confirmed. She also requested training for PIAC members. Gillian Taylor referenced the Audit Committee regarding the level of detail required, and Brendan Brown noted that any Committee member should receive training. Angela Graves queried whether a broader review by Audit was required. Jo Bray noted that Internal Audit had not previously been asked to cover this area but would now provide assurance going forward.</p> <p>The Trust Chair summarised the discussion, noting that the delegation of MIS oversight from the QAC, as agreed in July, would now reside with PIAC.</p> <p>The Board received the report and confirmed that it had received assurance on the actions being taken to strengthen the process for the MIS Year Seven submission.</p>	Jo Bray/ Antony Kildare
10.2(i)	Well-Led Improvement Plan and Update	
	<p>The report provided an update on the Improvement Plan that was shared in draft format at the October Board Timeout, together with an update on actions since the 24 September 2025 Board meeting.</p> <p>Brendan Brown provided a high-level overview of the report, outlining the actions taken in response to the CQC and Well-Led reviews. He noted the work undertaken to strengthen the complaints review process, with Executive-led triage in place for complaints received from the public. This would support the provision of clear assurance on the Trust's regulatory processes. The Board discussed how progress against the Improvement Plan would be tested and reported through future updates to the Board.</p> <p>The Board received the report, approved the draft Improvement Plan and noted the progress made since the last Board meeting.</p>	
10.2(ii)	EDI Reviews and Aligned Action Plan	
	<p>The report provided an update on the ongoing development of the Inclusion and Belonging development plan and the proposed commencement of staff engagements in early December 2025.</p> <p>Kate Sims highlighted the details within the report and described the three external reports (Board paper from the Trust Board EDI Development session</p>	

23 October; Leeds Teaching Hospitals EDI Improvement Plan - published 31 October; EDI desk-top review - Evaluation report) and the context behind them, noting that each had been made available to the Board. She emphasised that the external reviews provided an important opportunity for learning. Appendix 2 set out the Improvement Plan, and work was now underway to consolidate the findings of the three reports, one of which had been undertaken as a desktop review only. Common themes had been identified and brought together into a single action plan. Work was ongoing to develop an inclusion action plan focused on leadership, organisational learning, policy development, oversight and communications. While timescales had not yet been finalised, it was confirmed that concise actions would be developed and brought back to the Board. These actions would be underpinned by engagement with staff, which would commence the following week.

The Trust Chair reflected on the clarity of the improvement journey over recent months, noting the importance of the reports and the work that had brought them together. Reference was made to the ENEI (Employees Network for Equality and Inclusion) discussions at the Board Timeout and to the role of the Senior Independent Director, Mike Baker, in commissioning one of the reports. The Trust Chair welcomed the positive feedback from staff, including during the Leeds Live sessions, and acknowledged the number of colleagues volunteering to participate in the next phase of engagement.

Kate Sims highlighted that the quality of care staff provide was influenced by whether they feel they belong within the organisation. If the Trust was to improve workforce experience, staff must be involved to ensure the right actions are taken. Angela Graves reflected on the importance of considering the wider LTHT learner community. Amanda Stainton shared observations from attending a staff network session, noting the value of understanding and gaining assurance from staff feedback. The Board discussed the importance of meaningful EDI-related objectives for all Board members.

Angela Graves welcomed the focus on staff engagement but stressed the need to measure progress, including cultural change. In response, Kate Sims confirmed that staff surveys and Freedom to Speak Up (FtSU) insights would be helpful indicators. She noted that this represented a significant organisational development opportunity and confirmed that organisational learning and development would be a core component of the action plan.

Mike Baker welcomed the consolidation of work, recognising that the programme was focused on meaningful cultural change. He emphasised the need to maintain strong existing work while increasing pace and alignment. He supported the inclusion of clear timescales and senior leadership accountability within the developing plan, and the celebration of diversity across the workforce. Kate Sims highlighted the importance of giving assurance on progress while retaining agility. Oversight would be provided through the Workforce Committee (to be renamed as People & Culture Committee), Quality Assurance Committee and the Board. Jo Bray asked whether an update could be reported to the March Board, and agreed to discuss this further with the Executive Team to ensure continuity of work.

	<p>Amanda Stainton observed that many of the changes required were longer-term cultural shifts.</p> <p>The Trust Chair reflected positively on the diversity seen at recent long-service awards, linking this to the wider organisational culture and inclusion agenda. He thanked colleagues for the significant work already undertaken, noting that there was a clear journey ahead, and confirmed that an update would be provided to the March Board.</p> <p>The Board received the report, noted the update, and confirmed its support for the ongoing development of the Inclusion and Belonging development plan.</p>	Jo Bray/ Execs
10.3	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>Tim Hiles highlighted the operational performance, reporting that ambulance handover performance had been strong relative to national benchmarks, achieving the national trajectory for the last three months. Emergency Care Standard (ECS) targets had been met every month except April 2025, with incremental year-on-year improvement. The Making Every Day Count (MEDC) event was planned for early January 2026 to reduce length of stay, alleviate occupancy pressures, and release staff capacity. Referral to Treatment (RTT) performance was reported at 66.72% in September 2025. Long-wait Tier 1 issues had been addressed and actions were in place to confirm removal from Tier 1, while cancer 28-day FDS performance was 77.8% in September, and cancer 62-day pathways were improving but required further attention.</p> <p>Magnus Harrison updated the Board on Mortality and Maternity outcomes, noting that the Trust's Summary Hospital-level Mortality Indicator (SHMI) for July 2024 to June 2025 was 113.4, classified as "As Expected" and trending downwards. No new never events had been reported in month and in Maternity, two stillbirths had been reviewed, and all cases continued to be assessed through a MDT using the Perinatal Mortality Review Tool. Peer review and engagement with MNSI Teams remained ongoing, with findings reviewed using appreciative enquiry and a health equity lens to inform service improvements.</p> <p>Kate Sims provided an update on workforce metrics, reporting a sickness absence rate of 5.26%, supported by bespoke manager training and strengthened CSU oversight. Voluntary turnover remained within control limits, with the rolling rate below target as of October 2025. Agency spend had increased over recent months, exceeding target, with detailed deep-dive analyses underway, while bank usage had slightly reduced, noting ongoing work to optimise medical staffing deployment.</p>	

	<p>Jenny Ehrhardt updated the Board on the financial position, noting an in-month deficit of £1m in October 2025, with a year-to-date deficit of £27m, £11.6m adverse to the NHS Plan. Pay costs had increased due to growth in substantive staff. The capital programme was reported at £101m, including new funding for community diagnostics and Maternity and Neonatal services. The cash balance was £84m below plan, reflecting timing within the capital programme. The Finance Team were actively managing this position to maximise interest and avoid the need for external cash support.</p> <p>Tim Hiles provided an update on winter planning, noting that plans were reviewed and updated weekly to reflect flu, COVID-19, and seasonal pressures. Additional bed capacity was available if required, and elective activity had been maintained at 90% during periods of industrial action. The HomeFirst programme was supporting patient flow and reducing delays, and daily operational peaks and troughs were actively managed alongside longer-term planning for sustained benefits.</p> <p>The Board noted the focus on staff wellbeing and sickness management, including deep dives into areas with higher absence and proactive management processes. Uptake of flu vaccination had improved, supported by awareness of community incidence.</p> <p>Brendan Brown and Jenny Ehrhardt highlighted the additional costs pressure arising from Resident Doctor industrial action, which had amounted to approximately £1.5m in July, with further costs expected.</p> <p>The Trust Chair commended the efforts of staff in maintaining operational performance during periods of pressure and industrial action, and formally thanked them for their dedication and contributions.</p> <p>The Board received and noted the report.</p>	
10.4	Pathology Update	
	<p>The report provided an update in relation to the operationalisation of the Centre for Laboratory Medicine (CfLM) and the Acute Hospital Lab (AHL), and on the closure of the Pathology Operational Readiness Programme and Board.</p> <p>Jenny Ehrhardt presented the report, noting that it celebrated the unprecedented scale and complexity of activities that had been achieved and provided an overview of those that remained as residual activities, as part of the wider ongoing Pathology Transformation. She highlighted that the disposal of the Old Medical School (OMS) was due to be completed in January 2026, marking the formal closure of this programme.</p> <p>The Trust Chair reflected on the significant transformation, noting that he had visited the laboratory and had been hugely impressed with the work undertaken, as well as the engagement with schools to support workforce succession planning. Jenny Ehrhardt added that post-project evaluation work would be undertaken and reported to the Department of Health, providing valuable learning from the programme. The Trust Chair further commented</p>	

	on the positive attitude of staff, observing that the environment felt very different from the previous basement setting.	
	The Board received the report and noted the update.	
10.5	NHSE Provider Capability Self-Assessment	
	Brendan Brown provided a verbal update on the NHSE provider capability, noting that a new assessment had been introduced in August and submitted to NHSE in October. He reported that the Trust had rated itself as red against the new criteria. To date the Trust had not received any formal feedback from NHSE.	
	The Board received and noted the update.	
11	Risk	
11.1(i)	Chair's Report RMC	
	The report provided an overview of significant areas of interest, highlighted the key risks discussed, key actions taken, and key actions agreed at the Risk Management Committee (RMC) at its meeting held 2 October and 6 November 2025.	
	The Board received and noted the report.	
11.2	Corporate Risk Register	
	The report provided an update on the Corporate Risk Register (CRR).	
	Magnus Harrison provided an overview of the report, noting that there were currently 18 material risks included in the CRR for the Board's consideration and oversight. He highlighted that these risks were being actively mitigated, but that their impact could directly affect the achievement of the Trust's strategic priorities and annual commitments, as well as compliance with the NHS Accountability Framework and CQC registration, should the mitigation plans prove ineffective.	
	The Board received the report and noted the update.	
11.2(i)	BLUE BOX ITEM – Corporate Risk Register	
	The corporate risk register was provided in the Blue Box for information and was received and noted.	
12	Assurance from Board Committees	
	Quality Assurance Committee	
12.1(i)	Chair's Summary Report	
	The report provided an overview of significant areas of interest, highlighted the key risks discussed, key actions taken, and key actions agreed at the QAC at its meeting held 16 October 2025.	
	Laura Stroud provided an overview of the Committee's role and summarised the key points from the meeting. She noted that the Committee had received the assurance report on Patient Safety Incidents (PSIs), which included an overview of learning from patient safety events both within the Trust and across system partners. This included the commencement of a Never Event Rapid Improvement Process Week and the introduction of a new Learning Cascade method to share learning from completed PSIs. CSUs and relevant Corporate Teams were required to describe how they would consider, act upon, and disseminate the learning. Performance against Healthcare	

	<p>Associated Infections (HCAIs) was discussed, with the Committee noting that the six reportable mandatory infections were all at risk of exceeding the internally set threshold for the current financial year. The Committee also received the Nursing and Midwifery Quality and Safe Staffing Workforce Report, which triangulated key quality and staffing information for July and August 2025.</p> <p>Assurance was provided regarding the maintenance of patient safety for those waiting for prolonged periods in the Emergency Department (ED) and for patients occupying Temporary Escalation Spaces (TES). The Committee confirmed its assurance of plans in place to reduce and mitigate patient safety risks over the winter period and to maintain the quality and safety of care. She noted the report received on the current state of the cancer harms review process was also received, providing data on the number of patients waiting beyond 104 days for cancer treatment in 2025. The report outlined progress against the development of a standardised framework to increase assurance that all patient harm was identified and addressed at every stage of the cancer care pathway.</p> <p>She highlighted that the Committee maintained oversight of ongoing scrutiny and engagement with regulators, specifically the CQC, NHSE, and NHSR. Members were advised that the report was provided to assure the Committee of the management of regulatory engagement and to support its scrutiny role on behalf of the Board of Directors. An Equality, Diversity and Inclusion (EDI) lens was applied throughout to ensure consideration of quality and equality impacts.</p> <p>Beverley Geary commented on maintaining quality within winter temporary bed spaces and TES, providing an update on the review work undertaken to refresh processes and ensure readiness should these additional spaces need to be utilised.</p> <p>The Board received the report and noted the assurances received via the QAC.</p>	
12.1(iii)	Leadership Walkround Programme Annual Report	
	<p>The report provided a summary of the leadership visit programme for the period April 2024 to March 2025, highlighting the emerging themes from these visits.</p> <p>Beverley Geary summarised the report, noting that leadership visibility, both in hours and out of hours, had been identified as an area for improvement during the CQC Well-Led inspection. She outlined the next steps, including clarifying the schedule for Q4 and 2025/26, specifying when visits would take place, who would be visited, and the questions to be asked. She confirmed that a review of the programme would be welcomed and that the plan for Q4 and the new year would be published shortly. Laura Stroud commented that she had participated in additional visits. Brendan Brown noted that several non-clinical departments would also welcome visits from the Board. Angela Graves highlighted the importance of understanding the “who, when, and why” dimension of visits.</p>	

	<p>The Trust Chair reflected on the importance of Well-Led assurance, noting that visits should provide insight into the flow of the organisation rather than occurring at fixed times. Jo Koroma highlighted the value of visits to the Cardiac Respiratory departments for assurance purposes, drawing a parallel to lead roles akin to school governors and the importance of reporting back. Gillian Taylor referenced the flexibility required for visits and her recent amendment to areas such as security and the mortuary which was raised within a recent Audit Committee meeting.</p> <p>The Trust Chair emphasised that visits were not solely focused on ward areas, recognising that many unseen services and support functions were essential to the operation of wards.</p> <p>Beverley Geary noted the risk of a disproportionate number of visits to certain areas. Jo Koroma referenced the restructure of Committees and the importance of linking visits to DIT priorities. The Trust Chair stressed the collective responsibility of Board members to understand all aspects of the organisation, linking face to face contact with staff with the Board. Jo Bray noted that lessons from other organisations rated as Well-Led would be factored into the new programme moving forward. Mike Baker commented the report, noting the importance of the report and the insights it provided for the Board.</p> <p>The Board received the report and noted the update.</p>	
12.1(iv)	Patient Safety Incident Response Plan and Policy Extension	
	<p>The report sought approval for the extension of the Patient Safety Incident Response Plan (PSIRP) and the Patient Safety Incident Response Policy.</p> <p>Magnus Harrison presented the report, noting that the extension was requested to run until March 2027. He highlighted that the Team undertaking this work was actively addressing regulatory breaches and provided an update on key changes in the NHS Patient Safety Incident Framework, including that it was no longer mandatory for Never Event learning responses to be treated as a Patient Safety Incident Investigation. He explained that the proposed extension of the policy by one year would allow the Trust to determine on a case-by-case basis how investigations are conducted. It was noted that the proposed extension was supported by the ICB.</p> <p>The Board received the report and confirmed its approval for the extension of the Patient Safety Incident Response Plan and Patient Safety Incident Response Policy, and approved the publication of the Patient Safety Incident Response Plan 2024-2027.</p>	
	Finance and Performance Committee	
12.2(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 Finance and Performance (F&P) Committee meetings held 24 September and 29 October 2025 and was received and noted.</p>	
12.2(ii)	Verbal update of the meeting held 26 November 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 welcomed the new Non-Executive Directors along with the revised governance structure. He noted that several approvals had been made and that the common theme in these approvals was the focus on enhancing clinical space and maximising the use of existing resources, including the estate, to benefit patients. He highlighted that productivity remained a continued area of focus within the Committee. He reported that the Trust's financial position remained constrained, with the deficit closing, which had led to detailed debate. Assurance continued to be sought regarding progress on the Waste Reduction Programme (WRP). He noted that the Board would oversee the Final Financial Review (FFR) for the November close for Q3 and highlighted the importance of deep dives to support operational delivery. He also referred to pressures from increased referral rates and total waiting lists. Productivity deep dives were scheduled to commence from December.</p> <p>The Trust Chair referenced discussions with Esther Wakeman (Chief Executive, Leeds Hospitals Charity) and the support of the charity for capital projects, emphasising the potential for further collaboration, which was echoed by Esther Wakeman.</p> <p>The Board received and noted the update.</p>	
	Infrastructure Committee	
12.3	Chair's 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 Infrastructure Committee meeting held 9 October 2025.</p> <p>Mike Baker summarised three key themes from the meeting: the estates strategy reset, the innovation hub, and management of backlog maintenance. He reported on the 2025/26 capital plan, noting that the plan remained dynamic and was being developed in the right direction, with ongoing adjustments as required. He highlighted the Generating Station Complex (GSC) project, commending Craige Richardson and his Team for their work in providing strong evidence and lessons learned from the project evaluation. Maternity Estate update was provided, noting significant estate concerns raised during recent CQC inspections. It was reported that the BtLW project, which aimed to centralise Maternity and Neonatal services, had been delayed within the New Hospital Programme (NHP).</p> <p>Dan Jones joined the meeting.</p> <p>He noted that the Committee received assurance regarding immediate actions to improve the estates and working environment, while centralisation plans continued to be explored. He noted the establishment of a dedicated Team to deliver these improvements and highlighted progress on ongoing projects.</p> <p>He also reported that the Management Committee would continue to provide assurance on estates matters to Executive and flow to the Board and provided an update on decarbonisation work, which would be discussed further later in the meeting.</p>	

	<p>The Trust Chair thanked Mike Baker for the update and confirmed that, following the new governance structure, the Infrastructure Committee would be closed and that the work of the Committee would continue to flow through to the Board for oversight and assurance.</p> <p>The Board received the report and noted the update.</p> <p>Alan Sheppard joined the meeting.</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 12 November 2025.</p> <p>Amanda Stainton presented the report, providing assurance on workforce performance and planning, including key workforce metrics. She highlighted the importance of staff experience, referencing the “Say My Name” initiative, which emphasised individuals’ preferences for how their names were used, a powerful example of psychological safety in practice. She reported that, following requests from NHSE for the Agenda for Change (AfC) job evaluation process in May and August 2025 for Board assurance, the Committee had reviewed areas of risk and mitigation in September. Of 20 criteria assessed, 12 were rated green and eight amber. Action plans with named leads and target completion dates were in place for six of the amber-rated criteria. The remaining two were rated amber strictly against criteria. However, LTHT assessed current practice as sufficient and would consider these effectively green.</p> <p>She also highlighted issues of concern to the Committee regarding mandatory training for Paediatrics (noted as red-rated in the Well-led review) and further assurance would be sought, and reported on the staff survey assurance process, noting that nearly 10k responses had been received to date. The Committee’s focus was on assurance of ongoing action plans arising from the previous year’s staff survey report, including processes for managing staff survey outcomes. Angela Graves commended the report.</p> <p>The Board received the report and noted the assurances received via the WFC.</p>	
12.4(ii)	FtSU Bi-Annual Report	
	<p><i>In attendance:</i> <i>Alan Sheppard, Freedom to Speak Up Guardian</i></p> <p>The report provided an objective assurance update on the FtSU process and activity from the Guardian.</p> <p>Alan Sheppard highlighted key elements of the report, noting that the majority of concerns were raised by nursing, midwifery and health care support staff (39), followed by clerical staff (16) and medical staff (13). He observed that some professional groups remained under-represented, including Estates and Facilities, Professional and Technical staff, and Allied Health</p>	

	<p>Professionals. He reported that the online reporting system continued to function well. Although it was initially anticipated that anonymous referrals might increase, Amanda Stainton confirmed that the majority of staff continued to engage in ways that enabled follow-up contact.</p> <p>He confirmed that there were now 140 FTSU Champions across the organisation, with a focus on developing Lead Champions within each CSU to support local visibility and engagement. Forward plans included: Reviewing FTSU training and the current champion model to ensure it remained effective; Continuing to build the Champion network and strengthen the speaking-up framework; Triangulating FTSU data with patient safety and quality metrics; Responding to national changes as the National Guardian's Office transfers into NHSE, noting that further information on structural changes is awaited; Recognising that the Countess of Chester (Thirlwall) review may lead to an increase in FTSU referrals.</p> <p>Gillian Taylor drew attention to the resource and capacity risks highlighted in section 10 of the report. Brendan Brown confirmed that the Trust currently had one FTSU Guardian in post, with plans to increase this to two in the next financial year, given the scale of the organisation and the importance of the function.</p> <p>The Trust Chair asked whether the number of concerns raised appeared proportionate to the size of the Trust. Amanda Stainton advised that benchmarking had previously shown LTHT to be broadly in line with comparable organisations, although national comparison was now more challenging due to the transition of the National Guardian's Office. She noted that increasing Guardian presence typically resulted in an increase in reported concerns.</p> <p>The Trust Chair reflected on recent Leeds Live coverage and acknowledged the cultural impact of encouraging staff to raise questions and speak openly with senior leaders. Kate Sims emphasised the next stage of ambition: triangulating FTSU themes with workforce, HR and patient safety data to deepen organisational insight. Amanda Stainton further noted the need to understand areas of silence in reporting and to incorporate this into dashboard reporting. She also noted that additional resource would strengthen the service.</p> <p>The Board received and noted the report.</p> <p>Alan Sheppard exited the meeting.</p>	
12.4(iii)	Violence against Staff Report Annual Report	
	<p><i>In attendance:</i> <i>Dan Jones, Violence Prevention and Reduction Coordinator and Operational Lead</i></p> <p>The report provided an update on the governance structures in place to ensure that LTHT meet its responsibilities under the NHS Violence Prevention and Reduction Standard, together with an overview of ongoing work to reduce incidents of violence and aggression.</p>	

	<p>Craige Richardson introduced the report, noting that it was presented for information and assurance. He highlighted the role of the Workforce Management Group and Workforce Committee in overseeing this work, and confirmed that progress continued to be monitored against the 34 national standards.</p> <p>Dan Jones provided further detail, noting that the most recent NHS Staff Survey results indicated that LTHT remained above the national average for reported incidents of staff experiencing violence. He highlighted that this trend had increased significantly over the past five years and remained an area of concern. He updated the Board on the work of the Prevention and Management of Violence and Aggression (PMVA) Training Team, who continue to deliver high-quality, holistic training at a range of levels. The team were recently awarded National Security Team of the Year at the Fire and Security Matters Awards, reflecting the excellent standard of training and support available to LTHT staff. He noted that all decisions and actions relating to incidents are documented and auditable within the single DATIX system, and that this will, over time, allow for more sophisticated reporting and analysis of trends, risk factors and outcomes.</p> <p>The Trust Chair reflected on the wider societal context contributing to increased violence and aggression. Beverley Geary thanked the Team for the comprehensive report, noting that it addressed a number of key assurance questions. In discussion, the Trust Chair queried whether repeat attenders at the Emergency Department, including those using the department as a place of warmth or refuge, contributed to the statistics. Dan Jones confirmed that this was the case in part and advised that further work was underway to strengthen multi-agency links, including with the police, to better understand underlying causes of behaviour. He added that enhanced data insight would further support this work.</p> <p>The Trust Chair expressed concern regarding the risks faced by staff in carrying out their duties, and whether some individuals were being cared for in settings that were not appropriate for their needs. Dan Jones acknowledged this challenge, noting the importance of staff training and advising that work was underway via WYAAT to establish a regional collaboration on this issue. Craige Richardson added that the Trust would continue to support colleagues where behaviour was unacceptable, including pressing charges where appropriate. He also noted specific challenges where patients lacked capacity and confirmed that training and technology, including cameras, formed part of the Trust's mitigation approach.</p> <p>The Trust Chair thanked the Team for the assurance provided.</p> <p>The Board received the report and the assurances of the proactive work taking place to support all staff.</p> <p>Dan Jones exited the meeting.</p>	
12.4(ii)	BLUE BOX ITEM – Violence Prevention and Reduction	

	The annual violence prevention and reduction was provided in the Blue Box for information and was received and noted.	
14	Strategy and Planning	
14.2	Emergency Planning and Preparedness Standards	
	<p>The report provided an update on the annual Emergency Preparedness, Resilience and Response (EPRR) self-assessment and peer review process, which offered assurance on the Trust's readiness to respond to business continuity, critical or major incidents and sought approval of the Statement of Compliance.</p> <p>Tim Hiles explained that 62 national standards were applicable to acute trusts, each supported by a series of mandatory requirements which must be met. Each standard was assessed as non-compliant, partially compliant, substantially compliant or fully compliant. He advised that a themed deep dive was also undertaken each year, although this did not contribute to the formal assessment outcome. He highlighted that work continued to develop a framework for High Consequence Infectious Diseases, new and emerging pandemics, and that further assurance was being sought in relation to the business continuity plans of commissioned providers and suppliers. Whilst it was already routine to request these plans, a new process was being implemented to ensure consistent standards and a mechanism to confirm compliance.</p> <p>It was noted that the Trust's self-assessment, together with internal review, peer review and ICB scrutiny, formed a rigorous process and confirmed a final assessment of "substantially compliant" against the national criteria. The Trust remained well prepared to respond to incidents, as evidenced through recent live incidents and exercises, whilst recognising the importance of continuous improvement. An associated action plan had therefore been implemented to further strengthen arrangements, including the introduction of consistent business continuity systems across CSUs.</p> <p>The Board reviewed the report, noted the assurance provided and approved the Statement of Compliance.</p> <p>Chris Kelly joined the meeting.</p>	
14.3	Sustainability Annual Report	
	<p>The report provided an update on the Trust's progress toward its net zero targets and its ambition to become one of the greenest trusts in the UK. It also updated on the Trust's strategic objective to reduce its carbon footprint through greener patient pathways.</p> <p>Craige Richardson provided an overall summary of the report, noting that this was the third edition of the Green Plan. He confirmed that the Trust had achieved a 36% reduction against the baseline position and highlighted the good progress being made through clinical engagement. He advised that the team continued to be recognised nationally for its work. He further noted the strengthened accountability arrangements, reflected in the CQC Well-led rating of "Good" for the relevant Quality Statement.</p>	

	<p>Chris Kelly provided a further update on the estate decarbonisation programme. He advised that the Trust had secured Public Sector Decarbonisation Scheme (PSDS) 4 funding for a two-year programme running from 2025–2027. Planned projects would focus on building fabric improvements and low-carbon heat upgrades, including the connection of the Bexley Wing and the Education Training & Development Centre to the St James's University Hospital low-carbon heat network, further progressing decarbonisation of the estate. He also updated on the Greener Care Plan, emphasising ongoing clinical engagement and promotion, and noted the clear links between the Environmental Team and the Waste Reduction Programme, supporting both carbon reduction and financial savings.</p> <p>The Board received the report and confirmed its continued commitment to supporting the Trust's sustainability and net zero initiatives through the implementation of the Green Plan.</p> <p>Matthew Powell, Gillian Lever and Sophie Williams joined the meeting.</p>	
14.4	Reducing our Carbon Footprint through Greener Patient Pathways	
	<p><i>In attendanc:</i> <i>Matthew Powell, Consultant – Intensive Care Medicine and Anaesthesia, Gillian Lever, Clinical Leadership Fellow and Sophie Williams, KPO Specialist</i></p> <p>Matthew Powell described through the accompanying presentation and advised that the Trust's vision was to become one of the greenest NHS Trusts in the UK, and its mission was to empower the delivery of sustainable healthcare services through continuous improvement.</p> <p>Sophie Williams provided an update on education and engagement activity, confirming that the "Introduction to Greener Care" foundational training had been launched as an open invite to all staff. The intention of the training was to empower staff to share ideas, and she noted that follow-up activity took place afterwards. She confirmed that the Greener Care Plan had now been launched. She also referred to the carbon assessment tool available on the intranet and reported that adult therapies had reduced their CO₂ output by 92%. Matthew Powell highlighted further initiatives including the furniture re-use scheme and confirmed that, last year, furniture which would otherwise have been discarded and created unnecessary waste was repurposed or donated to charity or staff in need. He noted that this work had also been promoted under the theme "Christmas doesn't have to cost the earth" with the gifting exchange for staff. He also referred to pathway design work to aligned with NHS "Neighbourhood" aims and outlined work underway with DIT and Pathology to reduce printing. He emphasised the opportunity to restate, reinforce and grow the Trust's organisational commitment to sustainability and proposed that the Trust consider declaring a climate emergency. Gillian Lever highlighted the important role of partnership working and the range of collaborators involved in delivering the programme.</p> <p>Paul Ralston joined the meeting. Jo Koroma exited the meeting.</p>	

	<p>The Trust Chair commended the work and described it as hugely impressive. Laura Stroud also praised the work and reflected on the proposal to declare a climate emergency, noting the distinction between climate and ecological emergency and that such a declaration carried formal requirements. The Board welcomed the achievements to date and expressed its support for the continuing work.</p> <p>Matthew Powell, Gillian Lever and Sophie Williams exited the meeting.</p>	
14.5	Procurement Strategy	
	<p><i>In attendance:</i> <i>Paul Ralston, Director of Commercial and Procurement</i></p> <p>The report sought approval for a new three-year procurement strategy.</p> <p>Paul Ralston drew attention to the details within the report, explaining that Procurement Team had developed a new three-year strategy to directly replace the previous one. This had already been reviewed by the F&P Committee. The strategy retained the thematic structure of its predecessor, comprising six themes to enable reporting on progress and delivery. He outlined the overall summary and ambition for the next three years, aiming to position the Trust as one of the best in the NHS with national recognition and a leadership role across West Yorkshire. The new procurement strategy was structured around six themes, each supported by a more detailed three-year delivery plan providing yearly objectives to be met. The six themes comprise Influence and Governance, People and Skills, Data, Technology and Insight, Strategic Procurement, Supply Chain Management, and Sustainability and Social Value. Once approved, the Procurement Team will establish a dashboard to track delivery of the planned objectives, with each theme having a lead from within the Senior Management Team to support delivery. Where required, improvement plans would be developed to support the objectives, forming part of the normal annual plans across finance. Regular updates on procurement assurance and progress against the objectives would continue to be provided to the F&P Committee. Jenny Ehrhardt commended the delivery of the previous strategy, while Mark Burton highlighted the broader regional work undertaken by the Team and emphasised recognition of their high level of skill. The Trust Chair reflected on the greater level of collaboration and system-wide changes, with procurement positioned at the heart of this work.</p> <p>The Board received the report and confirmed its approval for the new three-year procurement strategy 2025-28.</p> <p>Paul Ralston exited the meeting.</p>	
14.5(i)	<u>BLUE BOX ITEM</u> – Procurement Strategy 2025-28	
	The three year procurement strategy (2025-28) was provided in the Blue Box for information and was received and noted.	
15.1	Governance and Committee Governance Review	
	The report provided an update on the review process of the duties of the Trust Board and its delegated authority to Committees.	

	<p>The Trust Chair provided an overall update on the review of the governance structure. Jo Bray echoed the Trust Chair's comments and thanked Vickie Hewitt for her contribution to the work. She explained that, as part of the review, a mapping exercise had been undertaken to align individual Executive duties and against categories within the Provider License, NHSE Code of Governance, the CQC Well-led Framework, and the Provider Capability Assessment, with the aim of identifying any gaps or duplication. The Forward Plan for the Board had been re-set as a result of this process.</p> <p>A revised Committee structure was recommended, which would see the closure of the Research and Innovation (R&I), Infrastructure, and Digital, Informatics and Technology (DIT) Committees, with their key lines of assurance incorporated into the remaining Committees. The proposed Committee structure moving forward was set as Remuneration, Audit, Finance and Performance, People and Culture, and Quality Assurance Committees, alongside the establishment of a new Perinatal Improvement Assurance Committee, which would be time-limited and reviewed at six and twelve months with the aim of closure at that point.</p> <p>The Trust Chair encouraged all Board members to remain vigilant and to raise any concerns if processes were not working effectively, and he thanked members for their support in adapting to the new Committee structure. Angela Graves commended Jo Bray for the work undertaken, noting the clarity now provided by the Board mapping and the application of escalation protocols.</p> <p>The Board received the report and confirmed its approval of the current draft Forward Plan, with delegation to the Director of Corporate Affairs to clarify any remaining reports as required.</p>	
15.2	NED Champion Roles	
	<p>The report provided an update on the changes to the named Non-Executive Director Champion roles, ongoing in-year reporting to the Board, and the introduction of a new annual report to the Board against these roles.</p> <p>Jo Bray provided an overview of the report, noting the NED Champions and their designated responsibilities. She explained that the NEDs would report to the Board or the relevant Committee during the year to provide assurance or escalate issues arising from their roles. An annual report would be collated by the Director of Corporate Affairs, in collaboration with the NED Champions, to provide the Board with assurance of the delivery of these roles throughout the year.</p> <p>The Board received the report and noted the update.</p>	
16	Items for Information	
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 general principle of reviewing how the Board had conducted its business. He invited consideration of whether the Board had achieved what it set out to do and whether there were areas where it could operate differently or more effectively in future.	
19	Any Other Business	
	No other business was discussed.	
20	Date of next meeting: Thursday, 29 January 2026	