The Leeds Teaching Hospitals NHS Trust

DRAFT MINUTES OF THE PUBLIC BOARD MEETING

Thursday 24 September 2026
Boardroom (034), Ground Floor, Trust HQ, SJUH

Present:	Antony Kildare	Trust Chair
	Mike Baker	Non-Executive Director
	Jo Bray	Director of Corporate Affairs
	Brendan Brown	Chief Executive Officer
	Suzanne Dunkley	Chief People Officer
	Jenny Ehrhardt	Chief Finance Officer
	Elizabeth Garthwaite	Chief Medical Officer
	Beverly Geary	Chief Nurse
	Angela Graves	Non-Executive Director
	Mike Harvey	Director of Transformation
	Tim Hiles	Chief Operating Officer
	Paul Jones	Chief Digital and Information Officer
	Jo Koroma	Associate Non-Executive Director
	Simon Le Clerc	Non-Executive Director
	Craige Richardson	Director of Estates and Facilities
	Ricky Singh	Associate Non-Executive Director
	Amanda Stainton	Associate Non-Executive Director
	Laura Stroud	Associate Non-Executive Director
	Gillian Taylor	Non-Executive Director
	Jane Westmoreland	Director of Communications
In attendance:	Vickie Hewitt	Trust Board Administrator
Presenting:	Craig Brigg	Programme Director (for agenda item 8.4)
	Patrick Coughlin	Medical Director for Education (for agenda item 11.4)
	Mike Gill	Associate, Development Programmes, NHS Alliance (for agenda item 8.2(i))
	Shabana Jabbar	Phlebotomy Team Leader (for agenda item 9.1)
	Karen Ledgard	Head of Nursing, Outpatients (for agenda item 9.1)
	Michala Little	Head of Midwifery (for agenda items 10.3-10.6)
	Sarah Rogers	Voluntary Services Improvement Lead (for agenda item 9.1)
Apologies:	Mark Burton	Non-Executive Director
	Andrew Greenwood	Non-Executive Director

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Agenda Item		ACTION
	Standing Items	
1	**Welcome, Introductions and Apologies for Absence**	
	Antony Kildare welcomed members to the meeting and welcomed members of the public as observers. Apologies for absence were received from Mark Burton, Non-Executive Director (NED). Antony Kildare reported that Andrew Greenwood, NED had formally resigned from the Trust as of 23 September 2026 due to family circumstances. The Board recorded its thanks for his contribution and service.	
2	**Declarations of Interest**	
	Amanda Stainton reported a new declaration of interest in her appointment as an Independent Committee Member of the Governance and People Committee at Yorkshire Housing. It was confirmed that there were no active conflicts with the Board meeting agenda and that this interest had been registered on the LTHT electronic Declare system. There were no further declarations of interest in relation to the meeting agenda, and the meeting was confirmed to be quorate.	
3	**Draft Minutes of the Last Meeting**	
	The draft minutes of the last meeting held 30 July 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 an update on the activities of the Trust Chair since the previous update to Board. Antony Kildare referenced the detail within the written report and highlighted the visit from the Secretary of State for Health and Social Care to the Seacroft Motor Neurone Disease Centre. He updated on his time spent with the Trust Volunteers in hosting the hospitality trolley, which provided refreshments and essentials to patients within the Trust's bed base and was supported by funding from the Leeds Hospital Charity. He commended the work of the Volunteers and recognised their vital contribution to the Trust and positive impact on patient experience. The Board 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 update to Board. Brendan Brown referenced the detail within his written report and noted the additional detail that would take place throughout the Board meeting.	

	He recognised the increased Board focus on challenged services including Maternity, and he referenced the update provided within the Annual General Meeting (AGM) held the previous day; the content of which was available to view on the Trust's website. He reflected on the balance for the Board in looking back and responding to areas of concern, but also in looking forward and recognising the improvements that had been made to the service. He referenced the publication of the Thirlwall Inquiry and reported that there were a number of clear actions for Trust Boards to consider with additional detail to be provided at agenda item 8.4. He stated the importance of the Board reflecting on whether similar instances could happen within its services and the role of culture and leadership. He reported there had been a number of high-profile instances of NHS Staff inappropriately accessing patient records. He informed that a local communications campaign had been activated for LTHT staff to reiterate data accessibility rules. He assured the Board that should there be an instance of staff inappropriately accessing patient records disciplinary action would be taken He reported that the latest NHS Oversight Framework had been published and the Trust continued to be rated at three due its regulatory breaches (which would remain in place until the next CQC visit and confirmation that changes had been evidenced). The Trust was performing well against the Constitutional Standards in comparison to peers, and he noted the additional detail that would be provided within the Integrated Quality and Performance Report (IQPR) at agenda item 9.2. He advised that details continued to be released on the new commissioning function of the Integrated Care Board (ICB), with further clarity being sought on where accountability sat. He advised that the Trust's mid-year planning review with NHSE was scheduled for the following week. This would provide an opportunity to reflect on progress, raise concerns and look ahead to years two and three of the plan. Referencing the detail within the report he sought formal endorsement from the Board of the consultant appointments. Gillian Taylor referenced the additional provision for mental health presentations within the Emergency Department (ED) and noted this was a joint pathway with LYPFT. She questioned the Trust's accountability for these patients and how performance would be monitored. Brendan Brown explained the Trust's accountability for these patients as they were under our roof. He expanded on the additional pressures to manage within the ED and noted this was mirrored nationally Tim Hiles provided further details and explained the increased working with partners and across traditional boundaries. He was mindful that ED was not the optimal environment for an individual presenting with a mental health crisis	

	however this was often accompanied with an acute physical need. Collaboration was key and would lead to better pathways. Beverley Geary noted the improvements to the environment for patients with mental health, pathways also crucial and this was an important first step. Gillian Taylor questioned if the performance aspect would be reported via the Finance and Performance (F&P) Committee which was confirmed and it was also noted that the quality aspect would be reported via the Quality Assurance Committee (QAC). Tim Hiles was mindful that mental health presentations may be masked within some of the performance data therefore the quality aspect was vital. The Board received the report and confirmed its endorsement of the consultant appointments.	Tim Hiles/ Cttee Workplans
	Governance Risk and Regulatory	
8.1(i)	**<u>Blue Box</u> - Corporate Risk Register**	
	The Corporate Risk Register (CRR) was provided in the Blue Box for information and noting the oversight through the Risk Management Committee was received and noted.	
8.1(ii)	**Board Assurance Framework**	
	The report provided an update on progress against the continued development of the Board Assurance Framework (BAF). Mike Harvey referenced the previous update to the Board which had focussed on the alignment of the BAF to the revised Trust Strategy and updated Leeds Way values. He updated against the ongoing work to further strengthen the risk description and controls and noted that a number of Board members had been engaged to support this work. A benchmarking review had also taken place of other organisations BAFs. A further update would be presented to the Board in November 2026, and he advised that this would be a live risk document and recommended quarterly reviews by the Board. Suzanne Dunkley advised that the next update would also incorporate national changes to the Leadership and Management standards noting that detail on these would be presented to the Board at agenda item 11.3. Brendan Brown further explored how the Board could ensure that the BAF, alongside the CRR remained live documents for the Board and the role of the Board in testing this assurance. There was a wider discussion which highlighted risk as a regular topic for the Board and delegation to its Committees. The discussion recognised the importance of the BAF and requested that the next iteration be circulated in advance of the formal Board papers to allow Board members time to digest the information. The Board received the report and endorsed the steps taken with the Executive Team to validate the risk descriptions within the report. It noted the further update that would be presented to the Board in November and commitment for regular reviews by the Board.	Mike Harvey
8.2(i)	**NHS Alliance (NHSA) External Well-led Review Phase 1**	
	In attendance Mike Gill, Associate, Development Programmes, NHS Alliance	

The report shared summary feedback following completion of the NHSA Well-led development phase one review which had focused on Board and Committee effectiveness. Phase two of the review had commenced and was focused on senior leaders, and phase three would commence during quarter four and focus on CSU leadership structures.

Mike Gill provided a summary of the key findings of the report and explained the process that had been carried out which had included a review of Board and Committee documentations, one-to-ones with Board members and electronic surveys to gain feedback from Board members.

Members of the NHSA Development Team had observed each of the Board Committees, and a summary of findings and recommendations for consideration had been shared with the Board. Committee observations had identified increased assurance and accountability, along with several examples of positive challenge.

When compared to the formal CQC well-led report received in September 2025 the direction of travel was positive and there had been clear improvements to the culture and dynamics within the Board.

Several recommendations had been identified for further consideration by the Board which had included allowing additional time within the Board and its Committees to focus on strategy. There had also been challenge to the clinical representation within some Committee meetings during the period of observation. Recommendations had also included the triangulation of qualitative and quantitative data to raise the profile of patient and staff experiences within the Committee structures.

Suzanne Dunkley noted the observation of an improving culture and questioned how this had been evidenced, seeking to learn and expand from positive examples. Mike Gill expanded on the positive challenge seen within the Board and Committee discussions. There had also been evidence of the maturity of discussions and in co-designing what strong assurance would look like. There had been evidence of the engagement with the subject matters enabling insightful discussion within the meeting space.

Suzanne Dunkley noted the recommendation on qualitative and quantitative data and welcomed further insight and advice on how to maintain both culture and metrics. Mike Gill commented on the importance of triangulation; if one were to reduce did the Board understand and accept the rationale as to why. He also highlighted the positive triangulation of going out to see and observe what was happening in services and outside of the Boardroom.

Mike Baker was positive of the depth of detail the review had considered and the insight this provided to the Board of its practices. He recognised the personal changes within the Board Team and the positive progress against its improvement journey.

	He updated that he and Suzanne Dunkley had been reflecting on how the people voice was shared at Board and engagement with staff networks. He noted the updates later in the agenda on the inclusion and belonging work. He welcomed wider observations on the effectiveness of the unitary Board and the balance between the Executive and Non-Executive Team with further observations shared. The role of the Executive Teams in articulating and sharing assurance with the NED Team was recognised, noting that they would have additional oversight of the assurance associated with reporting. Antony Kildare commented on the Board Development sessions that had been commissioned to further support the effectiveness of the Board. Amanda Stainton reflected on how the NED Team and Board could build its connection with CSU Leadership Teams, recognising the increased opportunities for the Executive Team. Examples such as rotational presentations from CSU's or networking lunches were provided. The importance of developing leaders through the Committee structure was also highlighted through presentation opportunities or inviting them to join strategic workshops. The improvements to the Leadership Walkround programme were recognised including the expansion of out of hours visits. The Board recognised the focus of phase two of the Well-led development review on the Leaders beneath the Executive Tier which would provide further narrative and sight to improvement. Tim Hiles referenced the recommendation on increasing Board oversight of social media sentiment and questioned if there were any positive examples of reports within the NHS that the Trust could learn from. Mike Gill confirmed he would look across his network for examples where Boards were doing this well. Mike Harvey reflected further on the recommendation for the Board to increase oversight of the long-term strategy. He noted that approval of the Trust strategy in June 2026 and explained additional work was now taking place to update the clinical and enabling strategies underpinning this. He explored if this was the right approach which prompted wider discussion and it was recognised that enabling strategies needed to compliment and take scope of current position and support positive strategic change. It was recommended that a clear deployment and tracking process was also development to measure progress. Jenny Ehrhardt reflected on the continued journey of improvement for the Trust and learning to do things well and expanding this learning to wider initiatives. Antony Kildare reflected on the impact of global events and external challenges on the NHS and the Boards role in steering the organisation through external turmoil and reflect on how it responded to external events. He thanked Mike Gill and his colleagues for their support in the Trust's improvement journey, recognising the progress made and the recommendations for further improvements which would be considered further by the Board.	NHSA

	The Board received the report and noted the additional consideration of the recommendations that would take place. **Mike Gill exited the meeting**	
8.3	**Well-led Improvement Update**	
	The report provided an update on progress against the Trust's Well-led Improvement Plan. Jo Bray highlighted the detail within the report and noted of the 67 actions, 23 were marked as complete, eight on track, two actions off-track and 34 actions completed and evidenced. She recommended that once the Executive Team had confirmed the actions arising from the NHSA Well-Led Review that these be incorporated into the Well-led improvement plans which was supported. The Board received the report and confirmed its assurance of the progression of work.	Jo Bray
8.4	**Leeds Independent Review into Maternity and Neonatal Services**	
	In attendance: Craig Brigg, Programme Director Craig Brigg verbally updated the Board of the latest progress to prepare for the Leeds Independent Review into Maternity and Neonatal Services. He reported that the Terms of Reference (ToR) were expected to be published the following week following further socialisation with families at a meeting with the Chair of the Independent Review on 26 September 2026. He informed that a Data Protection Impact Assessment (DPIA) was being completed in conjunction with Information Governance (IG) leads, with a covering statement from the Chief Medical Officer, to be presented to the Perinatal Improvement Assurance Committee (PIAC) in November 2026. A data platform for secure transfer of records, commissioned by NHSE, was in place and training was being provided to members of the internal Independent Review Team. He advised that Trust progress continued to be discussed with NHSE and partners through the Quality Improvement Group (QIG), which included oversight of the Perinatal Improvement Plan (PIP). The number of action plans associated with national reports and recommendations was acknowledged and he advised that the Board would receive a revised (phase 2) PIP in November 2026 which would incorporate key improvements from national reports, and the Trust's response to these. He noted that a meeting had been arranged between the Board and Chair of the Independent Review on 25 September 2026 which would provide an opportunity for the Board to confirm the expectations for its involvement and address key learning points from the Independent Review of Nottingham University Hospitals NHS Trust (NUHNT).	

	He reported that staff had been contacted with details on how to respond to the Your Voice campaign, launched by NHSE, to provide all staff with the opportunity to participate in the national consultation on maternity and neonatal. Contributions from staff would inform the National Action Plan which was due to be published by the National Maternity and Neonatal Taskforce in December 2026. He provided further details on the publication of the Thirlwall Inquiry which found serious failures of governance, leadership and safeguarding, with opportunities missed to act on concerns and protect babies from harm. He informed that the report was discussed with Senior Leaders at the Weekly Executive Board (WEB) meeting on 16 September 2026 and a further update on the recommendations, key lessons and response would be provided in October 2026. He reported that there were a number of immediate actions for Boards including a full review of the Thirlwall report to consider its findings and reflect on if it would be possible for similar events to occur at their own organisation and seek assurance that sufficient measures were in place to ensure safe care. All Trust's were required to urgently communicate the requirements of the Sudden and Unexpected Death in Children (SUDIC) protocol which was applicable for every death (or collapse leading to death) of an infant or child under the age of 18 which would not have been reasonably be expected to occur 24 hours previously and in whom no pre-existing medical cause of death is apparent, irrespective of the place of death. Additional access controls were required on insulin storage within neonatal units including biometric access data, and all trusts were required to install CCTV cameras in neonatal units focused on storage fridges, cupboards or units by 30 November 2026. The Board should also seek assurance that all staff were compliant with safeguarding training requirements at the appropriate level and confirm that staff knew who to raise and escalate concerns to. It was confirmed that a copy of the Thirlwall Inquiry report and required actions would be shared with the Board. An update on progress would be reported to the Quality Assurance Committee (QAC) in October 2026 and further assurance presented to the Board at its next formal meeting. Brendan Brown expressed concern at the volume of actions and recommendations that the Trust was required to respond to and welcomed the alignment of these within the PIP to enable a single point of reference. He commented on the importance of the action achieving the right outcome versus chasing arbitrary targets. He confirmed that this concern had been shared with national teams and noted the establishment of the PIAC to support the Board in its maternity specific assurance functions. There was wider consideration of this by the Board and it was agreed that a written report would be presented for this agenda item moving forward. Antony Kildare referenced the recommendations from the NHSA Well-led review which commented on the need for additional focus at Board of the Trust's strategies and was mindful of the competing priorities for Board focus. He highlighted the need for the Board to be able to balance its attention across numerous areas and the role of the Committee structure in supporting this.	Craig Brigg

	Laura Stroud reflected on how the Board could gain assurance that recommendations from publications were being implemented and were making a difference. Brendan Brown commented on the importance of testing actions and ensuring they were embedded and noted the Board's role in triangulating various data sources and feedback. He stressed the organisation could not be led on action plans and referenced the work to pull various strands together and align this with Trust's BAU. Laura Stroud referenced the incidents of NHS staff inappropriately accessing data and Suzanne Dunkley reported that Trust staff were being reminded of the appropriate access of data. This prompted a wider discussion on the effectiveness of communications. Elizabeth Garthwaite reported that clinical leaders had been engaged to support the dissemination of messages and had been engaged on the importance of embedding actions and evidencing this in reporting; she assured that the action plan was not the sole driver of improvements. Jane Westmoreland reported that Donna Ockenden had produced a video for staff which summarised how the review process would work and confirmed that this had been circulated to all staff. Tim Hiles reported of the ownership and involvement of the Executive Team and re-emphasised the focus on meaningful change. Beverley Geary reported on the consideration through the PIAC and its sub-committees of the change that each action was trying to achieve and exploring how assurances could be tested. The Associate Director of Compliance and Regulation was supporting this work and there were plans to test some improvements during quarter 3. The Board received and noted the update. **Craig Brigg exited the meeting**	
9.1	**Patient Story – Timing is Everything**	
	In attendance: Sarah Rogers, Voluntary Services Improvement Lead, Shabana Jabbar, Phlebotomy Team Leader, and Karen Ledgard, Head of Nursing, Outpatients A Patient Story video was shared with the Board, providing an update on a pilot within the Paediatric Phlebotomy Service which had introduced a booking system for specific cohorts of patients to improve patient experience. Prior to the pilot, patients were seen using a sit-and-wait ticketing system, with waiting times ranging from 10 minutes to three hours. Appointment lengths varied, with some patients requiring longer or more frequent appointments with the Phlebotomy Team. Some patients had immune conditions, behavioural needs or learning disabilities, making it important that they were seen promptly and in a suitable environment.	

	The pilot had been successful, and the booking system had been expanded to include additional patient cohorts. The revised process supported engagement with families by providing a defined appointment time and clearer expectations. Further benefits included improved clinical flow for inpatients and more effective coordination of samples tested externally, including courier bookings and laboratory capacity management. The video included feedback from the parent of a one-year-old child with spinal muscular atrophy who required weekly blood tests as part of her treatment. Under the sit-and-wait system, waiting times had been up to two hours, resulting in a poor experience and causing unnecessary distress for the patient and anxiety for the parent. Positive feedback was shared about the booking system, which had enabled prompt treatment at a convenient time and coordination with other clinical services to minimise stress for the patient. Next steps following the pilot included improving the service environment through wall art and toys funded by Leeds Hospitals Charity; reviewing and relaunching the paediatric phlebotomy training module, with a focus on compassion and communication; and further exploring the introduction of the booking service for all paediatric patients attending phlebotomy. Karen Ledgard provided further details on the digital booking system and explained that flexibility had been built in to support walk-in patients. She advised that the Seacroft CDC was being utilised and that a Saturday clinic had been launched for children to reduce the risk of them missing school. Shabana Jabbar expanded on the booking system process, which currently required manual intervention. She explained that clinician availability could be challenging, as staff could be called away to different areas. Laura Stroud further explored the infection risk raised in the video, with reference to the assurance and triangulation of IPC data through the QAC. It was recognised that the booking system enabled patient risks to be recorded early and action to be taken, including isolation in a side room, to mitigate risk. This supported triangulation with the health benefits enabled by the booking system. Recruitment challenges to the phlebotomy service were acknowledged which did have a service impact however a recent recruitment drive had appointed 10 new Band 2 roles which would increase service resilience. Brendan Brown commended the approach taken to streamline the service. During the wider discussion, the Board recommended that Paul Jones, Craige Richardson and Tim Hiles provide further follow-up to sustain and expand this work. Craige Richardson commented on the benefit of the Seacroft site in supporting service capacity and of the investment in the CDCs, which would be captured within the post-project implementation evaluation.	

	Antony Kildare explored the increase in demand for the service and the drivers for change. Karen Ledgard provided further detail on the volume of blood tests undertaken across the Trust. Across the three CDCs, approximately 6,000 tests were undertaken each month for adults and children. The volume was excessive for the size of the team and the available infrastructure, and she was positive about the phlebotomy team's ownership of the actions to mitigate negative impact on patients. Brendan Brown explored if this could be a recruitment area that could be highlighted as route into healthcare and requested that Suzanne Dunkley consider potential recruitment opportunities in this area. The Board received the update and noted the further discussion that would take place through the Executive Team. **Sarah Rogers, Shabana Jabbar, and Karen Ledgard exited the meeting**	
8.5	**Provider Capability Assessment**	
	The report set out the latest self-assessment for the Trust against the NHSE Provider Capability Assessment and sought Board approval prior to submission to the NHSE Regional Team. Jo Bray highlighted the detail within the report and explained that there were two Red ratings due to the active breaches with the provider license. One rating was within the Strategy, Leadership and Planning domain and one within Quality of Care. The Board noted that improvements had been made against the conditions of the breach however these would remain active until the regulator revisited and confirmed their assurance to close these down. The Board received the self-assessment and confirmed this was an accurate assessment of the current position against the defined criteria of the Provider Capability Assessment. The overall assessment for the Trust was Red due to the ongoing breaches with the Provider License.	
8.6	**Audit Committee Chairs Summary Report**	
	The report provided a summary of the key highlights from the Audit Committee meeting held 3 September 2026 and sought to alert, advise, and provide assurance to the Board on the key areas discussed. Gillian Taylor highlighted the alert to the Board regarding the Data Security and Protection Toolkit (DPST) which had received a high-risk rating by Internal Audit which had been dictated by the NHSE requirements. 43 of the 45 indicators had been achieved and the Committee was assured that the identified gaps were minor and not considered material; immediate remedial action had been taken and a compliant submission made. She highlighted that following previous limited assurance regarding medical devices, an advisory review had been commissioned and completed which had identified six findings and the need for central ownership and oversight. A single improvement plan would be developed, the Medical Devices Group reinstated and a formal review included in a future Internal Audit Plan. Ongoing assurance of the action plan would be provided through the QAC.	

	She reported that Business Continuity Plan compliance remained under review, with assurance expected in November ahead of the Emergency Preparedness, Resilience and Response checklist sign-off. Assurance was also received regarding financial controls and scrutiny of single-tender waivers. However, Waste Reduction and Financial Management remained outside risk appetite because of under-delivery against the financial plan. Supply Chain Risk was also outside appetite and had been escalated to the Corporate Risk Register with a score of 16. The Board received the report and noted the areas highlighted by the Audit Committee.	
8.7	**Blue Box – Board Forward Work Plan**	
	The Board Forward Plan was provided in the Blue Box for information and was received and noted.	
	Quality of Care	
9.2	**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 updated on the latest performance against the Ambulance Handover times and reported the average handover time for August 2026 at 16:17 which was a deterioration on the previous position. He reported that the Trust continued to work well with ambulance partners and explore additional actions to maintain and improve performance. He referenced the data validation process that had been trialled and reported that YAS had confirmed they would no longer be retrospectively reviewing their data following local validation. Further exploration was been given on how to validate local and YAS data to reduce variance in reporting. Against the Emergency Care Standard (ECS) he reported the latest performance at 763.8% which whilst an improvement on the previous month was below the improvement trajectory of 81.5%. He noted the impact of continued high attendance rates to the ED throughout the summer. There had also been instability in the UTC and minor illness service availability which had caused additional demand to the ED. He reminded that the 2026/27 ECS performance would be a cumulative total of the year versus the year-end position as per previous years. He confirmed that there was a recovery plan in place with performance monitored via the F&P Committee, additional challenge as approach the winter period. Moving to the Referral to Treatment (RTT) position he reported performance at 67.54% in August 2026 against an in month target of 68.46% and March 2027 target if 73.35%. He highlighted that the Trust had maintained its position within national benchmarking and confirmed that focus was been sustained on recovery actions. He reported that the F&P Committee had requested that their scheduled RTT deep-dive be brough forward to enable the Committee to review the actions and gain further assurance. He reported within the RTT there had been an improvement in theatre utilisation which was positive	

	He reported that the RTT 52-ww position had increased and was circa 1.6% of the total waiting list (Against a national target to achieve less than 1%); 7 of 13 CSUs had met their trajectory target in August. He noted the detail within the report against the Cancer Waiting Times (CWT) and highlighted sustained delivery of the 28-day and 31-day position. The 62-day position was in line against the yearend recovery trajectory and he highlighted the progress to date with work taking place to ensure improvements were sustained. Updating against the Diagnostic Waits position he reported performance at 86.78% which was below the in-month recovery trajectory. The Trust continued to compare well within peer comparisons. He explained that there were some specialities with specific challenges within this standard including ultrasound and confirmed there were plans in place to address this, with assurance reported via the F&P Committee. Additional recruits were coming on line however there had been a slight delay due to onboarding process. Elizabeth Garthwaite updated on the morality position and reported that both the SHMI and HSMR remined within expected limits. She informed that health evaluation data had been introduced which would feature in future reporting and provide additional triangulation. She was positive of the strong review process in place for mortality using the Structured Judgment Review process and oversight through the Mortality Improvement Group. She noted the four Never Events in the year-to-date and reported that a further two had occurred outside of the reporting period which were related to a wrong patient procedure and retained object. This had informed the acceleration of subsequent actions to ensure that practitioners and supporting teams are aware and adhering to guidance in place. There had been no patient harm as a result of these instances however the review had identified similar themes with action taken in response. Jo Koroma recognised the reoccurring themes of Never Events which were primarily within the surgical space and questioned if sufficient action was been taken to reduce the risk of reoccurrence, and whether there were any cultural issues the Board should be aware of. Elizabeth Garthwaite confirmed that the right actions were being taken however there was further work to take place to ensure these were embedded and sustained. There was a safer procedure checklist however this was not always followed, engagement was taking place with teams on how they could look for local assurance and following up when things did go wrong, to share learning and challenging assumptions. Beverly Geary updated on the maternity position, noting the additional detail that would be provided at agenda item 10. Three stillbirths occurred during the reporting period and had all been reviewed through the PMRT process. One inborn neonatal death had occurred which was associated with extreme prematurity. One out born neonatal death occurred following transfer to Leeds for intensive care; all maternity care had been provided by another provider. One new referral had been made to MNSI in July.	

	Suzanne Dunkley updated on the latest performance with the people metrics, positive progress had been maintained in staff retention and FTE however there remained risk against sickness absence. The Trust compered well in national benchmarking however there was an ongoing risk of workforce availability. Whilst the overall voluntary turnover rare remained positive she explained that this did mask some specific challenges within some services and provided examples. She reported that positive improvements were being evidenced in the exit interview process which was combing qualitative as well as quantitative feedback. She reported that bank and agency use had been above plan and noted the oversight of this position through the People and F&P Committee. Jenny Ehrhardt updated on the month five financial position the Trust reported an £18.6m year-to-date deficit, £8.3m adverse to plan. Delivering breakeven requires accelerated delivery of the £95m waste reduction programme and £22.9m of mitigations. The latest forecast retained a breakeven best case, Capital expenditure was £26.0m, £11.9m behind plan, although programme leads remained focused on delivering 70% by December. Month-end cash was £103.9m, down £16.4m. Cash availability continued to be monitored weekly, with year-end scenarios ranging from approximately £86m to £8m. Mike Baker commented on the additional scrutiny of the performance position provided through the F&P Committee. He recognised the progress against the AHT and ECS within the context of high attendees. Antony Kidlare referenced the national work by Sir Charlie Mayfield on encouraging people back to work and explored if there were any areas of key learning for the Trust to take from this. Suzanne Dunley updated of the discussions taking place through the CPO network on absence management and initiatives to support people to get back to work. There was also a need to understand the impact of flexible working on absence management, with confirmation received that the Trust was engaged with national findings. The Board received and noted the report.	
9.3	**QAC Chairs Summary Report**	
	The report provided a summary of the key areas of discussion from the QAC meeting held 20 August 2026 and sought to alert, advise, and provide assurance to the Board against the areas discussed. Laura Stroud drew attention to the areas highlighted for alert to the Board. She reported that on the challenge by the Committee on the pace of actions within the Sepsis Improvement Plan and assurance on delivery timescales. A task and finish group had been set up in response, and the Board were informed that sepsis screening had been escalated to the CRR. Oversight of the improvement plan would be reported to the QAC sub-committee with escalation as appropriate.	

	She highlighted the Committees review of the winter plan and noted that whilst assurance had been received of plans in place the Board should be alerted that despite additional capacity, a residual bed deficit remained within the worst-case planning scenario. Internal mitigations were in place however there was a reliance on city partners to support a reduction in demand and flow. Daily monitoring processes would be in place during winter to promptly identify and address emerging pressures. She advised the Board of agreed changes to the QAC sub-committee structure with a view to enhance strategic oversight and assurance while reducing duplication and detailed operational reporting. The Committee had reviewed the latest Mortality Report and had requested a deep dive into the mortality data noting that the Trust had recently changed supplier for the validation and wanting to understand this. She noted the items presented to the Board in the Blue Box at the next agenda items and advised of the assurance received via the QAC. The Board received the report and noted the assurances received by the QAC.	
9.4	**Blue Box –Mortality Review (Learning from Deaths)**	
	The Q4 2025/26 Learning from Deaths Report was provided in the Blue Box for information, and noting the assurance received by the QAC was received and noted.	
9.5	**Blue Box – Eliminating Corridor Care**	
	The Corridor Care Improvement Plan report was provided in the Blue Box for information, and noting the assurance received by the QAC was received and noted. Beverley Geary highlighted that despite increased attendances to the ED there had been a reduction in the use of corridor spaces which was an early indication that actions were being embedded and enabling improvements going into winter.	
9.6	**Blue Box – Health Inequalities and Public Health**	
	The Health Inequalities and Public Health report was provided in the Blue Box for information, and noting the assurance received by the QAC was received and noted.	
9.7	**Blue Box – Learning Disabilities and Autism Annual Report**	
	The Learning Disabilities and Autism Annual Report was provided in the Blue Box for information, and noting the assurance received by the QAC was received and noted.	
9.8	**Safeguarding Annual Report**	
	The 2025/26 Safeguarding Annual Update was presented to the Board for information. The full Annual Report had been provided to the Private Board meeting and was restricted from the public domain under sections 31 and 38 of the FoI. Beverley Geary highlighted the detail within the report and confirmed that the Trust was meeting its statutory obligations and had achieved continued compliance with statutory duties and national safeguarding standards.	

	She reported there was an increased complexity of activity with more cases requiring multiple agencies, oversight and coordination. There had been an increase in patient complexity, domestic abuse, self-neglect, mental ill health, exploitation, workforce pressures and health inequalities. She advised that she Chaired the City oversight group for safeguarding and advised of the strong levels of assurance received through this. She informed that during the update to the QAC the Committee had asked whether there were appropriate resources in place within the Safeguarding Team to respond to demand. She explained that currently, a restructure within the team was meeting demand however this may require further review in the future. She advised that there would be upcoming changes to the national safeguarding reforms and these would be incorporated into the Trust's processes. Antony Kidlare further explored the external factors influencing increased complexity of cases. There was acknowledgment of the increased presentation of vulnerable patients within the ED and the Trust's role in supporting partnership agencies. It was noted that the ICB resource had reduced by 50% which was impacting the workload of local teams. The Board received the report and assurance that the Trust was meeting its statutory duty. The full Annual Report would be provided to the Board within the Private meeting.	
	Quality of Care: Maternity and Perinatal	
10.1	**PIAC Chair's Summary Report**	
	The report summarised the key discussions at the Perinatal Improvement Assurance Committee (PIAC) meeting held on 10 September 2026. Simon Le Clerc outlined the work undertaken to review and streamline reporting to the PIAC, enabling it to focus on its assurance function. The Perinatal Improvement Action Group (PIAG) had been established as a supporting sub-committee. He reported that the Committee was alerting the Board to continued delays in implementing the digital capabilities needed to evidence compliance with the NHSE Perinatal Quality Oversight Model (PQOM). Further evidence and clearer metrics were required to confirm sustained improvement in the quality and safety of perinatal services. The Committee had agreed to alert the Board to a sustained increase in elective caesarean activity of 40% since 2020/21. Demand was exceeding established capacity, resulting in delays. Mitigations included additional staffing and temporary theatre arrangements, however this arrangements could not remain the default response. A business case had been submitted to support short-term solutions whilst further work to forecast future service demand was completed.	

	He reported that the Committee had been informed of the risk of non-compliance with the Maternity Incentive Scheme (MIS) safety action C requirement for external attendance at mortality reviews. Non-compliance would result in a financial impact in MIS year 8. An update had been received on compliance with the Birmingham Symptom-specific Obstetric Triage System (BSOTS). Workforce and capacity constraints were affecting the Trust's ability to consistently achieve the 15-minute assessment standard and required timescales for onward care. Manual processes were in place to mitigate the associated data quality and digital infrastructure limitations. The Committee had acknowledged that additional medical cover would be available from 1 October 2026 and endorsed the integrated maternity triage improvement programme through the Perinatal Improvement Plan (PIP). Positive assurance had been received on progress with perinatal training and 96% implementation of the Saving Babies' Lives Care Bundle. Elizabeth Garthwaite reported that the increase in elective caesarean section demand was also associated with increasing case complexity. Demand was being managed using non-elective capacity, with the resulting pressures also being managed. The increase reflected a national trend and was not specific to Leeds. Regarding BSOTS, she reported that the digital metrics needed to provide assurance were not yet available. Performance and patient experience were being triangulated manually however, this process lacked the formal structure needed to evidence assurance. Beverley Geary reported that a new Quad Leadership team had been established within the Children's CSU which would provide additional oversight of improvement actions. She noted that the new Director of Midwifery had not yet commenced in post. An additional Maternity Safety Advisor was also in post to support the Trust's improvement work and provide constructive challenge. She reported that the Children's service had received an unannounced peer review visit in August 2026. Informal feedback had identified areas of good practice and opportunities for further improvement. Laura Stroud highlighted the additional oversight and triangulation provided by the Maternity Safety Champion meetings, alongside reports received by the Board. The Board received the report and noted the alerts raised, alongside the assurance received by the PIAC.	
10.2	***ITEM DEFERRED - Perinatal Improvement Plan***	
	The PIP had been scheduled for presentation to the Board however had been deferred to the next meeting while a fundamental review and update were undertaken. *The PIAC had received an update on the latest position, with ongoing oversight provided through the PIAG.*	

10.3	**Perinatal Assurance Report**	
	In attendance: Michala Little, Head of Midwifery The report provided oversight of the quality and safety of perinatal services for July 2026, aligned with the national NHSE Perinatal Quality Oversight Model (PQOM). Michala Little reported that no Maternity Outcomes Signal System (MOSS) alerts had been received during the reporting period, however the Trust had subsequently received an alert on 3 September 2026. A critical safety review had been undertaken and the findings submitted to NHSE within the required timeframe. The review identified that further patient safety improvement actions were required and the team had met with the MOSS team the previous day to review input and had received positive feedback. She reported that workforce challenges continued, although 35 newly qualified midwives had been appointed on 30-hour contracts to strengthen team resilience. An additional 10 Band 6 midwives were being recruited to address attrition, alongside six additional early-career midwives funded by NHSE. In response to a query from Antony Kildare, she explained that these staff would be in post by Q1 2027/28 and acknowledged the time required for the improvements to take effect. She outlined ongoing work with service users and reported that a national review of the Maternity Voice Partnership was underway. The Trust had 1 WTE of internal resource to support this work. As the service had expanded to include neonates, the ICB had been approached for funding for additional resources to strengthen the work to embed health equity and trauma-informed care. She reported that the service was using the health inequalities dashboard to support further work and triangulate themes. Beverley Geary provided an update on the recent meeting with Maternity Safety Champions, which had highlighted sustained service pressures and average utilisation of 107% of capacity within the NNU at the LGI. Mitigations had been introduced, including the redeployment of nurses and the use of bank and agency staff. Additional cot capacity was due to come online in the coming weeks, and reinstatement of the transitional care unit was expected to alleviate some activity pressures. Antony Kildare asked about interest in the recruitment opportunities. Michala Little confirmed that LTHT remained an attractive place to work, although the Trust experienced high turnover associated with its proximity to universities. Elizabeth Garthwaite reported that feedback from Walkrounds was generally positive, with midwives reporting that they felt supported. The Board received the report and confirmed its assurance regarding the systems and processes in place to demonstrate alignment with the NHSE PQOM.	

10.4	**Maternity Incentive Scheme Safety Action A – Elective Caesarean Section**	
	The report provided an update on demand and capacity for planned caesarean births to support compliance with safety action A of the MIS. Beverley Geary highlighted the increase in caesarean section demand, which reflected a national trend. She explained that increased demand was affecting other areas of planned care, including delays in induction of labour (IoL). A business case had been submitted for additional staff, although theatre and operating capacity would remain constrained. Elizabeth Garthwaite explained that demand had exceeded forecasts and further investment was needed to embed a sustainable process for accommodating increased demand as business as usual, rather than relying on additional mitigations. Jenny Ehrhardt reported that no additional funding had been provided to meet the increase in demand and that expenditure and risk were being balanced against other service areas. Angela Graves welcomed the detail in the report and recognised the safety actions being taken to mitigate risk. She noted the historical drive to reduce planned caesarean births and explored the change in approach within the NHS. While acknowledging the national increase, she questioned the local understanding of demand and related themes, and how the system should respond. The Board discussed potential reasons for the increase, including increasing maternal and clinical complexity, rising maternal age and informed maternal choice. Following a query from Gillian Taylor, Beverley Geary confirmed that the associated risk was appropriately captured on the CSU Risk Register. Mike Baker explored the reasons why some women chose caesarean sections and asked whether the Trust could do more to manage expectations and ensure women were informed of their options. The discussion recognised increased risk aversion within maternity services and concerns women might have following the publication of national findings. Simon Le Clerc discussed the risk profile and emphasised the importance of patient choice. He referred to increased maternal deaths in the community where patients had chosen home births contrary to clinical advice. The Board considered how clinical advice and associated risks were communicated to support informed patient choice. Brendan Brown summarised the discussion and sought assurance that the service was currently safe which was confirmed by the Chief Nurse and supported by PIAC members. He noted that the issues raised by the Non-Executive Team regarding risk, demand and expectations required further consideration. Some of this would be considered through the PIAC, while the discussion also supported the need for a national review of maternity care. The Board noted the sustained increase in elective caesarean section demand, the current capacity gap and the associated clinical and operational risks. It recognised the mitigations in place and confirmed its support for identifying additional theatre capacity.	

10.5	**NHSE Triage Benchmark Tool**	
	In attendance: Michala Little, Head of Midwifery The report provided an update on the Trust's review of the national NHSE Triage Tool and the implementation plan. Michala Little explained that the assessment considered whether LTHT's triage model was clinically safe, compassionate, equitable and adequately resourced, with escalation arrangements responsive to clinical need and operational pressures. She reported that overall assurance was partial explaining that core services and safety controls were in place, however consistent, measurable compliance was not yet fully evidenced. Separate assessments had been completed for each site, with minimal variation in provision or clinical effectiveness. The main estates difference was at SJUH, where the waiting area was not directly visible to staff, however CCTV and call bells were in place to mitigate this. All calls were managed through the dedicated SJUH telephone triage service and directed to the appropriate site. She reported that improvement plans were being implemented to address gaps, and highlighted digital capabilities as a key requirement for evidencing delivery. The Board noted the partial assurance position, endorsed delivery of the integrated improvement programme through the PIP and agreed that regular progress reports against agreed milestones, measures, risks and resource requirements would be received via the PIAC.	
10.6	**NHSE 10-Point Plan Tool**	
	The report set out the Trust's response to NHSE's 10-Point Plan for urgent actions in maternity and neonatal services, following publication of Baroness Amos's independent investigation into maternity and neonatal services in England and Donna Ockenden's independent review of maternity services at Nottingham University Hospitals NHS Trust. Beverley Geary explained that the report provided a baseline assessment against each required action. A further progress update was due for submission by 31 December 2026. The action regarding the staff listening exercise was being conducted directly by NHSE, and the Trust had informed relevant staff how to participate. The Trust reported partial compliance with the remaining nine actions, with significant improvement work underway to address gaps and evidence compliance. The Board received the report, noted the initial baseline assessment and supported the statement of compliance against the 10-Point Plan, which reported partial compliance with the nine actions being addressed by the Trust. The Board noted the additional improvement work underway.	

	Michala Little exited the meeting	
	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 Committee meeting held 13 August 2026 and sought to alert, advise, and provide assurance to the Board against the areas discussed. Amanda Stainton highlighted that here had been no alerts recommended from the Committee however drew attention to the update received on employee relations activity. Increased monitoring of cases had been agreed to ensure that no unidentified unconscious bias or discrimination was occurring. The Committee considered the Trust's workforce position against plan and noted that staffing remained above the planned establishment, alongside continued pressures from sickness absence, bank, agency and overtime expenditure. She updated on the regular dialogue of the bank and agency position between both the People and F&P Committees from both a cost and service provision perspective Progress had been noted on the mandatory training environment including strengthened governance, accountability, learning needs analysis, data quality and escalation arrangements. Antony Kildare questioned the training arrangements following the publication of the Lord Mann review and Suzanne Dunkley updated in the discussions across the region, which were still unclear on what format this would take and reflect that WYAAT may look at local solutions if the regional response was delayed. The Board received the report and noted the alert and assurance received by the People Committee.	
11.2	**Inclusion and Belonging Engagement Update**	
	The report provided an update on progress within the Inclusion and Belonging (I&B) programme. Suzanne Dunkley drew attention to the detail within the report and noted the inclusion of the I&B action plan within the report's appendices. She advised that she had met with Mike Baker to review progress to date and ensure that the original concerns raised in the desktop review were being addressed. She explained that the focus was now shifting to embedding the actions, supported by the Inclusion and Belonging Steering Group. She highlighted the development of a Leeds Way Inclusion Calendar, a social model to mark and celebrate inclusion and belonging events throughout the year. She referenced the active review and refresh of the Freedom to Speak Up process to ensure that all staff felt able to speak up and come forward.	

	She noted the update to the Leeds Way values and was positive of the ownership displayed but CSUs and the embedding of these in their areas. She advised that the next update to the Board would include detail on the work that had been taking place with staff networks, including inclusive leadership. Antony Kildare updated on his engagement with lay panel members, who supported consultant recruitment. The original intent of the meeting had been to ensure they were aware of the new strategy and values and how this aligned to recruitment. They had shared positive feedback on the changes made and he was positive of the wider triangulation this had provided. The Board received the report and noted the progress made to date. It was recognised that work was moving beyond the action plan to focus on co-designing solutions and increasing participation.	
11.3	**Leadership and Management Framework**	
	The report provided an update against the NHS Leadership and Management Framework which had been developed by NHSE in response to national reviews of leadership and in support of delivery of the 10-Year Health Plan. Suzanne Dunkley highlighted the detail within the report and noted the inclusion of the National Code and NHSE Staff Standards within the report's appendices. She reported that the key principles of the framework would be integrated with the Leeds Way and Inclusion and Belonging priorities to create one integrated approach to standards. Amanda Stainton advised of the endorsement of this approach by the People Committee, which had supported the local ownership of the requirements. She highlighted the risk description within the report and was positive of the areas that had been considered and proposed controls in response. Beverley Geary commented on the promotion of flexible working within the NHSE Staff Standards and the need to ensure that supporting communications were clear on the business need limitations. Suzanne Dunkley shared that the WYAAT CPO network was reviewing its communications campaign around flexible working to ensure a consistent and clear message. The Board received the report and endorsed the integrated approach in connecting the national framework with the Leeds Way values. It confirmed its commitment to visible participation to support ongoing development.	
11.4	**Assurance on Improving Working Lives of Resident Doctors**	
	In attendance: Patrick Coughlin, Medical Director for Education The report provided an update on progress against the NHSE 10-Point Plan to Improve Resident Doctor Working Lives. Patrick Coughlin highlighted the detail within the report and informed that four of the eight Trust-owned requirements were complete, with the remaining four progressing through established workstreams. Substantial progress had been	

	made across Resident Doctor wellbeing, work schedules, exception reporting, onboarding processes and trainee engagement, as detailed within the report. The outstanding challenges related to estates improvements, annual leave arrangements and consistent delivery of work schedules and rotas across all CSUs. He referenced the national changes to the Resident Doctors contract informing that the 2026 pay deal introduced changes for Locally Employed Doctors, including the SAS Eligibility and Permanency Framework, access to permanent contracts and enhanced appraisal arrangements. Although these measures sit outside the original 10-Point Plan requirements, they support the wider objective of improving employment experience and workforce stability. He reported that a working group had been established to oversee implementation, with progress reported through the Medical and Dental Optimisation Programme and through to the People Committee. Antony Kildare questioned the actions marked in grey within the report which were explained that this was to be externally delivered with more details explained by Patrick Coughlin including changes to medical and dental training. Mike Baker commented on the assurance of the local improvement plan that had been received through the People Committee Elizabeth Garthwaite advised that whilst there was a formal action plan in place, focus was primarily on improving the experience of RD's. She explained that a key measure of success would through trainee feedback and the GMC survey. The Board received the report and noted the progress to date. ***Post-Meeting Note*** *- it was confirmed that Simon Le Clerc, NED would be the Trust's NED lead for Resident Doctor issues. This role will provide additional Board-level oversight and advocacy for matters affecting Resident Doctors, ensuring their experiences and concerns are represented within Trust governance arrangements.* **Patrick Coughlin exited the meeting**	
11.5	**Medical Revalidation Report**	
	The report updated on compliance against the national medical revalidation policy and updated on progress against the improvement plan. Approval was sought of the statement of compliance provided in Appendix 2. Elizabeth Garthwaite explained that the report covered the 2025/26 appraisal year and noted the detail included on the General Medical Council's aims for medical revalidation. During the 2025/26 appraisal year, the Trust was the Designated Body for 1,767 doctors and she highlighted the assurance that the Trust continued to	

	fulfil its statutory responsibilities as a Designated Body and maintained effective arrangements for medical appraisal and revalidation. At the time of reporting, the appraisal completion rate was 98% with non-compliance related to wider professional, personal or health-related challenges. The revalidation process was subject to an individual's adherence with mandatory training, probity statements and professional feedback. She advised that there were fewer revalidations within the 2025/26 reporting period due to the periodic cycle The Board noted the assurance provided within the annual report and recognised the strong compliance with medical appraisal and revalidation. It confirmed the sign-off of the statement of compliance.	
	Access and Delivery of Services	
12.1	*No items to report.*	
	Strategy, Leadership and Planning	
13.1(i)	**Winter Plan and Board Assurance Statement**	
	The report provided detail on the 2026/27 winter plan prior to seeking formal sign-off of the Board Assurance Statement (BAS) which required submission to the national Urgent and Emergency Care (UEC) team by 30th September 2026. Tim Hiles drew attention to the detail in the report and advised that the Winter Plan had also been reviewed by both the F&P Committee and QAC. He explained that there were two sections to the provider BAS; Section A included the statement that required Board sign-off that assurance has been provided around governance and the content of the winter plan. Section B comprised of a winter checklist that provided much of the assurance for section A. He confirmed the compliance against the checklist had been utilised in the structuring of the winter plan. He recommended an amendment to the statement at section 3.4 to provide qualification to the risk. The current statement read as follows: "The Board has reviewed its 4-hour and 12-hour, and RTT trajectories, and is assured that the Winter Plan will mitigate any risks to ensure delivery against the trajectories already signed off for 2026/27." With the recommendation this be amended to: "The Board is assured that the plan will mitigate risks but assumes that demand will be within a range assumed in modelling for winter and that partner organisations are completed in line with their plans" This amendment was supported by the Board.	

	Suzanne Dunkley noted the Trust's staff vaccination programme would commence from 1 October 2026 and sought support from all Board members in the promotion of this. The Board received the report, confirmed its assurance regarding the winter plan and approved the sign-off of the BAS, subject to the amendment to section 3.4.	
	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 29 July and 26 August 2026 and sought to alert, advise, and provide assurance to the Board against the areas discussed. Mike Baker noted the detail within the written report and in addition provided a verbal update from the F&P Committee meeting held the previous day. He noted that the September meeting focus had been on finance and referenced the Fundamental Financial Review that the Board would be receiving within its Private meeting. The Committee had reviewed the month five position and noted improvements within the Waste Reduction Programme expenditure to date. Capital expenditure was slightly behind plan (noting the aim to have 70% of the programme deployed prior to January 2026) however ahead of expenditure compared to the same period the previous year. The Committee continued to focus on pay expenditure which was above plan noting improvements and ongoing triangulation with People Committee remained critical. He advised of the assurance received by the Committee during the Staff Story update which had shared details from the Women's Fertility Service and the actions taken to increase control of their financial position whilst maintaining high levels of patient experience. The Committee had commended the ownership of the CSU Leadership Team and welcomed the triangulation of finance and patient experience data. In line with its authorisation within the scheme of delegation the Committee had made a number of business case approvals, a summary of which would be shared within the written report to the next Board meeting. He reported that the Committee's had received its quarterly productivity review which focused on defined set of key measures. Whilst a productivity baseline had been established, the Committee requested further context on the volumes underlying the percentages and the improvement work underway. It was assured that productivity was receiving appropriate attention and that actions were in place to improve performance. Future assurance would focus on evidence that these actions were effective and that progress was being made in areas within the Trust's control, improving patient experience and maximising the value of the Leeds £ for patients. The Board received the report and noted the assurance received via the F&P Committee.	
14.2	**Overseas Patient Charges Aged Debt Write-off**	

	The report sought approval of the write-off of aged, unrecoverable overseas patient and other debtor balances after recovery efforts had been exhausted. Jenny Ehrhardt drew attention to the detail within the report. Approval was requested for the write-off of a total £1,528,528.81 in outstanding debt, comprising £1,461,634.09 relating to overseas patients, £63,276.87 relating to companies that have entered administration, and £3,617.85 relating to salary overpayments. She explained that debts included deceased or vulnerable patients, untraceable individuals, patients unable to pay, and people who had returned overseas. She highlighted the recommendation from the third-party debt management partner to close and write-off accounts where further pursuit would be difficult or disproportionately costly She reported that the detail had been shared with Senior Leaders via WEB and advised that the KPO Team was supporting further work to improve the process of recovering debt. The Board approved write-off, noting that all recovery attempts had been exhausted.	
14.3	**Disposal of Haemodialysis Machines and Mobile Diagnostics WDR**	
	The report sought approval of the write-off and disposal of obsolete medical equipment. Jenny Ehrhardt drew attention to the detail within the report and explained the proposal covered the disposal of 38 haemodialysis machines and three Mobile Diagnostics WDR systems, all of which had been replaced through the MSE capital programme. The equipment had been decommissioned after replacement and assessed as having no viable alternative use within the Trust. The total proposed write-off was £361,400 and following approval the equipment would be removed from the capital asset register. Gillian Taylor questioned if there was any link to this activity and the Internal Audit Medical Devices Review, and it was explained that this write-off was outside of the audit recommendations with this being obsolete equipment. The Board approved the write-off and disposal of the 38 haemodialysis machines and three Mobile Diagnostics WDR, noting that the machine's had been replaced through the approved capital replacement programme, withdrawn from clinical use and assessed as no longer suitable for redeployment.	
	Productivity and Value for Money	
15	*No items to report.*	
	Standing Concluding Items	
16	**Risk**	
	It was acknowledged that the Trust was operating outside of risk appetite on the Financial Reporting and Waste Management risk and Supply Chain risk	

	however the assurance on controls received through the Audit Committee was recognised. The ongoing development of the BAF was recognised with further detail to be presented at the next Board meeting in November 2026.	
	Legal Advice	
	There were no items arising from the discussion that required the consideration of legal advice.	
	Regulators	
	There were no items arising from the meeting for escalation to the Trust's regulators, noting the regular meetings regarding progress against the PIP. The Board was reminded that members of the Executive Team would be attending the mid-year plan review with NHSE the following week.	
	Communications	
	Jane Westmoreland reported on the communications provision within the internal Independent Review Team to ensure engagement with staff on updates arising from the Leeds Independent Inquiry of Maternity and Neonates.	
17	**Meeting Effectiveness**	
	The Board noted the additional time spend on the verbal update at agenda item 8.2 and welcomed the move to a written report moving forward. It was acknowledged that due to the severity of this item sufficient discussion time would continue to be allocated within the agenda.	
18	**Any Other Business**	
	No other business was discussed.	
	Dates of future meetings: Thursday 26 November 2026	

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