

DRAFT MINUTES OF THE PUBLIC BOARD MEETING

Thursday 26 March 2026

Hopper Room, First Floor, Thackray Medical Museum, LS9 7LN

Present:	Antony Kildare	Trust Chair
	Mike Baker	Non-Executive Director
	Mark Burton	Non-Executive Director
	Jo Bray	Director of Corporate Affairs
	Brendan Brown	Chief Executive Officer
	Phil Corrigan	Non-Executive Director
	Suzanne Dunkley	Chief People Officer
	Jenny Ehrhardt	Director of Finance
	Beverly Geary	Interim Chief Nurse
	Angela Graves	Non-Executive Director
	Andrew Greenwood	Non-Executive Director
	Tim Hiles	Interim Chief Operating Officer
	Paul Jones	Chief Digital and Information Officer
	Simon Le Clerc	Non-Executive Director
	Craige Richardson	Director of Estates and Facilities
	Ricky Singh	Associate Non-Executive Director
	Amanda Stainton	Associate Non-Executive Director
	Laura Stroud	Associate Non-Executive Director
	Gillian Taylor	Non-Executive Director
In attendance:	John Adams	Deputy Chief Medical Officer
	Vickie Hewitt	Trust Board Administrator
	Elizabeth Garthwaite	Deputy Chief Medical Officer
	Becky Musgrave	Head of Midwifery
	Jane Westmoreland	Director of Communications
Presenting:	Mike Harvey	Director of Transformation (for agenda item 8.2)
	Trevor Hodge	Consultant Orthodontist (for agenda item 9.1)
	Andrea Leech	Head of Dental Nursing (for agenda item 9.1)
	Roger Mumby	Programme Manager, Independent Office (for agenda item 8.3(i))
	Zoe Thorton	Dental Nurse (for agenda item 9.1)
Apologies:	Magnus Harrison	Chief Medical Officer
	Jo Koroma	Associate Non-Executive Director

Agenda Item		ACTION
	Standing Items	
1	Welcome, Introductions and Apologies for Absence	
	<p>Apologies for absence were received from Magnus Harrison, Chief Medical Officer (CMO) and Jo Koroma, Associate Non-Executive Director (NED).</p> <p>Antony Kildare welcomed members to the meeting and in addition welcomed John Adams, Deputy CMO, and Elizabeth Garthwaite, Deputy CMO who were in attendance to represent the CMO.</p> <p>He noted that this would be Phil Corrigan's last meeting as a NED with the Board and thanked her for the support and expertise she had provided to the Trust.</p>	
2	Declarations of Interest	
	There were no declarations of interest, and the meeting was confirmed to be quorate.	
3	Draft Minutes of the Last Meeting	
	The draft minutes of the last meeting held 29 January 2026 were agreed to be a correct record.	
4	Matters Arising	
	There were no matters arising listed on the agenda and none were raised during the meeting.	
5	Review of Action Tracker	
	The action tracker was reviewed and progress noted.	
6	Chair's Report	
	<p>The report provided an update of the activities of the Trust Chair since the previous meeting.</p> <p>Antony Kildare noted the detail within his report and verbally updated of the announcement from the Secretary of State (SoS) for Health and Social Care on the appointment of Donna Ockenden to lead the Independent Review into Maternity and Neonatal Services at LTHT.</p> <p>He offered his sincere apologies to the families whose babies had sadly died, or who had been harmed, whilst receiving care in the hospital. He commented on the importance of their experience and of the Trusts commitment to learning and improving from them.</p> <p>He informed that he and Brendan Brown had written to Donna Ockenden to welcome her to the role of Chair and to assure her of the Trusts full commitment to working closely with her and her Review Team in a transparent and constructive way. He reiterated the commitment to support the Review fully and to engage openly with its findings to enable the Trust to continue to strengthen the quality and safety of its services.</p> <p>The Board received and noted the update.</p>	
7	Chief Executive's Report	
	The report provided an update on the activities of the Chief Executive since the previous meeting.	

Brendan Brown reported that he had recently written to a number of families who had sadly lost babies at the hospital, to inform them about changes to the Independent Perinatal Mortality Review that had been commissioned by the Trust. He publicly apologised to these families for the upset and distress this letter caused which had not been the intention and for which he was extremely sorry. As reported to previous Board meetings, the purpose of the Perinatal Mortality Review had been to understand why the Trust had a higher perinatal mortality rate than peers, with the review to be conducted by an external Team of experts. Following the announcement of the Chair of the Independent Review the SoS had advised that the Trust stand down the Perinatal Mortality Review and that families would be able to raise their concerns with the Team carrying out the Independent Review of Maternity and Neonatal Services directly. He apologised again for the confusion this had caused families and confirmed that the Trust would continue to offer access to an independent Family Psychological Support Service for those families contacted.

He drew attention to the detail within his written report and noted that several of the performance areas aligned to items on the Boards agenda. He referenced the Equality, Diversity and Inclusion (EDI) update that would be received at agenda item 11.3 Inclusion and Belonging and commented on the importance of belonging for all staff.

He highlighted the narrative on the use of Corridor Care and reported that the Chief Nurse, CMO and Chief Operating Officer had stepped up an Executive Group to identify and support action to reduce the Trust's reliance on Corridor Care, recognising that this was not the optimum environment of care and was a result of the pressures on the NHS and wider system. Ongoing updates and assurance on the actions would report through the Quality Assurance Committee (QAC).

He noted the Trusts latest NHS Oversight Framework rating continued to be reported with a grade of three (on a scale of one-to-four) and had been red rated by NHS England (NHSE) against the Provider Capability Assessment.

He reported that the British Medical Association (BMA) had announced that the Resident Doctors would be taken a further period of Industrial Action for a period of six days from 7 April 2026. He confirmed that the Trust would be managing this period of Industrial Action and supported colleagues right to strike, however was mindful of the impact on elective activity.

Mark Burton noted the requirement by NHSE for the Trust to formally report on the volume of patients receiving Corridor Care from May 2026 and questioned if the systems were in place to be able to capture and supply this data. Tim Hiles confirmed that digital systems were in place on all inpatient wards to capture this data, alongside robust risk assessment processes. However, within the Emergency Department (ED) a business case had been developed for a Live Bed State system to support the capturing of real-time data, and he noted that additional detail on this had been provided to the QAC. Brendan Brown was mindful that due to the level of pressure within the organisation and wider system, this data was expected to highlight that large numbers of patients were receiving care in corridor spaces however this would also support increased focus and inform targeted action. It was recognised that the ED would remain

	<p>open to attendances and therefore focus needed to be on improving flow and discharge across the wider system which would need the support of City partners. Laura Stroud expanded on the assurance received via the QAC of the processes in place to risk assess and manage patients receiving Corridor Care. She updated that she had recently attended a Leadership Walkround to the ED and had witnessed the care and compassion displayed by staff despite the high volume of attendances and having to use additional escalation areas such as corridors.</p> <p>Mike Baker referenced a discussion at the Finance and Performance (F&P) Committee held the previous day which had sought to understand the types of illness patients attending the ED were presenting with. The Committee had noted the continued increase in attendances and was seeking to understand the reasons behind this, whether this was a result of wider system pressures or increased acuity needs. It had been recognised that performance against the Emergency Care Standard (ECS) had remained stable throughout the year which was evidence of the effectiveness of controls in place.</p> <p>The Board received and noted the update.</p>	
	Governance Risk and Regulatory	
8.1	Blue Box – Corporate Risk Register	
	The Corporate Risk Register (CRR) was provided in the Blue Box for information and was received and noted.	
8.2	Board Assurance Framework	
	<p><i>In attendance: Mike Harvey, Director of Transformation</i></p> <p>The report set out the updated Board Assurance Framework (BAF) following a fundamental review.</p> <p>Mike Harvey drew attention to the detail within the report and provided a verbal summary of the key updates to the BAF which included the removal of the multi-year goals (as agreed in November 2025), and a review of all individual risk sections by the Executive Team. The review process had evidenced that the BAF was been utilised appropriately and would remain a live risk document alongside the Risk Appetite Framework (RAF) and Corporate Risk Register (CRR). Committee Chairs were encouraged to familiarise themselves with the changes to ensure triangulation of the BAF with assurance reporting.</p> <p>He noted that a further update would be provided to the strategic triangle following the conclusion of the wider strategic review work.</p> <p>The Board received and noted the updates to the BAF.</p> <p>Mike Harvey exited the meeting</p>	
8.3(i)	Well-led Improvement Update	
	<p><i>In attendance: Roger Mumby, Programme Manager, Independent Office</i></p> <p>The report provided an update on the progress against the Well-led Improvement Plan.</p>	

	<p>Roger Mumby drew attention to the detail within the report and verbally updated of the current review of systems and processes to ensure actions from the plan were embedded and maintained as well as identifying any gaps for improvement. Once this process had concluded wider improvement actions would be built from a solid baseline with a further fundamental review of the Improvement Plan to take place during Q1 and would be presented to the Board at its next meeting.</p> <p>He reported that oversight of progress against the plan was provided via the weekly Executive Improvement Steering Group (ISG) and the Trust also met monthly with regulators via the Integrated Quality Improvement Group (IQIG). He informed that the Trust had approached NHS Providers (NHSP) to conduct an external review of the progress made against the Well-led actions during Q1 to provide external assurance.</p> <p>With reference to the actions marked as completed, Gillian Taylor questioned how the Board could be assured that these were embedded. Roger Mumby noted the addition of a Panel review to assess the assurance within the Perinatal Improvement Plan and was to consider the need to set up a similar structure against the Well-led Improvement Plan which would provide peer assurance and review. He also commented on the external assurance that would be provided via the NHSP Q1 review</p> <p>Mark Burton explored the escalation routes should an action area be significantly off-track which was confirmed as either the ISG or directly to the Board. Roger Mumby explained that a formal reporting structure was being considered. Currently the Board received direct reports, along with actions and assurance via the existing Committee structure.</p> <p>Brendan Brown expanded that current focus was on the visibility and embedding of the actions and highlighted the importance of being able to flex the action plan to the needs of the organisation. He noted that some actions would likely evolve following the publication of national reports including the output of the Thirlwall Inquiry (Countess of Chester Hospital), Baroness Amos Review (National Maternity and Neonatal Investigation), and Ockenden maternity Review (Nottingham University Hospitals NHS Trust). He noted that the Trust would assess itself on the recommendations arising from each of these reviews and align this to the wider improvement work and actions.</p> <p>Ricky Singh explored how actions within the Well-led Improvement Plan would be prioritised and Roger Mumby explained this would take place during the next phase of activity, and expanded that some actions could be consolidated, and several actions had now been closed and would be accompanied by an assurance closure report. Decisions could then be made on the re-prioritisation of remaining actions and with the use of existing resource.</p> <p>The Board received the report and noted progress to date against the Well-led Improvement Plan.</p> <p>Roger Mumby exited the meeting</p>	Jo Bray/ Roger Mumby
8.3(ii)	Perinatal Update	

	<p><i>In attendance: Becky Musgrave, Head of Midwifery</i></p> <p>The report provided an update on progress to date against the actions set out within the Perinatal Improvement Plan.</p> <p>Becky Musgrave highlighted the detail within the report and explained that progress against all improvement actions was presented in detail to the Perinatal Improvement Assurance Committee (PIAC) who also supported a check and challenge process of the assurance provided.</p> <p>She reported that the improvement plan had been reformatted to group actions into key themes which included: Pathway Redesign and Quality Improvement, Clinical Education and Governance, Workforce, Engagement and Communication, Culture leadership and Inclusion, and Estates and Equipment. Of the 86 identified actions, 34 were marked as on track, 46 as completed (awaiting evidence validation), two as completed (evidence assured) and four as off track. Regarding the four actions marked as off track she explained that the scheduled target date had been missed, and an exception report had been provided to the PIAC with a summary also included at section 3 of the report including revised target dates.</p> <p>Amanda Stainton noted the actions in relation to the process of responding to subject access and Freedom of Information (FoI) requests and recognised these would be increasing in light of the announcement of the Independent Review. Brendan Brown referenced the role of the internal office to be able to respond at pace to information requests from the Independent Review Team and families. He was mindful that an increase in requests had been seen across the Trust, and this was not limited to Maternity and there was a need to ensure the Trust responded at pace and appropriately to all of these.</p> <p>Laura Stroud updated that the Maternity Safety Champions had met the previous day to review the progress made against service improvements and had also reviewed how the Maternity Service Voices Partnership was influencing changes within the system. She commented further on the check and challenge approach to the data provided through these meetings and commented on the witnessed openness of staff in the reset of the service.</p> <p>The Board received the report and noted the ongoing activity against the Perinatal Improvement Plan and additional activity to ensure progress was independently verified to ensure actions had been embedded and sustained.</p>	
8.4	Public Inquiry into Maternity Services at LTHT	
	Antony Kildare noted the comments raised during agenda items 6 and 7 and noted this area would remain a standing agenda item for the Board moving forward.	
8.5	Audit Committee Chairs Summary Report	
	<p>The report provided a summary of the key highlights from the Audit Committee meeting held 5 March 2026 and sought to alert, advice and provide assurance to the Board on the areas discussed.</p> <p>Gillian Taylor drew the Boards attention to the areas the Committee had raised as an alert which were in relation to three reports received which had highlighted the Trust was moving away from risk tolerance or had been unable</p>	

	<p>to articulate the assurance required by the Committee. She updated that an Extra-Ordinary Committee meeting had been scheduled to revisit these areas in advance of the next formal meeting.</p> <p>She reported that External Audit had confirmed their state of readiness to commence with the year-end Audit, and the Internal Audit had also confirmed they had completed sufficient work to provide the Head of Internal Audit opinion. The Committee had reviewed the draft Internal Audit Plan for the coming year and formal approval would be sought at its Extra-Ordinary meeting following final review by the Executive Team.</p> <p>She informed that the Committee had reviewed two Internal Audit reports in detail following the application of a Limited rating to each, an escalation had been made to the QAC regarding oversight of the recommendations within the Mortality Framework Review. The second report was on the Facilities (Fire Safety) Review, and she explained there had been a dispute of the rating applied between Internal Audit and the Executive Team. Following further review, the Committee had been assured of the processes in place with the areas of weakness cited within the Internal Audit report linked to the ambitious best practice of the Team and not a lack of assurance.</p> <p>The Board received the report and noted the assurances provided from the Audit Committee.</p>	
8.6	<u>Blue Box - Annual Fire Safety Report</u>	
	The Annual Fire Safety Report was provided in the Blue Box for information and noting the assurance provided via the Risk Management Committee (RMC) was received and noted.	
8.7	<u>NED Safety Champions Update</u>	
	<p>The report provided a summary of the work and actions carried out by the named NED against their respective Champion roles for governance and assurance.</p> <p>Jo Bray drew attention to the detail within the report which summarised the role of the Champions; champion roles were either defined in legislation or were formal recommendations from national inquiries with additional detail on the responsibilities for each of these roles provided in the report's appendices.</p> <p>Antony Kildare recognised the report as a strong example of the additional work the NED Team supported the Trust with. Laura Stroud shared her reflections on the increased visibility of the role and the willingness of staff to approach Champions directly.</p> <p>The Board received the report and noted the activity of the NED Champions.</p>	
8.8	<u>Board Development Plan</u>	
	<p>The report set out the Board Development Plan.</p> <p>Jo Bray provided context to the evolution of a formal Development Plan which had tried to encompass key areas of training and development required for Board members. The full plan was included within the report's appendices, and she explained this would remain a live document and would be continually reviewed to respond to new and emerging themes as well as to provide a clear</p>	

	<p>record to the CQC as evidence to support good governance required by Well-led requirements.</p> <p>She noted that all Board members would be undertaking their appraisal during Q1 and there may be further additions to the Plan following this process. Antony Kildare recognised the live state of the plan and commented on the importance in maintaining focus on key topics and balancing this with the strategic focus areas of the Board.</p> <p>The Board received and noted the plan.</p>	
8.9	Fit and Proper Persons Test	
	<p>The report set out the requirements of the CQC Fit and Proper Persons (F&PP) Test alongside the framework published by NHSE in 2023.</p> <p>Jo Bray drew attention to the detail within the report and noted that within the Trust the definition for the F&PP had been extended beyond the Board to include, all direct reports to Executive Directors and/or authors of reports to Board and our Assurance Committees (as they held significant influence in reporting information for decision making).</p> <p>From the checks carried out against the requirements of the F&PP Test applied to the Board and the tier of 61 senior managers (as defined above), four members of staff has been informally reminded of the use of social media however these were not breaches to Trust policy, nor the F&PP Test but a polite reminder in how and what was reported on social media accounts.</p> <p>The Board received the report and confirmed its understanding of the requirements of the CQC F&PP Test and noted the compliance of the Board and defined group of senior managers.</p>	
8.10	Code of Governance for NHS Provider Trusts	
	<p>The report set out the requirements of the NHSE Code of Governance and reported the Trusts compliance against these standards.</p> <p>Jo Bray drew attention to the detail within the report and noted that the compliance statement would also be published within the 2025/26 Annual Report. An assessment had been conducted against each of the standards with a comply or explain response required with the Boards attention drawn to the comments in red which explained where the Trust arrangements differed from the defined standard.</p> <p>Regarding Statement C-4-11 Amanda Stainton noted that the need for a full Board succession plan had previously been raised and questioned if a timescale to achieve this should be included within the Annual Report. Jo Bray noted that there was an action included within the Well-led Improvement Plan to develop a succession plan which would include timelines however noted the need to recruit to a full substantial Board to enable the population of a full plan. Antony Kildare referenced the Board Development Plan received at agenda item 8.8 which would also support the strengthening of the Board.</p> <p>It was recognised that there were some typographical errors within the report which would be corrected within the Annual Report extract. Assurance of the</p>	

	<p>statement position would be provided via the External Audit during their review of the year-end accounts.</p> <p>The Board noted the requirements of the Code of Governance and agreed on the accuracy of the self-assessment response of comply or explain against the statements.</p>	
8.11	Provider License	
	<p>The report set out the requirements by NHSE of the Provider Licence and provided summary statements of assurance for compliance against each requirement.</p> <p>It was noted that the Trust remained in breach of G6 of the Provider Licence (Registration with the Care Quality Commission) following the identified breaches and recommendations arising from the Well-led CQC Inspection. Reference was made to the Perinatal and Well-led Improvement Plans in responding to this and the weekly oversight of progress via the ISG.</p> <p>The Board noted the assurances set out in the report and the known breach of the Provider Licence.</p>	
8.12	Blue Box – Board Forward Plan	
	The Board Forward Plan was provided in the Blue Box for information and was received and noted.	
	Quality of Care	
9.1	Patient Story – Liams Story	
	<p><i>In attendance: Trevor Hodge, Consultant Orthodontist, Zoe Thorton, Dental Nurse and Andrea Leech, Head of Dental Nursing</i></p> <p>A patient Story was shared with Board which shared Liams journey following treatment for a bilateral cleft lip and palate via the Leeds Dental Institute. He shared his experience of treatment and was positive of the compassion and care provided from staff. Trevor Hodge provided further detail to the treatment requirement which was a multi-year process and early intervention was vital in supporting an optimum result. Liams treatment had been delayed as a result of the Covid pandemic and an increase in newborn referrals impacting capacity. He expanded on the consistency of the clinical team which provided familiarity to the family and supported a positive patient experience.</p> <p>The Board recognised the compassion and care provided by the clinical Team and the positive experience for both Liam and his family. It recognised this as a positive example of the specialist work that the Trust undertook and there was a wider discussion exploring the demand and capacity of the service. A second locum consultant had been recruited to support the backlog however this was an area that required future investment, it was recognised that Newcastle Hospitals NHS Foundation Trust was currently providing support to the Trust in this area. The Board recognised an opportunity to engage with Commissioners to support the recruitment assessment.</p> <p>Mike Baker explored the potential barriers faced by the Team and Trevor Hodge explained there had been some delays in the wider pathway in waiting for supporting teams to respond and there was a need for greater urgency in the response to requests to prevent delays.</p>	

	<p>The Board received the update and commended the dedication and work displayed by the Team. They thanked Liam and his family for consenting to share their story.</p> <p>Trevor Hodge, Zoe Thornton, and Andrea Leech exited the meeting</p>	
9.2	QAC Chairs Summary Report	
	<p>The report provided a summary of the key highlights from the QAC meeting held 19 February 2026 and sought to alert, advise and provide assurance to the Board on the areas discussed.</p> <p>Laura Stroud drew the Board's attention to the areas of alert raised by the Committee highlighting the escalating position in relation to Corridor Care. She informed that the Committee had received assurance on the processes in place to support and improve risk assessment processes and post-Committee confirmation had been received of the support to implement a Live Bed Reporting Tool within the ED. The Committee had recognised the poor experience for both patients and staff in providing care in these areas.</p> <p>The Committee had also escalated an increase in complaints and she noted that the Board was scheduled to receive further detail in the report provided at agenda item 9.3. The Trust was not achieving its internally set targets in relation to response times and the Committee had noted a need to align improvement action to the depth of data available with reference made to a Complaint Working Group which had been set up to respond.</p> <p>The Committee had noted funding risks to the long-term support for both the Smoking Cessation service and the A&E Navigator Service. Jenny Erhardt updated that she had raised the funding of the Navigator Services with the Charity to explore if they could provide any support and updated that the Trust had provided a mitigation to cover the continuation of the service in the short term. There was a wider discussion by the Board which recognised these services were provided by multi-disciplinary partners and explored where support from external partners was being provided with reference to the limited financial resources of the Trust.</p> <p>Referencing the alert on Corridor Care, Beverley Geary expanded on the actions being explored to address this increase via the Executive function. She recognised that this was an area of zero tolerance however was unavoidable in current pressures. She expanded on the processes in place to provide assurance on the care provided through checks such as intentional rounding and assured that this was an area of focused priority. Tim Hiles expanded that some actions were limited by what was in the Trusts sphere of influence. He referenced the role of the City Homefirst Programme in admissions avoidance and of the role of partners in supporting a reduction in the volumes of patients in the Trusts bed base with No Criteria to Reside (NCtR). The Board recognised the pressures the Trust was operating under and of the pressures in the wider system environment commenting on the role of respectful challenge and accountability between partners.</p> <p>The Board received the report and noted the assurance received via the QAC.</p>	
9.3	Complaints and PALS Bi-annual Update	

The report provided a six-monthly update on the latest performance in relation to complaints and PALS management during Q1 and Q2 2025/26. It also provided details of actions taken since the Trust was notified of a breach of regulation by the Care Quality Commission (CQC).

Beverley Geary acknowledged the regulatory breach in relation to complaints and reminded that this was against the Trusts own internal standards of timelines it had set to respond. She noted the detail at section 5 of the report of the actions been taken to improve response times.

She informed there had been a significant increase in the volume of complaints received over the last year with the majority of the rise experienced within the Women's CSU. She reported that the Trust had commissioned a root review of the complaints management function to support its improvement plan and ensure focus on the right areas.

She highlighted that there were some high performing CSUs with work taking place to identify best practice and learning and rolling this out wider. She also updated that the Patient Experience Team was reviewing its governance structure to enable additional support to CSUs which would include the introduction of a new central Complaints Management Team. There was also ongoing work to advocate early resolution at the point of a concern and a back-to-basics approach at ward level.

Reflecting on the volume increase, Antony Kildare explored whether additional resources were required. Beverley Geary explained the Team was currently reviewing the application of its current resources and ways to work differently utilising learning from the Leeds Improvement Method (LIM). She expanded on the work taking place to support Teams to resolve issues prior to reaching a complaint however confirmed that additional resources were also been explored to support responses to increased levels.

Gillian Taylor shared that she had tested the Trust's complaints process and shared her experience in trying to raise a complaint on the website. She shared that she had accounted difficulties in the navigating of the website and had fed this back. Beverley Geary confirmed that this feedback had been taken forward for immediate action with the search function corrected and information amended to support this process.

Post-meeting note: Gillian Taylor reported she had re-engaged with the website following her original concerns raised and confirmed that changes had been implemented with the complaints section of the website now easy to find and navigate, with three clear contact channels for patients to use. She thanked the Team for taking the feedback on board and actioning so quickly.

Brendan Brown supported the additional activity taking place to support the Trust's performance against its complaints standards and further explored how the quality of complaints responses was measured and checked. Mark Burton referenced the staff survey results and the triangulation of highest levels of complaints with areas who had scored lower in engagement. Beverley Geary explained there were two key areas of focus for the Patient Experience Team, the first was on responding to the regulatory breach and in achieving required

	<p>response timelines and the second was on the wider complaints process which would include the quality aspect. This was supported by a process mapping exercise which had identified several opportunities for improvement and in simplifying the overall process.</p> <p>Mark Burton further explored the potential for cultural challenges in some areas as demonstrated by a lack of engagement in areas such as the staff survey. He expressed his concern at the significant rises and explored if the current action being taken was sufficient. Suzanne Dunkley was mindful that the staff survey was only one mechanism for testing engagement and in relation to complaints, there was confidence in the actions been taken by management. She referenced the new Accountability Integrated Framework which would provide a further mechanism to the Board in providing oversight to CSU performance against key metrics including complaints.</p> <p>There was a wider discussion by the Board which recognised the need to focus interventions at the point before a complaint was raised and to ensure learning from previous complaints was embedded. It was noted that a Complaints Working Group had been set up to look further at quality aspect and would also be reviewing the process of reopening complaints. There was a need to address the current backlog and there was an increased presentation of matrons and ward leaders to support early discussion and resolution.</p> <p>The Board received the report and confirmed its assurance of the actions been taken to respond to and improve complaints response times, noting the further work actively taken place to address improvements in the wider complaints process.</p>	
9.4	Blue Box –Safeguarding Bi-annual Report	
	The bi-annual Safeguarding Update Report was provided in the Blue Box for information and noting the assurance received via the Quality Assurance Committee was received and noted.	
9.5	Antimicrobial Resistance (AMR)	
	<p>The report provided an update on the management and recommended actions regarding Antimicrobial Resistance (AMR).</p> <p>Elizabeth Garthwaite explained that this report had been developed in response to a request from NHSE that required Board level review and Executive oversight of AMR, a risk and capability assessment to be conducted and the agreement of three priorities for AMR improvement. She highlighted the revised governance arrangements which would include an annual report to the Board and would include a trend analysis of AMR. A quarterly report would be provided to the IPC sub-Committee with escalation to the QAC as required.</p> <p>She noted the summary within the report of the risk and capability assessment that had been conducted and the actions in place to respond to this. She highlighted the three areas identified as priorities for AMR improvement at LTHT:</p> <ul style="list-style-type: none"> • AMR data reporting to Board, IPC-Sub-committee, and CSUs. • Training and education on AMR for clinical, estates and facilities workforce. • New ambitious antimicrobial prescribing targets. 	Vickie Hewitt

	The Board received the report and confirmed its support to the priorities identified.	
9.6	<u>Blue Box - Pandemic Preparedness</u>	
	The report provided a summary of reflection and learning points following the UK Health Service Agency Pegasus pandemic exercise in Autumn 2025 and was provided in the Blue Box for information, and noting the review by QAC was received and noted.	
9.7	<u>Mortality Annual Report</u>	
	<p>The report provided an overview of the Trust's mortality processes and summarised activity relating to mortality and Learning from Deaths in 2024/25. It collated the quarterly Learning from Deaths reports, the Mortality Improvement Group (MIG) annual report, and the mortality section from the Trust's Quality Account 2024/25, with a focus on governance and process assurance, mortality indicators and trends, and learning and improvement actions.</p> <p>John Adams drew attention to the detail within the report which sought to provide annual assurance on the Trust's mortality processes and learning from deaths framework. He noted that this was a historic look back of the data and information for 2025/26 would be presented in November 2026.</p> <p>He expanded on the progress of the SHMI and reported 2024/25 Quality Account had reported the SHMI position 'as expected' following improvements in year (from a 'higher than expected' position).</p> <p>He expanded on the reporting structure through the MIG with any immediate escalations to the QSAG and assurance provided to the QAC. He highlighted the learning themes identified arising from concluded investigations which included recognition of severity of illness and escalation, acting on blood results, extended stays in ED, sepsis processes, delayed medicines and access to documentation.</p> <p>He highlighted the Mortality work programme for the current year with the key priorities for 2025/26 set as monitoring and responding to trends and further thematic analysis with an ongoing focus on Structure Judgment Reviews (SJR) including training, quality, and action plans.</p> <p>He informed that the Trust had moved to a new contract with Healthcare Evaluation Data (HED) to support its mortality healthcare intelligence and also updated that PwC had conducted a review of the Mortality Framework which had raised a number of recommendations regarding SJRs and he confirmed there was an action plan in place to address this.</p> <p>The Board received the report and noted the update to the Board Forward Plan to better align future reporting.</p>	
9.8	<u>Blue Box – Q2 Learning from Deaths Report</u>	
	The Q2 Learning from Deaths report was provided in the Blue Box for information and noting the assurance provided to the QAC was received and noted.	
9.9	<u>Blue Box – Safer Staffing (Hard Truths)</u>	
	The Safer Staffing report was provided in the Blue Box for information and noting the assurance provided to the QAC was received and noted.	

10.1	Perinatal Improvement Assurance Committee Chairs Summary Report	
	<p>The report provided a summary of the key highlights from the PIAC meeting held 12 March 2026 and sought to alert, advice and provide assurance to the Board on the areas discussed.</p> <p>Phil Corrigan reported that there had been an update to the capital bids referenced within the alert section of the report which had stated that a number of funding bids for equipment had been unsuccessful however she clarified it had transpired that these funding bids had not yet been placed. She referenced the confirmation received that morning that funding had been provided to support additional neonatal cot capacity for the coming year.</p> <p><i>[Post-Meeting note: Magnus Harrison provided further clarity outside of the meeting on the capital bids for Maternity and Neonates which were reported via the PIAC and to the Board. He explained that earlier in the year the Team had placed a request for 25 additional ventilators (at a cost of circa £900k) within Neonates. There are different modalities of ventilation, high flow ventilation, CPAP and then full ventilation. Currently all modalities are delivered by three different machines. The ventilators described in the bid, would have delivered all modalities of ventilation. This would mean that changing babies from one machine to another, as they require different modalities of ventilation, would be negated.</i></p> <p><i>The current fleet of ventilators had been purchased during 2013, 2015 and 2018, all were within their life span and were operating effectively therefore the business case had been rejected by the Trust at that time.</i></p> <p><i>Subsequently, additional central capital money was made available from NHSE and a call for bids was circulated to organisations by the Humberside and Yorkshire Neonatal Operational Delivery Network. This was circulated via clinical specialty leads and not via appropriate Trust mechanisms. The Trust had raised an interest in requesting funding for ventilators and incubators via the NHSE funding. NHSE didn't agree to funding any equipment at LTHT. The Trust had not progressed further at this stage as the current equipment was within its life span and functional. There were functional benefits of purchasing modern ventilators which were able to perform several functions via one machine and would reduce any risk associated with transferring a baby between machines, and this may be an area that the Trust would reconsider.]</i></p> <p>She highlighted the further assurance been sought by the Committee in the processes for asset management of small equipment and the alignment to investment plans with a further update scheduled for the next meeting.</p> <p>She highlighted the update received on the Maternity and Neonatal Voices Partnership (MNVP) and the Committees recognition of the valuable insight this forum provided in understanding women's experiences however there was a risk to the WTE resource applied and the Committee had felt there would be value in expanding this.</p>	

	<p>She noted the update on progress against the Three-Year Delivery Plan for Maternity and Neonatal Services and informed the Committee was scheduled to receive a further update at its next meeting.</p> <p>The Committee had also reviewed progress and assurance against the actions within the Perinatal Improvement Plan and she noted the update provided to the Board at agenda item 8.3(ii). The Board recognised the increased scrutiny and attention on Maternity Services and recognised the importance in also celebrating areas of best practice and success, internally within the Team to ensure work was recognised and morale maintained.</p> <p>The Board received the report and noted the assurance provided to the PIAC.</p>	
10.2	Perinatal Assurance Report	
	<p>The report provided oversight of perinatal quality and safety aligned with the national perinatal Quality Oversight Model.</p> <p>Becky Musgrave noted the information within the report and informed that a detailed assurance report had also been presented to the PIAC.</p> <p>She drew attention to the key highlights and reported that there had been some common cause variation within the data for postpartum haemorrhage tears however it remained lower than the national average and MBRRACE peers noting the inclusion of benchmarking data within the report.</p> <p>There had been special cause variation within the extended perinatal mortality rate. All perinatal deaths continued to receive a multidisciplinary review including external peer reviewers using the nationally recognised PMRT tool. There had been two referrals to the Maternity and Newborn Safety Investigations (MNSI) Team during the reporting period and two final reports received, one with two safety recommendation and the other with no safety recommendations.</p> <p>She highlighted there had been a further reduction of red flags during the reporting period with the most commonly reported theme related to delays on the induction of labour pathway which correlated with increased/decreased acuity and workforce availability. This continued to be an area of improvement focus for the Team and it was noted there had been no associated harms as a result of these delays however recognition of the poor patient experience for families.</p> <p>She reported that 1:1 care in labour and supernumerary status of the coordinator had been maintained at 100% and highlighted that overall compliance with the Saving Babies Lives care bundle which had increased from 90% in Q2 to 96% in Q3 and received external validation by the West Yorkshire and Harrogate Local Maternity and Neonatal Systems (LMNS).</p> <p>She informed that compliance with perinatal specific training requirements was above target across the multidisciplinary team and reported there were targeted actions taking place via the Medical Leads to improve medical training compliance.</p>	

	<p>She updated that the Year 8 MIS publication was anticipated to be received on 31 March 2026 which would set out the reporting requirements for the scheme.</p> <p>The Board received the report and noted the additional assurance and challenge that had taken place via the PIAC.</p>	
	People and Culture	
11.1	People & Culture Committee Chairs Summary Report	
	<p>The report provided a summary of the key highlights from the People and Culture (P&C) Committee meeting held 11 March 2026 and sought to alert, advice and provide assurance to the Board on the areas discussed.</p> <p>Amanda Stainton noted the change to the Committees meeting schedule from April 2026 which had meant that the meeting in March had been a focused meeting with attention on the Staff Survey and EDI work with reference to the reports to follow on the next agenda items.</p> <p>She highlighted the Committees approval of the People Improvement Framework which would provide a revised approach to workforce metrics and a clear overview of performance across CSUs. Suzanne Dunkley expanded on how this intelligence would be used to support the workforce in delivering high quality patient care and outcomes. She expanded on how this would triangulate with data within the wider Integrated Accountability Framework to inform targeted support.</p> <p>The Board received the report and noted the assurance received via the P&C Committee.</p>	
11.2	Staff Survey Results	
	<p>The report provided a position statement on the latest Staff Survey Results.</p> <p>Suzanne Dunkley highlighted the detail within the report and explained that the results had been reviewed through a number of forums including the P&C Committee and local results had been shared with CSUs. All CSUs and corporate functions had developed an action plan for their area based on the findings of the results. She explained that this was one measure to test engagement levels across the organisation and expanded on the benefits to patient outcomes of an engaged workforce.</p> <p>She noted that whilst the Trust performed well in benchmarking data, it had deteriorated on its own performance and a portion of this was a result of the increasingly challenged operational landscape. She highlighted the need for demonstratable action to be taken in response to staff feedback to ensure engagement was maintained and improved. She noted that there was some intentional duplication of the action plans arising from the Staff Survey within the EDI Inclusion & Belonging Action plan.</p> <p>Andrew Greenwood further explored the importance of communications with staff and being able to evidence the actions being taken by the organisation to reinforce behaviours and engagement. Suzanne Dunkley confirmed her team were working with the Communications Team on 'You said – We Did' style communications both at a local and Trust-wide level.</p>	

	<p>Antony Kildare referenced the introduction of the LTHT Live weekly online meeting and commented on the openness of questions raised by staff and the directness of response from the Executive Team. There had been a positive shift in the tone of this meeting and in the volume of staff willing to speak up.</p> <p>Phil Corrigan highlighted the deterioration in the Compassionate Leadership Score and informed that the Royal College of Nursing had indicated they were looking for pilot sites to support a programme of compassionate leadership and would share further details with Suzanne Dunkley outside of the meeting. Suzanne Dunkley welcomed this support and expanded there was also a focus on ensuring clear as well as compassionate leadership to ensure reputation and simplicity from leadership responses.</p> <p>Laura Stroud explored how the NED Team could support the process of engagement and promote the actions being taken to staff feedback which prompted wider discussion. Suzanne Dunkley highlighted the importance of challenge and engagement via the Committee structure and commented on the importance of celebrating best practice as well as responding to areas of concern. The opportunities for NEDs to engage with staff directly via processes such as the Leadership Walkrounds was recognised as well as the ability to observe forums such as LTHT Live.</p> <p>Ricky Singh recognised the complexities given the size and scale of the Trust and explored how momentum around this work could be maintained without presenting fatigue for staff. Suzanne Dunkley explained the ongoing engagement that would take place alongside work to contextualise and stay focused to the key priorities. She reflected that she would want staff to be honest during the survey versus chasing an artificial engagement score and expanded on the additional engagement routes in addition to the Staff Survey.</p> <p>The Board received the report and confirmed its assurance of the approach to dissemination, ownership, and actions arising from the results. It confirmed its support to continued focus on leadership behaviour, inclusion, and engagement.</p>	Phil Corrigan
11.3	Inclusion and Belonging Engagement Update	
	<p>The report provided an update on the delivery of the Inclusion and Belonging Action Plan and summarised the next phase of the programme which would focus on continued progress and local ownership.</p> <p>Suzanne Dunkley referenced the detail provided within the report and explained the expansion of the Inclusion and Belonging Plan beyond the EDI agenda. She noted there were a number of existing workstreams and forums supporting work around EDI priorities and these would be maintained. An additional group had been set up to focus on the Inclusion and Belonging agenda which would include consideration of equity with recognition of the differences and diversity of the Trust's workforce.</p> <p>She highlighted that a number of recommendations had been made including Board-level objectives around inclusivity which would be explored further during individuals' appraisals. The Board would take a lead role in championing change and improvement in the inclusivity agenda and be able to evidence the actions it was taking. She reported that a mood-board had been developed to</p>	

	<p>support this process which would be shared with Board members however included elements of policy, process, education as well as behaviours.</p> <p>She referenced the role of the People Improvement Framework within this which would provide defined metrics and reportable progress in addition to softer engagement areas such as the Staff Survey.</p> <p>She noted the inclusion of the Action Plan within the reports appendices which included defined action owners and target completion dates.</p> <p>The Board was positive of the progress in this area and the targeted action been taken, recognising this was the start of a wider journey to embed inclusivity and belonging across the organisation.</p> <p>Andrew Greenwood recommended the use of a maturity assessment to benefit this work which was supported. He explored further how the Trust could build in inclusivity by design and the start of a process and also noted that recommended behaviours could provide a better measure than values which promoted wider reflections. Suzanne Dunkley reported that the Organisational Development Team was working with the Communications Team on the promotion of these areas including a focus on behaviours over culture to enable staff to make commitments to themselves.</p> <p>The Board received the report and noted the progress made in this areas. Ongoing progress against the action plan would be provided via the P&C Committee.</p>	
	Access and Delivery of Services	
12.1	Integrated Quality and Performance Report	
	<p>The Integrated Quality and Performance Report (IQPR) was presented for information and contained the latest position on a number of key metrics against performance, people, quality, and finance.</p> <p>Tim Hiles drew attention to the Ambulance Handover Times performance which had remained in control limits despite continued pressures within the ED. The target objective was to achieve below 15 minutes and the LGI site was reporting a mean time of 15:24 and SJUH a mean time of 18:15. Following a comment from Antony Kildare, Tim Hiles confirmed that he would feed back the Boards recognition of this achievement. He reported that an Executive Group had been set up to explore additional actions that could be taken to mitigate the pressures within the ED which would include looking at the current actions to support handover times. He highlighted that performance against the Emergency Care Standard (ECS) had remained stable throughout the year and in line with the recovery trajectory.</p> <p>Laura Stroud questioned the confidence that ED was the right place for some patients brought in by ambulance, with reference to elderly patients who may have been escalated unnecessarily from their place of care. Tim Hiles expanded on the triage arrangements in place across the system and the use of the Primary Care Advice Line (PCAL) line for colleagues to seek advice. He referenced the ongoing conversations with secondary care regarding where healthcare interventions took place and linked this to the home first principles of the right care, at the right place, at the right time.</p>	

Drawing attention to the Referral to Treatment (RTT) position he reported that the position was stable but behind plan with demand higher than capacity. He noted that further detail had been provided to the F&P Committee the previous day and the national Q4 Elective Sprint was anticipated to deliver some improvements prior to the year end.

Against the Cancer Waiting Time (CWT) standards he reported that positive progress had been made against the recovery trajectories for the 28-day and 31-day standards. The Trust remained in Tier 2 escalation against its 62-day pathways and focus remained on reducing the backlog to enable delivery of a future sustainable position and there was increased clinical ownership of cross-CSU pathways.

He reported Diagnostic Waits at 94.28% against an internal improvement target of 95% with the Trust forecasting delivery of this. He explained that recovery actions were focused on the pathways with the highest volumes and noted the increased activity to support paediatric anaesthetics

John Adams provided an update against the latest mortality position and reported that the latest SHMI position was 112.3 and 'as expected.' He expanded on the additional review process of mortality data with a focus on triggers and alerts which were then triangulated with wider quality metrics.

He reported that a further Never Event had been declared within the current year which brought the year-to-date total to four. All were investigated via the PSIRF and lessons were disseminated with updates and assurance provided via the QAC structure.

Beverley Geary noted the maternity metrics within the report however referenced the detail provided at agenda item 10.2.

Suzanne Dunkley drew attention to the sickness metrics from page 16 and reported that a deep dive on sickness and medical burnout was scheduled to be received at the next P&C Committee. Sickness was also included as a key metric within the People Improvement Framework to provide improved visibility to enable targeted actions.

Against Bank and Agency spend she reported that usage was higher than planned however remained low in comparison to peers. She updated on action work to increase the controls applied when considering the use of temporary staff.

Jenny Ehrhardt updated on the latest financial position with the Trust reporting a year-to-date deficit of £17.2m, which was £2.6m adverse to the NHSE plan. The biggest drivers of the deficit was pay expenditure which was higher than planned and the Maternity Incentive Scheme rebate. She confirmed that the Trust was maintaining its forecast that it would deliver a balanced position by year-end.

She reported that the Trust was scheduled to close the year with a strong cash position and noted the additional detail within the report. She highlighted the

	capital programme spend to date of £54.8m with a clear plan to deliver the full £100.2m by the end of Q4.	
	The Board received and noted the update.	
	Strategy, Leadership and Planning	
13.1	Blue Box – Planning 2026/27	
	A copy of the updated Medium Term Planning Framework Submission, submitted to NHSE on 12 February 2026, was provided in the Blue Box for information and was received and noted.	
13.4	PLACE Assessments	
	<p>The report provided an update regarding the Trust's latest results from the Patient-Led Assessments of the Care Environment (PLACE) survey.</p> <p>Craige Richardson provided an overview of the PLACE process which provided an annual appraisal of how the Trust was performing against a range of non-clinical areas that impacted on patient experience and provided a snapshot of the care environment from a patient perspective. He explained the process was conducted by trained independent assessors with the last assessment taking place in October 2025.</p> <p>He reported that the assessment had looked at a range of areas across the Trust's four sites and had exceeded the target of 25% of the estate with a total of 71 areas assessed included 36 Wards, 32 Departments and both ED's.</p> <p>The full results were provided in the reports appendices and the Trust had performed well compared to national averages and peer groups and he reported that action plans were in place to address improvements over the coming year. He formally thanked the patient assessors and explained this was a valuable process for the Trust and it was agreed a letter of thanks would be circulated from the Board.</p> <p>The Board received the report and noted the Trust's position in the latest PLACE assessment.</p>	Antony Kildare/ Jo Bray
13.5	Remuneration Committee Summary Report	
	The report provided a summary of the Remuneration Committee meeting held 5 March 2026 and was received and noted.	
	Financial Performance and Oversight	
14.1	Finance & Performance Committee Chairs Summary Report	
	<p>The report provided a summary of the key highlights from the F&P Committee meetings held 28 January and 25 February 2026 and sought to alert, advice and provide assurance to the Board against the areas discussed.</p> <p>Mark Burton noted the detail provided within the report and provided a verbal summary following the meeting held the previous day. He reported that the Committee had received strong assurance from a deep dive report against the Cancer Waiting Time (CWT) standards and recovery actions in place. The Committee had recognised the complexity of pathways across multiple CSUs and the focus of leadership in ensuring collaboration throughout the pathway. Improvements to digital systems were also planned over the next 12 months and the Committee was assured of the resources in place to support this.</p>	

	<p>He noted the performance information provided to the Board via the IQPR and shared that the Committee had explored the RTT position in more detail with a request for additional areas of assurance to be included within its scheduled deep dive of this standard. The Committee had also received an update on the theatre utilisation position and had not been assured of progress in this area and he noted the additional detail provided to the Board during its private meeting. Improvements were anticipated in the coming year supported by the CSU Accountability Framework.</p> <p>He updated that the Committee had been informed of the Trust's reaccreditation against the ONE NHS Finance Towards Excellence framework with verbal feedback confirm that the Trust had retained its Level 3 accreditation (with formal ratification expected in May). The Trust had also undergone a reaccreditation assessment against the NHS Procurement Excellence Framework with a final score of 98% achieved.</p> <p>He reported on the increased confidence that the Trust would deliver against its forecast of a breakeven financial position for 2025/26 however the Committee had noted an alert to the Board on the overspend in the Pay position (including substantive and temporary staffing) and had reviewed the actions in place to reduce the run-rate and align this back to plan.</p> <p>In addition, he updated that several members of the Committee had taken the opportunity to observe the F&P Committee structures at other Trusts with a view to seek best practice and learning. This had informed a proposal for the F&P Committee structure to rotate its meeting to alternate focus between F&P items and he sought Board endorsement of these changes.</p> <p>Ricky Singh questioned how the NED Team would be made aware of the financial year-end position and Jenny Ehrhardt confirmed that an email would be circulated once the position had been validated.</p> <p>The Board received the report and noted the assurance received via the F&P Committee. It endorsed the recommended changes to the F&P Committee forward plan with a rotational focus on F&P items.</p>	Jenny Ehrhardt
14.2	Standing Financial Instructions Update	
	<p>The report presented an update on the approval limits within the Standing Financial Instructions (SFI).</p> <p>Jenny Ehrhardt referenced the SFI update that had been approved by the Board in January 2026 which had included the authority of Level 4 reduced from £750k to £100k for revenue purchases, with Level 5 requiring approval from two Executive Directors. She reported that the Team had been made aware that the Oracle system could not support the function of dual approvers therefore the Level 5 approval would be set at £750K with one approver.</p> <p>This amendment had been supported by the Audit Committee, and the Board confirmed its approval of the required amendments.</p> <p>In addition, Jenny Ehrhardt raised that another minor amendment had been identified within the SFI post-paper circulation, and it was agreed that</p>	Jo Bray

	delegated authority would be granted to the Audit Committee to approve these changes.	
	Productivity and Value for Money	
15	<i>No items to report.</i>	
	Standing Concluding Items	
16	Risk	
	There were no items arising from the discussion for escalation to the RMC for consideration on the CRR.	
	Legal Advice	
	There were no items arising from the meeting that required the consideration of legal advice.	
	Regulators	
	There were no new areas arising from the discussion for escalation to the Trusts regulators at the CQC or NHSE.	
	Communications	
	The Board commented on the benefits of having Jane Westmoreland, Associate Director of Communications in attendance at the meeting. Jo Bray noted that an updated template for Board and Committee reports would be issued for 2026/27 which would be circulated to authors via email.	
17	Meeting Effectiveness	
	No comments on the meetings effectiveness were raised during the meeting however further comments were welcomed via email.	
18	Any Other Business	
	No other business was discussed.	
	Dates of future meetings: Thursday 28 May 2026	