

**DRAFT MINUTES OF THE PUBLIC BOARD MEETING
Thursday 31 March 2022**

(Meeting held via Microsoft (MS) Teams)

Covid-19 Update - In light of the Infection Prevention & Control measures within our hospitals as we seek to keep our patients and staff safe, we are restricting groups of people meeting, therefore this meeting was held virtually via MS Teams.

Present:	Linda Pollard Suzanne Clark Phil Corrigan Lisa Grant Julian Hartley Paul Jones Tom Keeney Jenny Lewis Georgina Mitchell Jas Narang Bob Simpson Clare Smith Laura Stroud Gillian Taylor Craige Richardson Dr Phil Wood Rachel Woodman Simon Worthington	Trust Chair Non-Executive Director Associate Non-Executive Director Chief Nurse Chief Executive Chief Digital and Information Officer Non-Executive Director Director of Human Resources & Organisational Development Associate Non-Executive Director Non-Executive Director Non-Executive Director Chief Operating Officer Non-Executive Director Non-Executive Director Director of Estates and Facilities Chief Medical Officer Associate Non-Executive Director Director of Finance
In Attendance:	Jo Bray Helen Christodoulides Alison Conyers Becky Musgrave Rob Newton Jane Westmoreland	Company Secretary Deputy Chief Nurse (for agenda item 4) Trust Lead for Disabilities and Autism Head of Midwifery (for agenda item 12.3(i) and 12.3(ii)) Associate Director of Policy and Partnerships Associate Director of Communications
Apologies:	Chris Schofield	Non-Executive Director

Agenda Item		ACTION
1	Welcome and Introductions	
	The Trust Chair welcomed members to the meeting.	
2	Apologies for Absence	
	No apologies for absence were received however it was noted that Rachel Woodman would be exiting the meeting between 3pm-4pm, and that Jenny Lewis would be exiting to join a City call at 3pm.	
3	Declarations of Interest	
	There were no declaration of interests and the meeting was quorate.	
4	Patient Story – Sally’s Story	
	<p><i>In attendance:</i> <i>Helen Christodoulides, Deputy Chief Nurse and Alison Conyers, Trust Lead for Disabilities and Autism</i></p> <p>Helen Christodoulides provided supporting context to the video and referenced the regional CQC review into care for patients with learning disabilities and autism. She introduced the patient story video which shared Sally’s Story as told by her sister Jane; https://youtu.be/Nrgirg8rBHU</p> <p>Within the video she described the steps the Disabilities and Autism (D&A) team had taken to ensure that Sally’s experience was as positive as possible and to ease her journey; this had included steps such as enabling phone calls; familiarisation by the ward staff, providing insight into distraction tactics. The focus had been on Sally as an individual and making reasonable adjustments around her needs.</p> <p>Julian Hartley reflected further on the role of the team and commended the support they provided to patients. He referenced the staff Corporate Inductions and explained the reinforcement here of the people centred approach with this video being a great example of this. He suggested this could be a good training video for staff which would reinforce the importance of what we do and how do it.</p> <p>Laura Stroud highlighted this as a testament to the importance of personalised care and was positive to see this example of the Trust performing this well.</p> <p>Jenny Lewis was positive of the video and in addition referenced the LIM Report Out which Alison Conyers had delivered the previous week; their previous improvement process had been hampered by Covid and she commended how the team had turned this upon its head and taken the environment to patients.</p> <p>Th Board received the update and it was confirmed that a thank you letter would be circulated to Jane to thank her for sharing her sister’s story.</p> <p>Helen Christodoulides and Alison Conyers exited the meeting</p>	<p>Jo Bray/ Linda Pollard</p>
5.1	Draft Minutes of the Last Meeting	

	The draft minutes of the lase meeting held 27 January 2022 were confirmed to be a correct record.	
6	Matters Arising	
	There were no matters arising listed on the agenda and none were raised during the meeting.	
7	Review of the Action Tracker	
	The action tracker was reviewed, and progress noted.	
8	Chair's Report	
	<p>The report provided an update on the actions and activity of the Trust Chair since the last Board meeting.</p> <p>The Trust Chair noted the detail within her report and highlighted the amendments that had been made to the Trust's Standing Financial Instructions (SFI) and associated Scheme of Delegation (SoD). She noted the approval of the revised SFI's in January 2022 however explained that further clarity had been included on the approval limits and authority within the SoD.</p> <p>She drew attention to section 10 of the report and sought formal ratification of the following decisions which had been given Chair's action:</p> <ul style="list-style-type: none"> • Chairs action was granted to support the Ophthalmology Business Case (approved by the Finance and Performance Committee in January 2022) to maximize capital expenditure in the 2021/22 financial year to support the associated build and enabling packages. • Chairs action was given to progress with the Digital Pathology Strategy Options paper following confirmation of funding from NHS Digital (NHSD); a report was received by the F&P Committee in January which had noted and approved that the final decision to proceed would be taken via Chairs action. She continued that additional funding, over the amount required, had been received and therefore there were further opportunities to accelerate the vision and desired model which were set as outlined within the report. • Chairs action was given to expediate the Data Centre Services contract which would support the mitigation from clinical and administrative systems from on-site server rooms. <p>The Board received the report, ratified the Chairs actions taken and approved the clarifications within the SFI's and SOD.</p>	
9.1	Chief Executive's Report	
	<p>The report provided an update on news across the Trust and the actions and activity of the Chief Executive since the last Board meeting.</p> <p>Julian Hartley set context to the significant pressures the Trust and wider NHS continued to operate under noting the sustained challenges in unplanned care and within the Community which was leading to delays in care. He summarised the internal work taking place to ensure the Trust was doing all it could internally, and outlined the strong partnership working in place across the system. He referenced that Boards workshop meeting</p>	

	<p>in which the Board had discussed the Trust’s Operational and Transformational Plans. He informed of the visit by the national teams to review the Trusts discharge processes and the recognition these were strong, and the most significant challenges were in external pathways requiring partner intervention.</p> <p>He updated against the Multi-Agency Disciplinary Event (MADE) held across the City that week which had brought health and social care partners together to review barriers to discharge and target improvements.</p> <p>He highlighted the success within the Trust’s Research and Innovation (R&I) portfolio with the Trust receiving confirmation of funding to support the Clinical Research Facility for the next five years. He highlighted the benefit of a strong research portfolio to improved outcomes for patients.</p> <p>He highlighted the consultant appointments as listed at section 10 of the report and sought formal ratification of these which was agreed.</p> <p>He drew attention the appendix within his report which set out the Trusts’ Corporate Objectives for the coming year and were included for information.</p> <p>The Trust Chair was positive of the increased focus on R&I across the Trust’s portfolio.</p> <p>The Board received and noted the report.</p> <p>Jenny Lewis and Rachel Woodman exited the meeting</p>	
<p>10</p>	<p>Minutes of Meetings</p>	
	<p>Quality Assurance Committee</p>	
<p>10.1</p>	<p>Chair’s Summary Report</p>	
	<p>The report provided an overview of significant issues of interest to the Board, highlighted key risks discussed, key decisions taken, and key actions agreed at the Quality Assurance Committee (QAC) meetings held 3 February and 10 March 2022.</p> <p>Laura Stroud updated the Board on the Extra-Ordinary QAC meeting held 10 March 2022 which had been called to receive the findings following deep-dive into the SHMI. The review had provided assurance of the quality of work and had confirmed no care concerns present. Improvements in central storage and access were highlighted and were being implemented.</p> <p>She continued that Patient Voices continued to be a focal point for the Committee, both within the Ockenden follow up but also wider than this. She reiterated the importance of listening and responding to patients with patient’s stories continuing to be a regular item into the Committee.</p> <p>She highlighted the update received on the Patient Safety Incident Reporting Framework (PSIRF), reminding the Trust had been an early adopter of this with formal reporting to commence from 1 April 2022; The</p>	

	<p>Committee approved the PSRIF, noting the biannual assurance that would be provided to this Committee through the serious incident report. The Committee had also discussed the human factor impact within care outcomes and was monitoring thematic causes and triangulating with other data sets to provide assurance.</p> <p>Noting the further update that would be received at agenda item 12.3 she outlined the continued assurance the Committee continued to seek on the Ockenden Review and recommendations. She briefly updated on the local review that had taken place and commended the engagement from local teams.</p> <p>She noted the two items provided in the Blue Box and welcomed any comments outside of the meeting.</p> <p>The Board received and noted the report.</p>	
10.1(i)	BLUE BOX ITEM – IPC Board Assurance Framework Update	
	The Infection Prevention and Control (IPC) Board Assurance Framework (BAF) update was provided in the Blue Box for information and was received and noted.	
10.1(ii)	BLUE BOX ITEM – Q2 Learning from Deaths Report	
	The Q2 Learning from Deaths report was provided in the Blue Box for information and was received and noted.	
	Research and Innovation Committee	
10.2	Chairs Summary Report	
	<p>The report provided an overview of significant issues of interest to the Board, highlighted key risks discussed, key decisions taken, and key actions agreed at the R&I Committee meeting held 1 February 2022.</p> <p>Dr Phil Wood highlighted the update received from 3D LifePrints who had recently joined the Innovation Pop-Up; the update had showcased their work around pre-operative planning which had gained interest from clinicians and highlighted the benefit of co-location with the organisation.</p> <p>He continued that considerable progress had been made with the Innovation Team and Pop-Up over the last period and ref to the agreed six workstreams (underpinned by a wide range of collaborative programmes); Innovation and entrepreneurship training, Engagement across organisation, Business engagement, Events (virtual currently) to support community creation, Project development and Estates / Innovation District development</p> <p>The Committee had reviewed its membership and ToR; within this discussed overlap with ID Committee to ensure no duplication.</p> <p>He updated on the Research Operations Report received which had highlighted the strong recruitment performance in the year to date and the impact of the additional investment that has been secured to the end of the financial year from the Clinical Research Network to help address some of the challenges with the local setup and approval process. Further deep-dives were planned to try to resolve some capacity pressures.</p>	

	<p>With reference to the NIHR Clinical Research Facility (CRF) he informed that the Trust was waiting to hear on the outcome of the funding bid it had submitted. Deep-dive work into the study portfolio is continuing and the work shows that there has been a 6.4% increase in the number of studies since the beginning of the year.</p> <p>Referencing the National Pathology Imaging Co-Operative, he reported this was developing well despite some delays to Go Live dates on certain sites. He highlighted the assurance the Committee continued to receive with the programme considered stable and on track.</p> <p>He highlighted the continued success with NIHR awards informing the team had supported successful applications for four personal Fellowship Awards and one post-doctoral Fellowship Award in the last quarter. In total, that meant 15 NIHR personal Fellowship Awards had been secured in the last 12 months which was a fantastic achievement.</p> <p>The Committee had also received an update on the Trust's developing partnership with Flatiron and he noted the update provided to the Board that morning.</p> <p>He concluded that the Committee had scheduled a deep-dive of R&I finances at a future meeting.</p> <p>The Board received and noted the report.</p>	
	<p>Workforce Committee</p>	
<p>10.3(i)</p>	<p>Chairs Summary Report</p>	
	<p>The report provided an overview of significant issues of interest to the Board, highlighted key risks discussed, key decisions taken, and key actions agreed at the Workforce Committee meeting held 16 March 2022.</p> <p>Tom Keeney updated the Board of the Committees review of the latest staff survey results and informed of the action plans developing from this. The Committee had also deep-dived the People Priorities dashboard and received an update on the latest CSU positions; important report for providing triangulation.</p> <p>He outlined the staff video received at the meeting which had highlighted the importance of the Charities staff fund and the support it provided.</p> <p>The Trust Chair referenced the staff HWB Board discussion that had been scheduled for May which would provide the Board an opportunity to deep-dive some of these areas (including flexible working) in more detail.</p> <p>The Trust Chair questioned the impact on staff of the withdrawal of free Lateral Flow Tests. Tom Keeney confirmed that the Committee had discussed the impact of the withdrawal of the vaccination mandate and within this further information on the impact of withdrawal of free testing on staff had been requested. Lisa Grant reported that the national team was creating a contingency for NHS Staff (recognising the vulnerable patients</p>	

	<p>they were in proximity to) she confirmed this was been worked through and an update would be provided when available.</p> <p>Post-meeting note: subsequent information received confirmed that NHS staff were still eligible to receive free testing; details had been circulated to all staff via email to confirm this.</p> <p>The Board received and noted the report.</p>	
	Digital and IT Committee	
10.4	Chairs Summary Report	
	<p>The report provided an overview of significant issues of interest to the Board, highlighted key risks discussed, key decisions taken, and key actions agreed at the Digital and IT (DIT) Committee meeting held 11 February 2022.</p> <p>Jas Narang highlighted the assurance received of the successful roll outs of the PAS Updates; both the hardware and software had been updated to provide increased functionality and seize on opportunity gains. He noted that the associated risk and score (contained within the DIT Risk Register) had reduced as a result of these upgrades.</p> <p>He continued that the Committee had reviewed and supported the DIT programme governance approach which now provided a clear commissioning route, lifecycle, review and governance process for all DIT projects.</p> <p>He noted the assurance received by the Committee against the Trust's cyber-security arrangements; he referenced the national cyber security Log4 apache vulnerability that had been highlighted and confirmed the assurance received against the Trust's systems.</p> <p>He summarised the update received on the Regional LIMS programme, which was a complex programme of work aligned with the Pathology managed equipment service renewal and the opening of the new laboratory in addition to replacing one of the Trust's core legacy systems. He reported progress was being made but there remained a significant amount of work to be planned.</p> <p>The Board received and noted the report.</p>	
	Audit Committee	
10.5	Chairs Summary	
	<p>The report provided an overview of significant issues of interest to the Board, highlighted key risks discussed, key decisions taken, and key actions agreed at the Audit Committee meeting held 3 March 2022.</p> <p>Suzanne Clark highlighted the assurance received against the controls in place for the Physical Asset and Change risks (as defined by the Risk Appetite Framework RAF She reported that the Committee had also received an update on the progress to align the BAF with the Strategic Goals of the Trust.</p>	

	<p>She updated on the progress made throughout the year by Internal Audit with the Committee receiving a number of final reviews as outlined in the report.</p> <p>She informed of the Committee's review of the basis for Single Site Valuation with members of Cushman & Wakefield in attendance; continued to support SJUH as the single site for estate valuation.</p> <p>She also noted the update received from the Counter Fraud Team who had reported good responses rates to the active 2021-22 Fraud Awareness Survey, and an update on the current position against the new NHS Counter Fraud Standards.</p> <p>The Board received and noted the report.</p> <p>Jenny Lewis re-joined the meeting</p>	
11	Risk	
11.1	Corporate Risk Register	
	<p>The Corporate Risk Register (CRR) was presented with an accompanying summary report providing an overview of developments. The Board was asked to consider, challenge and confirm the correct strategy had been adopted and advice on any further risk treatment required.</p> <p>Julian Hartley updated on the corporate risks reviewed by the Risk Management Committee (RMC) in February and March 2022.</p> <p>He was cognisant of the significant risk the organisation was currently carrying due to the impact of the pandemic, restricted capacity, pressures and external factors. He reminded that the RMC conducted a full review of all risks on the CRR in addition to the selected deep-dives each month.</p> <p>He noted the detail within the report with no changes proposed to any of the related risk scores. The Trust Chair referenced the discussion within the private portion of the Board meeting which had addressed risks in regard to staffing and system working. There was recognition of the increased risk across a pressurised system and would remain high priority for Board discussions.</p> <p>Suzanne Clark referenced the deep-dives of the strategic risks through the Audit Committee and updated on the intention to summarise these into a single report which would be shared with the Board for assurance.</p> <p>The Board received and noted the report.</p>	
11.2	BLUE BOX ITEM – Annual Fire Safety Report	
	The Annual Fire Safety Report was provided in the Blue Box for information and was received and noted.	
12	Quality and Performance	
12.1	Vaccination Programme	
	The report provided an update against the WY Covid-19 Vaccination Programme.	

	<p>Dr Phil Wood reported that over 1.5M doses of the vaccine had been delivered across Leeds;</p> <p>The focus of the WY programme was currently on the roll out for 12-15 year olds, and 5-11 year olds with vulnerabilities. Instruction had also been received to concentrate on the Booster programme for over 75's.</p> <p>He referenced the discussion by the Board that morning of the anticipated direction for the programme and the assumption that this would align with the seasonal influenza campaign.</p> <p>He noted that the Elland Road facility had now closed and informed that KPMG had completed an options appraisal on behalf of the City and had recommended a mixed model for the City which would be based on Primary Care Networks (PCN) and Community Providers, supported by school vaccination service and building on success of pop up sites.</p> <p>He reminded that a number of LTHT staff continued to be seconded to the vaccination programme and as this gained a more stable footing in the community it was anticipated they would be realised back to the Trust.</p> <p>The Board received and noted the report.</p>	
12.2(i)	Context - Current Operational Pressures	
	<p>Julian Hartley noted the update that had been provided as part of his CEO update at agenda item 9.1.</p> <p>In addition, he referenced the Operational Transformation Strategy which had been reviewed by the Board workshop that morning which would provide a clear roadmap to teams of recovery plans and ambitions. He continued that the Trust was also working hard to demonstrate to the public the actions it was taken to recover from the impact of the pandemic, referencing the recent British Social Attitudes Survey which had seen a decline in public satisfaction of the NHS.</p> <p>He commented on the importance of communications during this period of pressure and being transparent with patients and partners of the challenges faced by the Trust and across the wider NHS.</p> <p>He sought to provide assurance of the additional measures in place across the Trust to support the on-going reduction of the backlog with reference to the additional detail that would be provided in the next agenda item.</p> <p>Rachel Woodman re-joined the meeting</p>	
12.2(ii)	Integrated Quality and Performance Report (IQPR)	
	<p><i>In attendance:</i> <i>Becky Musgrave, Head of Midwifery</i></p>	

The IQPR was presented for discussion and assurance on quality and performance. Each of the Executives presented an update against their respective portfolio's (aligned against the domains set out within the CQC Well-led framework: Safe, Responsive, Effective, Well-Led, Caring and Use of Resources):

Clare Smith, reporting against Ambulance Handovers on page 6, reminded of the target for Handovers to take no more than 15 minutes and referenced the national pressures on this position. For the LGI site during February the average handover time was 13:10 minutes with 32.3% taking over 15 minutes; for the SJUH site the average handover was 16:39 minutes with 50.7% taking over 15 minutes. For the region, the mean ambulance handover time in February 2022 was 27.55 minutes and nationally this was 34.79 minutes.

She informed that the Trust had been used as a recent ambulance handover case study for the NHS Confederation in February 2022 due to having one of the lowest rates of handover delays in the country and as an exemplar of good practice. She reminded that this had been an area of priority across the Trust with recognition of the wider safety risks facing patients waiting in ambulances. She confirmed that work would continue to achieve further improvements and updated on a piece of work with the Yorkshire Ambulance Service which was being supported through the use of the Leeds Improvement Method (LIM).

Against the Emergency Care Standard (ECS) on page 7 she reported February performance at 72.2% (which was an improvement on the January position). She reported that there was further work to do on improving performance against this standard and explained that some areas were seeing specific pressures; the LGI site in particular was seeing greater attendances but with lower acuity needs and the Trust was thinking through how to use available resources to the maximum effect. She was positive of the impact of the Same Day Emergency Care (SDEC) pathway which was diverting some pressure. She updated on the appointment of an additional seven ED consultants to provide additional clinical support to the Team, and referenced the significant investment agreed by the Board in January to invest in the workforce for Urgent Care.

Drawing attention to the Referral to Treatment (RTT) performance on page 9, she reminded of the significant pressures on services throughout the pandemic. The Trust had continued to prioritise clinical urgent and longest waiting patients. Performance for February 2022 was at 67.9% (a decline on the previous months position).

Progress had been made against the trajectory for patients waiting longer than 52 weeks for treatment - a decrease of 193 patients on last month's position and this was 465 patients ahead of trajectory. On the 104ww position there were there were 462 patients who had waited over 104 weeks for treatment which was a decrease of 47 from the January 2021 position and 27 patients behind trajectory (predominantly because of Jan impact which was behind due to Omicron and sickness). She updated that

against the March position the trajectory had being exceeded by 40 patients which was reflective of the tremendous effort by staff.

Noting the Cancer Waiting Times (CWT) from page 12, she informed the Board of the detailed review of the recovery actions in place by the F&P Committee the previous day. As shown in the report, the Trust was not performing as it wished to be against these standards and she shared her assurance of the focus by teams and escalation/ support routes being explored. She highlighted the significant increase into the 2ww referral pathways which had knocked on to other areas; Breast was a key area of pressure and there were a number of actions in place including the extension of weekend activity and seeking support from WYAAT partners. She informed that she had a planned meeting with leadership teams in two weeks to review progress on recovery plans.

On the 62day position she reminded that there had been a lower level of operations in January due to the impact of the Omicron variant with performance reported at 30%. She reported that the February position had shown some improvements and reminded that the focus was on addressing the most urgent and longest waiting patients therefore performance against this standard would continue to be impacted as the backlog was cleared. She updated on positive interventions within the Radiography service including support to the workforce which should see capacity recovered by April. She also updated on the installation of an additional Surgical Robot that would be focussed on the backlog recovery specifically for neurological patients for first 6-8 weeks.

Moving to page 22 which set out performance against Readmissions (within 30 days) she reported that both Elective and Non-elective readmissions were within the Statistical Process Control (SPC) Chart Control Limits however were operating towards the lower level. She updated on the actions being taken which linked to the 'Reducing Delays and Improving Outcomes' workstream and included a review of all patient literature to ensure it was up-to-date and accessible.

Against Super Stranded Patients (SSP) on page 57 she reminded of the huge focus in this area which was one of the debilitating factors on the organisation. She referenced the MADE event held that week which had focussed on discharge pathways across the City. She updated on the national recognition that the Trust had received that it managed its hospital led discharge well however there were barriers in the Community. She updated on the weekly review of the patients with no RtR position;

- There were 235 patients with a stay of 21 days and over with a reason to reside on 27 February 2022.
- There were 194 patients with a stay of 21 days and over without a reason to reside on 27 February 2022.

The Trust Chair questioned if the new robot was operational. Responding, Clare Smith explained the robot was currently being collaborated and it was envisioned it would be live from April.

The Trust Chair questioned the recruitment progress within Radiology services recognising this was a traditionally difficult to recruit to area; Clare Smith explained that some progress had been made against some modalities however there remained challenges with specialist radiologist roles. She updated on work with local partners to create a pipeline of recruits and a more sustainable service for the organisation.

Lisa Grant drew attention to page 31 which summarised performance against the Perfect Ward metrics. She reminded that during the height of the pandemic some of the metrics had been reduced to reduce the burden on staff and ensure focus on the most value adding metrics. She updated that all metrics had now been reactivated, and whilst it would take CSU's a few weeks to get back in their stride – good trend against the control limits was anticipated.

Moving to Pressure Ulcers, she reported that the associated metrics were more in line with common cause variation however the Trust remained in the upper quartile of reporting. She updated that the City Wide Strategic Group had reverted back to its pre-pandemic schedule. The group had agreed on a standard education package and hoping for traction on this; also looking at a broader external review across the system.

She reported that the Trust had not achieved its PU trajectory for the year, primarily due to the impact of the pandemic, and advice was being sought from peer organisations on how they would be re-setting their trajectories for the coming year. She highlighted the Trust's ambition to create a realistic target for the coming year – balanced with pushing the boundaries.

She noted the Maternity Friends and Family Test results summary on page 56 and was pleased to report the consistently positive feedback.

Becky Musgrave drew attention to the Maternity metrics on page 35, she reported there had been a statistical increase in the trend for Still Births, across the region. She updated on the thematic analysis taking place across the region in response to this. In addition, she updated on the internal thematic review which had taken place and she explained that the results had highlighted that women from a BAME or higher deprivation background were more at risk. The team were also carrying out a further deep-dive looking into historic cases over the past five years. Findings to date evidenced that guidance had been followed throughout and the team was reviewing if any additional action would have led to a different outcome.

Phil Corrigan questioned if the Still Birth data accounted for social deprivation, and also asked what further action the Trust could take to support women in these areas. Responding, Becky Musgrave explained the social deprivation information received through the Birth Rate tools, she referenced the regional review taking place and explained the actions that would come out of this which would inform additional interventions and was looking at how to improve engagement with families in hard to reach areas/communities.

Laura Stroud referenced the interventions and learning identified through the Ockenden Report and explained the oversight of these through the QAC. She also noted her role as Maternity Safety Champion and engagement with the team. The Trust Chair sought clarity of the wider team in place across the Leeds Place with responsibility for maternity. Laura Stroud provided further detail and noted the involvement of Public Health.

Dr Phil Wood drew attention to the Mortality on page 23; he noted the higher than expected SHMI rate and referenced the subsequent review with assurance provided to the Extra Ordinary QAC meeting on 10 March 2022.

Moving to Serious Incidents (SI) on page 24 he reported there had been a total of 38 SI's reported during the last period and reminded of the additional detail and assurance of actions reported through the QAC. A portion of the increase was related to the new requirement to report hospital required-infections, PU and Falls continued to be the biggest reporting criteria. He reported that the PSIRF would go live from 1 April 2022. On page 25 he reported that two Never Events had been reported and again referenced the detail and assurance provided to the QAC Committee.

Drawing attention to the Venous Thromboembolism Risk Assessment on page 30 he was pleased to report that the Trust had achieved the 95% target for the second consecutive year.

Noting the suspension of the CQUIN Tracker (page 58) throughout the pandemic he reported that these would be reactive from 1 April 2022 and the Trust was currently engaging with the CCG on reporting requirements for the coming year. Following a query from the Trust Chair he updated on his understanding this would sit with ICB when CCG abolished.

Craige Richardson provided an update against the E&F metrics from page 37; against the Patient Environment, he reported that the Trust was in line or exceeding the associated national targets; he commended the team for maintain standards given the operational pressures and introduction of new standards.

He reiterated the Trust's zero tolerance approach to violence and reminded of the bolstering of the Security Service in response to increased incidents. He shared that the feedback from the ED Team showed that staff had welcomed this increased presence and there had been a decline in physical assaults and anti-social behaviour. He updated that the team had committed to extend this on a more sustained approach which gives reassurance to staff.

Paul Jones noted the digital metrics from page 41 and informed that one major incident had been reported in February related to PPM+. He reported that the incident had been resolved in full.

	<p>Jenny Lewis drew attention to the Workforce Planning metrics on page 43 and informed that the HR Team would be meeting with all CSU's in the coming weeks to review their alignments to central plans and stretch actions in plans to get through to delivery.</p> <p>She noted the positive trajectory on page 44 of the Registered Nurse Workforce against Scenario Planning.</p> <p>Free from Discrimination (FFD), on page 47-48 she was pleased to report that early signs of improvement were beginning to be evidenced within the data. She reminded of the triangulated approach that the Trust was taking to inclusion and diversity with a focus on culture and debiasing processes and policy etc.</p> <p>Against the HWB metrics on page 50, she asked the Board to note the increased levels of sickness and Bank and Agency Spend and reminded of the deep-dives and assurance provided through the Workforce Committee structure.</p> <p>Simon Worthington drew attention to the financial metrics from page 60; he highlighted that the Trust was forecasting it would close the year with a modest surplus of £6.4M. Against the capital position, he reported that all material orders had been placed and the capital programme had delivered on its plan for 2021-22 with full utilisation of its resources.</p> <p>He updated that the national planning guidance and confirmation of funding for 2022/23 had been received and incorporated into planning; the Trust would be forecasting a balanced position however significant material risk to the delivery of this was noted given the operational pressures and conditions of funding.</p> <p>He was pleased to report that the Finance Team had achieved their target, with over 3,000 NHS staff signing up to be part of the OneNHSFinance programme.</p> <p>The Board received and noted the report.</p>	
<p>12.3 (i)</p>	<p>Nursing & Midwifery Quality & Safety Staffing Report</p>	
	<p><i>In attendance:</i> <i>Becky Musgrave, Head of Midwifery</i></p> <p>The report provided the Board with key nursing and midwifery workforce data which described staffing levels in relation to the safety and quality of care provided; data in the report was provided for December 2021 and January 2022. The report included staffing information against all wards areas opened in month.</p> <p>Lisa Grant guided the Board through the quality and staffing data described within the report with a summary of key highlights listed below;</p> <ul style="list-style-type: none"> • In December, of the 88 inpatient areas reviewed, one area reported an average fill rate of less than 8% against their planned staffing levels; they had also reported an amber rating in the Ward 	

	<p>Healthcheck metrics and had therefore triggered further investigation [analysis of the ward quality indicators and further information was included at Appendix 2].</p> <ul style="list-style-type: none"> • In January, of the 90 inpatient areas reviewed, one area had reported an average fill rate of less than 8% against their planned staffing levels; one area (not the same as December) reported an average fill rate of less than 8% against their planned staffing levels; they had also reported an amber rating in the Ward Healthcheck metrics and had therefore triggered further investigation [analysis of the ward quality indicators and further information was included at Appendix 2]. • Blue Shifts (NSSR) – no Blue Shifts were reported in December 2021 or January 2022. • Red Shifts (Safecare Tool <u>only</u>) - 11 Red Shifts were reported in December and 42 in January (related to unmitigated safety concerns); all were subject to an immediate response and shared the same themes across CSU's of increased staffing absences; During January, the Trust extended the week day daily nurse staffing meeting to cover weekends, chaired by the on-call Head of Nursing and increased senior staff on site during out of hours periods to provide visible leadership and support during this time of particularly high pressure. • Red Flags - A total of 1,048 Red Flags were reported across the Trust in December 2021 and January 2022. All Red Flags were escalated to the Matron or Clinical Site Manager out of hours and mitigated or responded to where unable to entirely mitigate. • Vacancies - In January 2022 the Trust had a registered nursing, midwifery and operating department practitioner vacancy of 8.35% (this was an improvement of 3.11% when compared against the vacancy position in January 2021). The Clinical Support Worker (CSW) vacancy was 9.56% (it was noted that the Trust Board had recently approved an additional increase of 221 WTE CSW over the next three years). • The Trust had developed two new roles, Ward Environment and Mealtime/Bedtime Support Worker to enhance patient care. 33 healthcare students had been recruited and deployed into these new roles, working across a range of wards and specialities. • Increased bank and agency rates remained in use during December 2021 with the addition of an increased over-time rate for substantive staff in January 2022 to support the significant staffing shortfalls. <p>She asked the Board to note that on-going assurance against challenges would be sought through the QAC and Workforce Committees.</p> <p>Becky Musgrave presented an update against the maternity quality and staffing metrics (at section 4 of the report);</p> <ul style="list-style-type: none"> • The midwife to birth ratio remained consistent at 1:26 for December 2021 and January 2022. • Safe staffing levels have been maintained during the reporting period. One to one care in labour had been maintained at 100%. 	
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	<ul style="list-style-type: none"> • Maternity Red Flags - A total of 72 red flags were reported across the maternity services in December 2021 and January 2022 which was a significant reduction from the previous reporting period. • The BR+ staffing vs. workload tables were available in Appendix 3. Analysis of this data illustrated that overall workforce availability met acuity demands. <p>The Board received the report and confirmed its assurance of the processes in place to monitor, support and mitigate any impact of reduced staffing levels or skill mix in relation to patient safety.</p>	
12.3(ii)	<u>BLUE BOX ITEM</u> – Supplementary Information Quality & Safety Staffing Report and Annual Report	
	Supplementary information to support the Nursing and Midwifery Safer Staffing report at agenda item 12.3(i) was provided in the Blue Box for information and was received and noted.	
12.3(iii)	Ockenden Assurances	
	<p><i>In attendance:</i> <i>Becky Musgrave, Head of Midwifery</i></p> <p>The report sought to provide assurance to the Board with regard to the Immediate and Essential Actions (IEA) identified in the Interim Ockenden report (published in December 2020).</p> <p>Becky Musgrave reminded of the seven IEA's that had been issued to all maternity providers in England following publication of the interim Ockenden report. She referenced the self-assessment undertaken by the Trust in January 2021 with further supportive evidence submitted via the national portal in June 2021. This evidence was quality assured by the regional maternity team and LTHT received analysis of the evidence submission in October 2021; there were some areas highlighted where the service needed to strengthen the available evidence to provide assurance but overall there were no safety concerns raised. She highlighted the RAG rated charts within the report which visualised the assessment against each of the elements of the seven IEA's.</p> <p>She continued that in January 2022 all maternity providers had received a letter from NHSE asking that they re-evaluate their position in relation to the seven IEA's and workforce plans and share the findings with the Trust Board. She noted the detail provided within the reports appendices and highlighted the two key areas in need of further development as the establishment of the maternal medicine centres and increased engagement with service users (specifically harder to reach communities).</p> <p>She reported that compliance with the IEA's was monitored through CSU and corporate governance structures with formal reports received on a monthly basis. In addition, the Executive and CSU leadership team met with the national maternity leaders earlier this month as part of a national programme of engagement events. There were no concerns raised about the quality and safety of the maternity services at LTHT.</p>	

<p>She informed that the maternity workforce had been reviewed following commissioning of a Birthrate+ report (BR+). The report had identified a gap between the current establishment and the recommendations. Recurrent funding was being provided by NHSEI and would be allocated to WY&H Local Maternity System and distributed on a fair share basis. The available funding would enable the gaps identified in the BR+ report to be closed. She continued that the leadership structure was now aligned with the RCM leadership manifesto.</p> <p>She noted that the final Ockenden report had been published the previous day and informed that the Maternity leadership team were reviewing the recommendations and would work collaboratively with all members of the MDT to develop an action plan in relation to the additional 15 recommendations for all maternity services. She continued that the leadership team were also reviewing the revised self-assessment document and confirmed findings would be shared with the Board at the earliest opportunity.</p> <p>Referencing the IEA action plan at Appendix 3, the Trust Chair questioned progress and timelines. Responding, Becky Musgrave confirmed that all actions with a February and March action date had been completed, and confirmed that those with an April date were on track for completion. She updated that a new Maternity Engagement Lead was joining the team to support service user engagement activities, and that adverts had gone out to recruit to a Maternal Medicines Team who would complete monthly audits to support compliance.</p> <p>Julian Hartley commended the team for the attention and pace they had given to responding to this review and providing assurances. He referenced the comments by Donna Ockenden on the continuity of careers and would like to explore this with Midwifery colleagues further outside of the meeting to understand their views on this and how to reflect in metrics. Becky Musgrave shared that the team was trying to ensure consistency where it could, she explained however that staffing levels and availability did not lend itself to being able to provide this in all cases. She recognised the importance of assuring that staff HWB was also supported and work/life balance protected. She explained that assurance of full staffing on every shift was challenging to provide under the current context. She agreed with the ethos of continued care however explained that the reality on the ground was that this may be better focussed during the anti-natal period rather than the full pathway. Julian Hartley supported this and recognised the safety first approach, he was mindful that this may signal a shift and confirmed the Trust would work through this in terms of guidance and policy.</p> <p>Laura Stroud shared her reflections as Board Maternity Safety Champion, she commended the leadership of Sue Gibson, Director of Midwifery and Kelly Cohen, Clinical Director and was positive of the aspects of collaboration she had seen which had provided assurance of the holistic view of the whole service. She had witnessed a positive culture within the service with trust and escalation routes to senior leadership and Board</p>	<p>Julian Hartley</p>
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	<p>when required. She shared her assurance from engagement meetings that the Leeds Way values were evident throughout and there was a clear focus on listening to women's voices.</p> <p>The Board received the report, noted the progress made with the IEA's and areas for continued improvement and noted the recurrent funding streams required to support full compliance with all IEA's.</p> <p>Becky Musgrave exited the meeting</p>	
13	Strategy and Planning	
13.1	Building the Leeds Way	
	<p>The report provided an update on progress against the Building the Leeds Way (BtLW) programme and investment plans.</p> <p>Simon Worthington noted the detail within the report and confirmed that the Trust continued to engage with the New Hospitals Programme on the development of the Hospitals of the Future project.</p> <p>He was pleased to report that Central approval and funding had been granted for the Pathology Facility project and enabling work would begin on the SJUH site in the coming weeks.</p> <p>Referencing the LGI Redevelopment Site project (Innovation District) he reported that the Innovation Pop Up had been well received and had been named by NHSE's Chief Scientific Officer as '2021 Excellence in Healthcare Science Research and Innovation' award winner. He continued that more than 11 companies had now joined the Pop-Up which was good progress in continuing to build a Leeds community of innovators.</p> <p>The Board received and noted the report</p>	
14	Governance and Regulation	
14.1	Fit and Proper Persons Register Compliance	
	<p>The report set out the requirements of the CQC Fit and Proper Person (FPP) Test with Board members asked to re-confirm their self-declaration of compliance for formal minuting and to update the FPP Register.</p> <p>All present Board members confirmed their self-declaration of compliance; it was noted that non-present Board members would be asked to make their self-declaration following the meeting.</p> <p><i>Post-meeting note – Chris Schofield confirmed his declaration via email following the meeting.</i></p>	
	Items for Information	
15.1	BLUE BOX ITEM - Forward Planner	
	The Board Forward Planner was provided in the Blue Box for information and was received and noted.	
16	Standing Agenda Items	
	Risk	
	There were no items arising from the meeting for escalation to the CRR.	
	Legal Advice	

	There were no item arising from the meeting that warranted the consideration of legal advice.	
	CQC or NHS England/ Improvement	
	There were no items arising from the meeting for escalation to the CQC or NHSE/I.	
	Communications	
	There were no specific items arising from the meeting that required further communications.	
17	Review of Meeting and Effectiveness	
	Comments on the meeting review and effectiveness were welcomed via email.	
18	Any Other Business	
	Jas Narang updated the Board on his appointment as Chair of the Organ Donation Committee.	
19	Date of next meeting: 26 May 2022	

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