

DRAFT MINUTES OF THE PUBLIC BOARD MEETING

Thursday 29 January 2026

Hybrid Meeting: Seminar Rooms 96 and 99, Gledhow Wing, SJUH with an MS Teams option available

Present:	Antony Kildare	Trust Chair
	Mike Baker	Non-Executive Director
	Jo Bray	Director of Corporate Affairs
	Brendan Brown	Chief Executive Officer
	Phil Corrigan	Non-Executive Director (via MST)
	Suzanne Dunkley	Chief People Officer
	Jenny Ehrhardt	Director of Finance
	Angela Graves	Non-Executive Director
	Magnus Harrison	Chief Medical Officer
	Tim Hiles	Chief Operating Officer (from agenda item 9.2)
	Paul Jones	Chief Digital and Information Officer
	Jo Koroma	Associate Non-Executive Director
	Simon Le Clerc	Non-Executive Director (via MST)
	Craig Richardson	Director of Estates and Facilities
	Ricky Singh	Associate Non-Executive Director
	Amanda Stainton	Associate Non-Executive Director
In attendance:	Laura Stroud	Associate Non-Executive Director
	Gillian Taylor	Non-Executive Director
In attendance:	Vickie Hewitt	Trust Board Administrator
	Lorna Johnson	Deputy Chief Nurse
	Jane Westmoreland	Director of Communications
Presenting:	Rachael Kay	Interventional Radiology Lead Radiographer (for agenda item 9)
	Emily Keyte	Radiographer Lead for Quality (for agenda item 9)
	Krystina Kozlowska	Head of Patient Experience (for agenda item 9)
	Becky Musgrave	Head of Midwifery (for agenda item 10.2)
Apologies:	Mark Burton	Non-Executive Director
	Beverly Geary	Interim Chief Nurse
	Andrew Greenwood	Non-Executive Director

Agenda Item		ACTION
	Standing Items	
1	Welcome, Introductions and Apologies for Absence	
	Antony Kildare welcomed members to the meeting and formally welcomed Suzanne Dunkley, Chief People Officer and Ricky Singh, Associate Non-Executive Director (NED) as new members of the Board. He welcomed Lorna Johnson, Deputy Chief Nurse who was in attendance on behalf of Beverley Geary. It was noted that Tim Hiles, Chief Operating Officer (COO) would be joining the meeting late due to prior attendance at a West Yorkshire (WY) Trauma Network Accreditation Event. Apologies for absence were received from Mark Burton, NED, Beverley Geary, Chief Nurse and Andrew Greenwood, NED.	
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 27 November 2025 were agreed to be a correct record subject to the correction of 'Leeds Live' to 'LTHT Live'.	
4	Matters Arising	
	Question from the Public	
	Jo Bray reported that a question had been received from a member of the public in advance of the meeting as follows: ‘Since the endometriosis department at Leeds became a provisional BSGE centre in Summer 2025 and has seen a significant increase in referrals which has increased wait times for both consultations and surgery to over one year, what is being done to mitigate this? Are there any plans to expand funding for the department that it so desperately needs?’ A formal response had been provided from the COO via email, and a verbal update was provided within the meeting by Magnus Harrison: LTHT became a provisional British Society for Gynaecological Endoscopy (BSGE) Endometriosis Centre in Summer 2025 and had since seen a significant increase in referrals from across the region. This reflected both the high level of trust in the service and that the Trust was currently able to offer specialist care that was not available in all neighbouring hospitals. The impact of rising demand on waiting times was recognised, and whilst the current waits were not an outlier with other specialist centres nationally (and in many cases were shorter than those elsewhere) there was acknowledgement that any delay was difficult for those experiencing endometriosis symptoms. To help address this, the Trust was taking the following actions: • Actively expanding capacity within the service, including reviewing clinical pathways both internally and with partners. • Working with partner trusts across the region to ensure that patients who did not require specialist centre input could be seen closer to home,	

	helping ensure that the Leeds service was available for those who need more complex care. Continuing to meet all the requirements associated with being a BSGE specialist centre, which included maintaining high standards of clinical expertise, multidisciplinary care, and surgical capability.	
5	Review of Action Tracker	
	The action tracker was reviewed and progress noted. Referencing Action 7, and the action to explore if specific training on the evidence requirements within the Maternity Incentive Scheme (MIS) was required for NEDs, Lorna Johnson noted the establishment of the Perinatal Improvement Assurance Committee (PIAC) to provide scrutiny and seek assurance on behalf of the Board on matters related to Maternity and Neonates. She updated on the improved approach to reporting that had been introduced in the current year which had incorporated learning from previous years on how assurance was articulated and had resulted in a revised style of report providing greater understanding, clarity, and assurance. There had also been objective scrutiny of the MIS detailed evidence requirements through a range of experts, including Internal Audit and external subject experts. Noting the additional assurance provided via the external review of the MIS evidence, and the revised reporting requirements to PIAC it was confirmed that this was providing the level of detail required for the Board and there was no requirement for additional training.	
6	Chair's Report	
	The report provided an update on the activities of the Trust Chair since the previous Board meeting. Antony Kildare noted the detail within the report and in addition referenced the recent Planning Meeting held with NHSE that he and the CEO had attended on behalf of the Trust. He noted the further detail that had been shared with the Board during its private meeting and reported that the Trust was required to submit its 2026/27 Plan by 12 February 2026. He drew attention to the two approvals that had been taken against Chairs Action, both of which had been authorised due to the timescales required to respond and noted the retrospective scrutiny and endorsement that had been provided via the Finance and Performance (F&P) Committee. He reported that a second Non-Executive Maternity Safety Champion for the Board had been appointed with Angela Graves, NED taking on the role in addition to existing Safety Champion, Laura Stroud, NED. The Committee received and noted the report.	
7	Chief Executive's Report	
	The report provided an update on the activities of the Chief Executive since the previous meeting. Brendan Brown highlighted the detail within his report and summarised the Trusts focus on the four Ps of patients, performance, pound, and people. He reported that winter pressures continued to be felt across all sites with all departments responding to increased activity. He noted the performance detail	

	that would be provided within the IQPR and also noted that the Trust was preparing its multi-year plan, with reference to the three-year planning cycle introduced for acute Trusts. He referenced the national Independent Inquiry into Maternity Services and shared that it was anticipated that the independent Chair would be announced shortly. The Trust was ensuring that it was in a state of readiness to respond to the Inquiry once the Terms of Reference were confirmed. He reported that the Trust was attending a monthly Integrated Quality Improvement Group (IQIG) with regulators to inform on its progress against its Perinatal Improvement Plan and Well-Led Improvement Plan. He informed that Leeds Community Healthcare NHS Trust, and Leeds and York Partnership NHS Foundation Trust were making progress in their merger and confirmed he would keep the Board updated as this progressed. The Board received and noted the update.	
	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	
	The latest Board Assurance Framework (BAF) was presented for information. The BAF set out the key strategic risks to the Trust and the controls in place to mitigate them. It was noted that the BAF was scheduled to undergo a fundamental review at the Board Timeout in March 2026 to test if the risks and control remained relevant in the current operational environment and moving into the new fiscal year. It was recognised that the BAF contained reference to the Digital and Infrastructure Committees which had been dissolved in November 2025, and it was confirmed that these would be removed and the controls updated to reflect the updated assurance route.	Magnus Harrison
8.3	Well-led Improvement Update	
	The report provided an update on progress to support the Well-led Improvement Plan. Brendan Brown highlighted the summary within the report and commented on the ongoing engagement with regulators who were holding the Trust to account on the delivery of its Improvement Plan. He referenced the changes to the Senior Leadership Team and also noted the governance review of the Board Committee Structure which had concluded in November 2025. He informed that the Board would be evaluating its learning and improvements through a shadow Well-Led review which would take place during Q1 and confirmed the Board would be informed of the output of this.	

	Antony Kildare commented on the daily focus of the Improvement Plans via the Executive Team to drive forward the required actions. The Board received and noted the report.	
8.4	Perinatal Update	
	The report provided oversight of perinatal quality and safety aligned with the national Perinatal Quality Oversight Model. It was noted that a detailed assurance report had been presented to the Perinatal Improvement and Assurance Committee (PIAC). Magnus Harrison noted that the report format followed a national template based on best practice in ensuring oversight of clinical and quality outcomes. He drew attention to the detail and noted there was a declining trend in the total of post-partum haemorrhages however at present this was not considered statistically significant within the Statistical Process Control (SPC) charts. He reported that four cases had been escalated for further investigation via the Perinatal Mortality Review Tool (PMRT) with three cases escalated to the Maternity and Newborn Safety Investigation (MNSI). The Coroner in these cases had raised no immediate safety concerns and the outcome would be reported via the PIAC. He reported that the neonatal nursing and medical workforce were compliant with the British Association of Perinatal Medicine (BAPM) standards and noted further detail and assurance had been provided via the PIAC. He highlighted that the Trust continued to be a high recruiter of early carer midwives with a preceptorship model in place to support them in their careers. This preceptorship model had recently been reviewed and a number of improvements implemented to ensure ongoing support. He highlighted the summary of the key themes of the 2025 CQC Maternity Survey with full findings shared with Maternity Safety Champions and PIAC. There were a number of areas requiring improvement and actions were in place to respond to this. He informed there had been a total of 16 complaints received during November and December (12 for maternity and four for neonatal services) with the Perinatal Team working with service users to respond to concerns raised. He reported that overall compliance with Saving Babies Lives care bundle was 90% for Q2 with actions in place to drive further improvements. Recurrent themes where compliance was not 100% were associated with either spontaneous labour or a need to expedite the birth for fetal wellbeing. He informed that a Maternity Care Bundle had recently been published by NHSE which was being reviewed by the Maternity Team to identify required actions. Gillian Taylor questioned if there were any new and emerging themes coming through the complaints process and Becky Musgrave explained that the majority of complaints continued to be around similar themes of staff interaction and communication below expectations.	

	Laura Stroud noted that both the QAC and P&C Committees had escalated an issue to the Board regarding medical compliance against Paediatric Resuscitation Training and sought assurance on the action taking place to address this. Responding, Magnus Harrison reported that a list was been collated of all medical staff currently outstanding on this training module which would be completed by 14 February 2026. There was then an expectation that all outstanding staff would have completed this training module by 28 February 2026, oversight of this would be provided via the Executive Team. Amanda Stainton confirmed that the P&C Committee would seek further assurance of this position after February. She further explored the wider cultural change aspect and Becky Musgrave reported this had been a key highlight of the CQC external review and she updated on the work taking place to foster a culture of improvement and ensure the human element of care at the heart of all care. Antony Kildare welcomed the update within the report however requested that the next update to the Board include increased focus on the progress against the Perinatal Improvement Plan and assurance of their trajectory for completion. This was confirmed by Magnus Harrison who referenced the assessment of progress via the PIAC which would flow to Board. The Board received the report and confirmed its assurance of the actions and oversight to support improvements in perinatal services.	Magnus Harrison
8.5	Audit Committee Chairs Summary Report	
	The report provided a summary of the key highlights from the Audit Committee meeting and sought to alert, advice and provide assurance to the Board against key topics discussed. Information within the report was from the meeting held 8 January 2026. Gillian Taylor referenced the update received from the External Auditors on the preparation for the review of the Trusts Annual Accounts. She noted that a significant weakness had been identified in the previous year due to the improvements required within Maternity services and informed that this had carried over into the existing year. She requested that the Board note that External Audit were preparing the 2025/26 Accounts on a Going Concern basis. She reported that the Committee had made a recommendation for increased oversight of the BAF via the Executive Team which was been facilitated. The BAF would continue to be owned by the Board with the Executive Team providing continued oversight of any potential gaps or risks within described controls. She reported that the Committee had received assurance of the progress against the Internal Audit Plan and had received further detail on two reviews which had been described as providing Limited Assurance. These were the Inclusive Recruitment review and the Pathology Federated IT. She informed that the Committee had made an escalation form the Inclusive Recruitment review to the P&C Committee regarding the definition of 'inclusive' and had also made an escalation to the F&P Committee for information on the vacancy controls in place. The Executive Lead for both audits had attended the meeting and had provided verbal assurance of the acceptance of the findings and that	

	recommendations would be taken forward via action plans. In addition, the Committee had reviewed a number of Internal Audit actions requesting extensions to their deadline, a spot check of these had been conducted by the Director of Finance to check their appropriateness and the majority were supported. She noted that the Committee had also reviewed the proposal for the Single Site Evaluation and confirmed that the Committee would be recommending Board approval of this approach at agenda item 8.6. Following a question from Laura Stroud on the deadlines for internal audit actions, Jenny Ehrhardt explained these were set by the action owners with the support of the Internal Audit Team, there was sometimes variance in their response due to areas experience of internal audit and knowing the requirements placed upon them. She confirmed that the Internal Audit Team provided challenge if a deadline was too short or long, however in some cases there was a fair rationale for extending a deadline which were reviewed and authorised via the Committee. The Board received the report and noted the assurances received via the Audit Committee.	
8.6	Single Site Valuation	
	The report sought approval to re-affirm the single site valuation methodology following review by the Audit Committee of the assessment criteria and evidence to support the Single Site Valuation methodology for the Trusts annual valuation in line with accounting standard IFRS 13 "Fair Value". Jenny Ehrhardt highlighted the detail within the report and explained this was a continuation of the Trusts existing approach and was consistent with previous methodology. The evaluation would be conducted as a desktop valuation by Cushman and Wakefield. The Board received the report and confirmed its approval to continue with a single site basis for estate valuation and to retain St James's as the single site for that purpose.	
8.7	Standing Orders	
	The report sought approval of minor revisions to the Standing Orders (SO). Jo Bray explained the purpose of the SO's in providing the governance rules for the organisation and the summary of delegated duties by the Board to its Committees. She informed that the SOs had been reviewed following the implementation of the revised Board Assurance Committee structure (Approved in November 2025). Key changes related to the correction of out-of-date terminology and bodies, correction of hyper-links to latest legislation and updates to reflect the latest Committee structure. Committee forward plans had also been provided in the report's appendices for information. The Board received the report and confirmed its approval of the amendments within the SO. It was noted that the updated version would be uploaded to the Trusts intranet to remain accessible for staff.	

8.8	Standing Financial Instructions; Scheme of Delegation	
	The report sought Board approval of a number of proposed changes to the Trusts SFI's (detailed via tracked changes). Jenny Ehrhardt summarised the key amendments which included: • Amending directives in relation to public procurement: • Updating to take into consideration the provisions of the Procurement Act 2023 (now in force): • Updated reference to the Government 10-year Health plan: • Updated composition of approval levels in the Scheme of Delegation for clarity: • Amending approval limits to enhance grip and control and increasing the approval limit from £1m to £2.5m for level 6 to take into consideration inflation and to reduce delays by needing F&P Committee or Board approval: • Updates to clarify that all approval limits include VAT; and • Removal of Infrastructure Committee. She noted that these amendments had been supported by the Audit Committee and there had been an agreement to oversee the impact of the increased level 6 approval limit for a period of six months. Noting the scrutiny provided via the Audit Committee the Board confirmed its approval of the amendments. It was noted that the updated version would be uploaded to the Trusts intranet and communicated with key staff.	
	Quality of Care	
9.1	QAC Chairs Summary Report	
	The report provided a summary of the key highlights from the QAC meeting and sought to alert, advice and provide assurance to the Board against key topics discussed. Information within the report was from the meeting held 4 December 2025. Laura Stroud noted the establishment of the PIAC in November 2025 with its first formal meeting in January 2026 and explained that reporting on Maternity and Neonatal matters had transferred from the QAC to the PIAC. The QAC had received its final report on Maternity and Neonatal assurance in December 2025. She highlighted that the QAC had also escalated concerns regarding training compliance against Paediatric Resuscitation Training for the medical workforce and noted the assurance provided at agenda item 8.4 of the plan in place to address this by the end of February 2026. She expanded on the Committees triangulation of performance metrics with aspects of safety and quality in order to seek assurance against the information it received. She highlighted that the Committee had noted the quantity of data available for assessing potential harm for patients on waiting lists, however there was a need to use this in a more intelligent way to support analysis of potential harm and provide assurance of the mitigations in place. The Committee was also reviewing the role of inequalities within the waiting list.	

	She highlighted the assurance received on the actions in place to reduce the risk of Healthcare Acquired Infections (HCAI) however reported that the Trust was not on trajectory to achieve a 10% reduction on the previous years position. The IPC leads were in attendance and had responded well to the check and challenge of the Committee, and the Committee commended the cultural success in staff ownership of the HCAI agenda, particularly within the Estates Team in responding to environmental concerns. The Board received the report and noted the assurance received via the QAC.	
9.2	Safer Staffing	
	The report sought to provide assurance to the Board that the Trust was fully compliant with national safer staffing regulations, policy, and speciality guidance. A summary of the Phase 2 2025/26 Bi-Annual nursing and midwifery establishment reviews overview was provided at Appendix 1. Lorna Johnson noted that the phase 2 bi-annual establishment review for nursing and midwifery had taken place in October and November 2025 and had included a review of the Safer Nursing Care Tool (SNCT) audit, undertaken in July 2025. The SNCT data had recommended a nursing/midwifery establishment of 3251.10 WTE with the Trusts actual funded position at 3163.26 WTE (a variance of 87.84 WTE (2.73%)). She reported that there was an ongoing recruitment pipeline to continue to address this variance. She drew attention to the variance from the recommended establishment within the Specialist Integrated Medicine (SIM) CSU which looked significant at 148.39 WTE. She explained that this variance was primarily due to the SNCT reflecting complex patients and unmet care needs therefore a higher establishment was recommended. She informed that this position had been reviewed by the nursing leadership Team who had triangulated the SNCT results with quality indicators, and professional judgement, and no immediate changes to the current establishments were proposed. She also highlighted the ED SNCT audit results which had evidenced that both Adult ED areas were staffed above the SNCT recommended level, and that within the Children's ED the recommended WTE exceeded the funded establishment by 7.2 WTE. She explained that this position had been reviewed with the leadership Team who had applied their professional judgment and advised that the SNCT did not reflect the complexity and workload of delivering safe, effective care. The current tool also assumed patient stays under 12 hours, limiting its accuracy given rising numbers of patients exceeding this threshold. She informed that a national review of the ED SNCT was being conducted to address this. She reported that no changes to establishment were currently recommended by the leadership team though it was recognised that service delivery models may need to adapt. She highlighted the ongoing oversight of the safer staffing position via the QAC and updated there were a number of ongoing actions to ensure robust grip and control. She noted the role of the monthly Roster Assurance Meetings in supporting safe staffing levels and also updated that a new Workforce Governance group had been implemented which would be chaired by the Chief Nurse.	

	She reported that within Maternity Services the Birthrate plus review had identified a clinical gap of 12.6 WTE midwives and non-clinical specialists and a management gap of 14.9 WTE midwives. She reported that the Trust had increased its pipeline of new recruits to address this, and improvements were being made; there had also been a commitment to support the service to backfill 75% maternity leave. Brendan Brown welcomed further comments in the actions in place to support retention which prompted wider discussion. Becky Musgrave shared that within the maternity services an initiative was in place to look at the reasons people stayed as well as leaving. She updated that the Trust was taking on increased early career midwives and was ensuring pastoral and development support as well as opportunities for succession planning. Within the exit data for the service reason for leaving were often linked to relocation or work/life balance. Antony Kildare questioned how the skills of experienced midwives were balanced with newly qualified midwives and Becky Musgrave expanded on the buddy process in place to provide support and share skills and experience; and model of supernumerary preceptorship which was evaluating positively. Lorna Johnson expanded on the support provided via the preceptorship programme and described Critical Care as a service where this programme was performing well with learning to be taking forward into other areas. Tim Hiles joined the meeting. Antony Kildare explored if there was tension in the wider system in addressing staffing needs and Lorna Johnson explained there was a challenge in pulling in experienced staff, particularly within the ED. Exit interviews sighted the main reason of relocation, and the service did have good retention rates, but there remained a continued need to be able to attract experienced staff as well as those new to their career. Laura Stroud sought clarity on the output of the community midwifery services review sighted within the report and Becky Musgrave explained that whilst the number of community midwives exceed Birthrate plus recommendations they were below professional judgment recommendations; a full review had been carried out and it was confirmed that the right level of WTE was available and there was not a need to divert resources to support the hospital setting. The Board received the report and confirmed its assurance of the processes in place to manage safer staffing governance and ongoing plans to provide safe staffing levels.	
9	Patient Story – Radiology Patient Experience:	
	<i>In attendance: Krystina Kozlowska, Head of Patient Experience, Rachael Kay, Interventional Radiology Lead Radiographer and Emily Keyte, Radiographer Lead for Quality</i> Krystina Kozlowska introduced the Patient Story which shared Janet's experience within the Radiology Service of waiting for surgery and was available to view via the following link: <u>03 M20250812 007 Radiology Pat Exp KEYTE 26 09 25 BP</u>	

	The video focused on Janet and her families experience after having her planned surgery cancelled on three occasions and the emotional and physical impact of this. The Radiology Team spoke to their gratitude to Janet of sharing her experience and updated on the work taking place within the service to improve capacity and try to reduce the volume of cancellation with recognition of the emotional buildup for patients on the day and disappointment if surgery did not go ahead as planned. There was a wider discussion which recognised of the knock-on impact of families in area such as finding childcare, transport, or time off of work. They informed that this video was been shared across its specialities to reinforce the human element of cancellations as well as the clinical impact and to highlight the unseen barriers that patients overcame to get to the hospital. Antony Kildare questioned the level of cancellations for this patient and Rachael Kay explained the treatment required interventional radiology surgery and at present there was only one theatre available to the Team which was often lost due to non-elective clinical need. She updated that a second theatre was coming online to support capacity within the Team, and that the service had extended to a seven-day offering to prevent reoccurring cancellations. She explained that the fourth time Janet's surgery was booked the Team had stayed working later to prevent a further cancelation. She noted that Radiology was a not a bed holding speciality and there was a need to coordinate with recovery units to ensure recovery beds were available. She expanded on the learning from this case which had been applied and was grateful to the family for working with the service to shape improvements. The Board reflected on the importance of listening to patients and acknowledging where things had gone wrong and were positive of the response and ownership from the Radiology Team. The Board received the update and thanked the Team for sharing this story, it was confirmed that a letter of thanks would be circulated to the family for sharing their experience. Krystina Kozlowska, Rachael Kay, and Emily Keyte exited the meeting.	Jo Bray
10.1	Perinatal Improvement Assurance Committee Chairs Summary Report	
	The report provided a summary of the key highlights from the PIAC meeting and sought to alert, advice and provide assurance to the Board against key topics discussed. Information within the report was from the meeting held 15 January 2026. Phil Corrigan noted the progress update received against the Perinatal Improvement Plan and explained that the Committee had explored the progress against open actions with assurance received on the work taking place and agreed timescales. The Committee had noted the action taken to mitigate the existing risk against the capacity of the medical workforce and had confirmed its support to a Business Case to expand the workforce which would be presented via the Executive Team.	

	She reported that the Committee had reviewed the assurance of the evidence provided to support the Year 7 MIS Submission and had recognised the benefit of the application of external scrutiny and assurance provided by a regional midwife and other peers. She confirmed that PIAC had been satisfied and would be recommending Board sign-off of the MIS which was presented at agenda item 10.2. She updated that the Committee had also reviewed the draft Terms of Reference (ToR) of the External Review of Perinatal Mortality which had been commissioned by the Trust in response to its outlier status within the 2023 MBRRACE data. She noted the ToR had received Board approval that morning and would be reported within the Public domain at the March Board meeting. The Committee had also received an update on the Neonatal Improvement Plan with assurance received on the progress of actions and she highlighted the investment in cot capacity and also the assurance received on the psychological support made available to staff. She highlighted the update provided to the Committee on the capital investment within Maternity Services and shared that Neonatal would be presenting their capital plans at the next meeting. The Committee had explored the improved process for identifying and prioritising capital investment with a programme in place to replace equipment before it reached the end of life. The Committee had issued a recommendation to report authors to include benchmarking data within reporting where available and was also reviewing how information and assurance from the Board Maternity Safety Champions flowed via the Committee. At the next meeting there would be a focus on patient, staff, and student experience within the service. The Board received and noted the report.	
9.3	Blue Box – Q1 Learning from Deaths Report	
	The Q1 Learning from Deaths report was provided in the Blue Box for information, and noting the scrutiny provided via the QAC, was received and noted.	
10.2	Maternity Incentive Scheme	
	<i>In attendance: Becky Musgrave, Head of Midwifery</i> The report sought to provide assurance of the governance processes in place to support the Trust Board declaration of compliance/noncompliance with each of the 10 safety actions defined within Year 7 of the Maternity Incentive Scheme (MIS) operated by NHS Resolution. Full details of the Trusts submission had been shared with the PIAC and Private Board. Becky Musgrave reported that the Trust would be declaring compliance with five of the 10 safety actions defined within the MIS and noted the additional detail shared with the Board. Areas of non-compliance primarily related to a lack of available evidence within the reporting period, and a number of improvements had been implemented to the governance structure and on the engagement process with the Maternity Safety Champions.	

	She referenced the learning from previous years submission and informed of the additional scrutiny provided to the evidence submission through both internal and external peers. The PIAC had confirmed their assurance of the scrutiny provided and had recommended Board sign-off the MIS Declaration for Year 7. She reported that there were a number of improvement actions in place to increase compliance within the Year 8 MIS which included a revised reporting approach to the newly established PIAC, a review of the Safety Champions model and a refresh of the reporting templates in reporting perinatal mortality to follow best practice. The Board received the report and noting the assurances received, confirmed its approval for the CEO to sign the MIS Declaration for Year 7.	
10.3	External Review of Perinatal Deaths at LTHT Progress Report	
	The report provided a summary of the independent external review of perinatal mortality which had been commissioned by the Trust. Magnus Harrison reminded that this review had been commissioned following data published in the MBRRACE (Mothers and Babies: Reducing Risk through Audits and Confidential Enquiries) 2024 report which had identified LTHT as an outlier. He noted that the Board had reviewed and approved the draft ToR at its private meeting, and these would be published at the next Board meeting on 25 March 2025. The review would look at 84 cases and would be led by an independent Team using a trauma informed approach. Correspondents would shortly be circulated to families involved in the review and progress reports would be received via the PIAC who would seek ongoing assurance on behalf of the Board. Brendan Brown noted the Board's request to the PIAC to consider how the output of this review would align with the Perinatal Improvement Plans and external reviews (such as the upcoming Independent Inquiry) and feed into the overall improvement trajectory. The Board received and noted the update.	
	People and Culture	
11.1	People & Culture Committee Chairs Summary Report	
	The report provided a summary of the key highlights from the People and Culture (P&C) Committee meeting and sought to alert, advise and provide assurance to the Board against key topics discussed. Information within the report was from the meeting held 14 January 2026. Amanda Stainton noted the escalation to the Committee on the Internal Audit recommendations of the Inclusive Recruitment Review and expanded on the assurance received that these recommendations would be reflected in the wider 'Inclusion and Belonging' portfolio work with an action plan in place to support progress. She reported that the Committee was alerting a lack of assurance of accountability and delivery against workforce action plans within some CSUs	

	however had received confirmation that this would be addressed within the CSU Accountability Framework work led by the Executive Team. She highlighted the escalation from the P&C Committee in regard to Paediatric Resuscitation Training compliance and noted the assurance received at item 8.4 on the timelines to recover this. She noted that the Committee had also sought additional assurance on the reduction in the time length of the training module with assurance received from the Training Team outside of the meeting that the shorter session included all relevant training aspects. She shared a summary of the staff story received which had shared the experience of Radiology Apprentices within the Trust. She reported that the national funding for Level 7 Apprenticeships had ended and there would be changes to the apprenticeship models offered but the Trust moving forward. She noted the update received on the Improving the Working Lives of Resident Doctors which was a national initiative based on a 10-point plan; the Committee had received an update on action to date and there would be an update directly to Board in due course. The Committee had also received assurance on the progress made within the Medical and Dental Optimisation programme and noted the improvements been made within job planning processes to reduce waste. She highlighted that the Committee continued to provide oversight to progress against the internal staffing influenza campaign with 53% of frontline staff vaccinated at the time of the Committee and the Trust was forecast to achieve its target of 55% by the end of January 2026. Suzanne Dunkley updated that, moving forward, the Committee would also be overseeing the development of a People Improvement Framework which would include metrics to ensure the Board received assurance on progress in developing and supporting its people and that staff were been enabled to provide excellent patient care. The Board received and noted the report.	
11.2	Inclusion and Belonging Engagement Update	
	The report provided a progress update on the approach being taken to support Inclusion and Belonging for all staff within the organisation. Included within the reports appendices was a copy of the associated action plans and a copy of the Full Diversity and Inclusion report previously presented to the Board in November 2025. Suzanne Dunkley highlighted the detail within the report and expanded on the role of the Board and Senior Leaders in ensuring it got the best from its people. She noted that the Trust was compliant against statutory requirements for Equality, Diversity, and Inclusion (EDI) with this work focusing on the Trust going beyond this and seeking to highlight the importance and value of all its people. She reported that a new recruitment system was been implemented which would enable additional tools to support inclusive recruitment opportunities and also provide an opportunity to reengage with staff on existing policies and the	

	consistent application of these. She noted the need to ensure the People process and policies were accessible to all staff and clear in their purpose. She used the Attendance Management Policy as an example of where improvements could be made to support managers and staff in their adherence to this. She continued that an area of focus would be on ensuring that staff were able to access multiple routes to raise concerns, and in ensuring that concerns raised were listened and responded to. There would also be a focus within this work to move from an area of cultural change to embedding behaviours in day-to-day values, as well as increased focus on the individual person within wider policies to ensure policies were applied equitably and to ensure that the wider Trust Strategy recognised and celebrated the diversity within its workforce. She confirmed that this transformation work would take place through the existing people resources within the HR Team and expanded on areas been considered to increase engagement opportunities with staff to ensure that the Trust and Board remained responsive to the needs and concerns of its people. Mike Baker was positive of the increased focus within this area and commented on the clear benefits in relation to staff retention and the knock on to improved patient care. There was also recognition of the positive outcomes anticipated from the refresh of policies in ensuring they were accessible and understood. Laura Stroud reflected further on the demographics of staff and whether there were specific interventions the Trust could take to support them, and Suzanne Dunkley reflected that the majority of staff were also NHS patients in some capacity and there was the potential of triangulation of this experience to support improvements as well as celebrate differences. Ricky Singh explored how focus on this work would be maintained and stand against changes in leadership. Suzanne Dunkley expanded on the ambition to embed this in day-to-day behaviours, as opposed to being a one of piece for cultural transformation and intervention. She was mindful of the role for Board and Leaders in being able to demonstrate consistent action in response to concerns raised. Jenny Ehrhardt shared feedback from a recent event with the Finance Team and shared that there had been a positive response to the language of belonging. The Board received the report and was positive of the planned work within the belonging and inclusion agenda.	
	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 reported that performance against Ambulance Handovers remained strong with the average time at LGI at 15.40 minutes, and 19.02 minutes for SJUH. Further improvements were anticipated in February 2026 following a	

request to the Yorkshire Ambulance Service (YAS) to commence the clock start at 10 metres from the A&E entrance rather than the current 25 metres and to support more accurate recording of when the ambulance vehicle becomes stationary.

He reported Emergency Care Standard (ECS) performance at 73.7% which was in line with the recovery trajectory despite the December position being impacted by increased respiratory illnesses and impacted by industrial action.

The Referral to treatment (RTT) position was reported at 65.8% and had been impacted by decreased capacity over the Christmas period with a Q4 Elective Sprint announced by NHSE which would be supported by additional funding activity to support improvements. There were 1,321 patients who had waited over 52 weeks with work ongoing to address this. There were 100 patients who had waited over 65 weeks which were primarily within very specialised services.

Cancer Waiting Time (CWT) performance remained stable with an ongoing focus on improvement actions and increasing capacity.

Magnus Harrison updated that the latest Standard Hospital Mortality Indicator (SHMI) for the Trust was 111.4 which was 'as expected' and an improvement on the previous position. He reported there had been three Never Events in the year-to-date, which was less than the same period the previous year and noted the further detail and learning that was shared via the QAC.

Within the Maternity metrics he reported there had been four still births, all of which had been subject to review under the PMRT, and noted the additional detail and assurance provided via the PIAC on these cases.

Suzanne Dunkley highlighted the people metrics within the report and noted that the sickness absence rate continued to raise and was tracking above the Trusts target of 4.9%. She was mindful of the increased viral illnesses over the winter period and commented on the importance of staff vaccinations. She informed that the P&C Committee would be undertaking a deep dive to identify further areas of learning with an aim to bring sickness rates below target.

She reported that turnover across the Trust was low in comparison to peers which was positive however there were some CSUS who's rates were above the rest of the Trust with the HR Team supporting some specific work in this area. She was mindful of the increased Bank and Agency usage to support staffing and commented on the increased oversight this was receiving via the Executive Team to ensure this remained within financial controls.

She noted that the preliminary staff survey results had been published, and a further update would be provided to the Board at its next meeting.

Jenny Ehrhardt provided an update against the financial metrics reporting that the Trust continued to forecast a breakeven position within the current year. In December, the Trust reported an in-month deficit of £1.6m, which was £0.8m adverse to the planned deficit. For the financial year-to-date the deficit was

	£30.9m, which is £14.3m adverse to the NHSE plan. Capital expenditure to 31 December 2025 was £32.5m which was in line with forecast. She noted that under the NHS Oversight Framework the latest published segmentation and league table provided the Trust with a combined finance score of 3, based on Q2 financial performance. The Board received and noted the report.	
	Strategy, Leadership and Planning	
13.1	Planning 2026/27	
	Jenny Ehrhardt provided a verbal update against the planning process for 2026/27. She explained that the plan was currently in draft due to a number of ongoing negotiations with commissioners and noted the additional detail that had been provided within the Private Board meeting (restricted from the public domain as it contained draft information which may not reflect the organisations final position). She noted that the final plan was due to be submitted to NHSE by 12 February 2026 and a copy of the final plan would be presented to the Board in March 2026 for transparency. The Board received and noted the update.	Jenny Ehrhardt
13.2	Remuneration Committee Summary Report	
	The report provided a summary of the Remuneration Committee meetings held 5 September and 19 November 2025 and was received and noted.	
	Financial Performance and Oversight	
14.1	Finance & Performance Committee Chairs Summary Report	
	The report provided a summary of the key highlights from the F&P Committee meeting and sought to alert, advice and provide assurance to the Board on the areas discussed. Information within the report was from the meeting held 17 December 2025 and the Extra-Ordinary Meeting held 9 January 2026. Mike Baker noted the detail within the report and expanded on the Committees continued oversight of the financial position. He explained that whilst the current deficit position looked significant, the variance against plan had reduced and assurance was received on the activity and income during Q4 to close this gap and deliver against the forecasted plan of a breakeven position. He referenced the Committee held the previous day and reported that the Committee had reviewed the draft planning submission for 2026/27, noting the update provided in the previous agenda item. He noted that the Committee had authorised a number of approvals at this meeting which would be included within the Chairs Summary report to the next Board meeting. He highlighted the approval to expand the Clinical Diagnostic Centre (CDC) at Seacroft which would increase diagnostic capacity and deliver clear patient benefits. He shared that the Committee had also received a deep dive on the diagnostic performance position and taken assurance of the actions in place to support improved performance and increased activity.	

	The Board received the report and noted the assurances provided via 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 for considered for escalation to the CRR.	
	Legal Advice	
	There were no items arising from the discussion that warranted the consideration of legal advice.	
	Regulators	
	Noting the ongoing progress in relation to the Well-led and Perinatal Improvement Plans, it was confirmed there were no additional areas for escalation to the Trusts regulators at the CQC or NHSE.	
	Communications	
	There were no areas highlighted from the meeting that required additional targeted communications.	
17	Meeting Effectiveness	
	No comments on the meeting effectiveness were raised however further comments were welcomed via email.	
18	Any Other Business	
	Jo Bray noted the restructure of the agenda template which had been reset as part of the Board governance review to support improved flow of Board reporting, under the headings defined by the Provider Capability Assessment for Provider Board and focus with feedback on this new format welcomed.	
	Dates of future meetings: Thursday 26 March 2026	