



DRAFT MINUTES OF THE PUBLIC BOARD MEETING
Thursday 30 May 2024

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

Present:	Linda Pollard	Trust Chair
	Mike Baker	Non-Executive Director (exited at agenda item 12.3)
	Mark Burton	Associate Non-Executive Director
	Suzanne Clark	Non-Executive Director
	Magnus Harrison	Chief Medical Officer
	Paul Jones	Chief Digital and Information Officer
	Joanne Koroma	Associate Non-Executive Director
	Chris Schofield	Non-Executive Director
	Bob Simpson	Non-Executive Director
	Clare Smith	Chief Operating Officer
	Amanda Stainton	Associate Non-Executive Director
	Laura Stroud	Associate Non-Executive Director
	Gillian Taylor	Non-Executive Director
	Rabina Tindale	Chief Nurse
	Craige Richardson	Director of Estates and Facilities
	Prof Phil Wood	Chief Executive
	Rachel Woodman	Associate Non-Executive Director
	Simon Worthington	Director of Finance
In Attendance:	Dr Anju Aggarwal	Guardians of Safe Working Hours (for agenda item 14.1)
	Jo Bray	Company Secretary
	Chris Jones	Deputy Director of HR
	Robert Hakin	Associate Director of Corporate Planning & Business Development
	Vickie Hewitt	Trust Board Administrator
	Camelia Hughes	General Manager, Executive Office
	Brenda Murray	Consultant, Leeds Dental Institute (for agenda item 4 and via MST)
	Amanda Proctor	Maggie's Centre Head (for agenda item 10.3)
	Alan Sheppard	Freedom to Speak Up Guardian (via MST for agenda item 14.2)
	Dr Santosh Sundararajan	Guardians of Safe Working Hours (for agenda item 14.1)
	Jane Westmoreland	Associate Director of Communications
Observing:	Esther Wakeman	Chief Executive, Leeds Hospitals Charity
Apologies:	Julia Brown	Non-Executive Director
	Phil Corrigan	Non-Executive Director
	James Goodyear	Director of Strategy
	Jenny Lewis	Director of HR & Organisational Development

Agenda Item		ACTION
1	Welcome and Introductions	
	<p>The Trust Chair welcomed members of the Board and public to the meeting, and in addition welcomed Esther Wakeman, CEO, Leeds Hospitals Charity (LHC) as an observer and commenting on the improved connectivity between the LTHT and LHC Boards.</p> <p>Apologies were noted from Jenny Lews, Director of HR and James Goodyear, Director of Strategy due to sickness and she welcomed Robert Hakin, Associate Director of Corporate Planning & Business Development and Chris Jones, Deputy Director of HR who in attending on their behalf.</p> <p>She updated that the Stroke Association Garden designed for the 2024 RHS Chelsea Flower Show, would be reconfigured and moved to a permanent location adjacent to the stroke unit at CAH, were it would provide a place for recovery and rehabilitation for stroke survivors and their families.</p> <p>She reminded that following the announcement of the General Election, public organisations including the NHS were now subject to Pre-Election Period (PEP) rules.</p>	
2	Apologies for Absence	
	<p>Apologies for absence were received from Julia Brown, Non-Executive Director (NED) and Phil Corrigan, NED, and it was noted that Mike Baker would be exiting the meeting at 4pm.</p>	
3	Declarations of Interest	
	<p>There were no declarations of interest and the meeting was quorate.</p>	
4	Staff Story - Celebrating Our Differences; Emmanuelle's Story;	
	<p><i>In attendance:</i> <i>Brenda Murray, Consultant, Leeds Dental Institute</i></p> <p>Brenda Murray introduced the Staff Story video which shared Emmanuelle's story and highlighted the importance of recognising and celebrating people's differences; https://youtu.be/T3eQG5hZ-GE</p> <p>She explained that a series of video's had been produced from a range of staff within the Leeds Dental Institute (LDI) to support and encourage the sharing of individual stories and using the examples of sharing inequality and discrimination to create change.</p> <p>Amanda Stainton explained that this story had also been shared with the Workforce Committee who had commended the strength of the LDI in producing this for their people and the powerful effect of this, noting there were plans to repeat the exercise with different staff who had come forward and volunteered to take part.</p> <p>Mike Baker thanked the Team for sharing their stories, and the articulation of unintended bias and could be shared for learning much wider which was echoed by the wider Board.</p>	

	<p>Jo Koroma commented on the sense of belonging that had been created and explored what had made the difference and if this could be replicated within other CSUs. Brenda Murray explained that a collection of videos had been created to support this with a focus on hearing and sharing of stories to help break down barriers.</p> <p>Magnus Harrison commended the vulnerability displayed from leadership to create this type of environment for staff to speak up and share which leads into other staff members and creates that belonging.</p> <p>The Board received and noted the update.</p> <p>Brenda Murray exited the meeting</p>	
5.1	Draft Minutes of the Last Meeting	
	<p>The draft minutes of the last meeting held 28 March 2024 were confirmed to be a correct record subject to the following amendment:</p> <ul style="list-style-type: none"> • Prof Phil Woods declarations to be corrected to 'Academic Health Partners' 	
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	
	<p>The action tracker was reviewed, and progress noted.</p> <p>Referencing the ongoing action for item 3 in relation to the Lincoln Green work the Trust Chair shared that a similar project was taking place in London with an opportunity to share learning and best practice, citing this work was led by Lord Mason and she would remain engaged as this progressed.</p>	
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 drew attention to the detail within the report and noting the volume of external visits to, and activity within the Trust.</p> <p>She updated that she had completed her appraisal with Chris Schofield, Senior Independent Director (SID) who would formally report the output of this to the Board in July.</p> <p>The Board received and noted the report.</p>	Chris Schofield
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>Prof Phil Wood highlighted the detail within his report with more context to the external engagement visits to the Trust and shared that positive feedback had been received from Amanda Pritchard, CEO, NHSE following her visit which had showcased the Leeds Improvement Method and development of the annual commitments.</p>	

	<p>He drew attention to the formal endorsement sought by the Board to report compliance against two remaining elements of the Provider Licence, with regard to supporting the objective 2b; to reducing inequalities between persons with respect to their ability to access those services and G6; registration with the Care Quality Commission (CQC). This was received and endorsed by the Board.</p> <p>He reported against the continued strong partnership working of the Trust noting the additional detail at section 2 of the report and commenting on his role as Co-Chair of the WY Cancer Alliance and support in driving this agenda forward.</p> <p>He highlighted the levels of research activity across the Trust and noted the national recognition received in relation to its LIM process. He also drew attention toward the Celebrating Success section of the report which provided examples of the work by staff.</p> <p>He noted the consultant appointments that had been made over the last reporting period and Laura Stroud was positive of the three appointments to the neonatal service noting her role as Chair of the Quality Assurance Committee (QAC) and their focus on Maternity.</p> <p>Amanda Stainton shared that she had observed one of the open Q&A engagement sessions that the Executive Team were holding with staff and commented on the positive engagement from staff and responses from the Executive Team which had been reflective of the Trusts culture.</p> <p>The Board received and noted the report.</p>	
<p>10</p>	<p>Quality and Performance</p>	
<p>10.1</p>	<p>Integrated Quality and Performance Report</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>Amanda Stainton noted the improvements within the Referral to Treatment (RTT) standard and questioned the confidence in the sustainability of this. Responding, Clare Smith expanded on the investment by the organisation into the recovery of this standard and a focus on the timeliness of care for patients. She reported that the Trust had been de-escalated from Tier 2 for elective activity following the demonstrated improvement and forward planning, and with recognition of the underlying operational pressures. She was mindful of the long waiting times that continued to impact patients however provided assurance of the strong trajectory to clear the 78ww by September 2024 as per the national operational guidance. She referenced the deep dive presented to the F&P Committee the previous day which had provided assurance of the actions in place to respond to long waiting patients and reduce the total waiting list size.</p>	

	The Board received and noted the report.	
10.2	Environmental Audits PLACE Inspections	
	<p>The report provided an update regarding the Trusts published results following the annual PLACE inspection.</p> <p>Craige Richardson set context to the PLACE review which reviewed metrics of how an organisation was performing against a range of non-clinical activities, which impact on the patient experience and was considered through the patient lens. He reminded the Board of the objectivity of the review carried out by external lay trained assessors.</p> <p>The 2023 PLACE assessments were carried out across four of the Trusts sites (LGI, SJUH, CAH and WFD) and had exceeded the 25% requirement of the assessment template to be able to view a wider sample of results. The latest assessment had included 90 functional areas, 41 wards and 38 departments. He reported that LTHT had compared favourably within benchmarking of acute trusts and had continued to maintain high standards in cleanliness and food service, noting the additional detail within the tables provided within the report's appendices.</p> <p>He reported that Chapel Allerton & Wharfedale site results had reduced when compared to the previous year, noting that scores were subjective however feedback had included comments on the dementia and disability metrics with examples including; not all taps were marked and no large clocks or digital displays which would be improved on. The issues highlighted on each site would inform the PLACE action plan to be delivered in advance of the 2024 PLACE assessment, with involvement from the Nursing Team and stakeholders.</p> <p>The Board received and noted the report.</p>	
10.3	Maggie's Centre – Five Years On	
	<p><i>In attendance:</i> <i>Amanda Procter, Maggie's Centre Head</i></p> <p>Amanda Procter presented a deep dive to the Board on progress within the Maggie's Centre five years on which included detail of the Maggie's founding principle, and overview of Maggie's presence across the UK, the importance of providing cancer support to patients and their families with recognition the NHS provided excellent clinical care but recognition their time was limited, examples of the types of support and guidance that Maggie's offered and metrics of the numbers of lives impacted. Maggie's Centres were built on three key pillars of health experts, a peaceful location and access to nature and was designed to complement the healthcare provided by Trusts.</p> <p>She shared examples of demographic data to represent the increased use of the Centre, with interactions across all ages, noting the infographics representing this within the presentation.</p> <p>She highlighted the objectives for 2024 which included Programme development, NHS collaboration, Diversity and Inclusion, Partnership work</p>	

	<p>and Professional Advisory Group and shared examples of the charity fundraising events held throughout the year.</p> <p>She shared that she would welcome support for the Trust in reaching out to hard-to-reach communities and also commented on potential opportunities to support the volunteer profile which prompted wider discussion.</p> <p>Rachel Woodman shared that she visit the Maggie’s Centre on the Board Lunch and Learn and was positive of the practical and emotional support in one place which was a huge asset to the Trust. She was positive of the informality within the Centre (no uniforms or reception desks) and could see how this was a place of outreach and peace for patients and their families impacted by cancer. Gillian Taylor and Jo Koroma who had joined the visit also shared similar reflections and the safe feeling that was cocooned within the building design. Amanda Procter explained this was by design and linked back to the three pillars and explained there were processes below this informality to ensure safety and risk aspects.</p> <p>Laura Stroud commented on the detail on the age groups accessing support and asked of there were any barriers for any specific groups in attending, Amanda Procter explained that mobility could be a barrier for some visitors, and informed that virtual sessions were offered however access to technology could also be a barrier for some. She shared that parking on the Trust site could also be a challenge during peak times, particularly for those dropping in.</p> <p>Mike Baker questioned the Maggie’s Board structure and LTHT role within this and Amanda Procter explained that Maggie’s was governed through a central Board with a local Fundraising Board for each Centre, and she confirmed the Trust Chair was engaged with Chair of the Fundraising Board and Richard Baker, CD was the clinical lead. She shared that Maggie’s also fed into the WY Cancer Board confirming that engagement and collaboration was there.</p> <p>Prof Phil Wood commented on the integration of Maggie’s into the way the Trust delivered services, with staff able to signpost patients and families to local support available and recognised the positive difference this made.</p> <p>The Board received and noted the update</p> <p>Amanda Procter exited the meeting</p>	
<p>11</p>	<p>Risk</p>	
<p>11.1</p>	<p>Corporate Risk Register (CRR)</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 4 April and 2 May 2024.</p> <p>Prof Phil Wood highlighted the detail within the report of the latest risks reviewed by the RMC and drew attention to one change to the CRR which</p>	

	<p>was the removal of CRRC12 (Airedale Hospital infrastructure) which had been reduced to a risk score of 12 and moved to the EPPR risk register which was in line with the risk reporting of other WYAAT Trusts.</p> <p>The Board received and noted the report.</p>	
10.2	Board Assurance Framework (BAF)	
	The latest (April 2024) Board Assurance Framework (BAF) was presented for information, following the update and alignment of the BAF risk to the 2024/25 annual commitments and was received and noted.	
11.3	BLUE BOX ITEM – Health and Safety Annual Report	
	The 2023/24 Health and Safety Annual Report was provided in the Blue Box for information, and noting the assurance received through the RMC, was received and noted.	
12	Assurance from Committees	
	Quality Assurance Committee	
12.1(i)	Chair’s Summary Report	
	<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 18 April 2024.</p> <p>Laura Stroud drew attention to the detail within the report and updated of the additional activity by the Committee to review triangulation across Committees on key topics including maternity safety and HCAI.</p> <p>She highlighted the patient Story received by the Committee which had focussed on the impact of volunteers. The Committee had explored the training provided to volunteers which would flow to the Workforce Committee for consideration.</p> <p>She noted the assurance the Committee had received on the quality and safety for patients during periods of Industrial Action (IA), and how IA was impacting on wider elective recovery from a quality perspective (with assurance on the progress of the metrics provided via the F&P Committee).</p> <p>She drew attention to the assurance deep dive reports received by the Committee which had included updates on the HCAI, Maternity and Nursing and Midwifery staffing.</p> <p>Prof Phil Wood reflected on the assurance the Committee had received, and the wider discussion on Nursing and Midwifery staffing levels and safety during winter with reference to the Board discussion that morning. Mark Burton shared his recent observation of this Committee and the triangulation across of metrics across the different Committees and through different lenses which was essential in providing assurance to the Board.</p> <p>The Board received the report and noted the assurances received through the QAC.</p>	
12.1(ii)	BLUE BOX ITEM – Learning from Deaths Report	

	The Q4 Learning from Deaths report was provided in the Blue Box for information, and noting the assurance received at the QAC, was received and noted.	
12.1(iii)	BLUE BOX ITEM – CQC Registration Annual Assurance	
	The report provided an annual update on compliance with CQC standards, and the outcomes of CQC visits, inspections and engagement during the year 2023/24 and was provided in the Blue Box for information.	
	Finance and Performance Committee	
12.2(i)	Chairs Summary Report	
	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 27 March and 24 April 2024 and was received and noted.	
12.2(ii)	Verbal update of the meeting held 29 May 2024	
	<p>Gillian Taylor provided a verbal summary of the key areas of note from the F&P Committee meeting held the previous day.</p> <p>She shared that a Patient Story had been received which had focussed on the tailored care within a patient pathway to respond to individual needs, and the Committee had cross-referenced the complexities of this with the Total Waiting List and length of Stay deep-dive which had also been received.</p> <p>The Committee had reviewed the impact of IA on elective care and performance metrics and had recognised the progress that was made during periods of no IA.</p> <p>She shared that the Committee had reviewed the month one financial results and reported that the Trust was reporting a deficit however the overall plan for 2024/25 was to achieve a balanced position, and the Committee had received assurance from the Executive Team on the mitigation actions that were being taken.</p> <p>She noted that the Committee had also reviewed the latest Productivity and Efficiency position noting that a copy of the report would be shared with the Board for information, which had included detail on the national, external and internal work and the Committee had taken assurance on the level of planning in place aligned to WRP; and productivity improvements to be delivered in year.</p> <p>The Board received and noted the update.</p>	
	Audit Committee	
12.3(i)	Chairs Summary	
	<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 2 May 2024</p> <p>Suzanne Clark highlighted the detail within the report explained the focus of the meeting on reviewing the 2023/24 year-end documentation and assurances. The Committee had reviewed the Annual Reports for each of the Board Committees noted the assurance received on behalf of the</p>	

	<p>Board against the Board Committee Annual Reports (which were provided in the Blue Box); and noting that the Trust Chair and CEO had been in attendance for these items.</p> <p>She highlighted that Counter Fraud had reported full compliance against all the 13 Counter Fraud Standards for the first time since they were updated two years ago and also noted the positive feedback to the Trust following an engagement visit from the National Counter Fraud Authority.</p> <p>The Board received the report and noted the assurances received through the Audit Committee. The Board approved the work plans for 2024/25 of the Assurance Committees, noting the delegation from the Board as cited within respective ToR.</p> <p>Mike Baker exited the meeting</p>	
12.3(ii)	Audit Committee Chairs Annual Report	
	<p>The 2023/24 Audit Committee Annual Report was presented to the Board and sought to provide assurance that the Audit Committee had discharged its duties in accordance with its Terms of Reference, completed its Work Plan for 2023/24, and delivered against the defined objectives, and sets out the proposed Work Plan for 2024/25.</p> <p>Suzanne Clark highlighted the detail within the report and confirmed the Audit Committee had acted effectively throughout the year in line with its ToR. Some improvements had been identified for the coming year and had been included within the Committees 2024/25 objectives. The Committee had also reviewed its own ToR to identify any gaps prior to reporting the Board; no gaps were identified and the gap analysis was included in the appendices of the report.</p> <p>The Board received the report and confirmed its assurance of the Audit Committee activity during the year that it had discharged its duties; the 2024/25 workplan was supported.</p>	
12.3(iii)	2024/25 Committee Objectives	
	<p>The Board Committee 2024/25 Objectives were collated and provided to the Board for information and assurance.</p> <p>All Committees had presented their objectives to the Audit Committee on 2 May 2024 with the version provided to the Board reflecting the feedback from this meeting and ensuring the alignment of the overall objectives.</p> <p>The Board received the report and confirmed its endorsement of the 2024/25 Committee Objectives.</p>	
12.3(iv)	BLUE BOX ITEMS – Committee Annual Reports (Public Domain)	
	<p>The following Committee 2023/24 Annual Reports were provided in the Blue Box for information and were received and noted:</p> <ul style="list-style-type: none"> • Quality Assurance Committee • Workforce Committee • Risk Management Committee • Finance & Performance Committee 	

	Workforce Committee	
12.4(i)	Chairs Report	
	<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 Workforce Committee at its meeting held 22 May 2024.</p> <p>Amanda Stainton updated that this had been the first meeting of the Committee operating against its revised sub-committee structure (which had seen the introduction of a Workforce Management Group) and was positive of the improvements within the assurance reporting and increased strategic focus.</p> <p>She highlighted the review and assurance provided to the Committee of the Staff Survey results, particularly comments around burnout and exploring what further support could be implemented to mitigate this for staff.</p> <p>She noted the review of performance within the People Priority metrics and noted these were mirrored within the IQPR report. The Committee had also reviewed the initial feedback from the RPIW on variable pay, noting that validated results would be collated and presented to the Board in June as part of the Q1 Fundamental Financial review.</p> <p>She referenced the report provided to the Board Workshop on employee relations (noting the detail within this was restricted from the public domain under the FoI Act as it contained sensitive staffing information) and reported there had been 24 appeals within this, three of which were successful, and strong assurance received on the process within the Trust.</p> <p>She highlighted the review of the Gender Pay Gap and noted this would be published within the public domain when validated.</p> <p>She informed that the Committee had also received an update on the Long Term NHS Workforce Plan with no changes to escalate for the Boards attention.</p> <p>The Board received the report and noted the assurances received through the Workforce Committee.</p>	
12.4(ii)	Violence and Prevention Reduction	
	<p>The report provided an assurance update to the Board of the on-going work in relation to violence prevention and reduction in LTHT</p> <p>Craige Richardson drew attention to the detail within the report and explained the bi-annual reporting scheduled to the Board with ongoing monitoring and assurance provided through the recent Workforce Committee.</p> <p>He reminded that the hospital was a challenging environment however confirmed that Teams continued to work proactively. He reported there had been an increase in the number of incidents reported, which had been mirrored nationally.</p>	

	<p>He updated that the Trust had appointment a dedicated lead for this agenda, as well as ongoing engagement with staff to encourage the reporting of incidents and to promote a work without fear concept; updated training was also offered on de-escalation; strong collaboration across Teams and external with partners</p> <p>He reiterated the Trusts commitment to the safety of its staff, and anyone found to abuse this would be responded to. He reported that the Trust had a proactive relationship with the police in dealing with incidents, and also benefitted from the support of roles such as Community Support Officers.</p> <p>Clare Smith updated that the Violence Lead had presented an update to Senior Leaders via Team Brief the previous month and was positive of their consideration and support in responding to complex patients.</p> <p>The Board received the report and the assurances of the proactive work taking place to support our staff.</p>	
<p>13</p>	<p>Strategy and Planning</p>	
<p>13.1</p>	<p>BLUE BOX ITEM – Building the Leeds Way</p>	
	<p>The BtLW Update report was provided in the Blue Box for information and was received and noted.</p>	
<p>14</p>	<p>Governance and Regulation</p>	
<p>14.1</p>	<p>Guardians of Safe working</p>	
	<p><i>In attendance:</i> <i>Dr Anju Aggarwal and Dr Santosh Sundararajan, Guardians of safe Working Hours</i></p> <p>The Guardians of Safe Working (GoSW) Hours Annual Report was provided to the Board for information and assurance. In addition to the report provided, the Guardians presented an update which included:</p> <ul style="list-style-type: none"> • An overview of reports by month (with peaks in the data following the trend of junior doctor rotations); • A summary of the themes and outcomes of reports, with assurance that all immediate safety concerns were responded to immediately; • An overview of communication and engagement activities; • Plans to roll out further training and awareness sessions. <p>Amanda Stainton commended the work in this area and questioned if the Guardians could provide insight on the statistics of exception reporting to provide benchmarking data and it was confirmed this would be explored.</p> <p>Jo Koroma reflected on the demographics of staff reporting exceptions, recognising that there were fewer reports from senior staff and seeking further context around this. Santosh Sundararajan explained that a contributing factor of this was often familiarity with the Trust processes and greater experience within the work place as staff progressed through junior to senior grades and therefore, they didn't feel they needed to go through the GoSW route.</p>	<p>GoSW</p>

	<p>Chris Jones commented on the collaborative working between the GoSW and HR, which included work on ‘improving the lives of junior doctors,’ and also referenced the RPIW on variable pay whose outcome would feed into this work.</p> <p>The Board received and noted the update and report.</p> <p><i>Post-meeting note:</i> <i>during the meeting it was noted that the report recommendations had been updated following the email circulation of the report; the correct version had been updated on the website and was re-circulated for information and to ensure clarity on the recommendations which were confirmed as;</i></p> <ul style="list-style-type: none"> • <i>To note there is a planned increases in the Foundation Doctor allocation, from August 2024 for the spinal surgery service. As a result of this increase the situation in trauma and orthopaedics should improve but will require close monitoring for impact on workload. There is a proposed increase in the junior doctor allocation for general medicine, which will allow increased orthogeriatric input for trauma and orthopaedic patients. This should improve the supervision for trauma and orthopaedic doctors, but again will need monitoring.</i> • <i>Support for running ‘An Introduction into Exception Reporting for Educational Supervisors’ session aimed at consultants across LTHT to raise awareness, discuss logistics and enhance engagement.</i> • <i>Review current compensation rates for doctors in training when they are asked to cover gaps in rota, especially when cover is required at short notice.</i> <p>Dr Anju Aggarwal and Dr Santosh Sundararajan exited the meeting</p>	
<p>14.2</p>	<p>Freedom to Speak Up Annual Report</p>	
	<p><i>In attendance:</i> <i>Alan Sheppard, Freedom to Speak Up Guardian</i></p> <p>The report provided an objective assurance update on the Freedom to Speak Up (FtSU) process and activity from the Guardian.</p> <p>Alan Sheppard drew attention to the detail within the report and described the last quarter as a busy period for the FtSU leads and explaining this should be seen in the context of a positive culture of speaking up. There had been 36 concerns reported to the Guardians during Q3 2023/24, and 47 reported in Q4 across a number of themes as defined within the report.</p> <p>He provided a high level overview of the key themes, noting there had been a rise in cases linked to behaviours which was believed to be a result of the prolonged pressure on staff and actions in response to this had been shared with the CEO and Director of HR.</p> <p>Chris Schofield noted his NED role in supporting the FtSU Guardian and shared that he and Alan met regularly and had discussed the rise in cases and suggesting this reflected the increasing pressures across the Trust. He</p>	

	<p>was mindful of the FtSU resource allocation within the Trust and suggested the Executive Team may want to consider widening capacity. He raised that within the Staff Survey results only 67% staff had reported they felt safe to raise concerns and suggested there was some further work to do here.</p> <p>He was also mindful that the FtSU process had originally been designed as route to escalate concerns related to patient safety however the Team were currently responding to cases much wider than this which fell into existing HR policies (e.g., grievances). Alan Sheppard confirmed that this was a point of reflection for the Guardians and updated of the signposting provided when cases were not appropriate for the FtSU process. He also updated that he was engaged with the Communications Team to update the messaging of the FtSU and reset focus on this.</p> <p>Rabina Tindale reflected further on the issue of incivility explaining this was not addressed through the Staff Survey and exploring how to change culture around this and improve staff and patient safety. Laura Stroud reflected on the Patient Story received at the start of the meeting which highlighted breaking down cultural barriers and supporting staff to feel seen and reflected more of this type of work was the answer. Chris Jones updated on the ongoing work to ensure informal and quicker resolutions within this process and noted the additional detail provided to the Executive Team on the progress of this work. Prof Phil Wood commented on the importance of a positive speaking up culture and explained the Executive Team would be reporting to the Board in July to provide assurance of the action the Trust was taking to support the FtSU agenda.</p> <p>Chris Schofield noted the reference within the report to the open case which had reported negative impact and verbally updated that this had been resolved and to the satisfaction of all.</p> <p>The Board received and noted the report.</p>	
14.3	Pledge to Code of Conduct, Nolan Principles and Leeds Way Values	
	<p>The Code of Conduct for the Board of Directors at LTHT adheres to the Nolan Principles, the values set out in The Leeds Way and underpins the capable, compassionate and inclusive leaders with exemplary behaviours as defined by the CQC Well-led guidance.</p> <p>The Board was asked to make its annual endorsement of their support to the Code of Conduct for Directors at LTHT and recognise their personal duties to role model exemplary behaviours which would be recorded formally within the minutes of the meeting.</p> <p>All in attendance confirmed there pledge to these commitments.</p> <p><i>Post-meeting note;</i> <i>Phil Corrigan, James Goodyear and Jenny Lewis confirmed their pledge to this commitment via email.</i></p>	
14.4	Fit and Proper Persons Annual Report	

	<p>The report set out the requirements of the new framework for the CQC Fit and Proper Person Test from the Kark recommendations and provided an update on the latest self-certified compliance.</p> <p>Jo Bray drew attention to the detail within the report and reminded that LTHT included the Board and all direct reports to the Executive Directors and/ or authors of Board reports (as they hold with significant influence in reporting information for decision making within our governance structures).</p> <p>From the checks carried out against the requirements of the of the FPPT applied to the Board and the tier of 60 senior managers as already defined. Four members of staff were informally reminded of the use of social media. At the time of writing this report, one member of staff was still to complete their DBS submission. She verbally updated that there was a second member of staff on secondment that required an update to their DBS. [following the meeting these two were confirmed as complete]</p> <p>She noted that the FPPT was scheduled for internal audit review in 2024/25 (noting the previous review had produced a low risk report).</p> <p>The Board received and noted the report.</p>	
14.5	Standing Orders - Committee Terms of Reference	
	<p>The report sought Board approval of minor changes to the Terms of Reference of Board Committees (as cited in the Standing Orders) which had arisen following the annual Committee review.</p> <p>Jo Bray drew attention to the proposed changes at section 2 which included changes to terminology and job titles, and also reflected changes in Committee membership by the nominated University of Leeds NED from Julia Brown to Jane Nixon.</p> <p>The Board received the report and approved the amendments to the ToR as set out.</p>	
	Items for Information	
15.1	BLUE BOX ITEM - Forward Planner	
	<p>The Board Forward Planner was provided within the Blue Box for information and was received and noted.</p> <p>It was confirmed that the 2025/26 Corporate Calendar had been set and appointments circulated.</p>	
16	Standing Agenda Items	
	Risk	
	There were no items arising from the meeting for escalation to the RMC for consideration on the CRR.	
	Legal Advice	
	There were no items arising from the meeting that warranted the consideration of legal advice.	
	Regulators - CQC or NHS England, ICB/Place issues	
	There were no items arising from the meeting for escalation to the Trusts regulators.	

	Communications	
	Jane Westmoreland confirmed that several items had been picked up for staff communication throughout the meeting, however external communications would be limited during the PEP.	
17	Review of Meeting and Effectiveness	
	Comments on the meeting effectiveness were welcomed with none raised during the meeting.	
18	Any Other Business	
	No other business was discussed.	
	Date of next meeting: Thursday 25 July 2024 (LGI)	

DRAFT