

## DRAFT MINUTES OF THE PUBLIC BOARD MEETING

Thursday 28 March 2024

Hybrid Meeting – Seminar Rooms 2(099) and 3(096), Gledhow Wing, SJUH with a Microsoft Teams (MST) option available

<b>Present:</b>	Linda Pollard	Trust Chair
	Mike Baker	Non-Executive Director
	Mark Burton	Associate Non-Executive Director
	Suzanne Clark	Non-Executive Director
	Phil Corrigan	Non-Executive Director
	James Goodyear	Director of Strategy
	Magnus Harrison	Chief Medical Officer
	Joanne Koroma	Associate Non-Executive Director
	Jenny Lewis	Director of HR & Organisational Development
	Georgina Mitchell	Associate Non-Executive Director
	Chris Schofield	Non-Executive Director
	Bob Simpson	Non-Executive Director
	Amanda Stainton	Associate Non-Executive Director
	Laura Stroud	Associate Non-Executive Director
	Gillian Taylor	Non-Executive Director
	Rabina Tindale	Chief Nurse
	Prof Phil Wood	Chief Executive
	Simon Worthington	Director of Finance
<b>In Attendance:</b>	Jo Bray	Company Secretary
	Vickie Hewitt	Trust Board Administrator
	Tim Hiles	Director of Operations (joined at agenda item D)
	Camelia Hughes	General Manager, Executive Team
	Richard Noble	Associate Director (Estate Strategy & Development)
	John Speight	Deputy Chief Digital and Information Officer
	Lindsey Porter	Senior Communication Manager
	Esther Wakeman	Chief Executive, Leeds Hospitals Charity
<b>Apologies:</b>	Paul Jones	Chief Digital and Information Officer
	Clare Smith	Chief Operating Officer
	Craige Richardson	Director of Estates and Facilities
	Rachel Woodman	Associate Non-Executive Director
	Jane Westmoreland	Associate Director of Communications

Agenda Item		ACTION
<b>1</b>	<b>Welcome and Introductions</b>	
	<p>The Trust Chair welcomed Board members to the meeting and members of the public observing.</p> <p>She formerly welcomed Laura Stroud back to the Trust as an Associate Non-Executive Director (NED) and also welcomed Tim Hiles, Director of Operations who was attending on behalf of Clare Smith, John Speight, Deputy Chief Digital and Information Officer (CDIO), who was attending on behalf of Paul Jones, and Richard Noble, Associate Director (Estate Strategy &amp; Development), who was attending on behalf of Craige Richardson.</p>	
<b>2</b>	<b>Apologies for Absence</b>	
	Apologies for absence were received from Clare Smith, Paul Jones, Jane Westmoreland and Rachel Woodman.	
<b>3</b>	<b>Declarations of Interest</b>	
	<p>Rabina Tindale updated the Board of her appointment as Chair of the Royal College of Nursing (RCN) Leadership and Management Committee; Magnus Harrison updated on his appointment as Chair of the WY Neurological Surgery Network and Prof Phil Wood noted his declared interest as Chair of the Leeds Health and Care Academy (LHCA) which had now been ratified.</p> <p>There were no other declarations of interest and the meeting was confirmed to be quorate.</p>	
<b>4</b>	<b>Patient Story – Marcus’ Story</b>	
	<p>Rabina Tindale introduced the Patient Story which followed Marcus and his experience of attending urgent care with a fractured arm as told by his carer; the full story is available to view via the following link: <a href="https://youtu.be/n3EEXm_wg7c">https://youtu.be/n3EEXm_wg7c</a></p> <p>Laura Stroud was positive of the impact of the delivery of care for this patient and was positive of the LDA Team and the service they supported across the Trust.</p> <p>The Board received and noted the update.</p>	
<b>5.1</b>	<b>Draft Minutes of the Last Meeting</b>	
	The draft minutes of the last meeting held Thursday 25 January 2024 were agreed to be a correct record.	
<b>6</b>	<b>Matters Arising</b>	
	There were no matters arising listed on the agenda and none were raised during the meeting.	
<b>7</b>	<b>Review of the Action Tracker</b>	
	There were no open or ongoing actions from the last meeting to report.	
<b>8</b>	<b>Chair’s Report</b>	
	<p>The report provided an update on the actions and activity of the Trust Chair since the last Board meeting.</p> <p>Linda Pollard highlighted the detail within her report and referenced the</p>	

	<p>Board Timeout that had been held the previous week with 250 leadership and clinical colleagues, sharing positive feedback of the event and energy of the room. Focus had been in reviewing the progress of the current annual commitments and introducing ambitions and plans for the current year.</p> <p>She shared an update on the Board membership, noting this was Georgina Mitchell, ANED last meeting with the Trust and thanking her for the support she had provided; she also updated that Julia Brown, NED would be exiting the Board at the end of May 2024.</p> <p>She drew attention to the item that had been taken under Chairs Action, and sought Board ratification of this:</p> <ul style="list-style-type: none"> <li>Chairs Action was granted on 20 February 2024 for the Trust's submission to WYICB for the Annual Planning Guidance. The Board had considered this within the Extra Ordinary meeting held in December and noted the update to their January 2024 meeting. At the time it was noted that formal guidance had not been issued and the Trust was requested to submit a plan against the draft guidance. In order to meet the deadlines issued by the ICB, support was requested by Chairs Action noting there was no material change to previous reports to the Board.</li> </ul> <p>The Board received and noted the report and confirmed its endorsement to the item taken under Chairs Action.</p>	
<b>9.1</b>	<b>Chief Executive's Report (including Annual Commitments)</b>	
	<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>Prof Phill Wood also shared his reflections from the Board Timeout meeting the previous week and updated on the approval of the 2024/25 annual objectives which were included within the report's appendices.</p> <p>He highlighted the detail within his report on the Trusts contribution to the national mortality inquiry, knife crime, inclusivity agenda and bereavement packs. He also shared reflections on the Trusts continued engagement at local, regional and national level to continue to showcase and celebrate great work at Leeds.</p> <p>Noted the detail within the report which summarised the improvements in operational delivery; referenced the approval made that morning to proceed with the Motor Neuron Disease Centre at Seacroft and noting the fundraising provided by the Charity.</p> <p>The Board received and noted the report.</p>	
<b>9.2</b>	<b>Executive Oversight of Freedom to Speak Up (FTSU)</b>	
	<p>The report provided an update on the actions the Trust was taking to strengthen its approach to having a consistent speaking up, listening up and acting up culture, across the organisation and the Assurance Framework to Trust Board.</p>	

	<p>Prof Phil Wood highlighted the detail within the report which described the strengthened FtSU processes informed by previous discussions through the Board and Workforce Committee; and increased Executive Oversight to support the work led through the FtSU Lead.</p> <p>Jenny Lewis provided further context to the development of the FtSU Group, noting the ToR were provided in the reports appendices; and following a query from Suzanne Clark confirmed this Group would report to the Executive Team. It was noted that within the Audit Committees ToR was oversight of the FtSU arrangements and she confirmed she would discuss this offline with the Chair of the Audit Committee.</p> <p>She explained that it had been agreed this report would be presented bi-annually to the Board to align with the FtSU updates provided in May and November.</p> <p>She highlighted the detail within the report on the progress made against the national FtSU toolkit actions. Updated number of FtSU champions had increased to 68.</p> <p>Group was also reviewing how to strengthen existing quality and workforce metrics to improve triangulation and provide greater assurance via a stronger suite of metrics underpinning this.</p> <p>The Board received and noted the report.</p>	
<p><b>10.1</b></p>	<p><b>Integrated Quality Performance Report</b></p>	
	<p>The Integrated Quality Performance Report (IQPR) provided an overview of performance against the core key performance indicators; the report would be taken as read with attention drawn to any areas of variance or escalation with comments and queries welcomed (noting the assurance sought through the Board Committee structure on each of the metrics).</p> <p>Prof Phil Wood noted the Board discussion that morning on the specific challenges impacting planned and unplanned care. He shared that the discussion had also recognised the progress made throughout the year to recover standard with specific mention of the ECS standard and Long Waiters, with Cancer Waiting Times to continue to receive increased focus during the coming year. He took the opportunity to recognise and thank clinical team for their effort throughout the year; he was mindful that there were still long waits across the Trust however confident in clinical leadership.</p> <p>Tim Hiles updated that the 2024/25 National Planning Guidance had been received and reported of the requirement to eliminate 65 week waits by September 2024; he confirmed that the Trusts recovery plans would achieve this, and also updated on the progress that was planned to be made against the 52 ww. He reported that a paper had recently been presented to the Executive Team to update on the current position of long Waiting Patients and the challenges and barriers faced, noting that significant progress had been made in reducing the Total Waiting List</p>	

Size. He also reminded of the national target for all trusts to achieve 76% against the Emergency Care Standard (ECS) in March 2024 and updated on the acceleration of some planned work with the expectation the Trust would deliver against this requirement.

Against the Ambulance Handover performance metrics, he noted that the increase from October 2023 was due to a change in the reporting method used and had been mirrored across WY: all trusts had seen an increase in the reporting standard of five-eight minutes. He informed that the Trust continued to work collaboratively with YAS to make further improvements for handover and turnaround time for crews.

He reported that the Cancer Waiting Time standards would be under increased scrutiny during the coming year. He noted that the Trusts 62 day performance was below its ambition however explained the focus-to-date on backlog recovery which had impacted progress against the standards whilst the longest waiting patients were seen. Significant progress had been made in improving the backlog which placed the Trust in a stronger position to deliver more treatment and anticipated improvement to metrics in next two months.

He noted that the Trust had exceeded its year-end objective of achieving 95% against the Diagnostic Waits with further improvements strived for which would mean the Trust would significantly over deliver by the end of the year.

Gillian Taylor commented on the detailed review against each of the standards through the F&P Committee which included a comparison against peers. She noted the Trust was not meeting the standards across the board which was mirrored across other Trusts and outlined the assurance that were being sought on the actions in place to recover.

Mark Burton questioned the timeframe of the Mortality reporting with the graph presented up to October 2023; Magnus Harrison explained there was a general delay in reporting up to 30 days to allow reporting of all death contributions, details came from death certificate and natural delay to the statistics. He explained there had been an anomaly to the graph as national guidance was updated to include Covid death certifications and provided further detail. He reported against the strong assurance systems in place, and the level of detail available to the Mortality Improvement Group to review for statistical anomalies; which would then prompt further investigation. Laura Stroud noted the regular assurance updates received on the mortality position through the Quality Assurance Committee (QAC), and confirmed the Committee was satisfied with this position noting the technicalities within the coding of the Trust being a Tertiary and Major Incident Unit. She confirmed the Committee retained close oversight of the position and any anomalies were investigated and escalated as appropriate. She noted the additional detail provided in the Learning from Deaths report provided in the Blue Box at agenda item 12.

Rabina Tindale raised that one of the maternity graphs had not pulled

	<p>through to the report correctly and verbally updated that there had been nine referrals to HSIB over the last 12 months, confirming this data would be included in future reports.</p> <p>Prof Phil Wood referenced the Trusts annual commitment in improving retention and drew attention to the workforce metrics which demonstrate we have embraced this challenge and recognise the criticality of our people</p> <p>The Board received and noted the report.</p>	
<b>10.2</b>	<b>Staff Survey Results</b>	
	<p>The report an overview of the NHS Staff Survey Results and national position, following review of the preliminary results which were presented under embargo to the Workforce Committee.</p> <p>Jenny Lewis noted that the Board had received a copy of the unvalidated results, under embargo, in January 2024; the validated results were presented within the report and were broadly in line with the results presented in January.</p> <p>She highlighted the participation rate at 55% (previously reported as 54%) and explained that the Trust compared well within the NHS benchmarking and confirmed the Trusts Staff Engagement Score at 7.0/10 which was above the national benchmark average. She reported there had been additional engagement activity with specific staff groups who had a historic low in engaging with the staff survey and often included staff with limited access to PCs as part of their day job (e.g., Estates and ancillary staff).</p> <p>She reported that statistically significant improvements had been seen across all People Promise themes and elements compared to the previous year. Areas of focus for the coming year would be on the People Promise sub-categories 'Health &amp; Safety Climate' and 'Burnout'. The Trust still compared well in benchmark but results were evidence of the impact of last five years working in the NHS. She updated that a number of workstreams had been developed to dive into the detail of this to inform targeted action to support staff.</p> <p>She updated that the People Priorities had been refreshed and updated to include a workstream on compassionate and effective leadership and management; as a lot of the survey reflects the stretch on managers. Next steps included a deep dive on the equality metrics which would take place through the Workforce Committee; and development of local action plans which would be tracked through the Workforce Committee sub-groups.</p> <p>The Board received and noted the report.</p>	
<b>10.3</b>	<b>Homefirst Programme Update</b>	
	<p>The report provided a progress update on the Leeds Health and Care Partnership HomeFirst Programme of which LTHT was a core partner in the HomeFirst Programme.</p> <p>Prof Phil Wood highlighted the detail within the report which provided a</p>	

	<p>summary of the ambitions for the programme. He highlighted the infographic on page 2 of the report and drew attention to table 1 which set out examples of the key metrics and deliverables of the programme.</p> <p>He set context to the five key project areas (Active Recovery at Home, Rehab and Recovery beds, Transfers of Care, Enhanced Care at Home, and system visibility and active system leadership) and summarised the progress against each as described within the report; a 10% reduction had been seen in the Length of Stay for patients with no Reason to Reside (RtR), and he noted that internally the Trust had achieved a 19% improvement which had been supported by the embedding of social partners in multi-disciplinary teams across the Trust. He explained there were further opportunities with Community and Social Care partners, recognising the programme was not yet achieving desired levels and more work to do in this space. Bed occupancy within the Trust remained high however he noted the significant improvement that had been made against the previous year and had enabled more activity to take place.</p> <p>He highlighted the introduction of a Benefits Realisation Group to assess the programme and ensure financial savings were captured; he reminded that this was a not a cost saving programme with focus as a whole on ensuring the system as a whole had the correct budget in the correct place for the correct patients to support improved flow.</p> <p>Following a query from Gillian Taylor he confirmed the current contract with Newton Europe was scheduled to end in December 2024. The Trust Chair explored if the Board would like to meet with partners at some point with the suggestion of October and further discussion offline.</p> <p>The Board received and noted the report.</p>	
<p><b>11.1</b></p>	<p><b>Corporate Risk Register</b></p>	
	<p>The report provided an overview of the current content of the Corporate Risk Register (CRR) and a summary of the associated discussions through the Risk Management Committee (RMC) from its meetings held 1 February and 7 March 2024.</p> <p>Prof Phil Wood noted the detail within the report and referenced that the Brotherton Wing risk was listed at 20 and reported that approval of the remedial plan for the estate had seen this reduce to a score of 16 which would be reflected within the next report.</p> <p>There was a total of 23 risks on the corporate profile and he reported that RMC continued to have robust and dynamic review of all risks, with all CSU's periodically reporting to the Committee. There were no new risks to report and no material changes to the scoring.</p> <p>The Trust Chair referenced the Board discussion in its Workshop meeting on the scale of risk within the estate which was of significant concern, and reference made to the delay in the New Hospitals Programme. She was mindful that DIT was also an area with significant risk, requiring investment and was mirrored nationally, and confirming the Boards focus</p>	

	on this area.  The Board received and noted the report.	
<b>11</b>	<b>Assurance from Committees</b>	
	<b>Quality Assurance Committee</b>	
<b>12.1(i)</b>	<b>Chair's Summary Report</b>	
	<p>The report provided an overview of significant areas of interest, highlighted the key risks discussed, key actions taken, and key actions agreed at the QAC at its meeting held 22 February 2024.</p> <p>Laura Stroud summarised the Committee's role in testing the evidence of assurance received, reviewing progress against Trust annual commitments, and seeking assurance against the risk appetite for clinical service, specifically, providing safe and effective care aware.</p> <p>She drew attention to the detail in the report and noted the assurance update on Mortality with reference to the query raised against the IQPR.</p> <p>She highlighted the patient story received by the Committee which had shared Tommy's story as told by his parents and recognised these stories could be difficult to hear but stressing the importance of listening to patients to be able to understand issues and inform improvements.</p> <p>She noted the deep dives received on Serious Incidents, HCAIS and patient safety incidents and also noted the assurance the Committee had received on the impact of industrial action with further detail provided within the report.</p> <p>Following a query from the Trust Chair, Rabina Tindale informed that Sarah Smythe would be acting as interim Head of Midwifery whilst a substantive appointment was made.</p> <p>The Board received the report and noted the assurances received through the QAC.</p>	
<b>12.1(ii)</b>	<b>Complaints Update</b>	
	<p>The report provided an update against the 2022-24 Complaints Action Plan and Complaints Improvement Plan (CIP).</p> <p>Rabina Tindale referenced the additional detail provided within the Blue Box and explained that in aggregate numbers were comparable to the previous year in terms of volumes received. She noted that the CIP was scheduled to end at the end of the month, response times had improved but not met target and further engagement was planned with teams to understand where the barriers were and review the approach to learning from complaints. She highlighted the increase in face-to-face meetings in the complaint's resolution process – positive as we know these are more effective.</p> <p>She reported that the overall themes of complaints were consistent with previous years and highlighted the work by the PALS team who were looking at how to reduce interactions that then result in formal complaint.</p>	

	<p>She was positive that the quality of responses remained high and also noted the continued learning cycles when a complaint was received, with regular assurance and progress updates provided to the QAC.</p> <p>Mark Burton questioned if there were any key differences the complaints process that had stood out to Rabina when she joined the Trust in comparison to the complaints process in her previous Trust. Responding, Rabina Tindale reflected on the impact of the Covid pandemic which had caused an increase in referrals and a backlog in response time. She explained that teams needed to be given space to get on top of this backlog which would allow them to then consistently respond within the defined timeframes. She reflected the overarching themes were similar to those raised in staff survey. She updated the team were conducting a review to understand if the right processes were in place and which would be triangulated through the Patient Experience Sub-Group for opportunities of cross CSU learning.</p> <p>Suzanne Clark explored how this, and wider complaints data could inform the annual priorities including a reduction in long waiters with further detail from Rabina Tindale who confirmed the integration across all the Executive portfolios. Tim Hiles added that the Complaints and COO team met once a quarter at a minimum to maintain connectivity of themes and feedback from patients.</p> <p>The Board received the report and confirmed its assurance on the actions that were being taken to improve the experience and response to complaints</p>	
<b>12.1(ii)</b>	<b>BLUE BOX ITEM – Six Month Updates on Complaints</b>	
	The biannual report on complaints, presented to the QAC on 22 February 2024 was provided in the Blue Box for information and was received and noted.	
<b>12.1(iii)</b>	<b>BLUE BOX ITEM – Learning from Deaths Q2 Report</b>	
	The Q2 Learning from Deaths report was provided in the Blue Box for information and was received and noted.	
<b>12.1(iv)</b>	<b>Patient Safety Response Plan</b>	
	<p>The report described the updates to the revised Patient Safety Incident Response Policy and presented the supporting action plan which was seeking approval.</p> <p>Magnus Harrison drew attention to the detail within the report and explained the approval been sought of the policy and aligning two-year plan He set context to the introduction of the Patient Safety Incident Response Framework (PSIRF) which allowed for greater concentration on themes and learning from incidents; and reminded the Trust had been an early adopter of this process and had been using it for some time.</p> <p>He explained how the PSIRF Group had supported development using data analysis from previous incidents and had maintained good stakeholder engagement; and noted the review through the QAC who had provided a recommendation of approval against the Strategy</p>	

	<p>Following a query from Suzanne Clark it was confirmed that the annual commitments referenced would be updated to reflect the 2024/25 commitments approved on 21 March 2024.</p> <p>The Board received the report and confirmed its support of the PSIRP, which would progress to the Leeds Health and Care Partnership for approval.</p>	
	<b>Finance and Performance Committee</b>	
<b>12.2(i)</b>	<b>Chairs Summary Report</b>	
	The report provided an overview of significant issues of interest, highlighted key risks discussed, key decisions taken, and key actions agreed at the Finance and Performance (F&P) Committee meetings held 24 January and 28 February 2024 and was received and noted.	
<b>12.2(ii)</b>	<b>Verbal update of the meeting held 27 March 2024</b>	
	<p>Gillian Taylor provided a verbal update of the F&amp;P Committee meeting held the previous day; 27 March 2024.</p> <p>The Committee had reviewed the monthly performance standards and the actions in place to recover these, and she noted the further detail that had been provided within the IQPR report The Committee had also received a deep dive into the Emergency Care Standard (ECS) and had received assurance on actions in short term and long term.</p> <p>She noted that the Committee had made a number of capital approvals which had been reported to the Board Workshop that morning. She shared that the Committee had also received a report analysing the benefits realisation from completed capital programmes.</p> <p>The Committee had also reviewed the financial annual forecast and progress against the Waste Reduction Plan, with the Trust anticipated to end the year with a financial position with a small surplus. She noted the additional detail that had been provided to the Board via the Q4 Fundamental Financial Review in its Workshop meeting and referenced the tighter financial controls in place during the coming year but right balance of patient safety and for staff</p> <p>The Board received and noted the update.</p>	
	<b>Audit Committee</b>	
<b>12.3</b>	<b>Chairs Summary</b>	
	<p>The report provided an overview of significant areas of interest, highlighted the key risks discussed, key actions taken, and key actions agreed by the Audit Committee at its meeting held 28 February 2024.</p> <p>Suzanne Clark noted the detail within the report and reminded that at each meeting, the Committee systematically reviewed each of the risks on the Board Assurance Framework (BAF). At the last meeting the Committee had reviewed the controls in place to manage the R&amp;I, E&amp;F and IT risks; The Committee had noted the elevated risk in the E&amp;F portfolio and she noted that the Trust had carried out a 100% facet survey on the entirety of its estate which had identified gaps and there was now also an additional inflationary cost to rectify issues. She reported that the Trust was not an</p>	

	<p>outlier in terms of the increase but it was in terms of the size of the backlog. The Audit Committee were assured of the processes in place for the oversight and management of physical assets risk to maintain the risk tolerance of cautious defined by the Board.</p> <p>The Committee had reviewed the External Audit Strategy and fee proposal for the coming year; and she noted the Board approval that would be sought at the next item.</p> <p>The Committee had reviewed progress against the Internal Audit Plan with one escalation of the Perfect Ward to the QAC for further triangulation. The Committee had also supported the draft 2024/25 Internal Plan, subject to approval by the Executive Team.</p> <p>She noted that the Committee had been exploring whether to report on Environmental, Social and Governance Reporting (ESG) and updated that following changes at the DHSC, NHS organisations were expected to comply with phase 1 of the Taskforce on Climate-related Financial Disclosure (TCFD) disclosures in the annual report.</p> <p>The Board received the report and noted the assurances received through the Audit Committee.</p>	
<b>12.4</b>	<b>Auditor Panel</b>	
	<p>The report sought approval to extend the external audit contract with Mazars for 2024/25, as recommended by the Audit Panel on 28 February 2024.</p> <p>Suzanne Clark highlighted the detail within the report, noting the recommendation by the Audit Panel to proceed, as per the rationale within the report. Approval was sought for an extension of 12 months which was in line with the original appointment option in 2021 (of 3+1), there had been a slight increase in costs which was considered reasonable given the increased audit requirements and inflationary impact. A retender process would take place for the audit contract following this.</p> <p>The Board received the report and confirmed its support to the extension of the contract with Mazars for 2024/25.</p>	
<b>13</b>	<b>Strategy and Planning</b>	
<b>13.1</b>	<b>BLUE BOX ITEM – Building the Leeds Way (BtLW)</b>	
	The BtLW progress report was provided in the Blue Box for information and was received and noted.	
<b>13.3</b>	<b>Research and Innovation Strategy</b>	
	<p>The report provided an update of delivery against the 2020-2025 R&amp;I Strategy, and the 2020-30 Joint Research Strategy with the University of Leeds (UoL).</p> <p>Magnus Harrison drew attention to the detail within the report and was positive of the progress made to date. He noted the detail at page 23 of the performance to date against a number of KPI's (include metrics on recruitment performance, recruitment to time and target, financial performance and grant applications).</p>	

	<p>Of the 23 targets set out in the strategy, 20 were ranked as green (on target to be delivered or target already delivered) and three were classified as Red (off target with risk of KPI not being delivered by March 2025). The metrics that were off target were study setup, recruitment to time and target and opening a new clinical research facility in the new Leeds Children's Hospital. Action plans were in place to improve performance in study setup and recruitment to time and target. He updated of the additional work taking place to understand the position and opportunity for income from commercial trails; noting the oversight that would be provided through the R&amp;I Committee</p> <p>Chris Schofield shared his reflections on the Strategy from his perspective as R&amp;I Committee Chair with recognition the Trust was an outlier but had also made significant progress with positive work taking place to put further stretch in some of these targets. He updated of the consideration being given to a system to automatically enrol patients with the governance of this being explored through the Committee. Magnus Harrison confirmed the Trust would be challenging itself further over the next five years.</p> <p>Chris Schofield reflected that at the Board Timeout the previous week there had been various examples of research activity that CSUs were undertaking however this was not routinely captured or reported as such (as considered BAU) and was keen to see this aspect of activity reflected within the research portfolio. The Trust Chair reflected on comments that had been made on enabling time for staff to complete research and Prof Phil Wood referenced the research annual commitment for 2024/25. Gillian Taylor shared that during the Lunch and Learn visits the Ophthalmology Team had been able to present their dedicated research room and the value this had provided for patients and the service; created the environment for this work and potential learning that could be shared from this.</p> <p>The Board received the report and noted the progress within the R&amp;I Strategy.</p>	
<b>14</b>	<b>Governance and Regulation</b>	
<b>14.1</b>	<b>Code of Governance for NHS Provider Trusts</b>	
	<p>The report sets out the requirements of the NHSE Code of Governance and reported the Trusts compliance against the standards.</p> <p>Jo Bray drew attention to the detail within the report and highlighted that the Trust was fully compliant in all but one statement; E2.1 which related to performance related elements of Executive Remuneration (e.g., a bonus scheme).</p> <p>The Board received and noted the report.</p>	
<b>14.2</b>	<b>Promoting a Culture of Speaking Up</b>	
	The report provided a summary position describing the Trusts embedded governance process to support and promote a culture of speeding up.	

	<p>Prof Phil Wood referenced the update provided at agenda item 9.2 and explained the report detailed additional work that had been undertaken internally to provide assurance on arrangements for speaking up and had been triggered following the Letby Case.</p> <p>He highlighted the detail as per the report and was mindful that no system could protect 100% from a bad actor however shared his confidence in the system in place to reduce risk and enable staff to report any potential concerns.</p> <p>He highlighted the development of an Integrated Accountability Framework through the Executive Team and noting the further detail within the report. He referenced the annual commitments to provide a clear focus of priorities to staff throughout the year, which was also supported through the action plans which would be developed using the results of the latest staff survey.</p> <p>The Board received and noted the report.</p>	
13.2	<b>Health Inequalities and Public Health Strategy</b>	
	<p><i>In attendance:</i> <i>Dr Anna Ray, Consultant in Public Health</i></p> <p>The report provided an update on progress made in delivering the Health Inequalities and Public Health Strategy.</p> <p>Dr Anna Ray reminded of the core principles of the Strategy and set out the definition of health inequalities within this as systematic avoidable differences. She commented on the role of the Trust as an anchor organisation and the contributions it made as part of this. She explained that the Strategy was set over a number of years recognising this was a long term commitment to respond to inequalities which had formed over a long period of time.</p> <p>She provided an overview of the progress made over the last year against the eight key workstreams (as detailed within the report) and was positive of the response from the Trust and commitment from Leadership. Strategy focussed on foundational elements to build up to deliver those equitable services.</p> <p>She shared several examples of good progress and noted the further detail within the report. There would be a continued focus on engagement and leadership as the Strategy progressed though she was mindful of the financial pressures facing NHS organisations which did create a risk to progress, and she commented on the bold and courageous leadership required across the system to continue to prioritise this in context of other challenges.</p> <p>She explained the increased focus moving forward to scale up activity and continue to grow; updated a cross-provider event was being held in the coming weeks to explore inequalities and missed appointments – and</p>	



	<p>and would give further reflections on this.</p> <p>Mike Baker commended the detail within the report and referenced the Homefirst Programme and discharge work and reflected on the forward looking work for the healthcare system; he shared he would welcome further detail on the Core 20 plus programme in the next iteration of the report which was confirmed. Anna Ray noted there was also wider work taking place including a City Food Strategy and confirmed she would also include this detail.</p> <p>Prof Phil Wood concluding the discussion, noted the Boards role in encouraging thinking and activity to address healthcare inequalities and consider this as BAU; he referenced the 2024/25 annual commitments and reflected these should be reviewed through an inequality's lens.</p> <p>The Board received the report and confirmed its ongoing support for the Strategy.</p> <p><b>Dr Anna Ray exited the meeting</b></p>	Anna Ray
	<b>Items for Information</b>	
<b>15.1</b>	<b>BLUE BOX ITEM - Forward Planner</b>	
	The Board Forward Planner was provided in the Blue Box for information and was received and noted.	
<b>16</b>	<b>Standing Agenda Items</b>	
	<b>Risk</b>	
	There were no items arising from the meeting for escalation to the RMC for consideration on the CRR.	
	<b>Legal Advice</b>	
	There were no items arising from the meeting that warranted the consideration of legal advice.	
	<b>Regulators - CQC or NHS England, ICB/Place issues</b>	
	There were no items arising from the meeting for escalation to the Trusts regulators.	
	<b>Communications</b>	
	There were no specific areas arising from the meeting that required additional communications activity however a summary of the key highlights from the Board meeting would be shared with staff via the Start the Week publication.	
<b>17</b>	<b>Review of Meeting and Effectiveness</b>	
	Comments on the meeting review and effectiveness were welcomed with none raised in the meeting.	
<b>18</b>	<b>Any Other Business</b>	
	No other business was discussed.	
	<b>Date of next meeting:</b> Thursday 30 May 2024 (SJUH)	