

DRAFT MINUTES OF THE PUBLIC BOARD MEETING

Thursday 28 May 2026

Boardroom (034), Ground Floor, Trust HQ, SJUH with a Microsoft teams (MST)
option available

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
	Suzanne Dunkley	Chief People Officer
	Jenny Ehrhardt	Chief Finance Officer
	Beverly Geary	Chief Nurse
	Andrew Greenwood	Non-Executive Director
	Angela Graves	Non-Executive Director
	Magnus Harrison	Chief Medical Officer
	Tim Hiles	Chief Operating Officer
	Paul Jones	Chief Digital and Information Officer
	Jo Koroma	Associate Non-Executive Director
	Simon Le Clerc	Non-Executive Director (via MST)
	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 (via MST)
	Gillian Taylor	Non-Executive Director
In attendance:	Vickie Hewitt	Trust Board Administrator
	Mike Harvey	Director of Transformation
	Jane Westmoreland	Director of Communications
Presenting:	Anju Aggarwal	Guardian of Safe Working (for agenda item 11.3)
	Craig Brigg	Programme Director, Independent Review (for agenda item 8.4)
	Dan Jones	Violence Prevention and Reduction Coordinator and Operational Lead (for agenda item 11.4)
	Becky Musgrave	Head of Midwifery (for agenda item 8.3 and 10.2)
	Sarah Rogers	Improvement Lead (for agenda item 9.1)
	Sean Willis	Head of Nursing, Oncology (for agenda item 9.1)
Observing:	Mike Gill	Board Development Programme, NHS Alliance, (External Well-led Review)
Apologies:	-	

Agenda Item		ACTION
	Standing Items	
1	Welcome, Introductions and Apologies for Absence	
	Antony Kildare welcomed members to the meeting and formally welcomed Tim Hiles, Chief Operating Officer and Beverley Geary, Chief Nurse into their substantive roles. He noted that Simon Le Clerc, Non-Executive Director (NED), and Laura Stroud, Associate NED had joined the meeting via MS Teams which was by exception and had been agreed with the Chair in advance of the meeting. He welcomed Mike Gill, NHS Alliance (NHSA) as an observer to the meeting and explained NHSA were supporting the Trust in a Well-led Board Development review.	
2	Declarations of Interest	
	There were no new declarations of interest in relation to the agenda and the meeting was confirmed to be quorate.	
3	Draft Minutes of the Last Meeting	
	The draft minutes of the last meeting held 26 March 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	
	The report provided detail on the activities of the Trust Chair since the previous meeting. Antony Kildare noted the detail provided within the report, and in addition, updated on the announcement that there would be a further period of Industrial Action by the Resident Doctors in June with further detail to be provided within the Chief Executive update at agenda item 7. He also updated that following contact with the Chair of the WY ICB, a series of regular WY Chairs meetings would be established which he would be a member of. These meetings would support collaboration and engagement between Trusts as well as respond to mutual challenges. The Board received and noted the update.	
7	Chief Executive's Report	
	The report provided an update on news across the Trust and the activities of the Chief Executive since the previous meeting. Formal ratification was sought on the delegated authority for the appointment of consultants as listed within the report. Brendan Brown drew attention to the detail within the report and highlighted the national improvements against a number of the constitutional performance standards which the Trust had contributed to. He referenced the improvement activity across the Trust and noted this would be discussed in more detail throughout the agenda. He reflected on the Trust's	

	own performance and the importance of allocating resources to ensure the best use of the public pound. He referenced the NHS Modernisation Bill introduced in the King's Speech on 13 May 2026 and noted the additional narrative on this within his report on the changes to the NHS and Social Care architecture. He was mindful of the ongoing national and global disruptions, recognising that the impact of these were felt by patients and staff and the Trust role of impartiality and providing support to all. He expanded on the announcement of further Industrial Action by the Resident Doctor body for five days from 15 June 2026 and confirmed the Trust had commenced with planning and preparatory work to ensure minimal disruption to patients. <u>Post-meeting note</u> – on 14 June 2026, the BMA called off the Industrial Action to enable members to vote on a new offer put forward by the government. He noted the change of the Secretary of State for Health and Social Care with the appointment of James Murray from 14 May 2026. The Board received the update and confirmed its approval of the consultant appointments made under delegated authority.	
	Governance Risk and Regulatory	
8.1	Review of Risk Appetite	
	The report provided an update on the review process of the Risk Appetite Framework (RAF) which had included a review of the risk appetite statement and scales. Jo Bray drew attention to the detail within the report which summarised the feedback from the Board and sought approval of the recommended changes which were highlighted in red within the report and included: • Level 1 Finance appetite statement - inclusion of 'to deliver the' • Removal of the Change Risk (previously under Operational risk) • Health and Safety risk appetite updated to 'Averse' • Updates to the risk description of all level 2 financial risk (as described within the report) The Board received the report and confirmed its approval of the changes. These changes would be incorporated into the 2026/27 RAF and circulated across the organisation. The RAF statements on the Board report template would also be updated to reflect these changes.	
8.2(i)	Corporate Risk Register	
	The latest Corporate Risk Register (CRR) was provided in the Blue Box for information and was received and noted.	
8.2(ii)	Board Assurance Framework	
	The latest Board Assurance Framework (BAF) was provided in the Blue Box for information and was received and noted.	
8.3	CQC Inspection Improvement Plans	

	Brendan Brown noted that this was a standing agenda item to keep the Board informed of the Trust's progress against the Trust's improvement plans following the CQC Well-led Review. He noted the updates that would be provided at agenda item 8.3(i) and (ii) and in addition referenced the monthly Integrated Quality Improvement Group (IQIG) meetings with the regulators which was holding the Trust to account on progress.	
8.3(i)	Well-led Improvement Update	
	The report provided an update on progress to support the Well-led Improvement Plan. Jo Bray drew attention to the detail within the report and noted the inclusion of the full action plan within the report's appendices. She highlighted that several of the ongoing actions linked with items which the Board was scheduled to receive an update on within its agenda, using the example of the Inclusion and Belonging actions. She highlighted that where appropriate, actions and related assurance had been aligned to a Board Committee to provide continued oversight and opportunities for escalation. Of the 73 actions within the improvement plan, 37 were marked as complete, 19 as on track, 13 as evidenced and assured and three actions were marked off track. These three actions related to the Freedom to Speak Up (FtSU) process and the Duty of Candour Learning Tool. Amanda Stainton questioned if the Programme Team was taking learning from the actions that were off-track or had required extending which was confirmed. Brendan Brown explained the focus within the plan to embed and evidence actions prior to marking as completed and expanded on the maturity of the responses being provided. He commented on the importance of being able to demonstrate sustained improvement, and whilst he recognised that some actions were taking time to deliver, this was to ensure the right impact. Amanda Stainton further explored how the Programme Team was measuring the impact of actions which prompted wider discussion with reference to the role of the Assurance Committees in testing the evidence provided. Gillian Taylor referenced the outstanding action relating to FtSU and the Trust's stance on detriment (action 11.6), as the FtSU NED Champion she requested further context on this outside of the meeting which was confirmed. Suzanne Dunkley summarised it was for individual Trust's to define and confirmed there was work underway to address this, with the Trust engaging with peers to seek learning with recognition that this was a more recent development to the FtSU agenda. With reference to the off-track actions, Mark Burton questioned if the plan was receiving the right level of urgency and focus. Brendan Brown responded, confirming that urgency was there, however referenced the previous comments on the plan's maturity with a focus on learning and managing the required action versus marking an action off as complete prematurely. Suzanne Dunkley updated that progress had been made in the FtSU service in support of the actions which included increased FtSU	Suzanne Dunkley

	resource and reviewing the role of the FtSU Champions and aligning these with wider networks in support of quality improvement. She explained that FtSU was a corner stone of the EDI Strategy and work was also taking place via this route with oversight and assurance provided by the People Committee. The Board received the report and noted the progress being made against the Well-led improvement plan.	
8.3(ii)	Perinatal Improvement Update	
	<i>In attendance: Becky Musgrave, Head of Midwifery</i> The report provided an update on progress against the Perinatal Improvement Plan (PIP). Becky Musgrave reminded that the PIP had been developed in response to the findings of the CQC inspection into the Maternity and Neonatal Services and explained that oversight and triangulation of the detail within the action plan was provided through the Perinatal Improvement Assurance Committee (PIAC). She highlighted the improved governance process in place to ensure a clear line of sight and to ensure that actions were embedded. She was positive of the role of PIAC in scrutinising the assurance received and informed a new Perinatal Improvement Assurance Group had been implemented, chaired by the Chief Operating Officer which would hold the CMO and CN to account on delivery against the PIP. Simon Le Clerc shared that the PIAC had recognised the progress made and the output of the actions was being released, confirming the Committee had taken assurance and noting the further update that would be provided within the PIAC Chair's Update at agenda item 10.1. Laura Stroud shared her experience in attending the Maternity Safety Champion meetings which also provided further triangulation to the assurance reporting received via PIAC, Quality Assurance Committee (QAC) and the Board. Ricky Singh further explored how the full Board would see the progress and assurance of the action plan, noting that several of the NEDs were not members of the PIAC or QAC. Beverley Geary explained that further detail could be provided within the update report to Board if required however expanded on the oversight of the full PIP via the PIAC which had been given delegated authority by the Board to seek and provide this assurance. There was a wider discussion on the collective responsibilities of the Board, and oversight of detail which also recognised the role of the QAC in providing assurance on areas of patient safety and quality. It was noted that the minutes of all Committees were provided to Board members within the Private meeting, with Committee Chairs' summary reports in the Public meeting. The discussion also noted the benefit of the standing agenda item in relation to the Independent Review with the programme manager in attendance and enabling a live discussion by the whole Board.	

	Brendan Brown welcomed feedback from non-PIAC members on the level of assurance this provided moving forward and suggested that a different style PIAC Chair's Report could be adapted if required. Curiosity and challenge were welcomed from NED members and it was confirmed this aspect would be further explored at the Board Timeout to ensure Board members were receiving the right level of oversight and assurance, as well as areas of emerging risk or escalation. The Board received the report and noted the ongoing progress against the PIP with the process of reporting to the Board to be revisited in the Board Timeout.	All
8.4	Leeds Independent Review into Maternity and Neonatal Services	
	<i>In attendance, Craig Brigg, Programme Director, Independent Review</i> Craig Brigg provided a verbal update on the progress to prepare for the Leeds Independent Review into Maternity and Neonatal Services. He reported positive progress in implementing the Programme Response Team and informed there was active recruitment to respond to the increase in complaints and Freedom of Information (Fol) requests being received by the Maternity service. He updated that the draft Terms of Reference (ToR) for the Review were with the core families for review, with the Trust expected to see the draft ToR towards the end of June. He informed that the case notes review would commence from September 2026 and work was taking place to understand the format that would be required and the systems preparation to respond to this. He noted that the Trust had engaged with peer organisations which had been through similar reviews to take learning on preparation. He informed that the Trust had been notified that the Review would look back on cases from 2011 and there was an expectation this would run to March ,2028 with the review to include current and future cases with the intention to test out and evidence improvements. He reported that the current timetable would expect the final publication and findings to report in 2028. He confirmed active work to align improvement plans to output which would also align to learning from the Review as it commenced to support the Trust's continued improvement journey. He reported on the ongoing health and wellbeing impact on staff within the Maternity and Neonatal Teams and confirmed that increased support has been offered to leadership and their staff. He noted that psychological support for families was being provided directly from NHSE. The Board received and noted the update. Craig Brigg exited the meeting	
8.5	Audit Committee Chairs Summary Report	

	The report provided a summary of the key highlights from the Audit Committee meetings held 15 April and 7 May 2026 and sought to alert, advise, and provide assurance to the Board on the key areas discussed. Gillian Taylor drew attention to the areas of alert for the Board and noted the update received by the Committee on the controls in place to manage the risk associated with Business Continuity (BC) and Capacity Planning. She informed that the Committee had been notified of a gap in compliance in the recording of BC plans on the central system, however had received assurance on the actions being taken in response to this, with priority areas identified which would be rectified first. She noted that the Board was required to sign-off on the Emergency Prevention Preparedness Response (EPPR) in the Autumn and reported that the Committee had called an Extraordinary meeting in July to review progress. She referenced the previous alert to the Board regarding Medical Devices and Equipment and informed that the Committee had received a further update and had noted greater levels of assurance. An internal audit advisory report was taking place during Q1 and the Committee had the opportunity to review the scope of this work. She informed that the Committee had reviewed the findings of the internal audit review of the Trust's Procurement Services which had received a limited rating, assurance was received, and it was noted that the majority of the recommendations related to the review process regarding conflicts of interest and reported actions would be completed by the end of May. She highlighted the assurance received by the Committee on the controls in place against the workforce and regulatory risks, whilst recognising the CQC breaches in 2025. She reported that External Audit were on track against the year-end audit process and the Committee had reviewed the draft Head of Internal Audit opinion. She referenced the Extraordinary Committee meeting held 15 April 2026 where the Committee had received updates on the R&I and Patient Experience risk with assurance received. The Board received the report and noted the assurance received via the Audit Committee.	
8.6	Committee Annual Reports	
	The report provided an update on the annual work of the Board Assurance Committees and was presented for information following review via the Audit Committee. Gillian Taylor highlighted the detail within the report which provided an annual update on the work of the Board Assurance Committees and provided assurance that they had acted in accordance with their ToR and were working effectively. She noted there had been significant changes to the governance structure in year in response to the CQC Well-led	

	recommendations and the report had provided a much sharper, focused update by Committee Chairs. The Board received the report and confirmed its assurance on the effectiveness of its Board Assurance Committees. The updated format of the report was welcomed as a positive change.	
8.7	Blue Box Item – Health and Safety Annual Report	
	The Health and Safety (H&S) Annual Report was provided in the Blue Box for information and noting the assurance received via the Risk Management Committee (RMC) was received and noted. The Board acknowledged the progress made by the H&S Team and it was noted that reporting against the H&S function would move from the RMC to the People Committee in the coming year.	
8.8	Items Deferred	
	<i>The Health and Safety and Risk Management Policy approvals were deferred to the following meeting to enable the Committee review process to conclude.</i>	
8.9	Board and Committee Forward Workplans	
	The Board and Assurance Committee Forward Work Plans for 2026/27 were provided for information and assurance of the duties delegated to Committees. It was recognised that there would be flexibility within the Work Plans to respond to urgent or emerging issues throughout the year. The Board formally confirmed its delegation of duties to respective Committees in keeping with defined ToR and forward work plans. This included delegating oversight and assurance in year for Maternity (Perinatal) Incentive Scheme Year 8 to the PIAC and reporting to the Board, noting that the final declaration prior to submission would be reviewed by the Trust Board.	
	Quality of Care	
9.1	Patient Story – Jane's Story	
	<i>In attendance: Sarah Rogers, Improvement Lead and Sean Willis, Head of Nursing, Oncology</i> A patient story video was presented to the Board which shared Jane's experience of admission to discharge and was available to view via the following link: <u>05 M20251114 001 Oncology Patient Story ROWETT 10 02 26 CM</u> Sarah Rogers expanded on the complexities of a patient's discharge which involved multi-disciplinary teams and explained the improvement actions being taken to streamline processes and ensure timely discharge for patients. There was a wider discussion by the Board which explored how best practice could be shared across CSUs and recognised the impact on patients during times of lengthy discharge. The discussion explored what learning could be taken from other sectors regarding customer service and there was recognition of the output required with work focusing on ensuring the resources and process to support this. There was also recognition of the need to challenge services to deliver discharges earlier in the day	

	however this was balanced against ongoing admissions which often diverted clinical resources. The discussion noted that discharge was often the last touchpoint with a patient and the importance of making this a positive patient experience. The Board received and noted the update. Sarah Rogers and Sean Willis exited the meeting	
9.2	QAC Chairs Summary Report	
	The report provided a summary of the key areas of discussion from the QAC meeting held 16 April 2026 and sought to alert, advise, and provide assurance to the Board against the areas discussed. Laura Stroud highlighted the focus of the QAC on patient safety and updated on the Committee's consideration of whether an area was within risk appetite or the actions were in place to bring it back. She highlighted the alert escalated to the Committee on the Paediatric Intensive Care Audit Network (PICANet), with the Committee updated on the review process that had been enacted in response and receiving assurance there had been no lapses in care. The Committee had also been alerted to a gap in compliance regarding Sepsis screening with an update on improvement plans received and agreement this would remain an area of increased oversight by the Committee until Compliance had improved. She highlighted the Committee's consideration of the recommendations arising from the Internal Audit review of the Trust's Mortality Framework with assurance on the associated action plans reporting via the Learning from Deaths process and oversight of assurance of progress via the Committee moving forward. Noting the update scheduled at agenda item 9.5, she updated on the agreement to increase the Committee's oversight of corridor care and the actions being taken to respond to the NHSE mandate to eliminate corridor care by 2029. She highlighted the ongoing assurance received by the Committee against the healthcare acquired infection position, with acknowledgement that the Trust was not performing against the additional 10% reduction however there was strong understanding of the current position and actions being taken, with work ongoing to mitigate impact of ageing estate and keeping momentum of clinical engagement The Board received the report and noted the assurance received via the QAC.	
9.3	Blue Box Item – CQC Registration Annual Assurance	
	The report provided an annual update on compliance with CQC standards and the outcomes of CQC visits, inspections, and engagement during the	

	year 2025/26, and noting the assurance provided via the QAC was received and noted.	
9.4	Blue Box Item – Maintaining Quality of Care During Winter	
	The report provided an update on the processes in place to maintain patient safety within the Emergency Department, and noted the assurance received via the QAC.	
9.5	Corridor Care	
	The report provided an update on progress with identification, monitoring and prevention of harm to patients in acute and emergency care pathways, and assurance that a robust action plan has been established to eradicate corridor care in LTHT. Beverley Geary explained that the definition of corridor care had been defined nationally and drew attention to the detail within the report which updated on progress made and the action plan developed in response to the requirement to eliminate the use of corridor care. She highlighted the increased reporting arrangements in place to support improved ward to Board visibility and reported that a new risk had been added to the Corporate Risk Register (CRR) in relation to corridor care. She informed that an update had also been shared with CSU leaders via the Weekly Executive Board (WEB) meeting. She drew attention to the detail on pages 6 and 7 regarding the agreed actions to eradicate corridor care which was being overseen via a Task and Finish Group. She explained that behind each action was an overarching workstream and detailed action plan. She explained that ongoing monitoring would be provided via the QAC and would foresee regular updates to Board as this work progressed. Tim Hiles expanded on the wider improvements that would be made to patient safety and experience on the elimination of corridor care. Alongside improvements in the hospital environment there were also links to the home first work and alternative care prior to admission. Following a query from the Board, Beverley Geary confirmed the objective from NHSE was for the Trust to eradicate corridor care and then maintain a zero-tolerance approach. The deadline to achieve a position of zero was 2028. Jo Koroma explored which actions would deliver the most improvements, and if focus could be prioritised towards these actions. Beverley Geary explained there were many variables to consider and all actions would need to deliver to have a notable impact. Magnus Harrison explained that bed occupancy would be a key metric with regard to the deliverability and there was a need to lower this to circa 85% with reference to the HomeFirst programme as a vital aspect to support delivery. Andrew Greenwood recognised the ambition of the Trust however noted the achievement was dependent on engagement with partners and explored whether there was confidence that engagement would translate into output and the Board reflected further on the neighbourhood aspect to this work.	

	The Board received the report and noted the ongoing oversight and assurance that would be sought via the QAC.	
10.1	PIAC Chairs Summary Report	
	The report provided a summary of the key areas of discussion from the PIAC meetings held 14 May 2026 and sought to alert, advise, and provide assurance to the Board against the areas discussed. Simon Le Clerc drew the Board's attention to the alert section of the report, noted the Committee's desktop review of the 2023 MBBRACE-UK data, and noted the additional detail that had been provided to the Private Board at agenda item D. The Committee had also sought clarity on the descriptions within the PIP on an action related to neonatal improvement which had not aligned to the wording within the CQC regulatory breach notice. The discrepancy had been formally escalated through the IQIG meeting and would be reviewed through the Perinatal Improvement Assurance Group to support amendment of the narrative and ensure alignment with the original CQC findings and intent. He reflected on the complex reporting space for perinatal information, and the volume of organisations inputting into what constitutes a safe service. He informed that guidance had been prepared for Trust's relating to the effectiveness of governance, assurance, and oversight arrangements, with the Committee assured that elements of the report had already been embedded within Trust systems and processes, and that remaining gaps would be addressed through existing improvement arrangements or escalated appropriately. He highlighted the implementation of a new Perinatal Improvement Assurance Group within the Committee's sub-structure which would hold action owners to account and provide assurance to the PIAC. The ToR had been reviewed and approved. He reported that the Committee remained mindful of the impact on staff of the Independent Review into Maternity Services and noted that learning from other trusts suggested that staff sickness would increase. The Committee was sighted on the risk and Teams were looking at what further mitigations they could take to support staff. He updated that the Committee had also reviewed the response and received assurance following a drainage issue within one of the ward areas. The Committee had commended the team on their response and lessons being learnt. He noted the action tracker process within the Committee and updated on the assurance of delivery of actions to close the loop on completed actions and to be able to evidence embedded learning as outcomes. The Board recognised the increased anxiety felt by staff given the extreme regulatory environment and Suzanne Dunkley updated further on the learning taking from other trusts which had been through a similar process	

	and the development of a well-being programme for affected staff. She reported that a workforce lead had been appointed within the programme response team and Beverly Geary commented on the opportunity within the Maternity Safety Champions' meeting for a temperature check and to raise any concerns or escalations. Becky Musgrave commented on the importance of listening to staff and in ensuring continued engagement. The Board received the report and noted the assurances received via the PIAC.	
10.2	Perinatal Assurance Report	
	<i>In attendance, Becky Musgrave, Head of Midwifery</i> The report provided oversight of the quality and safety of the perinatal services aligned with the national NHSE Perinatal Quality Oversight Model (PQOM) for the reporting period March and April 2026. Becky Musgrave provided an overview of progress against the key metrics, noting the additional detail provided to the PIAC and the separate report linked to the requirements of Safety Action C of the Maternity Incentive Scheme (MIS) to the Private Board. She reported there had been one referral to the Maternity and Newborn Safety Investigation (MNSI) Team during the reporting period. One final report had been received from MNSI in relation to a previous referral, with two safety recommendations with actions being implemented to address these. She reported that a level 2 Maternity Outcomes Signal System (MOSS) had been received and a critical safety check undertaken with no immediate safety risk identified. She informed that compliance against the Saving Babies Lives bundle had been sustained at 96% and highlighted that the Trust continued to demonstrate strong performance against the British Association of Perinatal Medicine (BAPM) perinatal optimisation standards. She drew attention to the workforce updates within the report and confirmed that BAPM standards were being achieved. She noted the use of Bank and Agency staff to support current gaps, informing that the latest midwifery recruitment drive had been successful, however some midwives would not commence in post until Q3. She highlighted the agreed expansion to the obstetrics medical workforce with recruitment plans currently underway. She reported that improvements had been achieved in Mandatory Training compliance for staff with a mid-point review of training scheduled in July 2026. She noted the publication of the MIS Year 8 scheme which included six core safety actions. Progress against the scheme would be monitored via the PIAC with escalation of any risks and oversight continuously reported to the Trust Board. A programme manager had been appointed to oversee and coordinate the requirements of the MIS.	

	She highlighted the feedback mechanisms of the service and informed these were triangulated with CQC findings to inform clear, service user led priorities with a comprehensive action plan in place to address repeat themes, including communication, continuity, pain management, feeding and postnatal support. Antony Kildare referenced the 90% satisfaction within the Friends and Family Test (FFT) response and welcomed further detail in future reporting on whether this was an increase and also correlated with improved performance. Within the MIS update he questioned the alignment of funding with further detail provided by Jenny Ehrhardt who explained that this was a rebate and was eligible for all compliant organisations and was estimated at circa £2m. She explained that the Trust had been awarded some rebate from the previous year to support specific improvement actions. The Board received and noted the report.	
	People and Culture	
11.1	People & Culture Committee Chairs Summary Report	
	The report provided a summary of the key areas of discussion from the People and Culture Committee meeting held 9 April 2026 and sought to alert, advise, and provide assurance to the Board against the areas discussed. Amanda Stainton noted the Committee's consideration of the potential for further Industrial Action by Resident Doctors which had now been confirmed as noted in the Chief Executive's update at agenda item 7. She reported that the Committee had reviewed the planning and processes in place and had been assured of the Trust's ability to respond. She highlighted the implementation of a new recruitment system which had replaced the NHS Jobs Platform and was providing improved functionality and reporting capabilities. She updated on the formal request to update the title of the Committee to the People Committee. This was approved by the Board and it was confirmed that corporate governance documents including the ToR and Standing Orders would be updated to reflect this. The Board received the report and noted the assurance received via the People Committee.	
11.2	Inclusion and Belonging Engagement Update	
	The report provided an update on the continued delivery of the Trust wide Inclusion and Belonging Action Plan. Suzanne Dunkley highlighted the detail of the progress made to-date and noted the next phase would focus on embedding standard work and the Trust Values refresh. She expanded on the links embedded within the staff appraisal process and commented on the importance of listening and responding to staff concerns.	

	Mike Baker recognised the progress made within the EDI agenda since the desktop review received in October 2025. The Board received and noted the report.	
11.3	Guardians of Safe Working	
	<i>In attendance: Dr Anju Aggarwal, Consultant Obstetrician & Gynaecologist and Guardian of Safe Working Hours</i> The Annual Report from the Guardians of Safe Working Hours was presented for information and set out the Trust's current position against Version 11 (February 2023) of Terms and Conditions for NHS Doctors and Dentists in training. It was noted that a new Framework Agreement on reforming the Exception reporting process had been implemented since February 2026 and reporting against this new standard would be reflected within the next annual update. In addition to the written report provided, Anju Aggarwal presented an update setting out the key highlights of the report. A total of 320 exception reports had been made during the reporting period with the majority of reports arising from foundation doctors who were better engaged with the process and in reporting via electronic systems. She provided a summary of the key themes arising with handovers highlighted as a reoccurring challenge and a small number relating to education. She explained that in the majority of instances the outcome of an exception report had resulted in payment, noting there was an option for time in lieu, however in the majority of cases staff were unable to utilise this. In 35 cases no further action had been taken and these were related to missed breaks during a shift. She explained that at present there was not a payment mechanism for missed breaks and confirmed that staff were encouraged to take their break entitlement. She drew attention to the areas with the highest volume of reports, noting that that 15 reports had cited Immediate Safety Concerns with the highest volume seen in Obstetrics and Gynaecology. She was mindful of the large footprint of some areas which doctors were covering, however provided assurance that there had been no correlation to patient harm during the reporting period. She noted the new framework implemented in February 2026 and reported that an increase in referrals was being seen which was correlating to increased payments. She noted that the value of individual payments was increasing from August 2026 and noted the additional detail within the report. She explained that the money from fine payments was required to be spent on improving the working lives of resident doctors and separate to education and training. She updated that a bidding process had been implemented to support the allocation of this. She reported that there was ongoing monitoring via the GoSW of CSUs and rotas most at risk and also commented on the increased engagement with staff as well as monthly reporting to the CMO. She updated that there was a current vacancy within the GoSW team with active recruitment taking place.	

	Antony Kildare further explored the risk of staff not taking a break and the challenge of responding to this within the exception reporting. Anju Aggarwal explained that the Trust was not an outlier in this position and this was a national challenge. She explained that there was not always medical cover to enable staff to take a break and updated on the communication to reinforce that non-urgent requests could be delayed, allowing for individuals to take their entitled breaks. She updated that within the new framework there was a penalty for CSUs for missed breaks. Following a question from Simon Le Clerc, she explained this was not as big a concern for other professions as there was more staffing cover to enable individuals to take a break. Beverley Geary expanded that there was a risk that some nursing and midwifery staff were not able to take their entitled breaks, however there was not a formal framework process for reporting this with escalations made via the Red Flag safe staffing process. The Board received and noted the report. Anju Aggarwal exited the meeting	
11.4	Violence Against Staff Annual Report	
	<i>In attendance: Dan Jones, Violence Prevention and Reduction Operational Lead</i> The report sought to provide assurance that violence and aggression directed towards staff was being managed in accordance with the Trust's responsibilities under relevant legislation, guidance, or approved codes of practice. Craige Richardson highlighted the detail within the report and noted that there had been a positive shift in the volume of colleagues reporting instances. He informed of the introduction of a Task and Finish Group to support nursing colleagues in responding to incidents. He expanded on the importance of enabling and encouraging staff to report instances of violence and aggression and confirmed that action would be taken in response to any instance and the Trust would pursue prosecution where relevant. Dan Jones highlighted the results of the most recent staff survey in regard to the questions on violence and aggression and noting that the Trust performed above benchmarking average in each category which was positive. He reiterated that improved reporting from staff enabled action to be taken, with further support to staff. He recognised that due to the healthcare environment there was an increased risk of violence and aggression and expanded on the Trust's zero tolerance approach to accepting violence. Areas that experienced the highest number of incidences correlated with increased cognitive impairment or Emergency Departments. He explained that whilst the Trust would pursue prosecution in all relevant instances there were occasions where staff did not want to progress this; at present circa 75% of staff requested for no further follow-up during debrief	

	with Security Team. Antony Kildare explored the reasons for this and Dan Jones explained these were variable, there was an element of not wanting to progress to court and provide evidence and in some instances, there was an acceptance that this was just part of the job. He reiterated that no staff should experience this and confirmed the Security Team was challenging this attitude. He explained in severe instances the police were engaged and the Trust had internal systems in place to progress these cases. He updated on the recognition that violence could not be fully mitigated, therefore there was increased importance on training staff, where violence was likely to happen and how to take preventative action or respond safely. He acknowledged that identifying time for staff to complete this training was a current challenge. Jo Koroma questioned the level of response to different types of cases and questioned if the Trust would ever proceed with a prosecution without the express permission of a member of staff. Dan Jones explained that in the majority of cases the victim was required to provide a statement, however the Trust was able to take alternative action such as a site wide ban or prosecuting under a different 'category' e.g. Nuisance. He confirmed that the Team did recommend prosecution where relevant in the debrief following an incident. Craige Richardson expanded on the zero-tolerance approach to accepting violence and aggression whilst acknowledging cases would happen. Andrew Greenwood focussed on the percentage of cases involving colleagues stating bullying or abuse. He recognised that actions were within the Trust's control and would be a key measure of the effectiveness of controls. Suzanne Dunkley confirmed that there was active work to address this and explained this aligned to the reset of the Trust's values. She emphasised the importance of demonstrating the action taken to poor behaviour and in encouraging staff to speak up regarding instances. Following a query from Simon Le Clerc, she confirmed that instances could be tracked against staff metrics such as increased sick leave. Simon Le Clerc shared an example from another trust of a communication campaign to reinforce the importance for patients to treat staff with respect and civility which may be an area for the Trust to explore. Suzanne Dunkley expanded on the communication approach that was being taken and the importance of understanding the cause. Jane Westmoreland questioned if abuse via social media should be reported by the same channels which was confirmed. The Board received the report and noted the action being taken in response to instances of violence and aggression. Dan Jones exited the meeting	
	Access and Delivery of Services	
12.1	Integrated Quality and Performance Report	

	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. Tim Hiles drew attention to the Ambulance Handover Times and reported against the latest (average) position at 15.16 minutes against a trajectory of 20.19. The LGI had delivered against the 15-minute standard with the latest position reported at 13.59 and he highlighted there had been zero handovers over 45 minutes on either site. Against the RTT 52 weeks position he reminded of the national planning guidance requirement to ensure that fewer than 1% of patients on an RTT waiting list waited over 52 weeks. He reported that for the Trust 52ww patients accounted for 1.5% of the TWL in April 2026. He noted the Trust's position within the national ranking and explained that the Trust had a significant waiting list which was the seventh highest in England. He confirmed that there were a number of ongoing actions in place to reduce waiting times with ongoing monitoring provided via the F&P Committee. He reported there had been a reduction in the month one diagnostic performance, with April performance reported at 87.68% and he explained there had been some specific challenges within Ultrasound which were being responded to. Magnus Harrison updated against the mortality position, noting the latest SHMI at 112.3 which was 'As expected' and he expanded on the focus to the investigatory process following any death to ensure no lapses of care had occurred and that learning was shared. Suzanne Dunkley noted the detail against the People Metrics and drew attention to the sickness absence rates which were reporting at 5.25% against a target of 4.9%. She explained that this averaged at a loss of 20 calendar days per person and if improvements could be made would impact positively on bank usage. She reported that bank utilisation had increased in response to high acuity and sickness rates and further targeted work was planned in the coming year. Against the finance metrics, Jenny Ehrhardt noted the 2025/26 year end position as delivery against the financial plan with a small surplus of £39k and delivery of its planned waste reduction target. For month one of 2026/27 she reported there had been an overspend of £3.5m against plan, with £2m associated with the resident doctor strike, with further detail reviewed through the Turnaround Executive meeting and reported to the F&P Committee. She reported that the capital allocation for the year was forecast as £109.2m with a prioritisation process in place to support capital plans, and a total of £2.3m capital expenditure at month one. The Board received and noted the report.	
	Strategy, Leadership and Planning	
13.1	Trust Strategy and Values	
	The 2026-29 Organisational Strategy was presented for approval and set out the overall direction and priorities for the organisation. It also set out the	

	refreshed Trust Values including the methodology of their development and plans to embed across the organisation. Mike Harvey updated on the Trust wide engagement in the refresh of the Trust Strategy and highlighted the utilisation of staff and partnership networks to elicit feedback. He informed that four strategic priorities had been agreed within the Strategy on People, Improvement & Innovation, Partnerships and Outcomes. These priorities had been set to support the delivery of safe, effective, and excellent care and he explained that digital and AI would be a key enabler within this. He expanded on how the Strategy would support wider improvements across the organisation and reported that a series of KPIs were being developed to measure progress. Suzanne Dunley updated further on the engagement process with staff that had informed a refresh of the Trust Values. The refreshed Values had been agreed as Kind, Responsible, Open, and One Team and had been aligned within the overall Strategy. Antony Kildare referenced the comments made from Board members through the Board Timeout meetings on engagement and it was confirmed that the NED Team had received the opportunity to review and comment on the Strategy. Jo Koroma shared that she had observed increased engagement across the Trust and was positive of the work in this space. The Board received the report, confirmed its approval of the Organisational Strategy 2026-29, and noted the strategic priorities, values, delivery framework, and governance arrangements. Ongoing oversight would be provided via the Board Assurance Framework (BAF).	
13.2	Integrated Accountability Framework	
	The report introduced the Trust's Integrated Accountability Framework (IAF) for 2026 and sought to provide assurance to the Board of the consistent and transparent approach to performance management from ward to Board. Brendan Brown highlighted the detail within the report and noted the inclusion of the IAF metrics within the report's appendices. He explained that the IAF sought to set out clear expectations to CSUs for accountability to the Executive Team, escalation, and support. The IAF focused on performance metrics across four key domains of Quality and Safety, Operational Delivery, Workforce, and Finance, with oversight and escalation enabled through monthly Integrated Accountability Meetings (IAMs) led by the Executive Team. He noted that the IAF had been developed in collaboration with clinical and corporate colleagues to ensure understanding and ownership across the CSUs and addressed recommendations within the Well-led report. Andrew Greenwood explored consideration to the inclusion of metrics related to culture and risk aspects which could be linked to outcomes. He also explored how escalations or areas of significant variance would be made visible to the Board.	

	Mark Burton raised the need for increased ward to Board visibility and explored what other mechanisms were in place to support this in addition to the IAF. He questioned how well embedded the IAF was and questioned how CSUs would be held to account and how the information would flow through the Committee structure. Brendan Brown questioned what was perceived to be missing from the IAF and offered to discuss further outside the meeting with Mark Burton and Andrew Greenwood. Brendan Brown explained that the IAF was designed to support two-way accountability between CSUs and the Executive Team. He expanded that within the process there were trigger points for escalation and he was mindful that the IAF was one tool within a wider governance process. The IAF had been shared with the Board to provide assurance of the new management accountability process that had been introduced by the Executive Team. Simon Le Clerc reflected on the comments within the CQC Well-led review of the Trust, on how the Board received assurance of its services and was informed of challenges. He echoed the comments made on escalation, however reflected this was wider than the IAF process and included the information received by the Committees and their sub-committee structure and how assurance or escalation was reported to Board. There was a wider discussion by the Board which acknowledged that this was a management tool, and consideration would be given to support accountability and escalation to the Board if it felt that current assurance routes were not effective. It was acknowledged that the IAF was in the early stages of implementation and would strengthen as it matured. Tim Hiles informed that there was a planned review of the IAF effectiveness at month six and explained that there were varying views of the framework document across different levels of the organisation, however the central aim was to enable Executive Oversight and management of CSU performance against key metrics. Jo Koroma commended the IAF as this set out clearly what was required and associated interventions and metrics, with details in appendix B. The Board received the report and noted the purpose of the IAF as a management and accountability tool used by the Executive Team. On-going consideration would be given to the reporting of assurance or escalation to the Board by the Executive Team. During the discussion, Antony Kildare noted the comments raised on ward to Board oversight and would reflect on how the Board could engage directly with its CSU leaders, suggesting this could be a topic for a future Timeout. He commented on the importance of the opportunity to engage directly with leaders in a supportive environment.	Brendan Brown/ Andrew Greenwood/ Mark Burton Antony Kildare/ Jo Bray/ Brendan Brown
13.3	Joint Committee in Common Leeds Place	
	The report provided an update on the establishment and initial progress of the Leeds Provider Partnership Shadow Joint Committee (LPPSJC). Mike Harvey highlighted the progress made in setting up the LPPSJC and updated on the governance arrangements in place to support a structured	

	programme of work to enable transition to a fully operational partnership from April 2027. This included the development of a detailed service delivery model, identification and agreement of priority programme areas, and the establishment of a supporting financial framework. He updated that information had been shared with clinical leaders via the WEB which had supported a wider discussion on the partnership opportunities and the types of governance that would be needed to support people. Following a query from Antony Kildare on pace, Mike Harvey explained there were a number of areas still to work through including the identification of tangible physical assets such as patient centres. Focus would be on the three key areas of development which included the consideration of an independent voice within the partnership, strengthening links with scrutiny committees and exploration of broader engagement with external partners, while maintaining focus on NHS transition priorities. These would be progressed via a Steering and Engagement Group with the ambition for an operational partnership form 2027. Antony Kildare explored the appropriate time to share wider communications of the partnership and Mike Harvey commented on the need to develop the clinical strategy to inform the wider strategy and ambition. There was a wider discussion by the Board which explored the LPPSJC in the context of wider regional partnerships, and how it would engage with ICB. The importance of focusing on patient pathways was recognised and not crossing into a commissioner space. The Board received the report and noted the establishment and initial progress of the LPPSJC	
13.4	Winter Plan Post-Winter Review	
	<i>This item was deferred in advance of the meeting and an update would be provided at the next Board meeting</i>	
	Financial Performance and Oversight	
14.1	Finance & Performance Committee Chairs Summary Report	
	The report provided a summary of the key areas of discussion from the F&P Committee meetings held 25 March and 29 April 2026 and sought to alert, advise, and provide assurance to the Board against the areas discussed. Mark Burton drew attention to the alert section of the report which highlighted the performance risk to the RTT and theatre utilisation position and noted that these would remain an area of increased oversight by the Committee through its scheduled performance deep dives. He noted the escalation of the Supply Chain Risk to the CRR as a result of global disruptions. In addition, he provided a verbal update of the key areas of discussion from the F&P Committee meeting held the previous day. He noted this had been the Committees first meeting in its revised format of rotating between F&P items. The month one focus had been on finance, however there had been	

	the opportunity to raise any areas of escalating performance or variance. Diagnostic Waits had been escalated due to in month deterioration however this had been forecast, and the Committee were informed of the mitigations in place to address improvements. He informed the Committee had made a number of approvals which would be included within the Chair's Summary report to the next Board meeting and noted that in one instance the Committee had requested a six-month progress update to review benefits and utilisation. He updated that the Finance Team had received formal confirmation of their Level 3 Towards Excellence Reaccreditation which the Committee had recognised. He updated on the Committee's review of the month one position which had noted that some CSUs were reported financially as Red, however the Committee had been assured of the increased Executive engagement and oversight through the IAF and Turnaround Executive Meeting. The Board received the report and noted the assurance received by the F&P Committee.	
	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 that required escalation to the RMC for consideration on the CRR.	
	Legal Advice	
	There were no items arising from the discussion that warranted the consideration of legal advice.	
	Regulators	
	There were no items arising from the discussion for escalation to the Trust's regulators at the CQC or NHSE.	
	Communications	
	The communications activity that would take place to share and promote the updated Strategy and Trust values was noted. Jane Westmoreland updated that there was a Strategic Group in place to support the developments in the partnership working space.	
17	Meeting Effectiveness	
	Comments on the meeting effectiveness were welcomed via email.	All
18	Any Other Business	
	Jo Bray reminded the Board that the next Public Board meeting would take place on the morning of 30 July 2026 to test whether holding the Public meeting in advance of the Private meeting was more effective. It was also noted that the Director of Finance job title had been amended to Chief Finance Officer and confirmation received that corporate governance documents including the Standing Orders and Standing Financial Instructions would be updated to reflect this. In addition, the transition of NHS Providers to NHS Alliance was noted.	