

Bundle Public Board Meeting 7 October 2022

Agenda

Final Agenda Public_Board_Meeting_7 October 2022.docx

- 62 09:30 - Welcome, introductions and apologies:
- 63 Declarations of interest
- 64 Questions from members of the public
- Minutes adoption for approval*
- 65 09:40 - Minutes of previous meeting and matters arising
- 65.a Minutes of the meetings held on 5 August 2022
Item 65a Draft Public Board minutes 5 August 2022.docx
- 65.b Actions' log
Item 65b Public Board Actions log 7 October 2022.doc
- 66 09:45 - Patient's Story: Dee and Tilly's Story
- 67 10:05 - Chief Executive's report
Item 67 CEO Report - Oct 2022.docx
Item 67i CEO report appendix C.pdf
- 68 10:15 - Board Seasonal Resilience ('Winter planning') and system flow
- 69 10:30 - Committee Chairs' Assurance Reports: 16 September 2022
- 69.a Nominations and Remuneration Committee: 16 September 2022
Item 69a Nom and Rem Committee September 2022 - Chair Assurance report.docx
- 69.b Charitable Funds Committee: 16 September 2022
Item 69b Charitable funds Committee Chair Assurance Report September 2022.docx
- 69.c Quality Committee: 26 September 2022
Item 69c Quality Committee Chairs assurance report Sept 2022.docx
- 69.d Business Committee: 28 September 2022
Item 69d Business Committee Chairs assurance report September 2022 Public.docx
- 70 10:50 - Performance brief: August 2022
Item 70i Performance brief cover paper.docx
Item 70ii Performance Brief - August 2022.docx
- 71 11:00 - Significant Risks and Board Assurance Framework (BAF) Summary Report
Item 71 Significant risks and Board Assurance Framework Oct 2022.docx
- 72 11:10 - Trust Priorities – update
Item 72 Board_Trust Priorities Mid Year Update 2022-23.docx
- 73 11:30 - Patient Safety Strategy Implementation update
Item 73 Patient Safety Strategy Update Sept 2022 Board final.docx
- 74 11:45 - Sustainability – update
Item 74i Cover Paper; Sustainability Update.docx
Item 74ii September Sustainability Report.docx
- 75 11:55 - Workforce Disability Equality Standard and Workforce Race Equality Standard annual reports 2021-22 and action plans - to approve
Item 75i Cover Workforce Disability and Race Equality Standard performance 2021-22 and 2022-23 FINAL.docx
Item 75ii Appendices A WDES performance 2019-2022 FINAL.docx
Item 75iii Appendices B WRES performance 2019-2022 FINAL.docx
Item 75iv Appendices C WDES action plan 2022-23 FINAL.docx
Item 75v Appendices D WRES action plan 2022-23 FINAL.docx
Item 75vi Appendices E 3 year equality analysis of recruitment process FINAL.docx
- 76 12:10 - Nominations and Remunerations Committee terms of reference – amendment to approve

Item 76 Nominations & Remuneration Committee TOR amendment - scheme of delegation paragraph.doc

- 77 12:20 - Any other business and questions on Blue Box items
- 78 Close of the public section of the Board
- 79 Blue box item: Learning and Development Strategy- seen by Quality Committee 26 September 2022
Item 79 LD Rpt for Board Sept 2022.docx
- 80 Blue box item: Infection Prevention Control Assurance Framework – seen by Quality Committee 28 September 2022
Item 80 IPC_BAF_0322 v2.0.docx
- 81 Board workplan – to note
Item 81 Public Board workplan 2022-23 v5 29 09 22.xlsx
- 82 Blue box item: Approved minutes for noting:
- 82.a Quality Committee: 25 July 2022
Item 82a QC PUBLIC minutes 25 July 2022.docx
- 82.b Business Committee: 27 July 2022
Item 82b BC Public Minutes - 27 July 2022.docx

Agenda Trust Board Meeting Held In Public

Cardigan Centre 145-149 Cardigan Road, Burley Leeds LS6 1LJ

Date 7 October 2022
Time 9:30am – 12.30pm (Private Board at 09.00-09.30)
Chair Brodie Clark CBE, Trust Chair

AGENDA			Paper
2022-23 62	9.30	Welcome, introductions and apologies: (Trust Chair) – Dr Dave Kirby, Deputy Medical Director observing Gemma Cannon, Nurse Specialist observing Apologies: Alison Lowe OBE	N
2022-23 63		Declarations of interest (Trust Chair)	N
2022-23 64		Questions from members of the public	N
2022-23 65	9.40	Minutes of previous meeting and matters arising (Trust Chair) *For approval*	
65a		Minutes of the meeting held on: 5 August 2022	Y
65b		Actions' log 5 August 2022	Y
2022-23 66	9.45	Patient story: Dee and Tilly	N
QUALITY AND DELIVERY			
2022-23 67	10.05	Chief Executive's report (Thea Stein)	Y
2022-23 68	10.15	Seasonal Resilience ('Winter planning') and system flow (Sam Prince)	N
2022-23 69	10.30	Committee Chairs' Assurance Reports:	
69a		Nominations and Remuneration Committee: 16 September 2022 (Trust Chair)	Y
69b		Charitable Funds Committee: 16 September 2022 (Alison Lowe)	Y
69c		Quality Committee: 26 September 2022 (Helen Thomson)	Y
69d		Business Committee: 28 September 2022 (Richard Gladman)	Y
2022-23 70	10.50	Performance Brief: August 2022 (Bryan Machin)	Y
2022-23 71	11.00	Significant Risks and Board Assurance Framework (BAF) Summary Report (Thea Stein)	Y
2022-23 72	11.10	Trust Priorities – update (Bryan Machin)	Y
BREAK			
2022-23 73	11.30	Patient Safety Strategy Implementation update (Steph Lawrence)	Y

2022-23 74	11.45	Sustainability update (reviewed by Business Committee September 2022) (Sam Prince)	Y
SIGN OFF/APPROVAL			
2022-23 75	11.55	Workforce Disability Equality Standard and Workforce Race Equality Standard annual reports 2021-22 and action plans to approve (reviewed by Business Committee September 2022) (Jenny Allen/Laura Smith)	Y
2022-23 76	12.10	Nominations and Remunerations Committee terms of reference – amendment for approval	Y
CLOSE			
2022-23 77	12.20	Any other business and questions on Blue Box items (Trust Chair)	N
2022-23 78	12.30	Close of the public section of the Board (Trust Chair)	N

All items listed (Blue Box) in blue text, are to be received for information/assurance, having previously been scrutinised by committees, and no discussion time has been allocated within the agenda. The Trust Chair will invite questions on any of these items under any other business.

Additional items (Blue Box)		
2022-23 79	Learning and Development Strategy- reviewed by Quality Committee 26 September 2022	Y
2022-23 80	Infection Prevention Control Assurance Framework – reviewed by Quality Committee 28 September 2022	Y
2022-23 81	Board workplan – to note	Y
2022-23 82	Approved minutes and briefing notes for noting – all approved by the respective committees : (Brodie Clark)	Y
	a) Quality Committee 25 July 2022 b) Business Committee 27 July 2022	



Trust Board Meeting held in public: 7 October 2022

Agenda item number: 2022-23 (65a)

Title: Draft Trust Board meeting minutes 5 August 2022

Category of paper: for approval
History: N/A

Responsible director: Chief Executive
Report author: N/A

Attendance

Present:	Brodie Clark CBE Thea Stein Professor Ian Lewis (IL) Helen Thomson (HT) Alison Lowe OBE (AL) Khalil Rehman (KR) Bryan Machin Sam Prince Steph Lawrence MBE Jenny Allen	Trust Chair Chief Executive Non-Executive Director Non-Executive Director Non-Executive Director Non-Executive Director Executive Director of Finance and Resources Executive Director of Operations Executive Director of Nursing and Allied Health Professionals (AHPs) Director of Workforce, Organisational Development and System Development (JA)
Apologies:	Richard Gladman (RG) Dr Ruth Burnett Laura Smith	Non-Executive Director Executive Medical Director Director of Workforce, Organisational Development and System Development (LS)
In attendance:	Rachel Booth (RB) Diane Allison John Walsh Dr Nagashree Nallapetta Lucy Jackson Leanne Wilson	Associate Non-Executive Director Company Secretary Freedom to Speak Up Guardian (for Item 43) Guardian of Safe Working Hours (for Item 44) Public Health Lead /Consultant in Public Health (for Item 47) Head of Medical Education and Revalidation (for Item 48)
Minutes:	Liz Thornton	Board Administrator
Observers:	Em Campbell	Health Equity Lead, Leeds Community Healthcare NHS Trust
Members of the public:	None present	

Item 2022-23 (34)**Discussion points:****Welcome introduction, apologies and preliminary business**

The Chair of Leeds Community Healthcare opened the Trust Board meeting held in public and reminded members and attendees that the meeting was live streamed and could be accessed via a link on the Trust's website.

He welcomed Em Campbell, Health Equity Lead, Leeds Community Healthcare NHS Trust attending as an observer and other members of staff from the Trust who were attending to support items on the agenda.

Apologies

Apologies were received and accepted from Richard Gladman, Non-Executive Director, Dr Ruth Burnett, Executive Medical Director and Laura Smith, Director of Workforce, Organisational Development and System Development.

Trust Chair's introductory remarks

Before turning to the business on the Agenda, the Trust Chair provided some introductory comments to add context to the meeting discussions.

He spoke about the key priorities for the Trust in what continued to be a challenging landscape.

Quality remained the absolute top priority and incredibly challenging in the face of demanding pressures. He said that the quality risk was greatly exposed in very high-challenge environments the unrelenting pressure of triaging waiting lists, the increased volumes of cases across many distinct areas of the Trust's business, staffing shortfalls and the uncertainties around the NHS governance changes.

The Trust's relationship with patients and the public was equally important and he noted that Board members have had a number of conversations about cancelled visits and the need for clarity in communicating with patients. He said that it was essential that front-line staff were not left to pick up those interface challenges and awkwardness's. The Trust quite unavoidably, and despite everyone's best efforts, owned those problems.

Community was central to an agenda for city health safety. The Trust needed to spend the available funding on every creative, imaginative proposition which helped to support its work and to improve the health of the communities it serves. On reorganisation the Trust was well placed to make an excellent contribution to the arrangements in the City.

He commended the Trust Board for demonstrating its strength through challenging times and he said that this must continue. The Board need to be creative – thinking the unthinkable in organisational designs and approaches to delivery and being collaborative – with the many agencies and organisations that the Trust demonstrably supports across the City.

Staff have also been brilliant and the Trust should constantly, at all levels, seek ways of recognising and rewarding their unstinting efforts.

Finally, he said that the Agenda for the Board meeting today would see updates presented across a number of parts of the Trust's business; a clarity on the City's focus and the Trust's significant contribution to that and a continued analysis on the risks and assurances that play into the work and the role of the Board.

<p>Item 2022-23 (35)</p> <p>Discussion points: Declarations of interest Prior to the Trust Board meeting, the Trust Chair had considered the Directors' declarations of interest register and the agenda content to ensure there was no known conflict of interest prior to papers being distributed to Board members. No additional potential conflicts of interest regarding the meeting's agenda were raised.</p>
<p>Item 2022-23 (36)</p> <p>Discussion points: Questions from members of the public There were no questions from members of the public.</p>
<p>Item 2022-23 (37)</p> <p>Discussion points: Minutes of the last meetings, matters arising and action log. a) Minutes of the meeting held on 27 May 2022 The minutes were reviewed for accuracy and agreed to be a correct record. b) Minutes of the meeting held on 17 June 2022 The minutes were reviewed for accuracy and agreed to be a correct record. c) Actions' logs 27 May 2022 and 17 June 2022 There were no actions or matters arising to address.</p>
<p>Item 2022-23 (38)</p> <p>Discussion points: Chief Executive's report The Chief Executive presented her report highlighting:</p> <ul style="list-style-type: none"> • Seasonal Staff Influenza Vaccination Campaign • Monkeypox vaccine programme • International nurses recruitment • Successful bid to increase "virtual ward" services • NHS Pay Awards 2022-2023 • Leeds Health and Care Partnership update <p>The Executive Director of Nursing and Allied Health Professionals (AHPs) provided a further update on the Monkeypox programme. She reported that there were 44 confirmed cases of Monkeypox in the city. The first vaccines had been received by the Trust on 13 July 2022 and NHS England has advised that a regular supply would be provided from September 2022. She advised that Community transmission was now occurring and a further spike was expected in the next few weeks. The Trust would deliver the vaccine through collaborative working between Leeds Sexual Health (LSH) and the Trust's Infection Prevention Control (IPC) Team. This would impact on capacity in both teams.</p> <p>Non-Executive Director (HT) noted that the opportunity to take the OSCE (Objective Structured Clinical Examination) which oversees recruits must pass in order to register with the Nursing and Midwifery Council (NMC) had been delayed to September and asked if the Trust could do anything to expedite the process and what steps had been taken to support the new recruits in the interim.</p> <p>The Executive Director of Nursing and AHPs said that discussions were taking place at national level to address the delay and the Chief Nursing Officer was lobbying to enable the examinations to be progressed locally.</p> <p>The Trust was offering a range support for the overseas recruits:</p> <ul style="list-style-type: none"> • A decision to pay recruits at Band 4 rather than the Band 3 when they commenced work at the Trust until their NMC registration was confirmed. • Providing 12 weeks accommodation and support to find reasonably priced long-term arrangements. • Designated Human Resources support. • Help to identify nurseries for dependent children. • Help with links into appropriate community groups.

The Trust Chair asked if there was a quota on the numbers of overseas nurses which the Trust could recruit.

The Executive Director of Nursing and AHPs said that there was a limit nationally but locally Trusts could decide on the numbers they wished to employ.

Non-Executive Director (IL) asked if the Trust had assessed the financial impact of the recently announced NHS pay awards for 2022-23 and if there had been any feedback from staff following the announcement.

The Executive Director of Finance and Resources advised that the Trust had not received the full details of the pay scales therefore the cost implications had not been assessed. He added that the cost of pay awards would be fully funded 2022-23. Funding for future years had not been confirmed.

The Director of Workforce, Organisational Development and System Development (JA) advised that to date there had not been any significant reaction to the announcements on pay. Locally trade unions and professional organisations would take account of decisions made regionally and nationally on any proposed industrial action.

Associate Non-Executive Director (RB) asked if there was an option to expand international recruitment to other staff groups, for example to address the vacancies in dentistry.

The Executive Director of Nursing and AHPs said that international recruitment was not an option for dentists but there could be opportunities to include some AHP groups such as podiatrists and occupational therapists if necessary.

Outcome: the Board

- received and noted the Chief Executive's report.

Item 2022-23 (39)

Discussion points:

System flow and Development issues

The Executive Director of Operations presented the report. She began by updating the Board on the current position in relation to system pressures in Leeds:

- Currently there were 178 patients in the acute hospital with covid related infections resulting in an extension to their length of stay. Most had acquired the infection during their stay in hospital for other treatment.
- At the 4 August 2022, 324 patients were reported as no reason to reside and bed occupancy was at 99%. Seven wards were in use above the base establishment.

Overall, the systems in the city were reported as stressed.

The Board discussed the current Leeds System and why it was one of the most challenged systems in the country with high hospital occupancy.

The Chief Executive there were a number of factors which contributed to the problem; a high number of people without a reason to reside, waiting for services in the community including long term placement, rehabilitation in a bedded setting or care at home.

The Executive Director of Operations led Board members through the detail in the paper, highlighting the key headlines from the System Flow Plan and the Trust's role in supporting and developing the system by creating more community capacity.

The Board discussed the possible financial risks to the Trust in implementing the System Flow Plan and developing more community capacity.

The Executive Director of Finance and Resources reported that in this financial year the Trust was using the savings from unfilled vacancies and the funding allocated to support the response to Covid-

19. He said that finance directors in the City were concerned about the financial risk in future years given the uncertainty around the funding arrangements and further discussions were taking place.

Non-Executive Director (KR) noted that the Head of the Trust's Adult Business Unit had been seconded as Programme Director for the Active Recovery Service and he asked what steps had been taken to backfill her post.

The Executive Director of Operations confirmed that an internal appointment had been made and the post would be covered for the six month secondment period.

Non-Executive Director (IL) referred to the plan to increase the caseload in the Virtual Wards/Hospital at Home model by April 2023. He asked whether the 50 additional places provided through a remote monitoring clinical hub would be managed by the Trust as part of the existing system or by Primary Care.

The Executive Director of Nursing and AHPs said that discussions around the governance and reporting arrangements were still under development.

The Board thanked the Executive Director of Operations for presenting such a comprehensive report and welcomed the developments and plans already in place. It was agreed that further updates should be made to the Quality and Business Committees to provide further assurance with reports to the Board as required.

Outcome: the Board:

- noted the pressure in the system and the priority to improve system flow
- took assurance that the Trust is playing a full role in the System Flow Plan
- noted the numerous developments in place to increase community capacity
- agreed that further updates should be presented to the Quality and Business committees and to the Board when required.

Item 2022-23 (40)

Discussion points:

Assurance reports from sub-committees

a) – Nominations and Remuneration Committee 17 June 2022

The report was presented by the Trust Chair as Chair of the Committee, and the key issues discussed were highlighted, namely:

- **Chief Executive and Directors' pay disclosure report**
The Committee had noted a report relating to the Directors' pay disclosure.
- **Review of Annual Workplan**
The Committee agreed to add a review of the Trust's approach to reward and recognition to the workplan for discussion later in the year.
- **Winter Incentives**
The Committee retrospectively ratified the virtual approval of a further extension of the Trust's Winter Incentives package up to and including 5 June 2022 to cover the Jubilee Bank Holiday weekend, considered the future use of particular incentives and these were approved for use up to the date of the next Committee meeting in September 2022.
- **Temporary Local Adjustments to Mileage Rates**
The Committee ratified the decision made by email to increase the uplift to the mileage rate by 10 pence per mile from 1 July 2022 to 30 September 2022.

b) – Charitable Funds Committee 22 June 2022

The report was presented by the Chair of the Committee, and Non-Executive Director (AL), who highlighted the key issues discussed, namely:

- **The post of charitable funds administrator:** the Committee discussed recruiting to a charity fund raiser post. After a review of the reserves policy, it was agreed there was not sufficient money within charitable funds to allow this to happen.
- **Future developments:** next steps would be to pursue a conversation with the Leeds Cares Charity at Leeds Teaching Hospitals NHS Trust.

- **Minibus for Hannah House:** the Committee agreed to the purchase of a mini-bus up to the value of £40,000 .
- **Finance:** the draft Charitable Funds and Related Charities Annual Report was discussed and agreed by the Committee and referred for review by the Audit Committee before final adoption.

The Board welcomed the decision to discuss the future of the Trust's charitable activities with Leeds Cares. Non-Executive Director (IL) agreed to share his thoughts on the Trust's charitable activities with the Chair of the Committee outside the meeting.

c) – Quality Committee – 27 June 2022 and 25 July 2022

The reports were presented by the Chair of the Committee, Non-Executive Director (HT), the key issues discussed were highlighted, namely:

- **Service spotlight: Children's Business Unit waiting lists:** representatives from the Children's Business Unit had presented information about the waiting lists and back logs, with a focus on the quality of care being provided. The context and challenges those services were working within included: the pandemic, the pausing of services, redeployment of clinicians, the impact on children, young people and families, health equity and inclusion issues – access to digital had widened the equity gap.
- **Safe staffing report:** the Committee was assured that safe staffing was being maintained in the inpatient unit (Hannah House). Referral rates into this service were currently low and the Committee discussed the possible reasons for this including parents' perceptions of risk. Areas that were challenging to maintain safe staffing levels were Police Custody and Wetherby Young Offenders Institute.
- **Serious incidents report:** the Committee discussed the ways in which learning from incidents was being shared, including neighbourhood teams' quality meetings and other shared learning events, and how it could be shared more widely. The Committee also discussed the Duty of Candour regulation and how patients/families had the right to refuse to engage with any part of the Duty of Candour process, although the Trust had a legal and contractual duty to inform them of an incident and of the process.
- **Medical Directors report:** the Committee endorsed the submission of the Medical Director's statement of compliance.
- **Patient experience report:** the Committee noted that complaint numbers were increasing back towards pre-pandemic levels. The Committee requested more information to be provided about upheld complaints. The Committee was advised that the Trust was exploring the possibility of recording phone calls, as a record of the clinical advice provided by phone.

The Board noted that the risks allocated to the Committee had been assigned a **reasonable** level of assurance.

d) – Business Committee – 29 June 2022 and 27 July 2022

The reports were presented by Non-Executive Director (KR), and the key issues discussed were highlighted, namely:

- **Service Focus: Liaison and Diversion Service:** the Operational Head of Service attended the Committee meeting to present information about the Liaison and Diversion Service. The service supports vulnerable people who are in the criminal justice system who need help to access appropriate health and social care services.
- **Third Sector Strategy:** The Committee was advised that notable developments included:
 - Launch of the 1 year Enhance programme with most of the 14 third sector delivery partners going live with referrals from 20 June 2022.
 - Success in the Children's Business Unit developing a network of 3rd sector organisations who publicise to their members the involvement opportunities across LCH children's services and who also promote LCH's Youth Board.
 - Work with BASIS (NHS Charities Together funded project which LCH partnered) to develop services' awareness and understanding about the needs of women sexworkers and / or women who are sexually exploited and the barriers they experience, develop services to be accessible and inclusive, and BASIS supporting women to access services.

The Committee agreed that the strategy was progressing well.

- **Health and Safety compliance report:** the report provided the Committee with details of the review of the health and safety management arrangements, legal compliance, accident performance data and health and safety activities and described further planned activities which are required to strengthen the management system and fulfil the Trust's health and safety obligations. The Committee remained concerned and has requested that regular update reports are received to provide assurance of progress and highlight areas of risk.

The Board noted that the majority of the risks allocated to the Committee had been assigned a **reasonable** level of assurance with the exception of the risk associated with embedding a suitable health and safety management system which had been assigned a **limited** assurance level.

d) – Audit Committee 3 August 2022

A verbal report was presented by the Chair of the Committee and Non-Executive Director (KR) who highlighted the key issues discussed, namely:

- **Internal Audit (TIAA):** the Committee received a report from the Head of Internal Audit confirming that their opinion was one of reasonable assurance given that there were adequate and effective risk management and internal control processes to manage the achievement of the Trust's objectives for 2021-22. The Committee also received the final audit reports for 2021-22 relating to cyber and data security.
- **Internal Audit (Audit Yorkshire):** the Committee received a progress update on the Audit Plan for 2022-23.
- **External audit (Mazars):** Mazars provided the Committee with a verbal update on the preparation of their annual report and Value for Money statement.
- **Leeds Community Healthcare Charitable Funds and Related Charities draft annual report and accounts 2020-21** – the Committee was provided with the Trust's Charitable Trust and Related Charities draft annual report and accounts for 2021-22 together with the findings of the independent examination. The Committee recommended the adoption of the accounts by the Charitable Funds Committee at its meeting in September 2022.

The Board noted that BAF risk 2.4 allocated to the Committee had been assigned a **Limited** level of assurance and further sources of assurance have been requested for the October 2022 meeting.

Outcome: the Board

- noted the update reports from the committee chairs and the matters highlighted.

Item 2022-23 (41)

Discussion points:

Performance Brief and Domains Report: June 2022

The Executive Director of Finance and Resources presented the report which sought to provide assurance to the Trust Board on quality, performance, compliance, and financial matters.

Under the Well-led domain, the Director of Workforce, Organisational Development and System Development (JA) provided an update on the successes from the Trust's resourcing initiatives including the recruitment of three consultant paediatricians, seven international nurses, eleven healthcare support workers following promotion of vacancies into local communities and eight health visitors into the 0-19 Service.

She added that capacity remained a challenge with turnover just below the target figure, staff sickness high and above target for most areas in the Trust.

There were no questions related to the other domains covered by the performance pack.

Outcome: the Board:

- noted the levels of performance in June 2022.

Item 2022-23 (42)

Discussion points:

Significant risks and Board Assurance Framework (BAF)

The Company Secretary introduced the report which provided information about the effectiveness of the risk management processes and the controls that were in place to manage the Trust's most significant risks.

The strongest theme found across the whole risk register was staff capacity, second strongest was the functionality of digital/information technology (IT) systems. There was also a theme concerning the lack of and/or implementation of suitable processes and procedures.

The Board noted changes to the risk register as follows:

- One extreme risk scoring 15 related to waiting times for Community Dental Services.
- 16 risks scoring 12 (very high). One had recently been escalated:
 - Coronavirus (Covid-19) increased spread of infection.

The Board noted the controls and planned mitigations in place for the extreme risk related to waiting times for Community Dental services including the transformation work underway across the service.

The Trust Chair referred to the risk related to IT (Helpdesk) Support Capacity and asked for the Executive Director of Finance and Resources to provide his perspective on this.

He explained that the demand for IT support has risen as a result of staff working from home, using new or unfamiliar technologies or having been redeployed to new and unfamiliar areas of the Trust.

There was a risk that staff may not be able to access or record patient information on assessments or care plans, they may not be able to access clinical appointments, corporate data to support meetings, or record incidents or risks. This may lead to increased complaints from staff and patients, staff delaying or cancelling work and increased anxiety and stress for clinical, management and administrative and Helpdesk staff.

The risk score had been escalated because the IT Helpdesk Manager who was due in post on the 16 May 2022 failed to start because of personal circumstances. This post has been put out to advert again in June 2022 but the labour market in this area was extremely competitive.

Non-Executive Director (KR) advised that the Audit Committee had recently evaluated the effectiveness of the BAF process and agreed that the process was robust and effective.

Outcome: the Board

- noted the new and escalated risks, which had been scrutinised by Quality and Business Committee and mitigating actions to reduce the risk.
- received some additional assurance against Board Assurance Framework (BAF) strategic risks that are linked to the strong themes identified in this report

Item 2022-23 (43)

Discussion points:

Freedom to Speak Up Guardian: annual report 2021-22

The Freedom to Speak Up Guardian (FTSUG) provided an overview of his work for the period 6 August 2021 to 5 August 2022, basic activity data, themes that have emerged from the work to date and assurances on the direction of the role.

The work had continued to develop over the last year to ensure the voices of staff are fully heard and understood. There had been 27 concerns raised formally. Themes and concerns from these were described in the report.

This work has several forms principally where individual staff approached the FTSUG and the Race Equality Network speaking up champions to discuss concerns. In addition, it was noted that staff with disabilities and mental health issues had started to name issues and the Equality Diversity and Inclusion Forum would oversee and receive reports on the development of a disability forum in the Trust.

The FTSUG placed on record his thanks to the Board and senior leaders for their commitment and support for his role, without which the work could not develop and flourish.

The Trust Chair thanked the FTSUG for presenting his report and commended his work in the Trust.

Outcome: the Board

- noted the report and continued to support the role of the FTSUG to enable embedding of this work across the Trust.

Item 2022-23 (44)

Discussion points:

Guardian of Safe Working Hours (GSWH) – Quarter 1 report 2022-23

The GSWH presented the report for 2022-23 Q1 to provide the Board with assurance that trainee doctors and dentists working within the Trust are working safely and, in a manner, consistent with the Junior Doctors Contract 2016 Terms and Conditions of Service.

The report covered the current plan and progress to address the Community Adolescent Mental Health Services (CAMHS) ST historic rota compliance and payment issues and identified the need for robust human resources/medical staffing support to manage the junior doctor contract, rota assurance and work schedule.

The Trust Chair noted that work had started to look into a sustainable long term solution in relation to rota assurance, job descriptions and workplans. He suggested that HR support for this should form part of a separate discussion with the Director of Workforce, Organisational Development and System Development.

The Trust Chair thanked the GSWH for presenting her comprehensive report.

Outcome: the Board

- received assurance regarding the plan in place for addressing issues related to CAMHS historic rota compliance and payment issues.
- supported the GSWH with the ongoing work related to CAMHS ST historical rota compliance and payment issues and noted the risk that a fine could be levied if any underpayments are identified.
- noted that work had been started to look into sustainable long term solution with regards to rota assurance and JD workplans and the need for dedicated HR support for Junior doctors working in the Trust.

Item 2022-23 (45)

Discussion points:

Safe staffing report

The Executive Director of Nursing and AHPs presented the paper which described the background to the expectations of boards in relation to safe staffing, outlining where the Trust is meeting the requirements and highlighting if there is further work to be undertaken. The report is written in the context of the current system and local pressures which currently includes the Covid-19 pandemic and remains challenging.

The report had previously been considered by the Quality and Business Committees.

Outcome: the Board

- noted the contents of the report and the progress being made and supported six monthly reviews to Quality and Business Committees and subsequently to the Public Board meeting.

Item 2022-23 (46)

Discussion points:

Nursing and Allied Health Professionals (AHP) revalidation and registration

The Executive Director of Nursing and AHPs presented the report which provided the Board with an update on nursing and AHP revalidation and registration.

The Board noted the plans in place to ensure that the organisation could meet the request of NHS England to regulate psychological well-being practitioners.

Outcome: the Board

- noted the position on nurse and AHP revalidation and re-registration.

Item 2022-23 (47)

Discussion points:

Health Equity Strategy Update

Lucy Jackson presented the report which provided an update on progress to deliver the strategy since the last report made to the Board in March 2022.

She led Board members through the detail of the report including information about the Care Quality Commission's (CQC) new approach and relationship to health equity, an update on the Integrated Care Board's (ICB) health inequalities funding for the Trust projects, the new contract schedule and progress on the objective to test different ways of working.

She added that the CQC's new approach was being developed further by NHS Providers using the Core20plus5 framework, with a plan for producing briefings /webinars and peer learning for Boards and Executive leads for Health Inequalities from August 2022 to March 2023. The Trust was working with NHS Providers to take maximum advantage of the offer.

The Chief Executive observed that the report highlighted the excellent work which had already been completed. She suggested that future reports should include more information about the work to address the inequity which arises through communication particularly literacy and language and also the impact of the cost of living crisis on communities in the City.

Non-Executive Director (KR) welcomed the update report and suggested that the implementation plan should include outcomes and measures of success and that the Business Committee might wish to receive a more detailed report on the plans to use the ICB funding.

The Trust Chair welcomed the update report which he said provided the Board with assurance that the work underpinning the delivery of the strategy was progressing well and the direction of travel was clear.

Outcome: the Board

- received the report and assurance within it and continued to support action to address inequity during periods of increased escalation.

Item 2022-23 (48)

Discussion points:

Medical Director's Annual Report – including approval of compliance statement

The Head of Medical Education and Revalidation presented the report on behalf of the Executive Medical Director which provided the Board with an update overview of the Trust's responsibilities regarding the employment of medical and dental staff within the Trust including, appraisal and medical revalidation, managing concerns and pre-employment checks. She added that it also fulfilled the requirements set by NHS England/NHS Improvement in relation to annual organisational audit, designated annual Board report and the statement of compliance.

The Board reviewed the report and approved the statement of compliance for signature and submission to NHS England and NHS Improvement.

Outcome: the Board:

- noted the contents of the 2021-22 Executive Medical Director's Annual Report
- approved the statement of compliance and agree submission to NHS England/NHS Improvement.

Item 2022-23 (49)

Discussion points:

Safeguarding Annual Report

The Executive Director of Nursing and AHPs presented the report which provided an overview of the safeguarding achievements and challenges in 2021-22 and outlined the key ambitions for 2022-23.

Non-Executive Director (IL) commented on the risk that the Trust would lose clinical expertise in undertaking child sexual abuse assessments by virtue of the fact that they were undertaken by a third-party organisation in the city.

The Executive Director of Nursing and AHPs said that the decision to outsource the assessments had been made outwith the Trust. She said that concerns had already been raised with the Director of Quality and Safety at NHS Leeds Clinical Commissioning Group and she would also discuss the issue with consultant paediatricians in the Trust and report back to the Quality Committee.

The annual report had been reviewed by the Quality Committee on 27 June 2022 and was recommended for approval.

The Board acknowledged the achievements of the Safeguarding Team over what had been a challenging year, and the Executive Director of Nursing and AHPs was asked to pass on thanks to the Team on behalf of the Board.

Outcome: the Board:

- noted the report and approved its publication.

Item 2022-23 (50)

Discussion points:

Risk management policy and procedure

The Company Secretary presented the policy for approval.

Non-Executive Director (KR) questioned whether the frequency for review as three years was appropriate.

The Company Secretary acknowledged that risk management was constantly evolving and advised the Board that if significant changes were required to the policy in the interim a review would be undertaken and the policy changed and updated as required.

Outcome: the Board

- approved the revised risk management policy and procedure.

Item 2022-23 (51)

Discussion points:

Register of seals

The Company Secretary presented the report which, in line with the Trust's standing orders, recorded the use of the Trust's corporate seal and this required ratification by the Board.

Outcome: the Board

- ratified the use of the Trust's corporate seal.

Item 2022-23 (52)

Discussion points:

Any other business and close

The Trust Chair referred Board members to the additional Blue Box items (54 – 61) on the agenda and the papers which had been circulated to support those items. He explained that the Blue Box was for items already discussed at a committee in full and where any concerns are escalated via the Chairs' assurance reports.

The Trust Chair invited any questions or comments on the Blue Box items. None were raised.

Item 2022-23 (53)

The Trust Chair closed the meeting at 11.30am.

Date and time of next meeting
Friday 7 October 2022 9.00am-12.00 noon

Additional items (Blue Box)

2022-23 54	Mortality Report – Quarter 1 2022-23 – seen by Quality Committee July 2022 <i>(Ruth Burnett)</i>
2022-23 55	Patient Experience: 6 monthly /Annual Report – seen by Quality Committee July 2022 <i>(Steph Lawrence)</i>

2022-23 56	Patient Safety Report:- seen by Quality Committee July 2022 <i>(Steph Lawrence)</i>
2022-23 57	Serious Incidents Report (this is the twice yearly thematic/learning report) – seen by Quality Committee July 2022 <i>(Steph Lawrence)</i>
2022-23 58	Health and Safety Compliance Report – seen by Business Committee July 2022 <i>(Bryan Machin) –</i>
2022-23 59	Third Sector Strategy – reviewed by Business Committee July 2022 <i>(Sam Prince)</i>
2022-23 60	Board workplan for noting
2022-23 61	Approved minutes and briefing notes for noting – all approved by the respective committees: <i>(Brodie Clark)</i>
61a	Quality Committee: 23 May 2022 and 27 June 2022
61b	Business Committee: 25 May 2022 and 29 June 2022

**Leeds Community Healthcare NHS Trust
Trust Board meeting (held in public) actions' log: 7 October 2022**

Agenda Item Number	Action Agreed	Lead	Timescale	Status
5 August 2022				
	None to note			

Actions on log completed since last Board meeting on 5 August 2022	
Actions not due for completion before 7 October 2022; progressing to timescale	
Actions not due for completion before 7 October 2022; agreed timescales and/or requirements are at risk or have been delayed	
Actions outstanding at 7 October 2022; not having met agreed timescales and/or requirements	

Trust Board Meeting held in public: 7 October 2022

Agenda item number: 2022-23 (67)

Title: Chief Executive's report

Category of paper: for information

History: Not applicable

Responsible director: Chief Executive

Report author: Chief Executive

Executive summary (Purpose and main points)

This report updates the Board on the Trust's activities since the last meeting and draws the Board's attention to any issues of significance or interest.

This month's report focusses on:

- No Bystanders event
- Leeds Committee of the West Yorkshire Integrated Care Board
- Listening to staff
- Additional bank Holiday for Her Late Majesty the Queen's funeral
- Pay award and pensions
- LCH Sustainability
- Annual General Meeting 2022

Appendix A: Staff survey quarterly report

Appendix B: Youth Board update

Appendix C: Agenda Leeds Committee of the West Yorkshire Integrated Care Board

A further verbal update will be provided at the Board meeting, including the most up to date information about system pressures.

Recommendations

Note the contents of this report and the work undertaken to drive forward our strategic goals

1. Introduction

This report updates the Board on the Trust's activities since the last meeting and draws the Board's attention to any issues of significance or interest. The report, which aims to highlight areas where the Chief Executive and senior team are involved in work to support the achievement of the Trust's strategic goals and priorities: delivering outstanding care in all our communities, staff engagement and support, using our resources efficiently and effectively, and ensuring we are working with key stakeholders both locally and nationally.

2. No Bystanders event

The LCH No Bystanders Summit was held on Tuesday 13 September 2022. Its purpose was to contribute towards a reduction in staff experiencing abuse, harassment or discrimination in the course of their work. Its objective was to identify actions to make sure that when people do experience these behaviours, they feel confident and supported to take action – to call it out, to tackle it, to report it and to give / access support around it.

The event, hosted by the Chief Executive and with closing remarks from the Trust Chair, considered patient-staff, staff-staff or staff-patient language, behaviours and actions. It drew on available data, heard from a guest speaker, and utilised a World Café approach to generate focused group discussions on specific topics. It was well-attended, with approximately 60 staff including leaders, clinicians, Equality Diversity & Inclusion (ED&I) and Staff Network leads, and those involved in the delivery of key reporting and support infrastructure.

A range of proposed actions have arisen from this successful event, on a range of matters including reporting, cultural awareness and the range, clarity and accessibility of support mechanisms. These will be considered by the ED&I Forum in its October meeting; and are expected to be overseen by the ED&I Forum to ensure the ongoing profile of the work and the maintenance of momentum.

3. Leeds Committee of the West Yorkshire Integrated Care Board

The Leeds Committee met on 22 September 2022 and received a presentation on the draft proposals for the Leeds medium term financial plan, updates from its three subcommittees, and the enhanced access plan was presented for agreement.

The agenda from this meeting is at appendix C. The papers are available if you wish to view them.

4. Listening to staff

I am regularly out and about either in person or virtually listening and learning from our staff. I have recently visited the Recovery Hub, the Integrated Sexual Health Service, the Reginald Centre (Children's Services teams in CAMHS huddle), the Infection Prevention and Control Team and the Transfers of Care Hub (including self-management).

5. Additional bank Holiday for Her Late Majesty the Queen's funeral

Following the death of Her Majesty Queen Elizabeth II on Thursday 8 September 2022; a bank holiday was announced by the Government, to take place on Monday 19 September 2022. The Trust applied the standard national Agenda for Change bank holiday terms and conditions to the date; and services operated a bank holiday service, ensuring that essential work remained covered. The Trust observed national guidelines in relation to events and external communications during the official national period of mourning leading up to and including Her Late Majesty the Queen's funeral on Monday 19 September 2022.

6. Pay award and pensions

Following the announcement of national NHS Pay Awards in July 2019, and reported to Board previously, staff on national Agenda for Change and national Medical & Dental contracts received their amended pay and any associated arrears with their September 2022 pay, backdated to 1 April 2022. As in previous years, the national pay award resulted in the pay for several paypoints moving into a higher threshold of NHS Pensions contributions; meaning that the affected employees pay a higher percentage of their pensionable salary into their NHS Pension.

This year, the increased pension contribution for affected staff on the lower paypoint of Band 8a has been greater than the increase generated by the national pay award, effectively resulting in a reduction in take-home pay for approximately 100 LCH staff. Whilst unable to directly mitigate this outcome of national decisions, LCH communicated directly with affected staff once this outcome was known to ensure their awareness; and has offered each affected individual the option to repay in instalments an amount equivalent to any outstanding arrears.

7. LCH Sustainability

The sustainability team recently presented the Sustainable Travel Options Appraisal to the senior management team on the 24 August 2022 to review the tactics required to make progression in our area of travel. It was concluded that there were two areas that could be approved and implemented immediately following submission of individual business cases. Both relate to our in-house staff benefit schemes; salary sacrifice and business lease schemes and are outlined below:

1. The money saved by the Trust through the National Insurance Contribution (NiC) on electric vehicles (EV) and Ultra Low Emission Vehicles (ULEV) currently available on the salary sacrifice scheme will be returned into the scheme for staff to benefit financial from. Passing back this saving will mean that more staff will financially qualify for an EV or ULEV on the scheme and reduce overall monthly payments of the salary sacrifice. Not only does this aid our carbon commitments by the promotion of EVs and ULEVs but it also offers a wider scope of low emitting vehicles available on the salary sacrifice scheme as they become more affordable.
2. With regards to the Business Lease scheme, it has been concluded that the qualifying mileage should be amended to reflect the staff members whole time equivalent and working hours rather than the blanket 3500 annual milage currently in place. This will mean that the eligibility for the scheme will become broader which we hope will encourage staff to take advantage of a lower emitting vehicle, but it also ensures no discrimination towards part time staff with regards to eligibility.

We were informed that unfortunately we were not successful in the Salix government funding which we applied for to create an Estates Heat Decarbonisation Plan that would set out clearly how we decarbonise our estate. However, we have been informed that there may be additional funding available at the end of October 2022 which LCH may qualify for, and we will hear about in due course. We will be conducting an estates feasibility study to provide a comprehensive overview of LCH retained estate which will include:

- Of all our buildings, which can realistically reach Net Zero
- What measures will be required to reach those goals – ie how we heat our buildings and source our energy from
- The timeframes and cost implications of the required actions

Finally, it was a real honour for Sustainability to be included in this year's Annual General Meeting with guest speakers Alexis Percival and Frank Swinton presenting information on Sustainability within the NHS and West Yorkshire region. We hope this engaging presentation will encourage staff to have an increased awareness of sustainability practices across the Trust and empower them to be involved and engaged in the changes needed to be made at the Trust to achieve our ambitions and goals.

8. Annual General Meeting 2022

The Trust's Annual General Meeting (AGM) took place on Tuesday 20 September 2022 with presentations from the Chair, Chief Executive and Executive Director of

Finance and Resources. The hybrid event was held at the Thackray Museum, Leeds and was live streamed in order to reach the widest possible audience. It was well attended by members of staff, third sector partnership colleagues and members of the public.

The Annual Report and Accounts 2021/22 has been published on the Trust's website.


You can watch a recording of the AGM on You Tube
<https://www.youtube.com/watch?v=t2L5UU5u5W8>


Appendix A: Staff survey quarterly report




The National Quarterly Pulse Survey





Q2 Staff Survey Results



 **x945** **945 Colleagues Completed the Survey**
945 colleagues completed the survey compared to 1060 staff in Q1. This can be explained by the Q2 timing of July clashing with summer holidays. The Q2 response rate still compared favourably to that of Q4 (+ 5.7% higher than Q4).



 **Overall Engagement Increased by +0.03**
Overall results are higher than the last quarter with overall engagement up and increases across 2 of the 3 subgroups:



-  **-0.03** Motivation
-  **+0.02** Improvements
-  **+0.10** Recommendation

Standard Questions:


  **69% of respondents felt there were frequent opportunities to show initiative in their role and were able to make suggestions to improve the work of their team department.**
+1% from Q1


  **79% of respondents felt the care of patients/service users was LCH's top priority.**
+3% from Q1


  **70% of staff would be happy with the standard of care provided by LCH.**
+3% from Q1 and also -3% on the negative score

  **61% of staff would recommend LCH as a place to work.**
+1% from Q1

LCH Optional Questions *(new questions for Q2, so not comparable)*

 **My organisation is committed to helping me balance my work and home life**
58% of staff feel the Trust is committed to this but we clearly want to increase this from Q2 to Q4.

 **I find my work emotionally exhausting**
42% of staff agreed with this statement compared to 43.8% in the National Survey of 2021, so trending downward but work to do.

 **I am able to meet in person with my colleagues at least once a week**
59% of staff feel they can connect but 17% don't. We're aiming to reduce the negative as we know connecting with colleagues can improve general health and wellbeing.

Appendix B: Youth Board update



Involvement Update September 2022

We have now launched our Children's Business Unit (CBU) parent and carer group and already have 19 members.


This will be a group of parents and carers who agree to be contacted around consultation, feedback and opportunities around taking part in our projects.

We are just starting to promote the group and share our first newsletter.

We also are also building a directory of 3rd sector groups and partners who also agree to be contacted around helping us to develop our services.

**Parent And Carer Consultation
Group Newsletter
Autumn 2022**

NHS
Leeds Community
Healthcare
NHS Trust



We have developed our new flyer.

Our group is still quite new but we have already been involved in the following projects.

- Our group gave feedback on the new communication offer.
- Consultation took place around the name of a new CAMHS (Child and Adolescent Mental Health Service) team name.

What's coming Up?

We are now promoting the group within our services and this will ensure that we will start to receive items for consultation and feedback.

We are keen to involve our members in the recruitment of our staff and this is a great opportunity to ask your own questions.

If you would like to take part in some of these interviews just let us know and we can provide training around this as well.

Parent and Carer Consultation Group

NHS
Leeds Community
Healthcare
NHS Trust

Children's Community Healthcare Services

Are you a parent or carer in Leeds?
Do you have a child or young person under 19?
Do you want to ensure services are developed by those who use them?

We are looking for parents and carers to join our new group and get involved in developing our children's community healthcare services such as:

- SLT – Speech and Language Therapy
- CAMHS – Child and Adolescent Mental Service
- ICAN – Integrated Children Additional Needs Service
- PHINS – Public Health Integrated Nursing Service (0-19)

Contact
Chris Lake – Involvement Lead (Children's Services)
Email: chrislake@nhs.net Tel: 07985 267 740

You can get involved as little or as much as you wish and in a number of ways such as by email, telephone or by joining our focus groups that we will be planning.

For more information about the parent and carer group please contact;
Chris Lake Tel: 07985267740
Email: chrislake@nhs.net
www.leedscommunityhealthcare.nhs.uk

The Youth Board continues to grow and I attended a careers event at the temple Learning Academy on 27th of September to promote the volunteering opportunities with the Youth Board.

We now produce records of achievement for our members and this validates their volunteering hours and gives details of the projects that they take part in. Two of our ex-Youth Board members (Haris and Caitlin) are now in their second year at medical school and have requested to spend their elective placements at Leeds Community Healthcare. They are studying in Liverpool and Hull but would like to return to our Trust if possible and this is based on their positive experiences with the Youth Board and the Trust.

We are now exploring this and how other young people can volunteer within our services as well. This is a great opportunity to introduce our staff of the future to Leeds Community Healthcare and create a “grow your own culture” where we support people in developing their skills and creating work experience opportunities.

Chris Lake
Involvement Lead (children`s) and Youth Board Facilitator

**Leeds Committee of the
West Yorkshire Integrated Care Board**

**Thursday 22nd September 2022, 13:00 – 16:00
New Wortley Community Centre, 40 Tong Road, Leeds, LS12 1LZ**

AGENDA

No.	Item	Lead	Page	Time
LC 19/22	Welcome, Introductions	Rebecca Charlwood Independent Chair	-	13:00
LC 20/22	Apologies and Declarations of Interest - To note and record any apologies. - Those in attendance are asked to declare any interests presenting an actual/potential conflict of interest arising from matters under discussion.	Rebecca Charlwood Independent Chair	-	
LC 21/22	Minutes from the previous meeting - To approve the minutes from the meeting held on 14 July 2022	Rebecca Charlwood Independent Chair	3	
LC 22/22	Action Tracker - To receive the action tracker for review	Rebecca Charlwood Independent Chair	16	
LC 23/22	People's Voice - To share a lived experience of health and care services.	Rebecca Charlwood Independent Chair	-	13:10
LC 24/22	Questions from Members of the Public - To receive questions from members of the public in relation to items on the agenda	Rebecca Charlwood Independent Chair	-	13:30
LC 25/22	Place Lead Update - To receive a report from the Place Lead	Tim Ryley Place Lead	17	13:40
ROUTINE REPORTS				
LC 26/22	Quality & People's Experience Sub-Committee Update - To receive an assurance report from the Chair of the sub-committee	Rebecca Charlwood Independent Chair	25	14:05
LC 27/22	Delivery Sub-Committee Update - To receive an assurance report from the Chair of the sub-committee, along with a revised version of the delivery performance report considered by the sub-committee	Yasmin Khan Independent Member Chair of Delivery Sub-Committee	27	

No.	Item	Lead	Page	Time
LC 28/22	Finance & Best Value Sub-Committee Update - To receive an assurance report from the Chair of the sub-committee <i>(to follow)</i>	Cheryl Hobson Independent Member Chair of Finance & Best Value Sub-Committee	-	
BREAK 14:20 – 14:30				
LC 29/22	Risk Management Report - To receive and consider the risk management information provided	Tim Ryley Place Lead Supported by Anne Ellis, Risk Manager	32	14:30
ITEMS FOR DECISION/ASSURANCE/STRATEGIC UPDATES				
LC 30/22	Primary Care – Enhanced Access Service - To agree the Enhanced Access Service Plan	Gaynor Connor Director of Primary Care and Same Day Response	41	14:45
FINANCE				
LC 31/22	Medium Term Financial Plan - To receive a presentation on the draft proposals for the Leeds medium term financial plan for submission in October	Visseh Pejhan-Sykes Place Finance Lead	-	15:15
FORWARD PLANNING				
LC 32/22	Items for the Attention of the ICB Board - To identify items to which the ICB Board needs to be alerted, on which it needs to be assured, which it needs to action and positive items to note.	Rebecca Charlwood Independent Chair	-	15:45
LC 33/22	Forward Work Plan - To consider the forward work plan	Rebecca Charlwood Independent Chair	53	
LC 34/22	Any Other Business - To discuss any other business raised and not on the agenda.	Rebecca Charlwood Independent Chair	-	
LC 35/22	Date and Time of Next Meeting The next meeting of the Leeds Committee of the WY ICB will be held at 1.30 pm on Tuesday 13 December, at a venue to be confirmed.		-	-

Trust Board Meeting held in public: 7 October 2022

Agenda item number:2022-23 (69a)

Title: Nominations and Remuneration Committee – 16 September 2022: Chair Assurance Report

Category of paper: for assurance
History: n/a

Responsible director: Chair of the Nominations and Remuneration Committee
Report author: Director of Workforce

Executive summary (Purpose and main points)

This paper identifies the key issues for the Board arising from the Nominations and Remuneration Committee meeting held on 19 September 2022.

Please note that the last regular quarterly meeting of the committee was held in June 2022.

Items discussed:

National Pay Awards:

The Committee noted the annual Agenda for Change and Medical and Dental national terms and conditions pay awards and that these would be paid in salaries in September 2022. The Committee also prospectively approved the award of the nationally recommended 3% uplift for staff on Very Senior Managers (VSM) salaries subject to receipt of the national guidance and detail in respect of the application of this pay award.

GP Pay:

The Committee noted that a review and further detailed proposal on locally employed GP pay and terms and conditions would be considered at the next meeting. In the interim, the Committee approved the extension of the existing local pay framework for GPs for use until the date of the next meeting.

Temporary Local Adjustments to Mileage Rates:

The Committee noted that the Trust's fuel and mileage group would meet the following week and likely return to the Committee with a further proposal. Please note that post the Committee meeting, the Committee has approved the extension of the additional 10p per mile previously approved at the June meeting to the end of October 2022.

Winter Incentives:

The Committee considered a comprehensive report detailing an evaluation of the effectiveness of the incentive package used through the winter and beyond in both quantitative and qualitative terms as well as the overall cost of these measures.

Additionally, the Committee considered the future use of particular incentives and these were approved for use up to the end of October 2022 and pending some further work on affordability in particular as we enter the winter months.

Terms of Reference Scheme of Delegation:

The Committee approved the amendment to the wording of the Terms of Reference (ToR) for the Committee and relating to the scheme of delegation. The Committee has made a recommendation to the Board to approve this amend to the ToR.

Associate NED Post:

The Committee approved the retention of the Associate Director post within the Trust for a further three years.

Recommendations

The Board is recommended to note this information.

Trust Board Meeting held in public: 7 October 2022

Agenda item number: 2022-23 (69b)

Title: Charitable Funds Committee September 2022: Committee's Chair assurance report

Category of paper: For assurance and decision
History: N/A

Responsible director: Executive Director of Nursing and AHP's
Report author: Executive Director of Nursing and AHP's

Executive summary (Purpose and main points)

This paper identifies the key issues for the Board from the Charitable Funds Committee held on 16 September 2022.

Recommendations

For the Trust Board to receive this assurance report from the Charitable Funds Committee.

Charitable Funds Chairs Assurance report

1 Introduction

The Charitable Funds Committee is a sub –committee of the Trust Board who also act as the Board of Trustees for the Charity. The Committee oversees the strategic director of the LCH Charity and provides assurance to the Trust Board following each quarterly meeting.

2 Background

The paper is presented to the Trust Board only following each Charitable Funds Committee meeting.

3 Current position/main body of the report

Charitable development updates

Following discussions at the last meeting, a further discussion has now been held with the Chief Executive officer of Leeds Cares Charity with the Chair of the Charitable Funds Committee and the Director of Nursing and AHP's. This was a positive conversation about the potential for the LCH charity to become part of Leeds Cares including ensuring a ringfenced fund for Hannah House. The CEO for Leeds Cares is having further conversations with her board and will then feedback to us. If this is positive which it is expected to be there will then be further conversations about the logistics and detail of how this could work. Ultimately any decision will be taken by the Trust Board following a recommendation from the Charitable Funds Committee.

Finance Report

The Finance Report was discussed in the absence of finance colleagues at the meeting. There was one query around the spend on outdoor equipment for Hannah House and the Director of Nursing and AHP's agreed to chase this up. Otherwise the committee accepted the finance report as a true and accurate record.

4 Impact:

4.1 Quality

The work of the Charitable Funds Operational Group and Committee is hoping to enhance the quality of care the Trust provides through use of funds to enhance patient care but also to ensure staff are supported in terms of their health and wellbeing.

4.2 Resources

As above in terms of the potential risks regarding the suggested fundraiser post.

4.3 Risk and assurance

As above in relation to the potential financial risk.

5 Next steps

N/A

6 Recommendations

The Board is recommended to:
Receive this report.

Public Board Meeting: 7 October 2022

Agenda item number: 2022-23 (69c)

Title: Quality Committee Chair's Assurance Report 26 September 2022

Category of paper: For Assurance

History: N/A

Responsible director: Quality Committee Chair

Report author: Quality Committee Chair

Executive summary:

This paper identifies the key issues for the Board arising from the Quality Committee meeting held on the 26 September 2022, and it indicates the level of assurance based on the evidence received by the Committee. This meeting was held by MS Teams.

Recommendations:

The Board is recommended to note this information.

System pressures update

The Committee received an update on system pressures – a similar update will be provided to Board. The Committee was advised that infection rates were better than had been anticipated and that some services had now deescalated their OPEL levels.

Service focus: Implementation of E-Prescribing

The Head of Medicines Management and the Programme Manager who are supporting the project, attended the Committee meeting to present details of the progress made in implementing E-prescribing. The Committee was provided with context – 16 Trust services prescribe medication, there are 400 prescribers across those services, and 10,000 FP10 prescriptions are written each year for our patients. The pandemic affected the project, expediting some areas and slowing others. The ICAN service was very successful in implementing e-prescribing by the summer of 2020 and a number of services have now gone live, with others due to follow. Feedback from staff has been very positive and patients and carers have also relayed their positive experiences to staff. The Committee was very pleased to see the progress that had been made and additionally asked what improvements had been made to patient safety as a result. E-prescribing has some features that act as safety nets, for example allergy alerts. The project team will consider how they can more accurately evaluate the benefits to staff and patients and will factor this in as e-prescribing continues to be rolled out.

Quality Assurance and Improvement Group (QAIG)

QAIG recently held a workshop on Equality and Quality Impact Assessments (EQIAs). The workshop established that processes and assurance around these assessments needed to be tighter. The Committee agreed and requested further assurance that staff had sufficient knowledge and understanding of how to complete the EQIAs, that they have acted upon the assessment's findings appropriately and that a difference has been made as a result. Further information will be brought to the November 2022 Committee meeting.

Cancelled/rescheduled visits

The aim of the series of cancelled/rescheduled visits audits is to provide a better understanding of the number of cancelled and rescheduled Neighbourhood Team visits and the arrangements made to deliver care to mitigate the impact on the patient. The latest audit has focussed on reviewing if patients are receiving a telephone call prior to the rescheduling or cancelling of their care.

The audit found that there is an improved position but that 7 patients out of a total of 230 who had their visit cancelled or rescheduled had not received a telephone call. The Committee recognised the improvement however agreed that the target needed to be set at zero, so that all affected patients received appropriate communication. A further update would be provided in January 2023.

Performance Brief – August 2022 (see copy in Board papers pack)

The Committee reviewed the content of the August performance Brief, and the Safe, Caring and Effective domains in particular. No questions were raised about information provided in the report.

Clinical Governance Report

The Committee was advised that due to the escalated position in the Adult Business Unit there continued to be a backlog in the completion of incident Rapid Reviews, and a delay in the completion of Serious Incident and Internal Concise actions. It was however an improved position from last month due to the additional support that is being introduced. The Committee explored the risks associated with the backlog of incidents and considered ways of making learning from incidents more meaningful and less resource intense.

The Committee supported the Director of Nursing and AHP's recommendation to defer the deep dive into one of the neighbourhood teams due to the improvements seen on the assurance that monitoring will continue.

Infection Prevention and Control Assurance Framework Covid-19 (included in Board papers)

The Framework described the measures in place around identified key lines of enquiry in relation to Infection Prevention and Control (IPC) and Covid-19, in line with national guidance. Changes to the document have been made to reflect the current position in relation to the Covid-19 pandemic as we are navigating towards business-as-usual dependant on local surveillance of Covid-19 figures. The Committee was impressed by the comprehensive nature of the report and felt that it provided substantial assurance in the main but with limited assurance around centrally held fit testing records for all staff requiring FFP3. There is ongoing work in relation to the Implementation of the National Cleaning Standards which are due to be embedded by November 2022.

Learning and Development Strategy Update (included in Board papers)

The Committee was advised that the implementation of the strategy had been impeded due to the need to refocus and reprioritise resources. Despite this progress had been made and a number of initiatives were underway. Essential training has continued to be provided. The Committee requested a) information in the next strategy update report about the risks associated with the areas of the strategy that have not been delivered; and b) that thought be given to the next stages of development of this strategy.

Engagement Strategy update

The Committee agreed that the current Engagement Strategy required further work to be able to evidence that it was being delivered. It was suggested that a benefits realisation section was included and that there was most robust means of monitoring progress of its implementation. The Committee felt that the proposal that this strategy evolved into 'business as usual' was premature and should be reconsidered.

Safeguarding Committee terms of reference

The Safeguarding Committee is a subgroup of the Quality Committee and provides strategic direction for the organisation in relation to safeguarding and promoting the welfare of children and adults at risk. The Quality Committee approved the suggested amendments to the Safeguarding Committee's terms of reference. The main amendment was to include that the Safeguarding Committee would 'monitor

and oversee the use of the Mental Health Act with children and young people under the care of Responsible Clinicians in Leeds Community Healthcare'.

Quality Committee assurance levels – determined at the meeting

The Quality Committee provides the following levels of assurance to the Board on these strategic risks	Risk score (current)	Agenda items reviewed	Overall level of assurance provided	Additional comments
RISK 1.1 The risk that the Trust does not have effective systems and processes for assessing the quality of service delivery and compliance with regulatory standards	12 V High	<ul style="list-style-type: none"> • Performance Brief (effective) • QAIG escalations/ assurance report • Clinical Governance report • Risk register report • IPC Assurance framework 	Limited	The risks associated with the backlog of incident rapid reviews have not yet been mitigated, although there is a plan in place.
Risk 1.2 The risk that there are insufficient clinical governance arrangements in place for new care models	9 High	No items on the September agenda that relate to this risk		
RISK 1.3 The risk that the Trust does not maintain and continue to improve service quality	8 High	<ul style="list-style-type: none"> • Covid and system pressures update • Performance Brief (safe) • QAIG escalations/ assurance report • Clinical Governance report • Risk register report • IPC Assurance framework • Learning & Development Strategy update • Cancelled and rescheduled visits (update) • Service focus: Implementation of e-prescribing • Leeds Sexual Health Service update 	Reasonable	The Learning and Development Strategy update and the information provided about the Leeds Sexual Health Service provided limited assurance. Other items including the IPC framework and the improved position with cancelled/rescheduled visits provided reasonable assurance. It was agreed that the e-prescribing presentation provided substantial assurance
RISK 1.4 The risk that the Trust does not engage with patients and the public effectively	12 V High	<ul style="list-style-type: none"> • Performance Brief (caring) • QAIG escalations/ assurance report • Engagement Strategy update • Clinical Governance report (service visits) 	Limited	The Engagement Strategy provided limited assurance in terms of benefits realisation.
RISK 1.5 The risk that the increased demand for services will affect the provision of timely, equitable, quality services and patient outcomes	12 V High	<ul style="list-style-type: none"> • Covid-19 / system pressures update • Performance Brief • Clinical Governance report • Risk register report • Cancelled and rescheduled visits (update) 	Reasonable	Concerns that mitigations for new risks on the Risk Register had apparently not impacted the Risk scores.

Trust Board Meeting held in public: 7 October 2022

Agenda item number: 2022-23 (69d)

Title: Business Committee Chair's assurance report 28 September 2022

Category of paper: For assurance
History: Not applicable

Responsible director: Business Committee Chair
Report author: Business Committee Chair

Executive summary (Purpose and main points)

This report identifies the key issues for the Board from the Business Committee held on 28 September 2022 and provides assurance on how well its strategic risks are being managed. The level of assurance is based on the information in the papers, other information received and the Committee's discussion.

Items discussed:

System pressures update

The Committee received an update on the local situation including current infection rates, the system challenges, and the latest information on the vaccination programme. An updated picture will be provided at the Board meeting.

Service Focus: Emergency Preparedness, Resilience and Response (EPRR)

The Emergency Planning Manager attended the Committee meeting to introduce herself and to present the priorities, the progress, the focus over the next year, as well as describing how West Yorkshire worked in partnership to agree system wide responses and mutual aid. The priorities included updating plans and policies in line with the latest EPRR Framework and Guidance issued in July 2022, exercises and testing of plans, and raising staff awareness and delivering suitable training. The Committee agreed they were substantially assured by the information presented. A further progress report will be provided to the Committee in 6 months.

Estates Strategy update

The Committee received a verbal update on progress in delivering the current Estate Strategy. Planning for the new staff hub continue at pace, plans for the redevelopment of Burmantofts Health Centre are progressing and funding discussions are ongoing. Otley Health Centre remains out of use. Killingbeck Court will remain open for our neighbourhood team over winter, whilst the council temporarily vacate their occupied space. The Committee members expressed an interest in attending a meeting of the Estates Strategy Implementation Board. The refreshed Estates Strategy which will incorporate the new ways of flexible working will be drafted in the new year. The committee requested a written report describing progress in delivering against the current strategy to allow other Directors to understand the latest developments, and a target date for a draft of the next 3-year strategy.

Sustainability report (see copy in Board papers pack)

The Sustainability Manager attended the Committee to provide an update on the progress made and projects commenced since the approval of the Trust's Green Plan in March 2022. Four carbon dense areas of the Trust have been identified: Procurement, Buildings and Estates, Travel, and Waste. The Sustainability Team have worked closely with high emitting departments to ensure that all internal stakeholders are aware of the Trust's sustainability agenda and are clear over the proposed projects and how the departments can collaborate. Incremental changes were being made and examples included: reducing our need for paper, single use plastics and harmful environmental chemical agents. A re-greening pilot project is underway at three trust sites to allow lawns to grow naturally and encourage biodiversity and local wildlife. The Committee commended the Sustainability Manager for the work achieved to date and the engagement with services and the Trust.

Major Change Programmes/ priority projects

The Committee approved a proposal put forward by SMT which identified the priority projects/major change programmes that the Business Committee would receive assurance on over the following year. It was agreed that the dynamic list would be kept under review and a timetable for bringing simple, summary reports on these major projects to future Business Committee meetings will be created.

Performance Brief August 2022 (see copy in Board papers pack)

The Committee discussed the content of the performance brief and in particular the information about waitlists and recruitment. Hyper-local recruitment was being successful in bringing people into the Trust who may not ordinarily think about working for the NHS. This included night-sitters, domestic assistants, and apprenticeships. The October Business Committee meeting would explore the vacancy and establishment position in greater detail.

The Executive Director for Finance and Resources presented the Committee with the current financial forecast for the Leeds health system, and early projections on underlying deficits of each organisation.

Workforce Disability and Race Equality Standards (WDES/WRES) (see copy in Board papers pack)

The report outlined WDES & WRES progress made over the last 12 months and sought support for the WDES & WRES action plans for 2022/23. Positive progress had included: improvement in the overall representation of BME staff in LCH, (including the Trust Board), an increase in the relative likelihood of BME and Disabled staff appointed from shortlisting across all posts, an increase in the number of adequate adjustment(s) to enable staff to carry out their work, and a decrease in the relative likelihood of both BME and Disabled staff entering the formal disciplinary process.

The Committee recognised the improved position and recommended that there should be more robust actions and specific measurements for improvement. Further discussion would take place at the Board.

Recommendation:

The Board is recommended to note the assurance levels provided against the strategic risks.

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The Business Committee provides the following levels of assurance to the Board on these strategic risks	Risk score (current)	Agenda items reviewed	Overall level of assurance provided that the strategic risk is being managed (or not)	Additional comments
Risk 2.1 The risk that the Trust does not deliver on its major change programmes	9 High	<ul style="list-style-type: none"> • Estates Strategy report • Change Management top ten programmes • Sustainability update 	Reasonable	The sustainability report provided substantial assurance; all other items provided reasonable assurance
RISK 2.2 The risk that the Trust does not deliver its contractual requirements	6 Moderate	<ul style="list-style-type: none"> • Performance brief (waiting times, KPIs against financial penalties) • Operational and non-clinical risks register • Tenders, risks, new commissioners 	Reasonable	
RISK 2.3 The risk that the Trust is not improving productivity, efficiency, and value for money	9 High	<ul style="list-style-type: none"> • Estate strategy update • Performance Brief 	Reasonable	The future financials discussion highlighted the need to accelerate consideration of Cost Improvement Plans
RISK 2.5 The risk that the Trust does not deliver on its agreed income and expenditure position	6 Moderate	<ul style="list-style-type: none"> • Performance Brief (Finance) • Estate Strategy report • Tenders, risks, new commissioners 	Reasonable	
RISK 2.6 The risk that the Trust is not investing in and creating the capacity and capability to respond to the increasing dependency on digital solutions	12 V High	<ul style="list-style-type: none"> • Care Notes • IT helpdesk discussion 	Reasonable	The difficulties in staffing the IT Helpdesk were discussed and the need to appropriately resource the Care Notes project to deliver at pace

				and minimise the impact on other programmes.
RISK 2.8 The risk that waiting times for appointments are not reduced	12 V High	<ul style="list-style-type: none"> • Covid / system pressures update • Performance Brief 	Reasonable	
RISK 3.1 The risk that the Trust does not have suitable and sufficient staff capacity and capability and is it maintaining a low level of sickness absence	16 Extreme	<ul style="list-style-type: none"> • Performance Brief (turnover and stability) • Covid / system pressures update • Workforce Disability Equality Standard and Workforce Race Equality Standard annual reports 2021-22 and action plans • Risk register 	Reasonable	
RISK 3.3 The risk that the Trust is not investing in developing managerial and leadership capability	9 High	No items on the agenda provided a source of assurance for this strategic risk		
RISK 3.4 The risk that the Trust does not develop and embed a suitable health and safety management system	12 V High	<ul style="list-style-type: none"> • Performance Brief (staff RIDDOR incidents) • Performance Brief (statutory mandatory H&S compliance) 	Reasonable	
RISK 3.5 The risk that the Trust is not maintaining business continuity in the event of significant disruption	12 V High	<ul style="list-style-type: none"> • Performance Brief • System pressures update • Risk register • Emergency Preparedness annual self-assessment • Emergency Preparedness, Resilience and Response (EPRR) Presentation 	Reasonable	The EPRR presentation provided substantial assurance, all other items provided reasonable assurance
RISK 4.2 The risk that the Trust does not have robust agreements and clear governance arrangements for complex partnership arrangements	9 High	No items on the agenda provided a source of assurance for this strategic risk		

Trust Board Meeting held in public: 7 October 2022

Agenda item number: 2022-23 (70)

Title: Performance Brief August 2022

Category of paper: for assurance

History: Quality Committee – 26 September 2022
Business Committee – 28 September 2022

***Responsible director:* Executive Director of Finance and Resources**

***Report author:* Head of Business Intelligence**

Executive summary (Purpose and main points)

This report seeks to provide assurance to the Board on quality, performance, compliance, and financial matters.

It is structured in line with the Care Quality Commission (CQC) domains with the addition of Finance.

The report focuses on performance against the KPIs agreed before the commencement of the financial year.

Main Issues for Consideration

Safe

- Rapid Review Meeting (RRM): 71 incidents were reviewed, of which two were escalated to a Serious Incident (SI).
- CAS: There were 13 Central Alert System (CAS) notifications in the period. All 13 required a response, and actions are on track to complete within the timescale.
- Inquest: currently, there are 5 open inquests which have been notified to LCH in 2022/23.

Caring

- There were 1510 Friends and Family Test (FFT) responses in July and August 2022 with 95% respondents rated their care as good or very good. This is an increase from the previous reporting period.
- There were 19 complaints received in July and August 2022, a decrease from the last reporting period (22).
- There were 155 concerns received in July and August 2022, a decrease from the last reporting period (173).
- There were 178 compliments received in July and August 2022, a decrease from the last reporting period (181).

Effective

- Narrative on Effective Measures is provided quarterly so isn't included in this report

Responsive

- Consultant-led RTT waits continue to be below target, falling to 76.98% in August 2022
- Non-reportable waiting times have held firm at 89.29%
- DM01 performance has remained consistent at 41.48%, and has now recorded 7 consecutive months above the mean since the start of COVID, however remains well below the target of 99%
- LMWS continues to see patients in line with 6-week and 18-week targets, but further declines are reported in screening targets.
- CAMHS measures have not been reported due to the ongoing outage of Carenotes

Well-led

- Overall, there are improvements across many of the key Well Led measures this month and whilst pleasing, it is acknowledged that work and efforts must continue particularly as we enter what are expected to be challenging winter months.

- Turnover continues to hover just below target and is expected to remain at that level whilst leavers within 12 months continues to stabilise and remains within the target for the fifth consecutive month.
- For the first time in 12 months the Overall sickness rate has reduced to the organisational target of 6.5%. Long-term absence remains a concern with all areas of the Trust over the 3.5% target. The main absence is due to anxiety, stress, and depression, which although is reducing, remains of concern. Short-term sickness absence for all areas has remained below target for the last 7 months.
- Appraisal rates have shown an improving trend since October 2021 but remain some way below the target – some of this was to be expected with CAMHS and ABU spending much of August operating at OPEL level 3E.
- Overall statutory and mandatory training compliance remains below target, largely due to the introduction of new Patient Safety requirement for all staff and movement from e-learning resuscitation training back to face-to-face training.
- Overall BME representation in the workforce continues to trend well

Recommendations

The Board is recommended to note present levels of performance against KPIs.

Performance Brief – August 2022

Purpose of the report

This report seeks to provide assurance to the Senior Management Team, Business Committee, the Quality Committee and the Trust Board on quality, performance, compliance, and financial matters.

It is structured in line with the Care Quality Commission (CQC) domains with the addition of Finance.

The report focuses on performance against the KPIs agreed before the commencement of the financial year.

Committee Dates

- Quality Committee – 26th September 2022
- Business Committee – 28th September 2022
- Trust Board – 7th October

Recommendations

Committees and the Board are recommended to:

- Note present levels of performance
- Determine levels of assurance on any specific points

Main Issues for Consideration

Safe

- Rapid Review Meeting (RRM) 71 incidents were reviewed, of which two were escalated to a Serious Incident (SI).
- CAS: There were 13 Central Alert System (CAS) notifications in the period. All 13 required a response, and actions are on track to complete within the timescale.
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- Overall BME representation in the workforce continues to trend well.

Safe – August 2022

By safe, we mean that people are protected from abuse and avoidable harm

Data

Safe - people are protected from abuse and avoidable harm	Responsible Director	Target	Financial Year	Q1	Jul	Aug	YTD	Time Series (from Apr-19)
Patient Safety Incidents reported as Harmful (per 1K contacts)	SL	1.42 to 2.09	2022/23	2.07	1.87	1.98	2.01	
			2021/22	1.69	1.85	2.18	1.81	
Serious Incidents (per 1K contacts)	SL	0 to 0.1	2022/23	0.00	0*	0*	0*	
			2021/22	0.03	0.02	0.00	0.02	
Validated number of Patients with Avoidable Category 3 Pressure Ulcers	SL	8 per year	2022/23	2*	0*	0*	2*	
			2021/22	0	1	0	1	
Validated number of Patients with Avoidable Category 4 Pressure Ulcers	SL	0	2022/23	0*	0*	0*	0*	
			2021/22	0	0	0	0	
Validated number of Patients with Avoidable Unstageable Pressure Ulcers	SL	10 per year	2022/23	1*	0*	0*	1*	
			2021/22	4	0	0	4	
Number of Falls Causing Harm	SL	No Target	2022/23	150	44	34	228	
			2021/22	138	55	45	238	
Number of Medication Errors Causing Harm	SL	No Target	2022/23	16	6	1	23	
			2021/22	15	4	3	22	
Attributed MRSA Bacteraemia - infection rate**	SL	0	2022/23	0	0	0	0	
			2021/22					

** Reported by exception

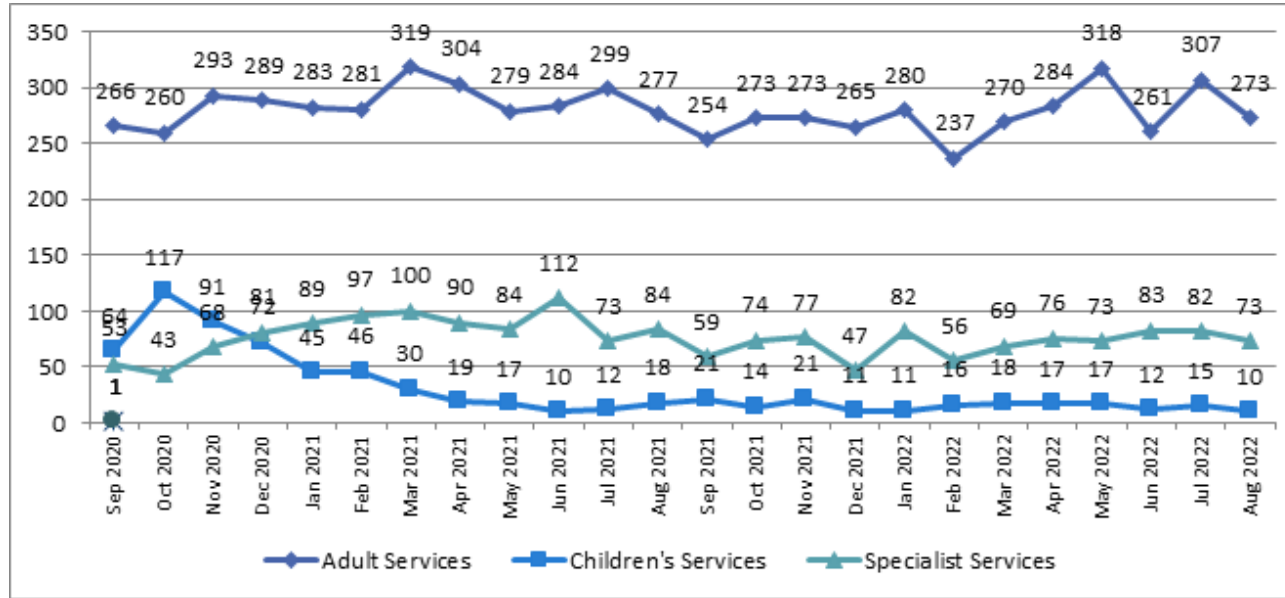
* These numbers are subject to revision pending completion of investigations

Narrative

July /August 2022 Incident Report. Narrative by Exception.

There were 760 LCH patient safety incidents recorded in Datix during the reporting period.

Table One: Patient Safety Incidents over two years by Business Unit



The Adult Business Unit (ABU) reported 580 (76.3%), Children's Business Unit (CBU) 25 (3.3%), and Specialist Business Unit (SBU) 155 (20.4%). Incidents reported during this period are within normal variation for the two-year period. As Datix is a live system the numbers of incidents in previous months change each month as they are reviewed, and data cleansed by teams to become increasingly accurate. This accounts for the reduction from 362 incidents reported in ABU in May at the last report to 318 in this report.

Table 2: LCH patient safety incidents by month and level of harm*

	No injury sustained	Minimal Harm	Moderate Harm	Major Harm	Total
Jan 2022	155	212	40	9	416
Feb 2022	142	174	29	3	348
Mar 2022	164	193	43	6	406
Apr 2022	165	210	40	3	418
May 2022	189	226	27	10	452

Jun 2022	165	196	35	2	398
Jul 2022	208	193	28	5	434
Aug 2022	196	176	34	5	411
Total	1384	1580	276	43	3283

* Figures may change as incidents are reviewed after reporting and updated when required. This does not always occur in the month.

Moderate Harm Incidents by Exception

There were 62 moderate harm incidents reported in July/August, this is comparable to 62 during the May/June reporting period. This is consistent at 7.3% of the total for both periods.

Summary of Major Harm Incidents

Ten major harm incidents were recorded during this reporting period. These are:

Table 3 Major Harm Incidents

Category	Number
Abusive, Violent Behaviour	1
Falls	9

The self-harming behaviour incident was reported on Datix initially as major harm; after further review by the Clinical Lead & Quality Lead for the SBU, it was confirmed to be a minimal harm incident.

Three falls' incidents were reviewed at the Rapid Review Meeting (RRM) in August 2022 and concluded with no lapses in care. The remaining six incidents are awaiting completion of the Rapid Review reports.

Although an active recovery plan is in place, rapid review reports continue to be delayed. This is due to capacity within the Clinical Incident Management Practitioners team and has been escalated to senior management for review.

Rapid Review Meeting Outcomes for July / August 2022

There were 68 Rapid Reviews completed in July and August 2022; 15 were from incidents reported in 2021/22, one from Quarter two, one from Quarter three and thirteen incidents reported in Quarter four of 2021/22, the remainder were from 2022/23 incident reports.

Fifty-two (76.5%) incidents required no further action on review, thirteen (19.1%) required additional information and a second review, and two (2.9%) were reported as Serious Incidents. The remaining one (1.5%) was rejected after review as it was not a reportable incident.

Serious Incident Investigations July / August 2022

Two incidents reviewed at the Rapid Review Meeting progressed as Serious Incidents (in line with the Serious Incident framework 2015) and reported via the Strategic Executive Information System (StEIS) and remain under investigation. There are:

- a Category 3 Pressure Ulcer (ID81049) was initially reported as an unstageable Pressure Ulcer which debrided due to a delay in assessment
- an Unstageable Pressure Ulcer (ID81836) due to a delay in re-assessing the risk assessment and therefore not providing heel protection

National Reporting Compliance

StEIS reporting has been completed for the two relevant incidents. One incident was reported within 48 hours of the Rapid Review Meeting decision, in line with national requirements. The second incident was reported on day thirteen; the delay was related to an omission by the Incident & Assurance Manager due to workstream pressures and capacity.

LCH identified two incidents that met the Duty of Candour Regulation and complied with one. One was not within compliance, this was not StEIS reported within timescale as detailed above, therefore the Duty of Candour was not completed within the LCH required timescale.

Central Alert System (CAS) Notifications

There were 13 Central Alert System (CAS) notifications during this period. All alerts are on track to complete within the timescale. Alerts will be closed at a planned monthly meeting between the Head of Clinical Governance, the Quality Leads, and the Incident & Assurance Manager, as part of the collective approval process prior to closure.

Inquest

The table below details a summary of the inquests recorded in Datix.

Case	Date Trust notified	Summary	Current position	Learning
7870	04/03/2022	Care following a fall at home. The patient died in hospital following a fractured right femur. The request relates to care planning regarding any risk of falls and the care provided on the day of the fall.	Statements reviewed by solicitors and shared with coroners	ongoing
7874	14/07/2022	A 59-year-old with multiple health conditions died in hospital. The patient sustained a skin tear in December 2021 that developed into an ulcer and became infected that deteriorated. Care was initially managed by the GP Practice until a hospital admission for sepsis and discharge to LCH where the patient's health continued to decline. The family has raised concerns about wound care to the coroner.	Timeline shared with Solicitors for review and pre-inquest support. An incident will be recorded for rapid review based on the timeline.	ongoing

7873	26/07/2022	Service notification for the practitioner to attend a hearing relating to the murder of a patient.	Solicitors were notified and support for staff requested and further clarification of our role is required from the service.	ongoing
7868	23/02/2022	A 2-year-old child with swallowing problems choked in the bath	Statements sent to coroner; inquest date not set	ongoing
7857	20/10/2021	Unexpected death of a patient with complex health needs under the continued review of Healthcare Case Management for Continuing Healthcare with a support plan in place.	Statements require clinical review and update	ongoing

Infection Prevention and Control

In an update from the previous report, the number of attributable MRSA cases has been amended to zero for the year. The detailed investigations conducted for each case continue to highlight that none of the reported cases were attributable to LCH and did not result from any lapse in care. Further investigations of data flow processes are being carried out to ensure accuracy in these numbers going forward.

Business Units Updates by Exception

Adult Business Unit (ABU)

580 LCH patient safety incidents were recorded for ABU in July / August 2022 compared to 579 incidents in May / June 2022.

There were 62 moderate harm incidents reported: 48 within the category of skin damage, 11 because of a patient accident, 2 due to implementation of care and 1 because of access, appointment, admission, transfer, and discharge. There were 9 major harm incidents, all because of a fall. The highest reporting categories overall remain skin damage (302) and medication (90) overall.

Highlights

This data reflects medication harm incidents that are attributable to LCH to the end of August 2022

The Statistical Process Control (SPC) chart shows a variation of monthly medication harm incidents reported was within expected limits from January 2018, except for January 2022; however, due to improvement work within the service, the last three months have seen a reduction in medication incidents causing harm.

Further training sessions have been delivered on Safe Administration of Insulin for staff who have offered to support the Neighbourhood Teams in administering; to those patients who cannot self-manage. Chapeltown and Seacroft Neighbourhood Teams, each have an extra 0.5 FTE Pharmacy Technician to help support the safe transcribing and administration of medicines. These two areas have a particularly high demand for medicine for their patients.

Rapid Review templates due: there are 84 rapid reviews reports due from 93 last month, a risk assessment is in place. Dates range from April 2022. **Teams with higher numbers:** Armley 7, Beeston 9, Meanwood 9, Seacroft 9, Woodsley 8, Yeadon 10. However, 42 Rapid Reviews were completed in August compared to 15 in July. Risk 1109

is recorded on the Risk Register 'Clinical Incident Management in Neighbourhoods' under the review of the Director of Nursing and Allied Health Professionals. Mitigation to support the continued improvement includes the establishment of the dedicated Clinical Incident Management Practitioner Team, leadership by an experienced practitioner in patient safety and commitment from Neighbourhood Teams that NCQLs will continue to complete one review per week.

Children's Business Unit (CBU)

22 LCH patient safety incidents were reported in July / August 2022, a significant decrease compared to 42 in May / June 2022. The reduction is under review within the Business Unit, July / August does coincide with the summer school holidays. This will be monitored and updated at the next report and via the CBU Governance report.

	Total	No Harm	Minimal Harm	Moderate Harm	Major Harm
No. of incidents	22	16	6	0	0

Specialist Business Unit (SBU)

An unexpected death incident was recorded where a patient on caseload died in hospital from acute kidney failure; after further review, it was concluded it did not meet the Serious Incident criteria.

The two moderate harm incidents reported are:

- Delay in treatment
- Medication overdose resulting in hospital admission

All are waiting for rapid review reports to be completed

The top 3 reported categories are Abusive, Violent, Self-Harming Behaviour: Access, Appointments and Discharges, and Medications, a similar trend to previous months

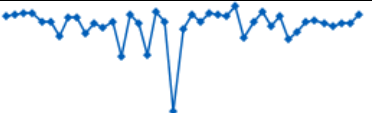

Update from the last report:

A Serious Incident Investigation into a sexual health incident in October 2021 was reported in June 2022 as major harm; it has now been concluded with no lapses in our care, and this has been downgraded to an Internal Concise Investigation. Following the conclusion of the investigation it has been identified a mechanism is required to be implemented for assurance that women are confirmed not pregnant prior to prescribing contraceptive.

Caring – August 2022

By caring, we mean that staff involve and treat people with compassion, kindness, dignity, and respect

Data

Caring - staff involve and treat people with compassion, kindness, dignity and respect	Responsible Director	Target - YTD	Financial Year	Q1	Jul	Aug	YTD	Time Series (from Apr-19)
Percentage of Respondents Reporting a "Very Good" or "Good" Experience in Community Care (FFT)	SL	≥95%	2022/23	92.2%	92.8%	95.2%	92.9%	
			2021/22	95.7%	88.2%	93.4%	94.0%	
Total Number of Formal Complaints Received	SL	No Target	2022/23	25	8	13	45	
			2021/22	18	9	10	37	

Narrative

Friends and Family Test (FFT)

In July and August 2022, there were 1510 responses to the FFT, an increase from the last report, with 95% (1441 out of 1510 respondents) of community patients/service users reporting their experience as good or very good.

The Patient Experience Team continue to work with Engagement Champions and Business Unit Quality Leads to ensure all services use the FFT with users, review the information from the test, and explore service improvements based on comments. The Patient Experience Team is working with the Leeds Vaccination Service to transition FFT data collection from LHT systems to LCH systems.

Service Specific Surveys

In addition to the FFT, services can develop specific surveys with the support of the Patient Experience Team. These surveys compliment the FFT and allow focused feedback and insights from patients and carers. There were no new surveys added in July and August 2022.

The last report shared Leeds Mental Wellbeing Service had developed a survey around using Helpful Conversations Approach. In July and August 2022 there were 16 responses with 15 users stating that the Helpful Conversations practitioner, listened to what they had to say, 100% of users reporting felt that the conversation was helpful, providing the help that mattered to them. Further findings will be part of the Business Unit performance discussions.

Leeds Sexual Health Service Young People's Survey Under 18 was also developed to find out the views of this group of clients on current service provision. This survey will be reported on in the next performance report.

Complaints, Concerns and Claims

19 complaints were received in July and August 2022 the same as in the last reporting period. Two complaints were passed to another organisation with 17 complaints for Leeds Community Healthcare NHS Trust (LCH). This is consistent with previous months. During the timeframe we have also received two complaints that are awaiting confirmation of consent and so have not yet entered into the formal complaint process.

All new complaints were acknowledged within three working days.

Of the 17 new complaints for LCH three concerns were escalated to complaint, with families unhappy with the service's response to concerns around waiting times for Neurodevelopment Assessments and medication clinics. The Children's Business Unit and Leeds CAMHS are aware of these issues and as part of the service's transformation programme are seeking to put in place improvements with the involvement of families and commissioners.

In July and August 2022, 27 complaints were closed of which eight were passed on to another organisation, and two withdrawn by the Patient Experience Team with the agreement of the complainant, as issue resolved, or the family wanted to reconsider making a complaint.

Of the 17 complaints responded to by LCH 100% were responded to within 180 days. 14 complaint responses met the internal Trust target of 40 working days. The three complaint responses that did not meet the Trust internal target were due to being initially managed as concerns and then escalated to complaints following further discussion with the complainant. All families received a written response by day 50 and were kept informed of the reasons for the delay and their agreement obtained.

10 out of 17 complaints were partially or fully upheld through the complaint investigation and had improvement actions identified. Actions are recorded on Datix® with improvements reported in the 6 monthly Patient Experience Report to Quality Committee. Learning from experience posters are shared through MYLCH and Business Unit Quality Leads. Key learning in July and August for all services included:

- The importance of determining as soon as possible with the family/complainant if they wish the issues raised to be managed as a concern or complaint to ensure a timely response to concerns
- For clinicians to consider the language used when discussing sensitive issues with users, carers and their families and reflection of these conversations to be part of supervision
- When developing template letters or other written communication to involve users in their development to help improve how messages are shared with users, carers, and their families.
- The importance of all staff using Trust Information Governance procedures when sending emails to users, carers, and their families.

155 concerns were received in July and August 2022, a slight decrease from the last reporting period (173), but higher than the same period in 2021(101). Leeds Sexual Health Services continued to receive the most concerns, 28 (26 in May - June 2022). These relate to difficulties in contacting the service for to make an appointment or to obtain results.

There were 178 compliments received in July and August 2022, a small decrease from the last reporting period (181). The highest number of compliments, 53, were regarding the Neighbourhood Teams.

Claims

The current claim caseload is 11 open claims and 11 potential claims. All are being managed according to current policy. In July and August 2022, 4 new or potential claims received. One claim involving taking blood (clinical claim) has been progressed with the support of NHS Resolution. The claim followed a reported safety incident, which has been investigated through the Trust Patient Safety Incident systems and processes. Of the remaining claims received 3 are requests for information and there is no intended action against the Trust. In the same period one potential claim has been closed following provision of information with no further action required.

Effective – August 2022

By effective, we mean that care, treatment, and support received by people achieve good outcomes and helps people maintain quality of life and is based on the best available evidence.

Data

Effective - people's care, treatment and support achieves good outcomes, promotes a good quality of life and is based on the best available evidence	Responsible Director	Target - YTD	Financial Year	Q1	July	Aug	YTD	Time Series (from Apr-19)
Number of Unexpected Deaths in Bed Bases**	RB	No Target	2022/23	3	0	1	4	
			2021/22	0	0	0	0	
Number of Sudden Unexpected Deaths in Infants and Children on the LCH Caseload**	RB	No Target	2022/23	1	3	0	4	
			2021/22	0	0	0	0	

** Reported by exception

Narrative

Narrative for the indicators within the Effective Domain is provided Quarterly, so is not included in this report.

Responsive – August 2022

By responsive, we mean that services are organised so that they meet people's needs

Data

Responsive - services are tailored to meet the needs of individual people and are delivered in a way to ensure flexibility, choice and continuity of care	Responsible Director	Target	Financial Year	Q1	Jul	Aug	YTD	Time Series (from Apr-19)
Percentage of patient contacts where an ethnicity code is present in the record	SP	No Target	2022/23	95.9%	95.8%	95.6%	95.8%	
			2021/22	95.8%	95.8%	96.2%	95.9%	
Percentage of patients currently waiting under 18 weeks (Consultant-Led)	SP	>=92%	2022/23	83.4%	78.2%	77.0%	77.0%	
			2021/22	87.3%	85.1%	85.4%	85.4%	
Number of patients waiting more than 52 Weeks (Consultant-Led)	SP	0	2022/23	0	2	4	4	
			2021/22	0	0	0	0	
Percentage of patients waiting less than 6 weeks for a diagnostic test (DM01)	SP	>=99%	2022/23	46.9%	47.5%	41.5%	41.5%	
			2021/22	43.7%	44.4%	34.7%	34.7%	
% Patients waiting under 18 weeks (non reportable)	SP	>=95%	2022/23	90.6%	89.9%	89.3%	89.3%	
			2021/22	79.0%	81.5%	85.8%	85.8%	
LMWS – Access Target; Local Measure (including PCMH)	SP	24456 by year end	2022/23	7581	2520	1523	11624	
			2021/22	7611	2565	2154	12330	
IAPT - Percentage of people receiving first screening appointment within 2 weeks of referral	SP	No Target	2022/23	51.6%	40.6%	40.9%	47.1%	
			2021/22	73.8%	74.2%	66.4%	72.6%	
IAPT - Percentage of people referred should begin treatment within 18 weeks of referral	SP	>=95%	2022/23	99.6%	98.9%	99.3%	99.4%	
			2021/22	99.6%	99.9%	99.8%	99.7%	
IAPT - Percentage of people referred should begin treatment within 6 weeks of referral	SP	>=75%	2022/23	92.5%	87.2%	84.3%	89.7%	
			2021/22	89.6%	92.5%	93.0%	90.7%	

Narrative

Consultant-led RTT Pathways

Performance against the 18-week Referral to Treat (RTT) standard remains below expectations, with 77% of patients being seen within 18 weeks (target 92%). This represents a slight downturn in the numbers since June 2022. Recent trends suggest a significant decline in performance. This has primarily been driven by the lack of Paediatrician capacity within ICAN, affecting both the PND and CPC pathways. The service has recruited 3 additional consultants recently however continues to experience demand up to 30% higher than before the COVID pandemic. These increases are mostly down to increased numbers of pre-school age children being referred for Neuro-disability Assessments and support. In Gynaecology, the service continues to be negatively impacted by the shared pathway with LTHT. Performance has declined to 14.8% in August 2022, from 49.6% in June. This decline stems from referrals received with a clock already commenced from LTHT

Consultant-led services have reported four breaches of the 52-week standard in August, and a further two in July. In August, 3 breaches occurred within ICAN services, and one from Gynaecology. Like above, the Gynaecology breach was a shared breach with LTHT, as the patient had already waited for more than 52 weeks before being referred to the community pathway.

Non-Consultant led Pathways

Waiting times for non-Consultant pathways has held steady in July and August, with 89.3% of patients waiting less than 18 weeks at the end of August 2022, which is unchanged from last month. Performance remains below the Trust-set target of 95%, and although no further improvements have been visible during the quarter so far, performance has also not declined despite the high levels of operational pressure in these services.

Diagnostic Pathways (DM01)

Audiology has not met the DM01 6-week standard for diagnostic tests in August 2022, achieving 41.5% (against a target of 99%). Performance has remained consistently at this level for the last 12 months. However, the total number of patients waiting continues to decrease as the service continues with backlog reductions efforts. Wait times into the service have reduced from 19-weeks to 15-weeks. The service forecast that their backlog will be fully removed around November 2022.

Improving Access to Psychological Therapies

LMWS continues to meet its primary access targets, however performance has deteriorated further for the percentage of people receiving their first screening appointment within 2 weeks of referral, falling to 40.9% in June compared to 48.7% in June 2022. The service is reporting 15WTE vacancies amongst Psychological Wellbeing Practitioner roles, which, along with increasing complexity of referrals, is the primary driver of the trend. Several short-, medium- and long-term actions are being pursued:

- Short term – use of agency staff on short contracts
- Medium term – working collaboratively with partners to allow them to contribute more practitioners to the service. There is potential for approx. 13 new practitioners to join this way, for a 1-year term
- Long-term – increases have been made to training establishments for next year and 8 newly qualified staff will be joining in March. The service is also working on several internal and system-level improvements to pathways and processes

CAMHS Access Measures

Due to the ongoing outage of Carenotes, performance against CAMHS measure has not been included in this report. Performance reporting will resume once regular data flows are re-established.

Well-Led – August 2022

By well-led, we mean that the leadership, management, and governance of the organisation assures the delivery of high-quality person-centred care, encourages learning and innovation, and promotes an open and fair culture.

Data

Well Led - leadership, management and governance of the organisation assures the delivery of high-quality person-centred care, supports learning and innovation, and promotes an open and fair culture	Responsible Director	Target	Financial Year	Q1	Jul	Aug	YTD	Time Series (from Apr-19)																																																																																
Staff Turnover	LS/JA	<=14.5%	2022/23	14.4%	14.4%	14.1%	14.1%																																																																																	
			2021/22	11.7%	12.1%	13.1%	13.1%		Reduce the number of staff leaving the organisation within 12 months	LS/JA	<=20.0%	2022/23	18.4%	17.6%	17.1%	17.1%		2021/22	18.8%	20.5%	19.2%	19.2%	Short term sickness absence rate (%)	LS/JA	<=3.0%	2022/23	2.1%	2.9%	1.8%	1.8%		2021/22	1.4%	1.7%	1.7%	1.7%	Long term sickness absence rate (%)	LS/JA	<=3.5%	2022/23	5.2%	5.1%	4.7%	4.7%		2021/22	3.7%	4.2%	5.1%	5.1%	Total sickness absence rate (Monthly) (%)	LS/JA	<=6.5%	2022/23	7.3%	8.1%	6.5%	6.5%		2021/22	5.1%	5.9%	6.8%	6.8%	AfC Staff Appraisal Rate	LS/JA	>=90%	2022/23	76.7%	76.0%	76.3%	76.3%		2021/22	72.9%	72.7%	71.0%	71.0%	Statutory and Mandatory Training Compliance	LS/JA	>=90%	2022/23	85.6%	85.3%	85.5%	85.5%		2021/22
Reduce the number of staff leaving the organisation within 12 months	LS/JA	<=20.0%	2022/23	18.4%	17.6%	17.1%	17.1%																																																																																	
			2021/22	18.8%	20.5%	19.2%	19.2%		Short term sickness absence rate (%)	LS/JA	<=3.0%	2022/23	2.1%	2.9%	1.8%	1.8%		2021/22	1.4%	1.7%	1.7%	1.7%	Long term sickness absence rate (%)	LS/JA	<=3.5%	2022/23	5.2%	5.1%	4.7%	4.7%		2021/22	3.7%	4.2%	5.1%	5.1%	Total sickness absence rate (Monthly) (%)	LS/JA	<=6.5%	2022/23	7.3%	8.1%	6.5%	6.5%		2021/22	5.1%	5.9%	6.8%	6.8%	AfC Staff Appraisal Rate	LS/JA	>=90%	2022/23	76.7%	76.0%	76.3%	76.3%		2021/22	72.9%	72.7%	71.0%	71.0%	Statutory and Mandatory Training Compliance	LS/JA	>=90%	2022/23	85.6%	85.3%	85.5%	85.5%		2021/22	89.2%	88.4%	88.2%	88.2%										
Short term sickness absence rate (%)	LS/JA	<=3.0%	2022/23	2.1%	2.9%	1.8%	1.8%																																																																																	
			2021/22	1.4%	1.7%	1.7%	1.7%		Long term sickness absence rate (%)	LS/JA	<=3.5%	2022/23	5.2%	5.1%	4.7%	4.7%		2021/22	3.7%	4.2%	5.1%	5.1%	Total sickness absence rate (Monthly) (%)	LS/JA	<=6.5%	2022/23	7.3%	8.1%	6.5%	6.5%		2021/22	5.1%	5.9%	6.8%	6.8%	AfC Staff Appraisal Rate	LS/JA	>=90%	2022/23	76.7%	76.0%	76.3%	76.3%		2021/22	72.9%	72.7%	71.0%	71.0%	Statutory and Mandatory Training Compliance	LS/JA	>=90%	2022/23	85.6%	85.3%	85.5%	85.5%		2021/22	89.2%	88.4%	88.2%	88.2%																								
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Well Led - leadership, management and governance of the organisation assures the delivery of high-quality person-centred care, supports learning and innovation, and promotes an open and fair culture	Responsible Director	Target	Financial Year	Q1	Jul	Aug	YTD	Time Series (from Apr-19)
'RIDDOR' incidents reported to Health and Safety Executive	BM	No Target	2022/23	2	0	2	4	
			2021/22	5	0	0	5	
WRES indicator 1 - Percentage of BME staff in Bands 8-9, VSM	LS/JA	No Target	2022/23	7.8%	7.8%	7.6%	7.6%	
			2021/22	5.5%	5.8%	6.2%	6.2%	
Total agency cap (£k)	BM	No Target	2022/23	1053	255	311	1619	
			2021/22	690	230	233	1153	
Percentage Spend on Temporary Staff	BM	No Target	2022/23	6.3%	4.4%	5.2%	5.2%	
			2021/22	5.6%	4.5%	4.9%	4.9%	

Narrative

Staff Turnover

Staff turnover has remained either at, or slightly below target since March 2022 and is expected to remain so. Turnover continues to be of concern nationally due to the incredibly tight labour market and the number of vacancies doubling in the last year. There are now more vacancies than there are jobseekers which is being fuelled by low participation and high turnover across all sectors. (ONS Labour Force Survey & Vacancy survey 2022).

We continue with a range of resourcing initiatives to increase supply, and we continue to support our international nurses to gain registration with the NMC and fully integrate them into the neighbourhood teams and Recovery hubs. All 7 international nurses have taken their exam (OSCE) and are awaiting their results. 1 nurse has been successful so far.

We continue to develop our staff and have recently enrolled 8 nurses onto the District Nurse course, 13 nurses onto the Advanced Clinical Practitioner course and 6 therapy assistants onto registered therapist courses, starting in September 22. There are now 74 apprentices employed across the Trust which includes a further 6 nurse apprentices due to complete in 2023 – we are now making full use of our apprenticeship levy.

We continue to promote our vacancies in our local communities through our hyper local initiative and have made 27 appointments since April 22 which has included 15 health care support worker appointments to the Nights service.

Local retention conversations have started with a plan to hold a 'Retention Summit' to fully explore this topic. We are also driving our approach to flexible working with a pilot in ABU with the aim of embedding an increasing culture of flexible working – vitally important in terms of retaining staff.

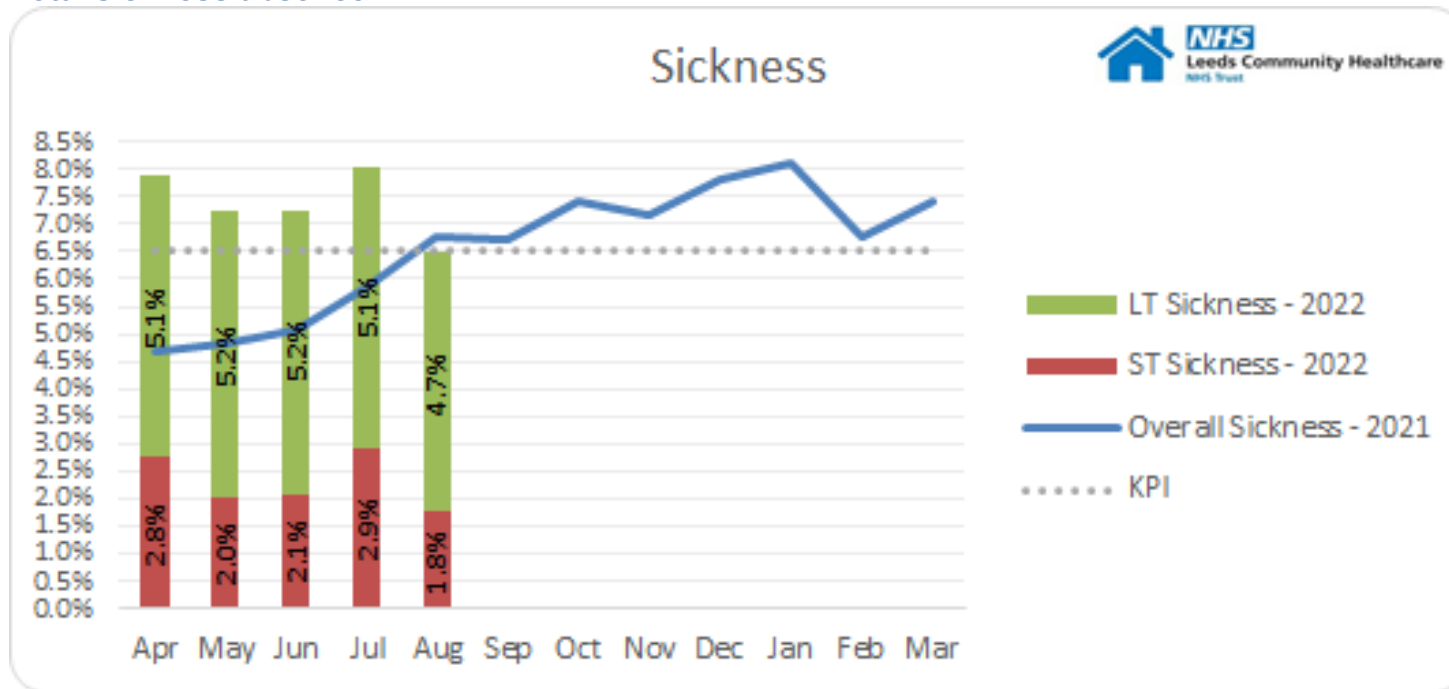
Reduce the number of staff leaving the organisation within 12 months

This indicator continues to stabilise and remains within the target for the fifth consecutive month.

The new starter forum hosted by the Chief Executive with the Director of Workforce and Chair of the Race Equality Network (REN) continues and we are hearing about the positive experiences as new starters join our Trust.

We continue to review induction and onboarding processes, for candidates, new starters and managers. The content of the corporate induction is under review and feedback has been sought from a Nursing Workforce Improvement Lead at NHS E/I who found the induction to be very welcoming and inclusive. Work on Onboarding is progressing and a checklist for managers and new starters has been drafted, which includes a bespoke induction document for those new to clinical roles and the UK. We are reviewing a process map for onboarding (from appointment to 3 months in role) and will engage with stakeholders to streamline process and test these with key stakeholders

Total sickness absence



For the first time in 12 months, the total sickness absence level has reduced to the organisational target of 6.5%. Sickness absence levels overall for the Trust have seen a reduction across all business areas. ABU overall sickness absence remains above the target at 8.6%. This is mainly attributable to long term absence (see below).

Long-term sickness absence

While long-term sickness absence has reduced slightly, it remains a concern that all areas of the Trust remain above the 3.5% target. We continue to see a reduction in long term absence due to stress, anxiety, and depression. The HR Business Partners continue to work with their Business Units to focus on all long-term absence and have undertaken case reviews to ensure the necessary plans are in place.

Short-term sickness absence

Short-term sickness absence for all areas, has remained below target during the last 7 months. Following increases across all areas in July, this remains just below the overall target of 3%. Short-term sickness absence has reduced to a current rate of 1.8%. The main reason for short term absence continues to be Infectious Diseases/Covid related absences.

Appraisal

Overall appraisal compliance remains around 76-77% against a KPI of 90%. Although a concern, this is over 5% better than the same period in 2021 (76.3% Aug 2022 vs 71% Aug 2021) and is within the context of CAMHS services in CBU and Neighbourhood Teams in ABU spending a good deal of August operating at OPEL 3E. ABU continues to be the biggest area of concern and compliance has dropped over the last few months. Through our ODI Leads we will reach out to ABU to see if we can support between now and the end of the year.

In addition to this, we have agreed a plan of work with the Directors of Workforce to revamp and re-embed our appraisal process. This includes reviewing documentation, introducing health and wellbeing elements, and putting the colleague and their development at the centre of appraisal conversations. We will also review how this is recorded and consider the introduction of an appraisal season to aid compliance. The plan of work takes us from August 22 to March 23 (avoiding winter pressures). In the meantime, we will continue to provide reporting to all BU's through HRBPs and ODI Leads and directly targeting hotspot areas.

Statutory and Mandatory Training

Overall training compliance remains around 85-86% against a KPI of 90%. The slight drop from a high of 88.1% in April 2022 was anticipated as we have recently introduced into our overall reporting the new Patient Safety requirement (June 2022) and our Resuscitation Training requirement has recently moved back to face to face from eLearning only, which has impacted on the overall compliance.

From September 2022, we have introduced a new process of targeting low compliance areas by contacting individuals directly. We previously piloted this with one or two subjects with immediate results. With the introduction of Health Roster many colleagues don't log in to ESR as they previously did, to book leave for example, making them less aware of their MaST compliance. We expect this targeted approach to have a positive impact over the coming months, moving us closer to meeting our KPI.

Quarterly Staff Pulse Survey (Q2, 2022-23)

945 colleagues completed the survey, which was a slight reduction from 1064 responses in Q1.

I would recommend my organisation as a place to work

Our latest result is 61% against a KPI of 60%. As you can see from the image below this is largely flat across our last 3 quarterly staff survey results.

Q8. I would recommend my organisation as a place to work.	Ry6 Q4 21/22		Ry6 Q1 22/23		Ry6 Q2 22/23	
Strongly disagree	47	5%	61	6%	58	6%
Disagree	101	11%	141	13%	109	12%
Neither agree nor disagree	205	23%	228	21%	204	22%
Agree	349	39%	405	38%	382	41%
Strongly agree	200	22%	227	21%	190	20%
Missing	3		4		2	
Positive Score	61%		60%		61%	
Negative Score	16%		19%		18%	
Base	902		1,062		943	

Staff Engagement

Overall staff engagement score has increased from Q1 by 0.03 to **6.79** out of 10. An explanation of how this score is derived is contained in the image below.

Staff Engagement is measured across three sub-scale themes:

Motivation, measured by questions 1 to 3 (“I look forward to going to work.”, “I am enthusiastic about my job.”, “Time passes quickly when I am working.”)

Ability to contribute to improvements, measured by questions 4 to 6 (“There are frequent opportunities for me to show initiative in my role.”, “I am able to make suggestions to improve the work of my team / department.”, “I am able to make improvements happen in my area of work.”)

Recommendation of the organisation, measured by questions 7 to 9 (“Care of patients / service users is my organisation's top priority.”, “I would recommend my organisation as a place to work.”, “If a friend or relative needed treatment I would be happy with the standard of care provided by this organisation.”)

Overall Staff Engagement is measured as an average across these three sub-scales. All scores are presented as scale scores (on a scale of 0 to 10).

		<i>Trust Level Staff Engagement</i>	<i>Q4 21/22</i>	<i>Q1 22/23</i>	<i>Q2 22/23</i>
		Motivation	6.85	6.81	6.79
		Improvements	6.75	6.60	6.62
		Recommendation	7.03	6.88	6.98
		Overall Staff Engagement	6.87	6.76	6.79
Motivation	Q2 22/23		6.79		-0.03
	Q1 22/23		6.81		
Improvements	Q2 22/23		6.62		+0.02
	Q1 22/23		6.60		
Recommendation	Q2 22/23		6.98		+0.10
	Q1 22/23		6.88		
Overall Staff Engagement	Q2 22/23		6.79		+0.03
	Q1 22/23		6.76		




WRES (Workforce Race Equality Standard)

Overall BME representation in the workforce continues to trend well. Following extensive engagement with key stakeholders, the WRES action plan 2022/23 contains actions designed to increase the BME representation within LCH.

Finance – August 2022

By finance, we mean the Trust’s financial position is well managed. This is not a CQC Domain.

Data

Finance	Responsible Director	Target	Financial Year	Q1	Jul	Aug	YTD	Time Series (from Apr-19)
Net surplus (-)/Deficit (+) (£m) - YTD	BM	0.0	2022/23	0.5	1.2	1.3	3.0	
Capital expenditure in comparison to plan (£k)	BM	3700	2022/23	261	104	218	583	
CIP delivery (£k)	BM	1065	2022/23	762	254	246	1262	

Narrative

For 2022/23 the Trust Board initially approved a breakeven draft financial plan. In June 2022 additional NHS funding was provided nationally for inflationary cost pressures. The original breakeven plan was based on estimated expenditure run rates and agreed developments to deliver both the Trust’s and Leeds system objectives plus an estimate of the impact of the hyperinflation. Considering this the national expectation has been that the additional funding is to flow directly to the Trust’s surplus to support the NHS achieving an overall balanced financial position.

The revised financial plan for 2022/23 is to deliver a surplus of £1.04m.

The position is not without significant financial risk in that the income to fund several developments totalling more than £7.5m agreed with Leeds Place is not included in the Place contract agreed with the ICB. The costs and associated income are included in the Trust’s financial plan to achieve the £1.04m surplus. The expectation is that current vacancy levels will mitigate much of this risk; the Leeds Place will closely monitor the Trust’s expenditure as the year progresses with a view to funding any costs that impact on achievement of the surplus.

The biggest risk to achievement of the target surplus, without recourse to further discussions with colleagues in the Leeds Place, is the ongoing cost of pay incentives to fill essential shifts.

The financial performance reported here has been reported to the West Yorkshire Integrated Care Board and NHS England.

A verbal update on the aggregate financial position of the organisations in the Leeds place will be provided at the Business Committee meeting.

Income & Expenditure (I&E) Summary

At the end of August, the Trust is reporting an overall surplus of £1.3m which is £0.4m more than planned. This is being driven by underspending on pay due to the number of vacancies and these have been partially offset by the underachievement of income.

The forecast outturn for the year is a surplus of £1.04m as expenditure rates are expected to increase as the year progresses.

Income

Income positions have been updated to include an additional 0.7% tariff uplift on NHS contracts within this month 2 position. This results in the total tariff uplift for 2022/23 NHS contracts of 2.4% plus 2.0% growth. There is an assumed efficiency requirement of 1.1% which the Trust will deliver.

The Leeds Place contract includes a top up payment of £12.9m and there is £3.6m of non-recurrent covid income from the ICB.

The income reported here includes the agreed uplifts for 2022/23 but not the additional pay award costs as these are subject to formal confirmation. The Trust has reported a £900k shortfall in funding of the pay award to the ICB.

Contracts have been signed with NHS Commissioners.

Year to date contract income is running £0.1m less than the plan this is because of contract penalties for the 0-19 children's service and Police Custody service; the forecast income for the year reflects continued penalties.

Non-clinical income is £5.4m for the year to date which is £2.6m less than planned. This is due to £5.7m of the £7.5m income for service developments not being agreed with Commissioners as above. The remaining £1.8m is for a service development that hasn't commenced yet, budgets will be updated as this is implemented.

Pay and Non-pay Expenditure & Vacancies

Pay costs for the year total £55.4m this is £2.7m less than had been planned and is driven by the number of vacancies.

There were net 290 vacancies in August, 40 more than in July.

The Trust continues to face severe challenges in recruiting additional staff. In terms of assessing organisational capacity the increasing vacancy levels are somewhat mitigated by bank and agency staff costs being more than planned. Since the planning forms were approved by Board the Trust has been set an expectation to deliver a 10% reduction on the level of agency spend for 2021/22 as part of the ICS agency cap. This means a target expenditure of £3,195k for 2022/23. The forecast expenditure is £4,295k; the Trust is prioritising safe staffing levels over this achievement of this target in the challenging recruitment market.

This vacancy and financial picture on pay is consistent with the information about service pressures that Committees and Board have discussed.

Non-pay costs are a net £0.5m underspent at the end of Month 05. The position is driven by:

- clinical supplies and services where the partner costs for the Leeds Mental Well-being service are less than expected due to their vacancies and lower than expected on-line tests within the sexual health service;
- premises rent and other estates maintenance where costs are not evenly spread throughout the financial year; and
- the overspending in the historic CIPs reported in other expenditure, where negative expenditure budgets have been created to reflect required savings, but no actual savings schemes have been identified.

Delivery of Cost Improvement Plans

The Trust has £3m of planned CIPs to deliver during 2022/23 of which £0.3m is a non-recurrent saving; at the end of August these are being delivered in full.

Capital Expenditure

Capital expenditure is financed from depreciation and the Trust's cash reserves built up from historic surpluses.

The Trust's plan for 2022/23 is to spend £4.2m on capital of which £3.8m is in respect of normal capital expenditure and the balance is to fund finance leases following the adoption of IFRS 16 from April 2022. Table 5. This has been agreed with the West Yorkshire ICB.

At the end of August, the Trust has spent £0.6m against a planned £1.4m. The underspending is mostly in respect of estates schemes and a matter of timing rather than a risk. There is £12k planned expenditure for national IT cybersecurity schemes; this represents the Trust's fair share of a national pot and will be allocated across organisations in the West Yorkshire ICB during the year as plans are finalised.

During October the Trust will be participating in a data collection exercise which will be used to inform the national approach to the implementation of IFRS16. The board and committees will be updated as to any impact on the organisation as a result of this.

Balance Sheet and Cash

There has been a step change in the value of the Trust's non-current assets from the closing 2021/22 Statement of Financial Position (Balance Sheet) and the opening SoFP for 2022/23 as circa £60m of Right of Use leased assets are included following the adoption of IFRS 16.

The Trust's cash position remains very strong with £57.5m in the bank at the end of August.

Better Payment Practice Code

The Trust's cumulative Better Payment Practice Code performance has exceeded the 95% target for paying invoices within 30 days for all 4 the measures at the end of June. There continue to be issues with the service provided by NHS Shared Business Services and the Leeds and York Partnership FT supplies department, which have led to delays in the processing of invoices, orders and receipting. The finance team continue to take measures to ensure compliance is maintained.

Appendix 1 – Measures with Financial Sanctions

Measures with Financial Incentives/Sanctions	Responsible Director	Threshold	Financial Year	Q1	Jul	Aug		Potential Financial Impact
T3WM - Percentage of patients currently waiting under 18 weeks	SP	>=92%	2022/23	99.1%	95.6%	95.6%	95.6%	
0-19 - % of infants who had a face to face newborn visit within 14 days of birth.	SP	>=87%	2022/23	85%	89%	91%	87%	
0-19 - % of 6-8 week reviews completed within 12 weeks of birth.	SP	>=83%	2022/23	91%	90%	90%	90%	
0-19 - % of 12 month reviews completed within 12 months.	SP	>=80%	2022/23	82%	79%	77%	80%	
0-19 - Number of PBB Programmes commenced	SP	0	2022/23	21			21	0.25% of contract value (annual)
0-19 - Number of HENRY Programmes commenced	SP	0	2022/23	21			21	0.25% of contract value (annual)
0-19 - Percentage of actual staff in post against funded establishment	SP	>=95%	2022/23	86.0%			86.0%	
0-19 - % of 0-19 staff (excluding SPA) co-located in Children's Centres	SP	0.425	2022/23	0.0%			0.0%	
PolCust - % of calls attended within 60 minutes	SP	>=95%	2022/23	88.8%	86.7%	87.0%	88.0%	0.50% deduction from monthly invoice
PolCust - Provision of a full rota	SP	>=90%	2022/23	95.7%	94.6%	94.2%	95.2%	£350 deduction per missed shift

Appendix 2 - Detailed Financial Data Tables

Table 1 Income & Expenditure Summary	August Plan WTE	August Actual Contract WTE	YTD Plan £m	YTD Actual £m	YTD Variance £m	Annual Plan £m	Forecast Outturn £m	This Month Variance £m	Forecast Variance Last Month £m
Income									
Contract Income			(76.5)	(76.5)	(0.1)	(183.5)	(183.0)	0.6	0.8
Other Income			(8.1)	(5.4)	2.6	(19.1)	(12.7)	6.5	6.4
Total Income			(84.6)	(82.0)	2.6	(202.6)	(195.6)	7.0	7.1
Expenditure									
Pay	3,155.4	2,865.1	58.2	55.4	(2.7)	140.0	134.1	(5.9)	(5.3)
Non pay including reserves & non recurrent			21.1	21.2	0.0	51.1	51.1	(0.1)	(1.3)
Total Expenditure	3,155.4	2,865.1	79.3	76.6	(2.7)	191.2	185.1	(6.0)	(6.5)
EBITDA	3,155.4	2,865.1	(5.3)	(5.4)	(0.1)	(11.5)	(10.5)	1.0	0.6
Depreciation			3.8	3.7	(0.1)	9.1	8.9	(0.2)	(0.2)
Public Dividend Capital			0.4	0.3	(0.1)	0.8	0.6	(0.2)	(0.2)
Profit/Loss on Asset Disp			0.0	0.0	0.0	0.0	0.0	0.0	0.0
Impairment			0.0	0.0	0.0	0.0	0.0	0.0	0.0
Interest Payable			0.2	0.3	0.0	0.6	0.6	(0.0)	(0.0)
Interest Received			(0.1)	(0.2)	(0.1)	(0.1)	(0.6)	(0.5)	(0.1)
Retained Net Surplus	3,155.4	2,865.1	(0.9)	(1.3)	(0.4)	(1.0)	(1.0)	(0.0)	(0.0)

Table 2 Month on Month Pay Costs by Category	April £k	May £k	June £k	July £k	August £k	Actuals £k
Directly employed staff	10,167	10,302	10,104	10,230	10,153	50,955
Seconded staff costs	271	276	273	301	291	1,411
Bank staff	355	291	301	254	258	1,458
Agency staff	352	307	394	255	311	1,619
Total Pay Costs	11,145	11,176	11,071	11,039	11,013	55,444

Table 3				
	Annual Plan	YTD Actual	YTD Variance	Last Month YTD Variance
Year to Date Non Pay Costs by Category	£k	£k	£k	£k
Drugs	353	398	45	35
Clinical Supplies & Services	9,934	9,138	(796)	(585)
General Supplies & Services	2,259	2,166	(93)	(74)
Establishment Expenses	2,947	2,841	(106)	(65)
Premises	3,272	2,936	(336)	(295)
Other non pay	148	887	738	607
Total Non Pay Costs	18,913	18,365	(548)	(378)

Table 4							
	2022/23 YTD Plan	2022/23 YTD Actual	2022/23 YTD Variance	2022/23 Annual Plan	2022/23 Forecast Outturn	2022/23 Forecast Variance	2022/23 Forecast Variance
Savings Scheme	£k	£k	£k	£k	£k	£k	%
Estates savings	208	208	0	500	500	0	0%
Covid Cover	125	125	0	300	300	0	0%
Travel	208	208	0	500	500	0	0%
Vacancy Factor	208	208	0	500	500	0	0%
Non Pay Inflation	250	250	0	600	600	0	0%
IT Kit	125	125	0	300	300	0	0%
Un-identified CIP agreed by SMT	138	138	0	330	330	0	0%
Total Efficiency Savings Delivery	1,262	1,262	0	3,030	3,030	0	0%

Table 5						
Capital Scheme	YTD Plan £m	YTD Actual £m	YTD Variance £m	Annual Plan £m	Forecast Outturn £m	Forecast Variance £m
Estate Maintenance	0.05	0.00	(0.05)	0.53	0.53	0.00
Seacroft Estate	0.88	0.47	(0.40)	2.00	2.00	0.00
Clinical Equipment	0.15	0.00	(0.15)	0.35	0.35	0.00
IT Equipment	0.18	0.02	(0.16)	0.84	0.84	0.00
National Cyber Security	0.00	0.00	0.00	0.01	0.01	0.00
e Rostering & e Jobs	0.02	0.03	0.01	0.06	0.06	(0.00)
Sub-total capital expenditure	1.28	0.53	(0.74)	3.79	3.79	0.00
Lease Cars IFRS 16	0.10	0.05	(0.05)	0.21	0.21	0.00
Property Leases IFRS 16	0.00	0.00	0.00	0.15	0.15	0.00
Sub-total finance lease expenditure	0.10	0.05	(0.05)	0.36	0.36	0.00
Total Capital Expenditure	1.37	0.58	(0.79)	4.15	4.15	0.00

Table 6							
Statement of Financial Position	Plan 31/08/2022	Actual 31/08/2022	Variance 31/08/2022	Opening 01/04/2022	Planned Outturn 31/03/23	Forecast Outturn 31/03/23	Forecast Variance 31/03/23
	£m	£m	£m	£m	£m	£m	£m
Property, Plant and Equipment	33.3	32.0	(1.3)	32.2	34.5	34.2	(0.3)
Intangible Assets	0.2	0.1	(0.0)	0.2	0.1	0.2	0.1
Right of Use Assets	64.3	63.7	(0.6)	66.5	60.9	60.3	(0.6)
Trade and Other Receivables	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Total Non Current Assets	97.7	95.8	(1.9)	98.9	95.5	94.6	(0.9)
Current Assets							
Trade and Other Receivables	7.7	12.8	5.1	6.6	7.4	11.2	3.8
Cash and Cash Equivalents	36.9	44.6	7.8	39.5	36.2	39.8	3.6
Total Current Assets	44.6	57.5	12.9	46.1	43.7	51.0	7.4
TOTAL ASSETS	142.3	153.3	11.0	145.0	139.2	145.7	6.5
Current Liabilities							
Trade and Other Payables	(17.5)	(28.4)	(11.0)	(18.2)	(16.7)	(24.2)	(7.4)
Borrowings	(6.7)	(7.2)	(0.5)	(6.5)	(6.8)	(6.7)	0.1
Provisions	(0.2)	0.0	0.2	(0.4)	(0.2)	(0.4)	(0.1)
Total Current Liabilities	(24.4)	(35.6)	(11.3)	(25.2)	(23.8)	(31.2)	(7.5)
Net Current Assets/(Liabilities)	20.2	21.8	1.6	20.9	19.9	19.8	(0.1)
TOTAL ASSETS LESS CURRENT LIABILITIES	117.9	117.6	(0.3)	119.9	115.4	114.5	(1.0)
Non Current Borrowings	(57.5)	(56.5)	1.1	(59.8)	(54.3)	(53.3)	1.0
Non Current Provisions	0.0	(0.4)	(0.4)	(0.0)	0.0	(0.0)	(0.0)
Total Non Current Liabilities	(57.5)	(56.8)	0.7	(59.8)	(54.3)	(53.3)	1.0
TOTAL ASSETS LESS LIABILITIES	60.4	60.8	0.4	60.1	61.1	61.1	(0.0)
TAXPAYERS EQUITY							
Public Dividend Capital	0.8	0.8	0.0	0.8	0.8	0.8	0.0
Retained Earnings Reserve	26.9	27.3	0.4	26.6	27.6	27.6	0.0
General Fund	18.5	18.5	0.0	18.5	18.5	18.5	0.0
Revaluation Reserve	14.2	14.2	(0.0)	14.2	14.2	14.2	(0.0)
TOTAL EQUITY	60.4	60.8	0.4	60.1	61.1	61.1	(0.0)

Table 7 BPPC Measure	Performance YTD	Target	RAG
NHS Invoices			
<i>By Number</i>	100%	95%	G
<i>By Value</i>	100%	95%	G
Non NHS Invoices			
<i>By Number</i>	97%	95%	G
<i>By Value</i>	98%	95%	G

Trust Board Meeting held in public : 7 October 2022
Agenda item number: 2022-23 (71)

Title: Significant Risks and Board Assurance Framework (BAF) report

Category of paper: For assurance
History: Senior Management Team 24 September 2022

Responsible director: Chief Executive
Report author: Risk and Safety Manager / Company Secretary

Executive summary (Purpose and main points)

This report is part of the governance processes supporting risk management in that it provides information about the effectiveness of the risk management processes and the controls that are in place to manage the Trust's most significant risks.

The narrative on threats and opportunities provides the Board with an understanding of the internal and external environment within which the Trust operates.

The report provides the Board with information about risks currently scoring 15 or above, after the application of controls and mitigation measures. It also provides a description of any movement of risks scoring 12 (high risks) since the last report was received in August 2022.

Please note: Senior Management Team are reviewing the risk scores for risks currently described as extreme or high and rationalising these. The next risk report to the Board will describe any amendments.

Board assurance framework: One strategic risk received limited assurance during July 2022: Risk 3.4 (embedding a suitable health and safety management system). Risk 1.5 (increased demand on services affecting quality of care) received partially limited assurance.

Risk register recent changes:

One extreme risk scoring 15 has been added to the risk register:

- **Risk 1112** Looked after children offer

One risk scoring 12 or above has been added to the risk register since the last report

- **Risk 1115** Electronic Patient Record Outage

One risk has been escalated to a score of 12 or above

- **Risk 1070** Capacity pressures in Neighbourhood Teams impacting ability to deliver full range of clinical supervision and annual appraisals

One risk has been de-escalated from a score of 12

- **Risk 954** Diabetes Service Waiting Times

Recommendations

The Board is recommended to:

- Note the new and escalated risks, which have been scrutinised by Quality and Business Committee

1. Introduction

The risk register report provides the Board with an overview of the Trust's material risks currently scoring 15 or above after the application of controls and mitigation measures.

The Board's role in scrutinising risk is to maintain a focus on those risks scoring 15 or above (extreme risks) and to be aware of risks currently scoring 12 (high risks), which have been scrutinised by the Quality and Business Committees.


The report provides a description of risk movement since the last register report was received by the Board (August), including any new risks, risks with increased or decreased scores and newly closed risks.

2. Background

This paper has previously been considered by the Senior Management Team (SMT) at its meeting on 21 September 2022.

3. Risk register movement

3.1 Table 1. Details of risks currently scoring 15 (extreme)

ID	Description	Rating (current)	Movement
1112	Looked after children health offer	15	NEW
994	Waiting times for Community Dental Services.	15	

Please note: Senior Management Team are reviewing the risk scores for risks currently described as extreme or high and rationalising these. The next risk report to the Board will describe any amendments.

3.2 New or escalated risks (scoring 15+)

One new risk scoring 15+ has been added to the risk register.

Risk 1112 Looked after children health offer

Initial risk score 15 (extreme)

Current risk score 12 (high)

Target risk score 2 (low)

Description: The number of children and young people taken into and remaining in care has increased with a greater complexity of issues, including those children who are placed beyond 20 miles of Leeds.

Risks: Due to a lack of staff within PHIN's SILC (Public Health Integrated Nursing Service, Specialist Inclusive Learning Centre) and the Specialist Children Looked After (CLA) Nursing Team, there is a risk that staff will not be available to meet the health needs identified in health assessments, attend multi-agency childcare review meetings, or respond to requests for support from social care/ foster carers. This could lead to a potential deterioration in the children's health, undiagnosed health problems and potential long term health issues. Service level agreements and National guidance may not be met, and the Trust reputation could be damaged.

Controls in Place:

- Review of health assessments
- Attendance at Strategy meetings
- Standard Operating Procedure in place within CLA team describing current offer, which includes a tool to aid caseload and assessment prioritisation
- Use of Bank Nurse 0.5 day a week to complete a number of health assessments for the specialist nursing team
- Children in care are seen every six weeks by a social worker
- Sign posting to other service if available
- Carers of children and young people with outstanding immunisations are encouraged to attend GP surgeries and catch-up immunisations clinics
- Reports are sent by health to social care for care reviews if there is anything to update since the review health assessment.

Actions Planned:

- Seeking a further two days a week support from Bank Nurse
- Service review paper written, requires consideration
- Raising issue of looked after children health needs at population board

Expected date to reach target: 31/07/2023

Risk Owner: Named Nurse for Looked After Children

Lead Director: Executive Director of Nursing and AHPs

3.3 Closures, consolidation and de-escalation of risks scoring 15+

No risks have been deescalated below 15.

3.4 Risks scoring 12 (high)

To ensure continuous oversight of risks across the spectrum of severity, consideration of risk factors by the Board is not contained to extreme risks. Senior managers are sighted on services where the quality of care or service sustainability is at risk; many of these aspects of the Trust's business being reflected in risks recorded as 'high' and particularly those scored at 12.

Table 1. Details of risks currently scoring 12 (high risk).

ID	Description	Rating (current)
874	Sickness levels – Neighbourhood Teams	12
877	Risk of reduced quality of patient care in neighbourhood teams due to an imbalance of capacity and demand	12
913	Increasing numbers of referrals for complex communication assessments in Integrated Children’s Additional Needs Service (ICAN)	12
957	Increased demand for the Adult Speech and Language Therapy service	12
979	Resourcing for the 0-19 service	12
981	Application of constant supervision at WYOI	12
982	Provision of Educarers in Specialist Inclusion Learning Centres	12
1025	IT (Helpdesk) Support Capacity	12
1041	PCMIS (patient information system) used by LMWS does not have the functionalist to run a system capture of all safeguarding cases	12
1047	Increased volume of callers into the Leeds Sexual Health appointment line due to no walk-in service	12
1057	Inability to deliver service at WYOI due to reduced staffing levels	12
1070	Capacity pressures in Neighbourhood Teams impacting ability to deliver full range of clinical supervision and annual appraisals	12
1096	High vacancy rate within the Community Care Beds	12
1109	Clinical Incident Management in Neighbourhoods	12
1115	Third party software outage	12

3.5 New or escalated risks (scoring 12)

One new risk scoring 12 has been added to the risk register:

Risk 1115 Third party software outage

Initial score: 16

Current score: 12

Target score: 3

Description: Third party software, Care Notes is currently offline due to a cyber incident. Staff in the CAMHS service who use this software have been unable to view patient contact details, current or historical information on patients, current risk and safeguarding information on a patient. The service also cannot add

contemporaneous records, provide SAR documentation, report to Mental Health Dataset, provide info for system work and CQUIN.

Risks: There are risks that that staff may not be able to contact patients and carers for appointments and ongoing care, patient information may be sent to an incorrect address, patients may not receive optimum care as staff do not have access to their full care record and to contemporaneous information. There are also risks that safeguarding information cannot be accessed to support clinical decision making, information cannot be provided for national datasets and CQUINs, the service will not be able to respond to complaints or statutory requests in a timely manner and a large backlog of manual notes will build up that will require inputting when the system is back online.

The impact of these risks could be on quality of patient care, patient safety, staff workload and morale, the Trust's reputation and finances.

Controls in place:

- Contact details for open caseloads of patients have been retrieved from the system
- Templates and folders set up on the trust's internal drive for all new patient notes including risk assessments and management plans
- Access to other electronic patient record systems have Mosaic access
- Partnership working in terms of contacting others working with child/family including Safeguarding team
- Medication letters have been recovered from various locations to support continuity of care for young people and their families
- Communication to local Trusts, Local Authority and ICB by CEO re outage. Process in place re EHCP's and informing Local Authority whether child is known to CAMHS
- Bronze Command (Mon-Fri) in place including senior service and IT colleagues, General Manager and Clinical Lead, with escalations to Silver Command (Mon-Fri)

Actions:

- External referrals continue to be received as normal. Crisis referrals phoned through A&E, urgent and routine referrals emailed by MindMate SPA.
- Clinicians will have to ask families for information they have previously already gathered.
- Continue with clinical and child protection supervision, team huddles and support from senior colleagues.
- Requesting further support from company re retrieving information from the system.
- Outage support sessions/workshops held three times per week

Expected date to reach target: 31/01/2023

Risk Owner: CAMHS Service Manager – Specialist Community

Lead Director: Executive Director of Nursing and AHPs

One risk has been escalated to a score of 12 (high)

Risk 1070 Capacity pressures in Neighbourhood Teams impacting ability to deliver full range of clinical supervision and annual appraisals

Previous Score: 9

Current Score: 12

Description: As a result of available capacity in clinical and non-clinical roles in Neighbourhood Teams there is a risk that the full range of clinical supervision, statutory/mandatory and clinically essential training, and annual appraisals will be delivered in a timely way including addressing the backlog of appraisals resulting from COVID-19 service impact, impacting staff morale, staff health and wellbeing, staff retention, and on safe service delivery.

Reason for escalation: Risk score increased from 9 to 12 to reflect current clinical supervision rates in some Neighbourhood Teams. The escalation also reflects the backlog of essential clinical training, and statutory and mandatory training in some teams which has developed through period of escalation.

The Recovery Plan is delayed due to ongoing service escalation in August 2022.

New mitigating actions include:

- Discussions to be scheduled with service leads and Directors of Nursing and AHPs and Operations to confirm timeline for recovery/ residual risk management.

Expected date to reach target: 31/10/2022

Risk Owner: Clinical Head of Neighbourhood Services

Lead Director: Executive Director of Nursing and AHPs

3.6 Risks de-escalated from a score of 12

One risk has been de-escalated from a score of 12

Risk 954 Diabetes Service waiting times

Previous Score: 12

Current score: 9

Description: As a result of an increase in demand for the diabetes service, there is a risk that the waiting times will exceed 18 weeks.

This could lead to the condition of patients who are unstable, or who require insulin, worsening or result in their admission to hospital. This would also put the reputation of the service at risk.

Reason for de-escalation: Progress has been made in reducing the list of patients awaiting review from approx. 340 to 225 patients and waiting times for patients still

waiting to be reviewed have improved from a peak of 38 weeks to a maximum of 30 weeks, with most patients now waiting up to 24 weeks.

Expected date to reach target: 30/12/2022

Risk Owner: Head of Service Diabetes, Dietetics & Tier 3 WMS

Lead Director: Executive Director of Operations

4. Board Assurance Framework Summary

The purpose of the BAF is to enable the Board to assure itself that risks to the success of its strategic goals and corporate objectives are being managed effectively or highlights that certain controls are ineffective or there are gaps that need to be addressed.

Definitions:

- Strategic risks are those that might prevent the Trust from meeting its strategic objectives (goals)
- A control is an activity that eliminates, prevents, or reduces the risk
- Sources of assurance are reliable sources of information informing the Committee or Board that the risk is being mitigated ie success is been realised (or not)

Directors maintain oversight of the strategic risks assigned to them and review these risks regularly. They also continually evaluate the controls in place that are managing the risk and any gaps that require further action.

The Audit, Quality and Business Committees review the sources of assurance presented to them and provide the Board (through the BAF process) with positive or negative assurance.

Details of the committees' agreed assurance levels and commentary about specific risks is provided at **Appendix A** (please also refer to the Chairs' assurance reports in the Board papers pack).

Levels of assurance have been provided for sixteen out of the 21 strategic (BAF) risks in July 2022, with reasonable assurance given to the majority. One strategic risk received limited assurance during this time: Risk 3.4 (embedding a suitable health and safety management system). An in-depth health and safety audit has taken place in a small number of services. The audit was conducted by health and safety specialists within the Risk and Safety Team, who have now shared their findings with the service managers and are supporting them to make improvements to their safety systems and processes.

Risk 1.5 (increased demand on services affecting quality of care) received partially limited assurance. This is because the Quality Committee recognised that elements of controlling the risk are dependant on the wider health and care system.

5. **Recommendations**

The Board is recommended to:

- Note the new and escalated risks, which have been scrutinised by Quality and Business Committee
- Note the assurance levels for strategic risks assigned to the Board's committees

Appendix A. Board Assurance Framework levels of assurance

Details of strategic risks (description, ownership, scores)								Level of Assurance				
Strategic Goal	Risk	Risk ownership		Current risk score				Committee agreed level of assurance				Comments about assurance levels
		Responsible Director	Responsible Committee	Likelihood	Consequence	Risk Score	Risk score movement	No	Limited	Reasonable	Substantial	
Deliver outstanding care	RISK 1.1 If the Trust does not have effective systems and processes for assessing the quality of service delivery and compliance with regulatory standards then it may have services that are not safe or clinically effective.	SL	QC	2	4	8			✓			
	RISK 1.2 If there are insufficient clinical governance arrangements put in place as new care models develop and evolve, the impact will be on patient safety and quality of care provided.	RB	QC	3	3	9			✓			
	RISK 1.3 If the Trust does not maintain and continue to improve service quality, the impact will be diminished safety and effectiveness of patient care leading to an increased risk of patient harm.	SL	QC	3	4	12			✓			
	RISK 1.4 If the Trust does not engage patients and the public effectively, the impact will be that services may not reflect the needs of the population they serve.	SL	QC	4	3	12			✓			
	RISK 1.5 If, as a result of the increasing demand on services the Trust is unable to provide quality of care in a timely and equitable manner, then the impact will be potential harm to patients, additional pressure on staff and reputational damage.	SL	QC	4	4	16	New risk for 2022/23		✓	✓		Some areas of system pressures are outwith of LCH's control. Limited assurance was therefore provided for some elements of this risk.
	RISK 1.6 If the Trust does not optimise its services to reduce the impact of health inequalities, and allow appropriate data capture to understand and address this, there will be a negative impact on patient outcomes, the Trust's resources and reputation.	RB	TB	4	3	12						
Use our resources wisely and efficiently	RISK 2.1 If there is insufficient resource across the Trust to deliver major change programmes and their associated projects, then it will fail to effectively transform services and the positive impact on quality and financial benefits may not be realised.	SP	BC	3	3	9			✓			
	RISK 2.2 If the Trust does not deliver contractual requirements, then commissioners may reduce the value of service contracts, with adverse consequences for financial sustainability.	SP	BC	2	3	6			✓			
	RISK 2.3 If the Trust does not improve productivity, efficiency and value for money and achieve key targets, supported by optimum use of performance information, then it may fail to retain a competitive market position.	BM	BC	3	3	9			✓			
	Risk 2.4 If the Trust does not maintain the security of its IT infrastructure and increase staffs' knowledge and awareness of cyber-security, then there is a risk of being increasingly vulnerable to cyber attacks causing disruption to services, patient safety risks, information breaches, financial loss and reputational damage.	BM	AC	3	4	12						
	RISK 2.5 If the Trust does not deliver key financial targets agreed with NHS England through the ICS financial framework then it will cause reputational damage and raise questions of organisational governance	BM	BC	2	3	6				✓		
RISK 2.6 If the Trust does not invest and create the capacity and capability to respond to the increasing dependency on digital solutions then systems may be unreliable, under developed, not used effectively, lack integrity or not procured. The impact will be on the delivery of patient care and on staff resources and wellbeing	BM	BC	4	3	12				✓			
RISK 2.7 If the Trust does not prioritise the longer-term transformations that are needed to make the Trust more environmentally sustainable, then it will fail to play its part in achieving a carbon-neutral NHS. This will impact on population health, finances and reputation.	SP	TB	2	3	6	New risk for 2022/23						
RISK 2.8 If the Trust does not reduce the length of time that patients are waiting for appointments within our services, then the impact will be potential harm to patients, reputational damage and financial consequences'.	SP	BC	4	3	12	New risk for 2022/23			✓			

Ensure our workforce community is able to deliver the best possible care in all of the communities that we work with	RISK 3.1 If the Trust does not have suitable and sufficient staff capacity and capability (recruitment, retention, skill mix, development and a manageable level of absence) then the impact may be a reduction in quality of care and staff wellbeing and a net cost to the Trust through increased agency expenditure.	JA/LS	BC	4	4	16				✓		
	RISK 3.2 If the Trust does not engage with and involve staff and create and embed a culture of equality and inclusion, then it will fail in its duty to attract and retain a diverse and committed workforce and the impact may be low morale, difficulties recruiting and retaining staff and a less representative workforce.	JA/LS	TB	3	3	9						
	RISK 3.3 If the Trust does not invest in developing managerial and leadership capability then this may impact on effective service delivery, staff retention and staff wellbeing.	JA/LS	BC	3	3	9				✓		
	Risk 3.4 If the Trust does not further develop and embed a suitable health and safety management system then staff, patients and public safety maybe compromised, leading to work related injuries and/or ill health. The Trust may not be compliant with legislation and could experience regulatory interventions, litigation and adverse media attention.	BM	BC	4	3	12				✓		Areas of non-compliance have been noted in recent audits of some services.
	Risk 3.5 If the Trust is unable to maintain business continuity in the event of significant disruption, there is a risk that essential services will not be able to operate, leading to patient harm, reputational damage, and financial loss	SP	BC	3	4	12				✓		
Work in partnership to deliver integrated care, care closer to home and reduce health inequalities	RISK 4.1 If the Trust does not play an active part in the collaboration across the health and care system (ICB and PBP), then the system may not achieve better health and wellbeing for everyone, better quality of health services for all individuals, and sustainable use of NHS resources.	TS	TB	2	4	8						
	RISK 4.2 If the Trust does not ensure there are robust agreements and clear governance arrangements when working with complex partnership arrangements, then the impact for the Trust will be on quality of patient care, loss of income and damage to reputation and relationship.	BM	BC	3	3	9				✓		

Trust Board meeting held in public: 7 October 2022

Agenda item number: 2022-23 (72)

Title: Trust Priorities 2022/23 – Mid Year Update

Category of paper: For Assurance

History: SMT 21st September 2022

Responsible director: Executive Director of Nursing and Allied Health Professionals and Executive Director of Finance and Resources

Report author: Business & Planning Manager and Clinical Governance Manager

Executive summary

This report provides a mid-year progress update against the Trust's 2022/23 priorities.

Our Trust vision is that **'we provide the best possible care in every community'** and is underpinned by our four Strategic Goals. This year we developed our key priorities to directly align to and provide evidence in the achievement of a strategic goal. However, whilst the Priorities are aligned to a specific goal, they have been developed with a cross cutting intention to support achievement of the other goals.

Our four Strategic Goals with the underpinning proposed Trust Priorities are:

- Strategic Goal - To deliver outstanding care,
 - **We will be responsive to the needs of our populations as we continue to rebuild our services back better.**
- Strategic Goal - Use our resources wisely and efficiently.
 - **We will continue to rebuild our services with a focus on our waiting list backlogs and continuous improvement.**
- Strategic Goal - Ensure our workforce community is able to deliver the best possible care in all of the communities that we work with
 - **We will build and deliver a resourcing plan to ease the burden on staff.**
- Strategic Goal - To work in partnership to deliver integrated care, care closer to home and reduce health inequalities
 - **We will work pro-actively across the Leeds Place to improve health outcomes.**

The BCDS (Business Change and Development Service) continue to lead and support a number of projects throughout 2022/23 to underpin the achievement of the Trust priorities, some of which are touched upon in the main body of this report or in the appendices. Appendix 1 contains a full overview of all the projects with a short progress update, RAG rating and end date. Progress on these projects are reported through the Change Management Board.

Recommendations

The Board is recommended to note the significant progress being made against the Trust's priorities for the year and recognise the contribution that our staff have made to that progress whilst striving every day to provide the best possible care to the communities we serve.

Trust Priorities 2022/23 – Mid Year Update

1 Introduction

This report provides a mid-year progress update against the Trust's 2022/23 priorities.

Our Trust vision is that **'we provide the best possible care in every community'** and is underpinned by our four strategic goals. This year we developed our key priorities to directly align to and provide evidence in the achievement of a strategic goal. However, whilst the priorities are aligned to a specific goal, they have been developed with a cross cutting intention to support achievement of the other goals.

Our four strategic goals with the underpinning proposed Trust priorities are:

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 - **We will continue to rebuild our services with a focus on our waiting list backlogs and continuous improvement.**
- Strategic Goal - Ensure our workforce community is able to deliver the best possible care in all of the communities that we work with
 - **We will build and deliver a resourcing plan to ease the burden on staff.**
- Strategic Goal - To work in partnership to deliver integrated care, care closer to home and reduce health inequalities
 - **We will work pro-actively across the Leeds Place to improve health outcomes.**

The Trust priorities we have developed are underpinned by our learning and experience during 2021/2022. They reflect our challenge to ourselves as we seek to continuously learn and improve our provision of high quality care to the communities we serve. Our aim being to drive the quality of our care delivery forward through the progress against those priorities.

2 Priorities

2.1 Strategic Goal - To deliver outstanding care

Trust Priority: We will be responsive to the needs of our populations as we continue to rebuild our services back better.

Services have continued to strive to deliver outstanding care over the past 6 months in the face of continued pressure across the whole system and continued pressure from COVID and MPX. Please see appendix 2 for specific examples highlighting work undertaken to support achievement of this priority.

Key focus 1: How we engage with our patients is fundamental to the achievement of this and other Priorities

The organisation's Engagement Officer vacant post has been recruited to with a remit to focus on how we improve the way we engage with our communities and our staff. The colleague brings a background of working in the Third Sector.

Consensus from a recent stakeholder engagement event was that engagement becomes part of the fabric of the organisation. LCH should ensure that we create the actions and conditions for patient engagement to be the culture of the organisation and the services within it. A proposal is being made to Quality Committee for the organisation to adopt this approach rather than re launch a second Engagement Strategy.

Key focus 2: Where appropriate services will develop an action plan to address any areas of inequity from their health equity data.

LCH's Business Intelligence (BI) Strategy details how information regarding inequity will be made available to services and those making planning decisions. Work is underway to implement critical improvements and modernisations within the technical infrastructure of the BI department. When complete, this will allow for development of meaningful dashboards and tools. The priority area for dashboard development will be indicators within the Responsive Domain, including waiting times.

Key focus 3: We will 'make stuff better' through the LCH Change Programme. For example, the Neighbourhood Model Transformation Programme, the Community Gynaecology Service Review and the Fair Days Work in CBU.

The BCDS (Business Change and Development Service) continue to lead and support a number of projects throughout 2022/23 to underpin the achievement of the Trust priorities, some of which are touched upon in the main body of this report or in the appendices. Appendix 1 contains a full overview of all the projects with a short progress update, RAG rating and end date. Progress on these projects are reported through the Change Management Board.

The Neighbourhood Model Transformation Programme (NMTP) was extended into 2022/23. Key areas of focus have been triage, planned/unplanned care and

shared care with Neighbourhood Teams/Podiatry. Utilising extensive engagement with staff and partners a new triage model has been designed and started being implemented in September 2022. Appendix 2 provides further detail around this work and other work undertaken by the Adult Business Unit to support them in their aim to 'make stuff better'.

Appendix 2 also describes the work underway in the Specialist Business Unit, for whom a key focus has been working with LTHT to review the integrated Gynaecology service and the Children's Business Unit (CBU) The focus for CBU includes the Fair Day's Work project which is addressing productivity and Quality Improvement areas across Children's with a focus on health & wellbeing, the 0-19 ante-natal reset and review and a targeted roll out of the Mindmate support team who will provide early intervention in relation to emotional and mental health.

2.2 Strategic Goal - Use our resources wisely and efficiently

Trust Priority: We will continue to rebuild our services with a focus on our waiting list backlogs through continuous improvement.

Key focus 1: Work with services, patients, and partners to identify changes to service provision and/or pathways (both within LCH and across the whole system, where applicable) to more effectively manage patients and help alleviate waits linking with the LCH Change Programme, Third Sector Partnerships and Primary Care Integration.

Appendix 3 contains further information about the projects summarised below. Please also see section 2.4 which outlines our work with primary care and third sector partners.

Neighbourhood Team (NT) Virtual Consultations - The roll out of virtual consultations in the Neighbourhood Teams resumed, with an initial trial in Seacroft. This has now been expanded to Meanwood and Wetherby. Registered staff working in base schedule video calls with Neighbourhood Clinical Assistants (NCAs) undertaking visits for those patients deemed clinically appropriate. In addition to this project, the Neighbourhood teams are undertaking a range of EPR related and digital projects to enhance service effectiveness and efficiency.

Colorectal and Urinary Continence Service (CUCS) – CUCS have seen high waits during Q1 and Q2 of 2022/23 as a result of staff availability and this was added to the risk register due to a lack of immediate solutions. However, the service has made changes to ways of working that have resulted in improvements.

Neighbourhood Team Therapy - Neighbourhood Teams therapy feedback that the extension of backlog funding has had a significant impact on waits. The teams continue to utilise locums, overtime, and dedicated administrators resulting in an overall reduction of 16% of the therapy waiting list since April despite further escalations.

Community Neurology Rehabilitation Service - The service redesign of the Community Neurology Rehabilitation Service (CNRS) began in September 2020 as the service moved to Reset and Recovery following the COVID 19 pandemic. The aim was to review the service model to address the challenges facing the service which were evident prior to the pandemic. Phase 1 of the redesign will be delivered within the current financial envelope and aims to be implemented towards the end of 2022/23.

Leeds Sexual Health: Online Contraception Booking Pilot - Leeds Sexual Health are looking at ways to improve the digital offer to service users: offering more choice and ease of access. As part of that improvement work, the service has begun a pilot to offer an online service for booking of appointments starting with contraception.

LMWS - As part of the ongoing LMWS Development Programme the service has procured an additional subcontract partner Xyla. Xyla Digital Therapies covers the provision of digital/remote psychological therapy services for common mental health problems through a technology-based solution.

The Leeds Place Covid Medicines Delivery Unit (CMDU) based at St James's is jointly run by Leeds Community Health NHS Trust's CIVAS (Community IV Administration Service) and Leeds Teaching Hospitals NHS Trust. The CMDU offers people who are immunosuppressed and test positive for Covid-19 treatment with the newest antiviral and monoclonal antibody treatments to prevent their condition from worsening that may then require hospitalisation.

Children's Audiology - The team developed a robust process to keep its waiting list & backlog below the desired 6 weeks.

Specialist CAMHS - If children or young people are deemed as needing CBT from specialist CAMHS, the service now considers whether the child could benefit from a group approach.

Key focus 2: We will adopt a standardised approach to waiting list management through the Improving Patient Flow and Prioritisation Programme

The aim of the Improving Patient Flow and Prioritisation Programme is to embed holistic, sustainable and consistent approaches to supporting and managing people who are waiting for care within Community Health Services. LCH's Executive Director of Operations, Sam Prince, has been identified as the SRO and the governance structure has been worked up in draft form; IPFP Programme Board is in the process of being formed with the terms of reference and membership currently being finalised. This will be signed off in Q3 along with the Project Initiation Document (PID) following stakeholder consultation.

Key focus 3: Use current performance and governance mechanisms to ensure there is assurance that patients are safe whilst they are on a waiting list. Services should provide assurance via the Quality and Improvement Group and Performance Panel.

Waiting lists continue to be closely monitored by services and through quality and performance panels which are held monthly within business units. Escalations go to

the LCH wide quality and performance panel, chaired by the Executive Director of Operations, and to QAIG by exception, which is chaired by the Executive Director of Nursing and Allied Health Professionals and the Executive Medical Director.

2.3 Strategic Goal - Ensure our workforce community is able to deliver the best possible care in all of the communities that we work with

Trust Priority: We will support our workforce to recover and flourish, with enhanced focus on resourcing and health & wellbeing.

As we approach mid-point of the year we continue to see higher levels of sickness absence and turnover than in previous years and ongoing workforce challenges in a tight labour market. As we approach this Winter we anticipate that these challenges will remain and we are committed to continuing to explore the widest possible range of avenues to attract, support and retain the LCH workforce, and innovate wherever we can.

Key focus 1: We will recruit and induct our first cohort of international community nurses.

We have successfully recruited 7 international nurses who started with us on 20 June 2022. A comprehensive and supportive induction programme is in place for the nurses, including an LCH staff member “buddy” for each nurse to offer 1:1 support and help with queries. The nurses have completed their OSCE course and are due to take their exams early September. Once accredited they will be eligible to receive their UK PIN number in order to work as registrants in LCH services.

Key focus 2: We will enhance and develop our Apprenticeship offer.

We are currently supporting 74 apprentices on programme, with an additional 37 to start between September 2022 and January 2023. We are now utilising our apprenticeship levy, and not losing any expired levy funds. Of those who have completed apprenticeships through LCH (31) we have retained 92.3%, and 100% of those retained have progressed their careers with us, either by securing a higher banded role, or entering into a professionally recognised role (e.g. Nursing Associate/Registered Nurse)

We have introduced a new entry level Healthcare support worker role and have recruited 2 HCSW apprentices and 3 Customer Service apprentices via the Narrowing Inequalities Workstream. We continue to work with our Leeds partners and are currently advertising for Team Leader and Data Analyst apprenticeships.

Key focus 3: We will carry out locally-targeted recruitment and reduce barriers to entry to widen our talent pool and diversify our workforce.

We have developed a programme of work to target local people for local roles and are working effectively with third sector organisations to remove barriers for people to access work with LCH. In this financial year, 13 roles have been appointed to so

far across domestics, administration and clinical apprenticeships, with ambitions to make significant progress over the remainder of the year. 46% of roles have been offered as an apprenticeship with a view to succession planning and developing a workforce pipeline for the future. Most people offered roles with LCH through this programme were either previously unemployed or were employed through an agency / casual work. The applicant pool is significantly more diverse than those who apply through NHS jobs.

Over 40 expressions of interest were received for the Community Nursing Assistant band 3 role for the nights service through a hyper-local recruitment campaign. 21 people were invited to interview and 14 people appointed.

Our Workforce Planning Journey

Our intention for the process is that this is not a one-off exercise (like our annual business plan), but a continuous iterative approach to understanding and responding to our resourcing gaps over the medium to long term. So far, we have engaged with Business Units to identify high priority service areas and roles that require our attention and have started some initial modelling to establish our future needs. This information will be used to develop actionable plans, utilising various “levers” such as Recruitment, Retention, Reward, Development, Contingent workforce. Plans will consider the current resource gaps, and also the additional resources required as a result of the additional investment coming into Community Services in the coming weeks.

See appendix 4 for business unit specific examples.

Key focus 4: We will enhance the Financial Wellbeing elements of our Health & Wellbeing Offer.

Following the successful pilot of Instantpay (powered by Wagestream), within the LCH Bank (CLaSS), enabling staff to access (“stream”) up to a max 35% of gross pay they have earned, in advance of pay day, this was made available for all staff in late June. As at 31/7/22, 506 staff have enrolled with Wagestream and 85 staff accessed their earned wages earlier. 378 times staff have chosen to stream ahead of payday, total accessed has been in excess of £28k. Other features of the App are being used too, such as tracking your earnings in real-time, which 217 staff have used, and 57 staff have opened a savings account.

We are acutely aware of the impact that the increased cost of living and fuel poverty can have on our staff, and are continuing to address this through a number of ways; such as, temporarily increasing mileage rates and actively promoting the range of support available within the Financial wellbeing section of the internal “Health and Wellbeing page”. This includes access to financial support through Employee Assistance Programme (EAP), as well as signposting to a range of organisations where staff can seek free, confidential and impartial help and advice on a range of money related matters such as debt, money, energy and utilities. support around their finances.

Key focus 5: We will continue to develop our psychological and wellbeing support offer for staff.

Utilising the resource of Clinical Psychology within staff wellbeing, the central aim of this work is to scope out and support interventions where the trust is currently and then to inform what is needed. This work has outlined the support available across the trust to support staff mental health and wellbeing (e.g. OD&I resources, Schwartz rounds, Mental Health First Aiders, Health and Wellbeing Champions). The support is offered through a tiered approach from prevention i.e., supervision, education, wellbeing conversations, manager training and FTSUG support. Indirect interventions; Mental Health First Aiders, Health and Wellbeing Champions, Critical incidents etc. Direct Team Interventions which may be compassion practices, Acceptance and Commitment Training (ACT) and mindfulness. There are also managers and leaders direct interventions with support from HR Business Partners etc. The final aspect is specialist support available from a variety of sources including the West Yorkshire Mental Health Hub, EAP, LMWS etc.

One of our aims is to provide as much peer support as possible and highlight key interventions through our Mental Health First Aiders (approximately 30) and Health and Wellbeing Champions (approximately 40). This cohort of staff will have regular support though supervision and CPD in part provided by LTHT who have also been training our MHFA.

ED & I - Work continues in a variety of ways to develop and promote diversity awareness. This includes working with staff to better understand their lived experience, which takes place through a variety of ways; Race Equality Network, Staff Health and Wellbeing Engagement Group, Men's Health Forum and Rainbow Ambassadors network. Personal development also takes place through a variety of programmes, such as Compassionate and Inclusive Leadership, BME Reverse Mentoring and Race Allyship, with commitment at a more strategic level, through the ED & I Forum, which focuses on the voice and perspective of staff, with Chair, NED and senior leadership involvement.

A No bystanders summit will be held in September 2022.

2.4 Strategic Goal - To work in partnership to deliver integrated care, care closer to home and reduce health inequalities

Trust Priority: We will work pro-actively across all the communities we serve to improve health outcomes.

Key focus 1: We will engage with our Local Care Partnerships (LCPs) and Primary Care Networks (PCNs) to ensure we are working together to improve health outcomes for groups where there is an identified need.

Partnership working with LCPs - LCH Clinical Systems Pathway Development Lead is leading the Diabetes Leeds work with LCPs to prioritise diabetes in populations. The work intends to strengthen holistic care, improve knowledge and

access to care. Successful partnerships have formed with LCP development team, HATCH, LS25/26 and Morley. The most progress has been made with organisations who are located across the city and commissioned with longer term funding e.g. Leeds Health Awareness, libraries and community hubs, Leeds Directory and Diabetes UK- enabling legacy work linked to education, signposting and screening. LCP partners are very motivated to drive change, but challenges include limitations in funding, workforce and contracts. This limits the ability to connect with populations with greater needs.

Partnership working with PCNs - The Integrated Care Steering Group continues to oversee implementation of the Integrated Proposal, agreed September 2021. Pace of progress with some workstreams has been impacted by operational pressures across partners however there has been significant progress across many workstreams including the following. A full update for each project is contained within appendix 5 of the paper.

Integrated PCN Frailty initiatives - We have a number of joint roles where Community Matrons split their time working for the Neighbourhood Teams and a PCN.

Virtual Ward Respiratory – Continued integration with LTHT resulting in more appropriate referrals and ward now consistently reaching maximum capacity. Since April 2022 we have received 160 referrals.

Virtual Ward (Frailty) - Work is ongoing to increase the capacity of the Virtual Ward as outlined in appendix 5.

Local urgent community response services delivered by the neighbourhood teams (including the virtual ward frailty pathway) are performing in excess of the expected national minimum threshold of 70% required of all areas from quarter 3. The percentage of people receiving a crisis response within two hours, when this has been assessed as required, was consistently over 70% in quarter one and at 77% in July.

Community Falls service pilot aims to provide care closer to home for complex falls patients by assessing and managing complex falls patients in the community.

Integrated Clinics - Since May 2022, 12 integrated clinics, currently focusing on wound management, have opened across 9 PCN sites in Leeds.

The Community Cancer Support Service, currently funded as a joint initiative between Macmillan and the Leeds Office of the ICB, has recently expanded to three more Primary Care Networks (PCNs) in addition to the existing areas of Otley, Yeadon and Harehills/Richmond Hill/Burmantofts, Wetherby, Middleton and Beeston/Hunslet PCNs.

Key focus 2: We will ensure service changes including the LCH Change Programme are co-produced and capture local needs and perspectives.

In addition to the work co-produced in partnership with the third sector as described in this section of the paper, please see engagement examples under section 2.1 Strategic Goal - To deliver outstanding care.

Key focus 3: We recognise that for effective partnerships it is essential that we ensure adherence to LCH's partnership governance standards.

The future model for provision in Leeds and nationally is one where routinely system partners, statutory and third sector work together as integrated teams to better meet local need. Where we co-deliver, a pre-requisite for efficient and effective working will, in some instances, be enabling partners to access patient records. Recent experience with LMWS, the Enhance programme and Enhanced Community Response has highlighted the need for a more robust standard process and governance arrangements to determine whether, when and how external partners are able to access the patient record. The IG and Informatics teams are leading this work. The resulting arrangements will be implemented by LMWS as part of the LMWS Improvement Programme and will determine access for 3rd sector partners in Enhanced Community Response, the Enhance programme (and business case for a possible follow-on phase) and future programmes of work where we co-deliver with third sector partners.

Key focus 4: Continue working with partners to build our capacity to provide care for people in the community by keeping patients safe and offering the right care, at the right time, in the right setting.

Leeds City Council: The Transfer of Care (TOC) Hub is now operationally managed by LCH, and the aim is to be open 7 days a week from the first weekend in October.

Third sector partnerships: Operational pressures have caused some planned third sector partnership development to be paused or not progressed at the intended pace, however, there has been good progress with some excellent partnership developments that reflect key objectives set out in our 3rd sector strategy – commitment to develop integrated working and co-deliver services, work together on shared agendas, championing and advocating for sustainable funding for the third sector.

The Enhance Third Sector Service, which went live in June 2022 and is funded initially until April 2023, is a programme to link Neighbourhood Teams with 14 third sector organisations. The aim is to improve capacity in both sectors and avoid delayed discharges and readmissions for vulnerable people on neighbourhood caseloads.

Mindmate Single Point of Access is another excellent example of LCH and third sector co-delivery in an integrated team.

BASIS – LCH supported BASIS with their bid for NHS Charities Together (Capt Tom Moore monies) funding to work with LCH, LTHT and primary care to make services accessible and inclusive for women sex workers.

Further supporting this priority are the NHSE Health Inequalities Non-Recurrent Funding for 2022/23 – Leeds CCG Tackling Health Inequalities Group (THIG) approved schemes (see appendix 5). As outlined in the board paper Health Equity Strategy update 5th August, the aim of the funding is to support targeted reductions in Health Inequalities for specific population groups linked to the CORE20Plus5 approach, alongside inclusive recovery from the pandemic, and supported by five priority actions for addressing health inequalities as outlined in the NHS Planning Guidance 22/23.


3 Recommendations

The Board is recommended to note the significant progress being made against the Trust's priorities for the year and recognise the contribution that our staff have made to that progress whilst striving every day to provide the best possible care to the communities we serve.

4 Appendices

Appendix 1 - LCH Change Programme 22/23

On track	Partially on track	Not on track	Not started
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Priority alignment	Project	Project description	Priority	Timeframe	BCDS lead	Resource type	RAG	Progress/ escalations
We will be responsive to the needs of our populations as we continue to rebuild our services back better	PP002 Telephony	Implementation of new cloud-based telephony system	9	April to Aug '22	Gareth Burns/ Nicola Annakin	BCDS core		<ul style="list-style-type: none"> All telephony systems now migrated to new datacentres Call Centres built for SPUR/Police Custody and Mindmate Redbox voice recording configured for Police Custody Implementation Groups now active for SPUR/Police Custody and Mindmate with implementation planned by end of August
	PP010 Electronic prescribing	Introduction of electronic prescribing	7	April to March '23	Gareth Burns	BCDS core		See Roadmap here:  EPS Road Map Jun22.pdf
	PP011 ICE pathology	Introduction of electronic Pathology and Radiology Requesting	7	April to March '23	Gareth Burns/ Nicola Annakin	BCDS core		<ul style="list-style-type: none"> Tier 3 Weight Management Testing complete – planned go live by end of July Awaiting confirmation of go live dates from LTHT for Podiatry, MSK, Seacroft & Chapeltown Planning future Roadmap with LTHT

Priority alignment	Project	Project description	Priority	Timeframe	BCDS lead	Resource type	RAG	Progress/ escalations
	PP012a Digital dictation	Roll out of digital dictation technology		April to March '23	Gareth Burns	BCDS core		<ul style="list-style-type: none"> Completed CDS will move to Voice Recognition rather than Digital Dictation
	PP022 Admin Review	To implement a consistent and centralised admin service	10	April to Dec '22	Dan Barnett/ Sam Coupland	BCDS core		<ul style="list-style-type: none"> Consultation phase complete Recommendations approved by SMT Moving to implementation phase
	PP024 Community Dental Transformation	Deliver the CDS transformation project, which is considers four objectives: responsiveness, culture, communication, safety, and quality	9	April to Nov '22	Satbir Saggu/ Swarnjit Kaur	BCDS Core		<ul style="list-style-type: none"> BI have aligned Software of Excellence with data warehouse enabling progress on demand and capacity work. Regular meetings with commissioners to discuss contract and recently met with LDI/LTHT to explore options for paed's pathway External OD consultant produced report and action plan - shared with team in April EPR project delayed due to only one tender submission. There were originally 7 EOI's but only one supplier came forward. Incident/ scenario based learning embedded in team meetings.
	PP043 LMWS improvement	To address leadership, model, performance, integration and cultural issues in LMWS	10	April to Dec '22	Caroline Otieno	BCDS core		<ul style="list-style-type: none"> Helpful Conversations practitioners in place – positive feedback and data PCMH workstream on target, all away days now completed with good staff engagement CBT waiting list – progressing to target with regular reporting and longer-term work regarding groups Leadership Review – New model now being implemented to 3 Clusters with new roles being recruited to

Priority alignment	Project	Project description	Priority	Timeframe	BCDS lead	Resource type	RAG	Progress/ escalations
								<ul style="list-style-type: none"> Data and Performance – Process for requesting data across partners has been agreed. Partners awaiting the sign off for access to PIP Partnership Governance – Meetings Review on target with templates agreed for meeting standards and TOR. Partnership agreement on track with developments at Board, review of the governance structure, including function of the board. Communication and staff wellbeing – Programme Roadshows completed with staff members requesting to be involved. Whole Service Away Day took place in July. Celebration workshop and onward planning session to be achieved in Q2, aligning with health inequalities strategy. ODI to support with staff listening sessions
	PP033 CAMHS Transformation	Ongoing involvement in strategic developments that modernise and grow the service	6	April to March '23	Heather Hayes	Service-led		<ul style="list-style-type: none"> Monthly monitoring through strategic meetings with largely BAU developments Effective escalation routes On track but aware that current and sustained high levels of referrals may impact additional service developments
	PP093 CAMHS MH Support	Continued mobilisation of this service growth area	6	April to Dec '22	Heather Hayes/ Rebecca Kilmartin	Service-led		<ul style="list-style-type: none"> Successful mobilisation of Waves 5 and 6 Wave 5 engaged with college settings and Waves 6 in training, due to finish Jan 23 Currently recruiting to Wave 8 Longstanding IT issues at Park Lane being resolved

Priority alignment	Project	Project description	Priority	Timeframe	BCDS lead	Resource type	RAG	Progress/ escalations
	PP081 Neighbourhood Model Review	Transformation of NTs model to modernise and make it more effective	10	April to March '23	Lucy Shuttleworth/ Sam Donaldson	BCDS core and externally funded		<ul style="list-style-type: none"> • Triage consultation complete individual staff consultation from w/c 18.7.22 • Estates being scoped for new triage hubs • Triage implementation plan showing no breached timescales • Allocation- DPIA to be complete by 14.7.22 will need sign off from IG • Allocation- ongoing discussions with solicitors to review contract change notes • Allocation- vacancy of an IO currently being recruited to • Unplanned work and planned work currently being scoped and will become another project • Leadership and management project commenced • Significant amounts of work underway meaning the team are working at full capacity
	PP139 Datix overhaul	To design how Datix works for LCH to make it more fit for purpose and more effective at managing risk and issue	9	April to March '23	Gareth Burns/ Ian Woodcock	BCDS Core		<ul style="list-style-type: none"> • Requirement Gathering of DIFF1 ongoing • Building of new skeleton DIFF1 alongside requirement work
	PP105 Transformation of clinical admin space	To implement hybrid/ flexible working arrangements within clinical admin space to make them more modern and future-proofed	10	April to Oct '23	Dan Barnett/ Diane Burke	BCDS Core		<ul style="list-style-type: none"> • Project at initiation stage • PID drafted and agreed by Estates Strategy Implementation Group • Project team identified and working on high level plan and milestones • Pilot sites identified

Priority alignment	Project	Project description	Priority	Timeframe	BCDS lead	Resource type	RAG	Progress/ escalations
	PP104 Trust HQ relocation	To support the move to a new Trust Head Quarters	11	April to March '23	Dan Barnett/ Emma Bolton	BCDS Core		<ul style="list-style-type: none"> External project support in place Shortlisted locations confirmed Team/ staff engagement undertaken Project group established to plan next steps Scoping of interdependencies with transformation of clinical admin space started
	PP091 E-job plan	Roll out of e-job plan		April to March '23	Gareth Burns/ Hannah Turp	Externally funded		<ul style="list-style-type: none"> Project Manager assigned; currently working on a roll out plan
	PP037 Community gynae service review and menopause offer	Full review of the gynae offer, including development of a menopause offer	8	April to March '23	Emma Tiernan	BCDS Core		<ul style="list-style-type: none"> Menopause – referral paper compiled and shared with commissioner and Meanwood HC. Initial meeting held following this and action tracker in place Meetings recommenced with LTHT Staffing proposal signed off by SBU Leadership incl. Medics and nursing staff. To be implemented in Q2
	PP114 CNRS mobilisation	To implement the preferred model from the CNRS review	10	April to March '23	Gillian Meakin/ Geena Bassra	BCDS Core		<ul style="list-style-type: none"> Significant pressure within leadership team however Operational HoS and Ops lead have been recruited but not yet fully in post Case for change consultation finished in early July Ongoing work on inpatient bed service spec and identification of location Other workstreams ongoing and making progress, others to start in Q3 Agreed with commissioner aiming for implementation of phase 1 in late 22/23 year with inpatient bed in Q3 22/23.

Priority alignment	Project	Project description	Priority	Timeframe	BCDS lead	Resource type	RAG	Progress/ escalations
	PP120 Leeds Sexual Health tender ready	To prepare the service for tender, including exploring alternatives to Preventx and digital innovations	9	April to March '23	Emma Tiernan	BCDS Core		<ul style="list-style-type: none"> Service under pressure due to request to roll out MPX vaccine and HoS clinical taking a career break. Meeting with service to determine top 3 priorities to focus effort
	PP017 CAMHS EPR feasibility study	To review the options for the CAMHS EPR	3	April to June '22	Gareth Burns/ Sofia Mahmood	BCDS Core		<ul style="list-style-type: none"> Options Paper recommended for approval at CMB in July Business Case in development for recommended option
	PP138 CAMHS EPR	Mobilise the new CAMHS EPR solution	7	July to 2023	Gareth Burns	BCDS Core		<ul style="list-style-type: none"> Not started
	PP133 CBU - fair days work and service redesign	Reprioritisation of CBU work to include: <ul style="list-style-type: none"> Review of productivity across all CBU services Service redesigns for CAMHS, 0-19, SLT 	9	April to Nov '22	Heather Hayes/ Sofia Mahmood	BCDS Core		<ul style="list-style-type: none"> Early Fair Days Work focusing on CSLT – staff engagement planned for July before revisiting productivity/benchmarking measures Blueprint to be developed for other services following completion of CSLT work Support being given to 0-19 in reviewing demand and capacity within new service offer. First iteration of modelling for B4 Family Health Workers now complete – next role will be B5 Staff Nurses.
	ABU – Virtual Consultations (VC)	To embed clinician to patient and clinician to clinician virtual consultations to assist with patient reviews and maximise staff capacity	9	Jul '22 to Sept '22	Lyndsay Hamilton	BCDS Core		<ul style="list-style-type: none"> Project plan developed Plan agreed for protecting time of individuals undertaking VC Extended pilot to Meanwood, all NCAs completing training Comms circulated re. recording on S1 to improve data collection

Priority alignment	Project	Project description	Priority	Timeframe	BCDS lead	Resource type	RAG	Progress/ escalations
								<ul style="list-style-type: none"> Some concerns about possibility of roll out further across ABU to achieve huge benefits – to be scoped
	ABU – Self Management	To embed self-management in NTs as a first line response to address capacity and demand issues	11	Jul '22 to Sept '22	Lyndsay Hamilton	BCDS Core		<ul style="list-style-type: none"> New self-management posts (B5 and 6) in recruitment – progress in project is reliant on these new posts Development Lead working on myth busting and more education in teams – limited by capacity as per above
We will work pro-actively across all the communities we serve to improve health outcomes	PP061 Vaccination programme	To embed the vaccination service as a BAU service with LCH as lead provider	11	April to Dec '22	Anita Simey/ Sam Steede	Externally funded		<ul style="list-style-type: none"> Business Case in draft for a BAU Vaccination Service. Implementing transfer of interim core service delivery to LCH from LTHT effective from 01-Jul-22.
	PP116 Enhanced Community Response	Collaborate with system provider partners to deliver “Enhanced Community Response” offer to Leeds adult population (including delivery of national urgent community response standards)	10	April to March '23	Nicola Wolstenholme	Externally funded		<ul style="list-style-type: none"> Development of EPR to enable reporting on 2hr crisis response standard showing LCH/system on track to deliver minimum 70% threshold - 74% for June 22 Development and submission of proposal and plans for virtual wards SDF allocation Review of model for access; confirmation of priorities to align with NTs triage hub development to enable step change to single point of access to integrated offer Review of naming convention and plans for public engagement over Q2 with Healthwatch Escalations to unblock barriers to commence Point of Care Testing trial over Q1 effective with engagement of LTHT pathology to enable progress in Q2 Progress on delays in mobilisation of Mental Health Dementia Pathway -business case

Priority alignment	Project	Project description	Priority	Timeframe	BCDS lead	Resource type	RAG	Progress/ escalations
								reviewed over Q1 and funding approved to enable recruitment to progress in Q2
	PP119 Enhancing capacity through the 3 rd sector	Utilising the 3 rd sector to create more capacity in NTs	7	April to March '23	4Katie Smith	BCDS Core		<ul style="list-style-type: none"> 10 of the 14 providers are live (remaining 4 anticipated by end August – main reason for delay is recruitment); Continued Comms with NTs via Project Team and ongoing work to develop relationships between NTs and Third Sector Delivery Partners EPR – working through implications of access to SystemOne
	PP055 Community Cancer Support	Continued mobilisation of this service growth area	4	April to March '23	Lyndsay Hamilton/ Alannah McCabe	Externally funded		<ul style="list-style-type: none"> Three areas for expansion identified and team in process of engaging PCNs, with a focus on health inequalities Prevalue Proposition Document being completed to secure future funding with Business Case to follow Service model being refined with proposal going to steering group and ABU Round Table
	PP123 Active Recovery	Integration of intermediate care and reablement services into the new Neighbourhood model	10	July to March '23	Katie Smith	BCDS Core		<ul style="list-style-type: none"> Governance and Project team in place including Programme Director; Key Priorities between July – Oct confirmed; series of joint workshops to enable a single route/single allocation process redesign; confirming joint reporting arrangements (OPEL)
We will continue to rebuild our services with a focus on our	PP026 Improving Patient Flow and Prioritisation	To improve waiting list management, backlog position and capacity and	10	April to March '23	Caroline Otieno	BCDS core		<ul style="list-style-type: none"> Position Paper, well received at SMT with clear decisions around the prioritisation of patients with health inequities – will help create overall plan

Priority alignment	Project	Project description	Priority	Timeframe	BCDS lead	Resource type	RAG	Progress/ escalations
waiting list backlogs through continuous improvement		demand modelling capabilities in services						<ul style="list-style-type: none"> Waiting List management Framework in draft Programme Team established with clear roles and responsibilities Stakeholder Network in development Programme PID and Plan in draft form
	PP079 Resourcing, Business Continuity and Resilience	Reviewing and improving the recruitment and CLASS services and embedding mutual aid through a pool of volunteers	10	April to Nov '22	Dan Barnett/ Sam Coupland	BCDS core		<ul style="list-style-type: none"> Staff volunteer pool confirmed as the priority, working towards going live in September with a big focus on communications and marketing New Service Descriptors being created for Recruitment and CLaSS. Scoping what One Front Door could look like

Appendix 2 – Supporting Evidence

Strategic Goal - To deliver outstanding care

Trust Priority: We will be responsive to the needs of our populations as we continue to rebuild our services back better.

Key focus 1: How we engage with our patient's is fundamental to the achievement of this and other Priorities.

Children's Business Unit (CBU) Examples: Youth Board – There are currently 24 active members of the Youth Board. CBU offers them opportunities as they arise but also in line with their own personal goals. For example, members of the Youth Board supported 0-19 PHINS with social media posts and were involved in the CBU Strategy launch in Q1. The Board were invited to be a part of the launch event and helped ensure the strategy was brought to life for our partners and stakeholders.

CBU have recently launched the CBU parent forum, with help from third sector partners, which a small number of parents have joined.

A Parents and Carers Support Group has been established in the Eating Disorders Team: it is open to parents who have children known to the team with an aim to provide support to parents and families on how to support their children through their time with the service. The first group round was well received and so the team is rolling it out again with a view to plan additional dates over the next few months. A couple of feedback comments from the families who have attended:

“The course was fantastic and I thought that Fiona was extremely knowledgeable and helpful.”

“Fiona was brilliant at responding to issues as they arose despite them not being part of the planned delivery. She made all parents feel that their contributions were valid.”

The first offer to be developed as part of the Children and Families Offers is the Communication Offer which is a directory of services and resources that support children and young people with speech, language, and communication development. A better understanding of services available will help with early identification of need and earlier access to services. There will be four launch events across the city in Q3/4 to promote the use of the Communication Offer tool. Young Lives Leeds are promoting these events.

Key focus 2: Where appropriate services will develop an action plan to address any areas of inequity from their health equity data.

Specialist Business Unit (SBU) were due to hold their annual celebration event on 3 October 2022. However, due to the continued pressure services are under, this has been postponed until 24th April 2023. The theme will be inclusivity in its widest context to incorporate all protected characteristics' and groups of people who data indicate are under-represented in terms of accessing our services or working within our teams. The aim of this event will be to explore issues and opportunities to open

up conversations. In the lead up to this event, SBU are in the process of launching their Health Equity Board. The SBU Health Equity Board will consist of a range of staff and professions from services across the business unit with a special interest in Health Equity. The board will focus on equity in care and pathways, and equity in workforce with a proactive 'intent to action' approach using service intelligence and data, as mentioned above, to identify gaps and drive change. This will be underpinned by the Health Equity Strategy, with direction and escalation to the LCH Health Equity Leadership Group.

'research demonstrates that a workforce that is representative of the communities it serves, is better able to access marginalised groups, therefore maintaining equitable access to services'

Key focus 3: We will 'make stuff better' through the LCH Change Programme. For example, the Neighbourhood Model Transformation Programme, the Community Gynaecology Service Review and the Fair Days Work in CBU.

The Neighbourhood Model Transformation Programme (NMTP). The new model centres around the creation of three hubs, which will be established in the north, west and south of the city, removing the need to triage in the Neighbourhood Teams themselves. Each hub will have Triage Clinicians and administrative Neighbourhood Team Officers (NTOs) co-located together, working in an MDT approach. The hubs will operate 7 days a week between 7am-10pm and will receive, manage, and triage referrals from SPUR, primary care and other LCH services. Work is also underway to refresh the approach to delivering planned and unplanned care in the Neighbourhood Teams and engagement sessions with staff have been scheduled.

Following a successful pilot in the south, shared care with Podiatry is to be rolled out more widely. This involves new referrals into the Neighbourhood Teams for any below ankle problem/wound which will be assessed by a podiatrist in the first instance. Once the podiatrist has completed the assessment, the best decision for each individual is made, which may be shared care with the Neighbourhood Teams, Neighbourhood Teams only or Podiatry only. This has benefitted patients as well as supporting capacity within the Neighbourhood Teams. Feedback from staff is that the pilot improved clinical outcomes for wound care, educational opportunities for staff and earlier intervention for onward referrals. As part of this work, we asked 50 patients for their feedback on the new ways of working.

In August we ran LCH's first 'perfect week' initiative with the North Neighbourhood Teams. The aim was to understand the nature of the workload and the impact on available capacity if the system was used in the most effective way. A three-day focus on referrals and triage revealed considerable waste and opportunities to embed further changes within the triage model. Actions will be taken forward from Q3.

Since April 2022 we have managed a Neighbourhood Team stabilisation plan, aiming to support continued de-escalation and stabilisation across the teams. This plan centres around key priorities (such as self-management, integrated clinics, and

virtual consultations) that will have the biggest impact on reducing demand and improving capacity.

We continue to embed self-management across the Adult Business Unit. In July the service saved 1,130 visits with 91 patients discharged and able to independently manage their condition. New band 5 Self-Management Support Officers and a band 6 Self-Management Development Facilitator have been recruited and are enabling further development of the service and expanding to further areas. Self-management is continuing to support Community Care Beds (CCBs) and Leeds Teaching Hospitals Trust (LTHT) when capacity allows. Additional funding has been agreed and as a result 10 additional Self-Management Facilitators are in recruitment.

A Fair Day's Work - Addressing productivity and Quality Improvement areas across Children's Business Unit (CBU) with a focus on health & wellbeing. Beginning with Children's Speech and Language Therapy, this work has looked at how the service has benchmarked appointments and the impact of this on staff. It has also focussed on strong staff engagement to see what improvements can be made to systems and processes to further support a staff member's view of a fair day's work. Improvements have been identified in SLT and the workstream will now move to the 0-19 PHINS service to adopt a similar approach, eventually moving across all CBU services.

0-19 ante-natal reset and review: The plan is that antenatal visits to all Leeds' restorative clusters will be underway by January/February 2023. The original deadline was November 2022. In order to develop a new sustainable model with a vision to further improve delivery of care, the clinical model has been under review by the service and opportunities have been identified to utilise the skills of ALL staff within the service more effectively. The new model will be implemented via a phased approach due to the significant levels of training and engagement needed as well as the vast number of processes that need to change to move a significant amount of work across staff groups. Key to the work has been engagement with all staff. In April the service held a series of citywide events to introduce the need for change and to canvas suggestions and ideas from the teams including use of Slido polls, weekly key messages and 'catch'-up meetings. The service is planning another set of 4 face-to-face engagement events in October.

Mindmate Support Team: The work is focussed on a targeted roll out to provide early intervention in relation to emotional and mental health. Team 2 commenced in Jan 2022 in the City Inner West, Bramley and North Leeds - this team will then be stretching into Pudsey and Aireborough. Recruitment has begun for team 3 who will commence in Jan 2023 in the following areas of the City Seacroft Manston, Temple Newsam, Halton, Wetherby, Garforth, Boston Spa and villages West and South of Leeds. The project is on target to be citywide by 2025. This year positive praise was outlined by OFSTED in work being conducted in Leeds City College.

Integrated Gynae Service – In Q1 and Q2 work has started to look at the current community provision and our potential future offer. Workstreams have been established to look at the admin and referral process, potential LCH offer and staff resource, integrated working with LTHT and Meanwood and a review of the Menopause offer. Progress to date includes the recruitment of a Band 6 nurse to

support more clinically complex patients and broaden the community offer. Introduction of a new consultant post to increase service development opportunities and our menopause offer. In Q3, the focus will be on reviewing the current triage process and patient expectation management to address the decline in patients wishing to be seen in the community as opposed to the hospital.

Appendix 3 – Supporting Evidence

Strategic Goal - Use our resources wisely and efficiently

Trust Priority: We will continue to rebuild our services with a focus on our waiting list backlogs through continuous improvement

Key Focus 1: Work with services, patients, and partners to identify changes to service provision and/or pathways (both within LCH and across the whole system, where applicable) to more effectively manage patients and help alleviate waits linking with the LCH Change Programme, Third Sector Partnerships and Primary Care Integration.

Neighbourhood Team (NT) Virtual Consultations - NCAs receive training in how to have these conversations with the patients, use the technology and document on SystemOne. The majority of virtual consultations are related to wound care, pressure ulcer management and some palliative care reviews and continued work to roll this out will support a reduction in demand for Neighbourhood Teams.

Introduction of SystemOne Live in NTs - The pilot demonstrated that SystemOne Live was easier to use, had better functionality and made life easier for busy teams. It also supports work on improvements to the EPR system as new templates only have to be designed once. Positive feedback from the pilot has resulted in SystemOne Live being rolled out across ABU teams. The roll out is backed by dedicated 'go live' support. The weekly SystemOne Live vs SystemOne Mobile Working data reports show an increase in the use of SystemOne Live by over 85% in each of the Neighbourhood Teams.

EPR Optimisation – Over 100 pieces of development work, including the review and development of individual templates, care plans, questionnaires, and processes as well as full SystemOne unit/service reviews has been completed. The team have also sourced and distributed 40 new 'grab and go' laptops for the business unit - the new laptops are available 24/7 across multiple bases to support staff when needed, which is particularly useful for staff outside of IT core hours.

Community Allocation Software - The project team have worked well on engaging with the two neighbourhood pilot teams. The current allocation processes are now documented and the formulation of the 'to be' processes are underway (completion is dependent on access to the fully integrated product). Internally, the team have explored the most optimum integration of the three main systems: Health Roster, SystemOne and eCommunity. Currently TPP and Allocate are exploring the optimum technical integration method and infrastructure. It is important to highlight that LCH is the first trust to integrate the allocation tool with our PAS system. Whilst this is progressing, the team are working on updating care plans on SystemOne and the skills and best practice use of Health Roster system.

CUCS – The team have improved their waiting lists through various methods including extra weekend clinics, reducing non-clinical time such as meetings, offering overtime for new patients only and exploring how appointments are booked to avoid under-

utilised slots following patient cancellations. Whilst the waits continue to be impacted by ABU escalation, there has been an improvement during Q2.

Community Neurology Rehabilitation Service - The aim of the service redesign of the Community Neurology Rehabilitation Service (CNRS) that began in September 2020 was to review the service model to address the challenges facing the service which were evident prior to the pandemic.

- Long waiting times to access the service
- Variable patient experience due to unclear pathways within the service
- Waiting times leading to ineffective use of resources
- Not able to be responsive to pressures in the system
- Lack of clarity around service offer
- Disrupted patient journey within the service due to moves between the various elements of the service
- Anecdotal reports of stakeholders not referring to the service due to the long waits – leading to patients being referred to other services that are less able to meet their needs
- Not being able to offer patients the right service in the right place at the right time

The redesign process included data analysis, clinical evidence and involved significant engagement with stakeholders, staff and patients and carers. The work was a collaborative approach with the CCG, as it was, and continues with the ICS. The outcome of this work outlined a phased approach for development of the service over a 3–5-year period alongside potential investment required to get the service to a point where it meets the service ambition:

- To provide high quality and timely neurological rehabilitation to Leeds patients.
- To ensure timely equitable access for all that need community neurological rehabilitation
- To work collaboratively with partners in Leeds

Phase 1 of the redesign will be delivered within the current financial envelope and aims to be implemented towards the end of 2022/23; whilst phases 2 and 3 would require additional funding. Since January 2022 significant work has been undertaken within the service in preparation for implementation of a new service model. This has included:

- Development of a new staff model
- A case for change and staff consultation process
- Ongoing backlog trajectory modelling
- Identification of internal developments required to implement a new model such as data and performance and systems and processes
- A review of the agreed model option as learning and intelligence improves

Leeds Sexual Health – Online Contraception Booking Pilot - The majority of sexual health services across the county offer some form of online option, so this will

reflect the national picture however this pilot goes one step further by allowing for direct online provision for uncomplicated contraception cases.

The current offer is for face to face (F2F) appointments or telephone consultations. The greatest barrier to accessing either of these has been the requirement to ring the service for the appointment. The service receives regular concerns and complaints where patients report frustration at having to ring back several times to get through and having long waits for the telephone or F2F appointments. As our waiting time increase we see a consequent increase in DNA rates.

The aims of the pilot include:

- To reduce the pressure on the phone line
- Improve accessibility by patients being able to log on at times convenient to them and not be confined to the phone operational hours
- Improve accessibility by being able to directly book appointments on-line at a time of their choosing.
- Improve accessibility to the service by providing a range of access options – Phone, online and walk ins
- Improve accessibility for those requiring provision of uncomplicated contraception
- Release capacity within the service to focus on those that need face to face support from the Leeds sexual health service

The pilot went live on 5th September so there is no data or feedback as yet however the initial feedback from staff is positive. Over the next few months data and feedback will be gathered to evaluate the impact of the pilot and if successful the service will look to roll out the concept across other elements of the service such as PReP and Coil refit and removal appointments.

LMWS - Xyla Digital Therapies enables assessment and treatment to be conducted outside of normal operating hours. This will help the service respond to the needs of its services users whilst also building capacity within the service to move closer to offering timelier access to therapies.

The Leeds Place Covid Medicines Delivery Unit (CMDU) - Between December 2021 and June 2022, the team has treated over 1,080 patients. This includes 274 with the intravenous monoclonal antibody sotrovimab, 316 courses of oral Paxlovid, and 217 courses of oral Molnupiravir.

Feedback from the service:

'We are extremely proud of the hard work and dedication from the team who provide such a vital service for patients. We are also proud of how the team works in partnership with other units across the West Yorkshire Health & Care Partnership including Local Care Direct to deliver a joined-up service in the ICS. It has served us well so far and there is emerging evidence of reducing hospital admissions and preventing deaths in these patients. The Specialist Business Unit are currently

working with the Integrated Care Board in Leeds to secure recurrent funding for CIVAS staff covering the CMDU'.

Specialist CAMHS CBT Offer - The team has run one cycle of a novel Generalised Anxiety Disorder group in which 70% were discharged after group intervention. The team will soon, once staff are in post, pilot and evaluate a trans-diagnostic CBT group using the Acceptance & Commitment Therapy for adolescents' approach (a well-established protocol). The service has previously also run 4 x cycles of the MBCT-C group (mindfulness based cognitive therapy). Both initiatives means that in the future young person will receive a timelier intervention, and the young person who absolutely need specialist individual CBT can access this quicker.

Children's Audiology Waiting List - This included a keeping in touch letter sent every 6 weeks, a waiting time in letter, a video highlighting what to expect at your appointment & a well-organized admin process supported by a robust capacity & demand tool. The impact of this can be read in the following feedback:

"We would like to thank ICAN audiology for the excellent care my daughter received. Skye was very nervous about the appointment at Armley Moor Health Centre today but was put at ease by Alexia and the audiologist. The pre-appointment information was great to prepare Skye with what to expect and the same images were used on the information boards in the waiting area which Skye recognised and was interested in. Skye was really pleased to receive a sticker (she seems to rate health services on the quality of the stickers - top marks for audiology!) We were kept informed about expected waiting times and received an appointment sooner than we expected. Overall, a great experience from referral to discharge."

Appendix 4 – Supporting Evidence

Strategic Goal - Ensure our workforce community is able to deliver the best possible care in all of the communities that we work with

Trust Priority: We will support our workforce to recover and flourish, with enhanced focus on resourcing and health & wellbeing.

Business unit Examples:

Following the development of a workforce/resourcing plan for the ABU, four priority areas for recruitment support were confirmed: nursing, therapy, TOC (Transfer of Care) and self-management. Between September and December 22 WTE B5 newly qualified nurses will commence in the ABU. 11 B4 Senior Neighbourhood Clinical Assistants (SNCAs) will commence in early September, the second cohort of this programme. Three health and wellbeing coordinators were introduced to the ABU via a 6-month pilot. This was introduced in response to colleague feedback from the ABU Health and Wellbeing Staff Reference Group and the ABU Workplace Stress Survey from 2021; staff burnout and stress were key concerns. The aim of the role is to support people with any issues that affect their health and wellbeing and to ensure a culture is developed where the wellbeing of individuals is prioritised. The coordinators have been working alongside leadership teams in Seacroft, Meanwood and Pudsey, the Community Discharge Assessment Team and the Neighbourhood Nights Service.

Feedback comments from staff include: *“the coordinator has approached the team in a friendly and open way and has offered the impression they do care what staff have to say”, “they were introduced and delivered just at the right level for staff to appreciate it.”, “having time out for a HWB conversation has helped, just the space out from seeing patients”.*

CBU recruitment video: A montage has been created in which different staff members across all CBU services showcase why they enjoy working for LCH & in particular, Children’s Community services. The development of this product was supported by the Youth Board who helped to ensure the content was reflective of a young person’s experience of receiving care in LCH services. This video will be used for all children’s job adverts going forward with the vision that it will form an attractive offer to new recruits.

SBU have embedded Diversity and Inclusion within the workforce strategy, this is also a priority for our SBU Health Equity Board, with a focus on accessible and equitable recruitment so that we have a representative workforce of the communities we serve, with a focus on removing barriers to current recruitment process.

Appendix 5 – Supporting Evidence

Strategic Goal - To work in partnership to deliver integrated care, care closer to home and reduce health inequalities

Trust Priority: We will work pro-actively across all the communities we serve to improve health outcomes.

Key focus 1: We will engage with our Local Care Partnerships (LCPs) and Primary Care Networks (PCNs) to ensure we are working together to improve health outcomes for groups where there is an identified need.

Partnership working with PCNs

Integrated PCN Frailty initiatives - We have a number of joint roles where Community Matrons split their time working for the Neighbourhood Teams and a PCN. In West PCN, LCH is funding a Community Matron to work as part of a new PCN Frailty Home Visiting service. The service aims to enable patients to stay well and at home / in the community by providing pro-active care, optimising support for patients when discharged, working as part of an MDT with the wider primary care team and developing more streamlined and integrated ways of working with the neighbourhood team and Virtual Ward Frailty, and reducing duplication.

LCH also recently funded an 18-month pilot with Beeston PCN - a dual Community Matron role working across Beeston Neighbourhood Team and a GP practice in Beeston PCN focussed on the frail elderly population. The aim of the role is to improve care and efficiencies through providing early and timely intervention, reduce duplication across Primary Care and Neighbourhood Teams, reduce inappropriate referrals in and out of the Neighbourhood Team and build better relationships between the Neighbourhood Team and practice.

A care home project with Morley PCN is now entering its seventh month and has had excellent feedback from patients, care home managers and the neighbourhood team – and has been recently nominated for the Leeds Quality in Care Awards. Having a Community Matron working across the care homes has reduced duplication of services and assessments, reduced the number of NT urgent call outs, increased the number of patients supported to stay in the care home for end-of-life care and increased the number of appropriate referrals to the virtual ward.

Virtual Ward (Frailty) - Work has been ongoing to increase the capacity of the Virtual Ward. The service has delivered a number of improvements in practice with the implementation of E-prescribing, the roll out of improved mobile phone technology and the introduction of new administrative triage and phlebotomy roles in to the multidisciplinary team. In addition, plans have been developed over the quarter to implement the ICE electronic testing and results system and to trial Point of Care Testing in quarter 3. Over quarter 2 the ward has experienced a peak in the numbers of people simultaneously managed of up to 51 in later July, which has sustained into August. This sudden increase has proved challenging on current workforce capacity and in response the programme team is reviewing escalation and discharge processes and reviewing capacity and demand data to recommend

maximum caseload numbers to assure the clinical safety of care in the absence recruitment to the full workforce model and key clinical roles in the multidisciplinary team which are not anticipated until later in the year. Plans to introduce mental health practitioners in to the virtual ward model has made significant progress after delay in the second half of 21/22. The business case for funding has been reviewed and approved enabling recruitment to commence; with new nursing staff anticipated to start in October and psychiatry input from March 23.

The new Home Comfort service offer from Age UK Leeds has been developed and communications materials prepared awaiting confirmation of a launch date later in the quarter. Original plans to launch late quarter 1 were delayed to avoid disruption system flow through the support that Age UK Leeds offer to people who are being discharged from hospital.

Local urgent community response services delivered by the neighbourhood teams (including the virtual ward frailty pathway) are performing in excess of the expected national minimum threshold of 70% required of all areas from quarter 3. The percentage of people receiving a crisis response within two hours, when this has been assessed as required, was consistently over 70% in quarter one and at 77% in July.

The new Active Recovery programme has commenced during 2022; this is aiming to create a health and social care short term community rehabilitation and reablement service for Leeds - Leeds Active Recovery (formerly the Leeds Alliance Community Service) - governed through an alliance between LCH and Leeds City Council and operating a multi-disciplinary service delivery model. Phase 1, which focused on developing governance arrangements, commencing stakeholder engagement and fully mobilising the project, has completed and the work has now moved into phase 2. There are three key priorities within this phase:

- Single point of access and allocation. Three workshops have been held so far to bring together senior leaders in both SKILS (Skills for Independent Living) and Neighbourhood Teams. The workshops have focused initially on relationship building and drafting a future state pathway for referrals into the service.
- An agreed multi-disciplinary composition in which staff are able to work flexibly across services and undertake trans-disciplinary roles.
- Agree joint reporting and escalation processes (OPEL).

Community Falls service pilot aims to provide care closer to home for complex falls patients by assessing and managing complex falls patients in the community. Twice monthly MDT meetings with a Falls Clinic Geriatrician, LCH Community Falls Service Advanced Care Practitioner (ACP) and PCN Pharmacist ensure appropriate management of complex falls patients in the community reducing the need for patients to attend a hospital outpatient clinic. The Pharmacy support has enabled timely medication reviews and medication changes for high risk falls patients. The impact of the temporary Falls Pathway Lead role on delivery of the pathway is being evaluated to inform a case for change. There is no ongoing funding to support the Pharmacy role.

The Community Falls Service ACP has worked with the Falls Clinic Geriatrician to define the service offer for a Leeds integrated falls service across the LCH Community Falls Service and LTHT Falls Clinic, with integrated service criteria and pathway.

Integrated Clinics - Since May 2022, 12 integrated clinics, currently focusing on wound management, have opened across 9 PCN sites in Leeds. They are staffed by colleagues who have come from community roles and have improved their wound care knowledge, through training and guidance, over the last six months. Seeing patients in the clinics increases capacity in the Neighbourhood Teams and GP practices; at the same time giving patients who are mobile an additional method of accessing routine wound care whilst promoting their independence. Between January and August 2022, the clinics have run 4,500+ appointments. Staff working in the clinics are providing high quality, patient centred care - 96% of patients in the friends and family test feedback said the service is very good and they wouldn't change anything. Comments from staff include

"I find the support invaluable as a Community Staff Nurse. We have patients who were taken on our books during Covid due to restrictions who aren't house bound. It is beneficial as they can be more independent and don't have to wait in for the nurses".

The Community Cancer Support Service, currently funded as a joint initiative between Macmillan and the Leeds Office of the ICB, has recently expanded to three more Primary Care Networks (PCNs) - the support service will now be offered in Seacroft, York Road and Armley PCNs – this is in addition to the existing areas of Otley, Yeadon and Harehills/Richmond Hill/Burmantofts, Wetherby, Middleton and Beeston/Hunslet PCNs. A patient survey conducted in Summer 2022 revealed extremely positive feedback for the service

"Your service is flexible and multifaceted, which recognises that people with cancer have concerns that are different in type and number. Bravo to you!", "I can only thank the team for all they have done. For me, I felt like I was not just a number, I felt valued.", "I feel much more confident about my cancer. I understand more about it. I feel better about asking questions. I am in a better place now."

Key focus 4: Continue working with partners to build our capacity to provide care for people in the community by keeping patients safe and offering the right care, at the right time, in the right setting.

Leeds City Council: The Transfer of Care (TOC) Hub is now operationally managed by LCH, and the aim is to be open 7 days a week from the first weekend in October; currently operating a Mon – Sat service with SPUR covering on Sunday. Recruitment has almost concluded and the remaining staff who are in the recruitment process are due to start in TOC within the next few weeks. Inductions for staff in situ have begun and work is underway with Adult Social Care to ensure a confirmed Adult Social Care presence, although they have not currently been able to confirm all their posts are filled. TOC will carry out Delegated Local Authority (social work) duties to support patients who are in need of a Care Act assessment/services to be discharged back home or to an alternative placement once training arrangements have been

confirmed and completed with social work colleagues - some work has started to support this but it is limited due to the availability of SW, so as an interim position and to aide patient flow staff have completed trusted assessor forms after visiting patients. Feedback to date has been positive regarding the developing impact that TOC is having on system flow and once all staffing is in place and training completed TOC will have further opportunities to improve discharge processes and support patients in a more efficient way. Work is nearing completion following the SPUR clinician case for change (involving the proposed NT triage hubs and TOC) and this will then result in SPUR becoming an administrative function for referral management.

Third sector partnerships: Operational pressures have caused some planned third sector partnership development to be paused or not progressed at the intended pace, however, there has been good progress with some excellent partnership developments that reflect key objectives set out in our 3rd sector strategy – commitment to develop integrated working and co-deliver services, work together on shared agendas, championing and advocating for sustainable funding for the third sector.

The Enhance Third Sector Service, which went live in June 2022 and is funded initially until April 2023, is a programme to link Neighbourhood Teams with 14 third sector organisations. The aim is to improve capacity in both sectors and avoid delayed discharges and readmissions for vulnerable people on neighbourhood caseloads. Enhance partners work to support discharge for people from a hospital and/or NTs safely back into their home environments by providing tailored in-home and community services with some citywide and others working in smaller areas. The most recently available data in August 2022 demonstrates 37 referrals that have been made to Enhance partners.

Quote from Dawn Newsome, CEO and founder of Armley Helping Hands, 1 of the Enhance partners:

“By working together with core services, we all have the opportunity to change things for older people. We have established foundations in the community, and we are trusted. We can flag situations earlier, join up the dots and work responsively to see that a proactive support package is put in place. The next 12 months represent a time for the third sector to showcase the very real support it can provide for those non-medical tasks that can often fall to experienced clinicians to manage in and amongst their visits. I know one nurse who regularly nips to Armley Town Street to buy basic food supplies for someone in her care - and we all know she is not the only one. Our role is to co-ordinate all that additional support, so that nurses can be nurses! We are the missing jigsaw piece; I can't wait to be on board.”

Mindmate Single Point of Access is another excellent example of LCH and third sector co-delivery in an integrated team. It is hosted by LCH and is a partnership with Northpoint WellBeing, working with a number of providers across the city to triage referrals and identify support for children and young people in Leeds with their emotional wellbeing or mental health. NorthPoint Wellbeing staff work across a variety of roles in Mindmate Single Point of Access as part of a fully integrated team, accessing clinical training and supervision from both NorthPoint Wellbeing and

Mindmate Single Point of Access and supported by an LCH ‘buddy’. Northpoint Wellbeing colleagues bring expertise across different disciplines, knowledge and connections across the third sector and have opened up Mindmate Single Point of Access up to having a range of professionals including cluster staff and SENCos.

BASIS – LCH supported BASIS with their bid for NHS Charities Together (Capt Tom Moore monies) funding to work with LCH, LTHT and primary care to make services accessible and inclusive for women sex workers. Work with LCH services to date has included:

- Colorectal Urinary and Continence Service (CUCS) identified an increase in women attending their clinics who had experienced sexual violence. BASIS knew that this is a significant health need for women sex workers but very few would know about the CUCS service or would access the service even if they did, because of past experience of discrimination and stigma when accessing statutory services. BASIS are raising awareness of the service, helping dispel perceptions and providing support to women sexworkers to attend clinics.
- BASIS are also working with LCH to establish drop-in wound clinics in a city centre location and once established will raise awareness and support women to attend.

BASIS, Leeds Sexual Health (LSH) and the Homeless & Health Inclusion Team have also further strengthened their partnership working.

- LSH clinicians now attend a weekly drop-in session which has resulted in a significant increase in women accessing testing. LSH have also provided refresher training for BASIS staff so that they are better equipped to support the women they work with.
- A Homeless & Health Inclusion Team (HHIT) nurse now attends a BASIS drop-in and supports BASIS outreach, which has really helped with establishing trust and understanding about outreach support, which means that BASIS’ clients are more likely to engage with that support and has also helped smooth or prevent early discharge for women who are homeless.

Further supporting this priority are the NHSE Health Inequalities Non-Recurrent Funding for 2022/23 – Leeds CCG Tackling Health Inequalities Group (THIG) approved schemes which are listed below. As outlined in the board paper Health Equity Strategy update 5th August, the aim of the funding is to support targeted reductions in Health Inequalities for specific population groups linked to the CORE20Plus5 approach, alongside inclusive recovery from the pandemic, and supported by five priority actions for addressing health inequalities as outlined in the NHS Planning Guidance 22/23.

Scheme Name	£	Lead Population Board
Neuro Diversity training and information service	£71,035	Children and Young People
Culturally diverse Vaccination lead	£60,498	Healthy Adults
Long covid	£38,001	Long Term Conditions
Support workers for homeless Diabetic patients at risk of amputations / other complex LTC patients	£24,997	Long Term Conditions
Respiratory service expansion/development	£137,506	Long Term Conditions

Trust Board Meeting held in public: 7 October 2022

Agenda item number: 2022-23 (73)

Title: Patient Safety Strategy Implementation Update Report

Category of paper: for assurance
History: N/A

Responsible director: Stephanie Lawrence Executive Director for Nursing and Allied Health Professionals

Report author: Sheila Sorby, Assistant Director for Nursing and Clinical Governance and Claire Gray-Sharpe, Head of Clinical Governance

Executive summary

The purpose of the paper is to provide Board with a six-monthly update of progress against the national Patient Safety Strategy.

The Strategy was published in 2019 and tested in early adopter sites. The learning from the early adopters has been used to inform the recently published Patient Safety Incident Response Framework that replaces the 2015 Serious Incident Framework.

Leeds Community Healthcare NHS Trust (LCH) is following the national timetable for the implementation of the Framework and has established some of the infrastructure required for the implementation in advance.

There is significant work required to achieve successful implementation of the Strategy and the associated local Incident Response Plan, that is developed based on the new Incident Response Framework.

Recommendations

The Board is recommended to:

- read the paper
- discuss the content
- agree the level of assurance provided

1 Introduction

The Patient Safety Strategy was launched in 2019 with early adopter sites testing the new Strategy and its component elements. The Strategy aims to change the culture of patient safety reporting and investigation to ensure the key focus of investigation is learning and improvement that makes a difference and is sustained. The aim is to investigate less and learn more with a systems and human factors approach.

The Patient Safety Incident Response Framework (published August 2022) details the requirements for Trusts to transition from the Serious Incident Framework 2015.

2 Background

At the last update in March 2022, Board were advised of LCH's progress against the key areas of the Patient Safety Strategy. The Strategy details the requirement of each organisation to have a Patient Safety Response Framework from which a Patient Safety Incident Response Plan will be developed. This will be a stakeholder agreed document, the blueprint for how the organisation will report and investigate patient safety incidents in the future.

At the last report the Framework had not been released by NHS England. LCH and the ICB were working pro-actively and completing preparation work in anticipation for its release. This work had included the key areas reported on in March 2022 of:

Just Culture,
National Patient Safety Alerts,
Improving quality of incident recording,
Preparation for implementing the new Patient Safety Incident Response Framework (PSIRF),
Involving patients in patient safety,
COVID-19 recovery support.

3 Current Position

The Patient Safety Incident Response Framework and Plan are fundamental to our progress towards implementation of the Patient Safety Strategy. LCH have joined the relevant national meetings where details of the Framework have been shared for the phased implementation by over the 12 months from September 2022. The first 3 months of the implementation plan are reserved to read and reflect on the new Framework and consider stakeholder engagement and involvement.

During the last six months LCH has developed some of the infrastructure needed for the implementation of the Framework:

Patient Safety Partners – Discussions have been initiated to consider an ICB wide approach to the partners. In addition, an LCH approach will be required. LCH have developed a patient involvement policy, created patient (and staff) involvement information leaflets, and created role descriptions for the patient safety partners. A paper is planned to establish LCH's approach for remuneration of the partners to enable further progress.

In the interim a volunteer has been identified to support LCH in understanding how we can better include patients and carers in our safety processes.

Patient Safety Strategy Implementation Team - There is a national requirement for a local Strategy Implementation Team. LCH has an established Patient Safety Steering Group. This group will evolve with a review of the membership to reflect the national requirements and become the implementation team with clearly defined roles and responsibilities. Given the significance, importance and mandated nature of this project conversations have commenced regarding project management support for the implementation team to ensure deadlines are met and sustainable change achieved.

Learning From Patient Safety Events (LFPSE) - LFPSE is replacing the current National Reporting and Learning System (NRLS) and Strategic Executive Information System (StEIS). The rationale is to offer better support for staff from all health and care sectors and this is in the final stages of development. The Governance Systems Manager has liaised with RL Datix who will roll out the linkage between our local risk management system (Datix) and the national platform on release. It is still not expected to impact significantly on end users.

4 Conclusion

There remains significant work to complete on the planning and implementation required to establish the Patient Safety Incident Response Framework and Response Plan in LCH. LCH have completed some of the infrastructure required to support the implementation and are continuing to work towards full implementation of the Strategy that includes the supporting functions required such as the Patient Safety Partners.

5 Recommendations

The Board is recommended to:

- read the paper
- discuss the content
- agree the level of assurance provided

Trust Board Meeting held in public : 7 October 2022

Agenda item number: 2022-23 (74)

Title: LCH Sustainability Update: September 2022

Category of paper: Review

History:

- A comprehensive report exploring the progress over the past 6 month within the sustainability department along with the aims and ambitions of the department moving forward over the next year.
 - Business Committee 28 September 2022
-

Responsible director: Executive Director of Operations

Report author: Sustainability and Environmental Manager

Executive summary (Purpose and main points)

The Sustainability Update Report covers all the progression and projects commenced since the approval of our Green Plan in March 2022. The report includes the following areas:

- Background – a brief review of the sustainability landscape prior to the approval of the Green Plan and a review of the actions taken since that point
- Carbon profile comparisons – a brief review and comparison of Q1-2 carbon emissions for 2021 and 2022
- Update of progress in the main 4 carbon dense areas of the Trust:
 - Procurement
 - Buildings and Estates
 - Travel
 - Waste
- Overview of projects and ambitions moving into 2023

Recommendations:

This report is to give an update to the Board on the sustainability progress of the Trust. It is an opportunity for the committee to discuss with the team and queries or questions they may have moving forward and an opportunity for scrutiny and evaluation of the progress of the Trust within this area.



Item 48c(ii)

LCH Sustainability Update

September 2022



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Introduction

Following the approval of the Trust's first Green Plan in March 2022 the sustainability department has been working hard to commence projects and recruit the appropriate tactics to pursue our 1–3-year strategies and goals. This short report provides a brief refresher of the LCH sustainability timeline so far, followed by a comprehensive update of the 4 carbon dense areas of the Trust and what has been achieved over the past 6 months. Finally, the report evaluates our ambitions moving forward over the next 6-12 months as we continue to strive towards our goal of Net Zero by 2045.

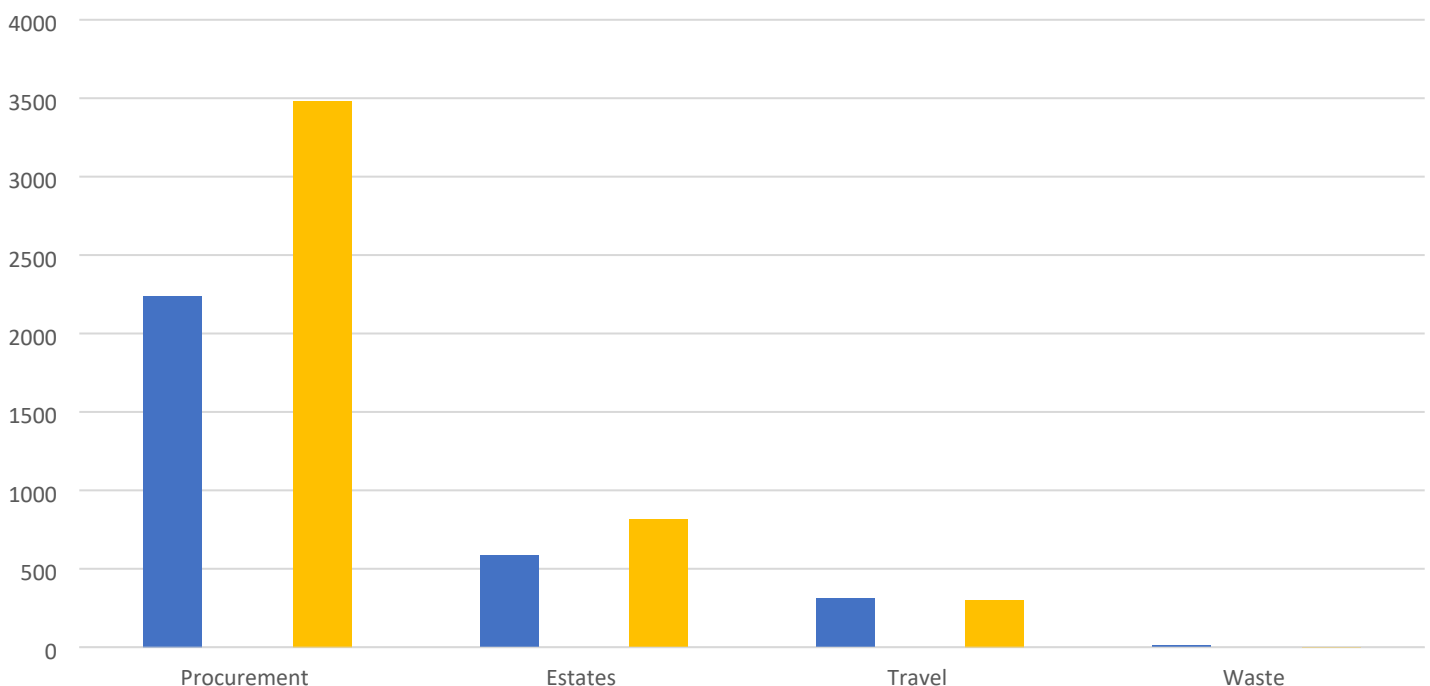
Background

Following the approval of the Trust's Green Plan the full document along with a summarised version were circulated throughout the Trust, through the MyLCH Sustainability page and a variety of promotional events and communications such as the Midday Brief. The sustainability team have worked hard over the past 6 months to build a presence throughout the Trust and make strong relationships with the high emitting departments including; procurement, estates, travel, and waste. The team have worked closely with these teams to ensure that all internal stakeholders are aware of the Trust's sustainability agenda and are clear over the proposed projects and how the departments can collaborate. Sustainability is being invited to the discussion table in many different areas of the Trust and is being considered in projects which previously would have not been the case. In that respect the increase in sustainability presence and awareness across the Trust has been one of the greatest achievements over the past 6 months, which the team hope to continue to build on into the future. The more tangible updates and achievements in the 4 main areas are described in the brief updates below. For reference the 3-year sustainability road map which was included on our Green Plan is provided in Appendix One and a sustainability timeline of events to this date is provided in Appendix two.

Carbon Profile

The team are committed to collecting quarterly data to enable us to draw direct comparisons from the previous year and review our carbon reduction progress. This data will also be used to highlight areas which prove problematic and require further intervention when it comes to carbon reduction. Below is a comparison graph of Q1-2 of 2021 and 2022 carbon emissions:

Q1-2 Comparisons



In the comparison graph above the blue bars represent Q1-2 carbon emissions from 2021 and the orange represent Q1-2 emissions from 2022. As portrayed there have been both increases and decreased across the 4 areas. The most notable increase in procurement which was a consequence of a large one-off order of dental equipment in Q1 of 2022 which carried an extremely high carbon emission factor. This is likely a one-off event, and as we went into Q2 we found that our procurement emissions did return to an expected level however it did increase our emissions overall. We have also seen a slight increase in estates, and this is due to our improved accuracy in recording as our data collection has progressed over the past year. The estates department now take real time readings from our meters rather than estimates which was what was provided in 2021. Although this does increase our carbon output it is beneficial as the sustainability team have a more accurate measurement and it provides a clearer picture of the direction of our carbon emissions. Travel has remained constant with waste decreasing significantly due to improved waste management and disposal at the waste management plants such as Biffa and Mitie who now send almost none of our waste to landfill which carried a high carbon cost.

Procurement

As the Trust's highest emitter procurement is an area requiring a large-scale overhaul not just locally to Leeds Community Healthcare Trust but nationally. Since the approval of the Green Plan small step changes have been implemented over the past 6 months along with initial work and conversations with our procurement partners at Leeds and York Partnership Foundation Trust for some of the larger scale plans and projects which will require their input and collaboration on.

Priority Projects: Green Plan roadmap for 2022/2023:

- Significantly reduce our need for paper and where unable to eliminate only order 100% recycled products
- Continue to significantly reduce and work towards eliminating single use plastics
- Review and aim to reduce ordering of harmful cleaning products

Update on Project Progression:

Paper: Orders and Usage:

A target set by NHS Greener, and NHS England is to nationally reduce each Trust's paper use by 50% and purchase only 100% recycled paper both by 2025. Currently out of all our purchased printer paper only 27% was recycled and with envelopes this was even lower at 24%. The Trust is behind our paper targets comparative to other Trusts throughout the region who have already made commitments to only order 100% recycled paper products throughout their organisations.

Therefore, since the start of August the sustainability team have started reviewing the Trust's paper use and ordering habits, with a particular focus on producing a strategy to move permanently to recyclable paper products. A recycled paper pilot running from the beginning of August until the end of September is currently taking place at East Leeds and Morley Health Centre front of house teams along with Morley neighbourhood admin team. The aim of the pilot is to move away from virgin paper and trial using only two recyclable paper products: WHO264 and WHO168. During this pilot the teams will evaluate the products useability to print, photocopy and work with, and if successful then move forward to rolling out these recyclable products across the Trust.

Single Use Plastic, Domestic Products, and IPC Update

Hospitality: Front of house are now ordering large coffee jars and tea bags rather than single use sachets which were routinely ordered throughout the pandemic. The Trust had also completely stopped the ordering of single use milk jiggers, however this was recently re-instated following a request from the CEO to find an alternative solution before stopping the orders completely. The sustainability team will look for other options such as continuing to explore the market for a biodegradable single use milk package (currently not available) or the option of providing fresh milk via a local milk man. However, it is to be recognised that both these options will bring challenge and it may be some time if milk is continued to be provided complimentary for staff before this single use plastic is eliminated.

Domestics: There has been a change of variety of products which have previously contained harmful environmental chemical agents. One current trial includes the use of the cleaning agent Peraside which is less corrosive to surface materials and less harmful to skin. The sustainability department have also been invited to be part of the in-house National Standard cleaning working group where sustainability will be an influencing factor when deciphering different products used.

The sustainability team have also worked with domestic department to ensure that all hand paper towels, and toilet roll products are from recyclable materials.

IPC: A glove awareness campaign is due to commence in the upcoming weeks with an aim of empowering staff to risk assess if single use gloves are required in clinical settings rather than using them as standard practice. A single pair of gloves = 26 g CO₂e, with the total number of gloves distributed at LCH during 2021 = 2,915,250 nearly 3 million. Both the sustainability and IPC team hope this campaign will empower staff to clinically risk assessment the use of gloves which would not only have a positive effect on our emissions but also hand health of the staff.

There has also been a move to using recycled sharps bins and ordering of products which come with less plastic packaging.

Buildings and Estates

Priority Projects: Green Plan roadmap for 2022/2023:

- Continue to use green tariffs
- In-house switch off campaigns to increase energy awareness
- Feasibility study to identify which LCH sites cannot achieve Net Zero and formulate an options appraisal for the future use of these buildings in accordance with our sustainability commitments

Update on Priority Projects

Continue to Use Green Tariffs

The Trust is currently committed to green energy through procuring electricity on a renewable tariff and through a Renewable Energy Guarantee of Origin (REGO) Ofgem certificate. The REGO certifications do present with a variety of challenges, including the high prices which have been pushed up through demand, and of which are based on a market-based reporting rather than investing into tangible sustainable energy projects. We believe this issue is being reviewed centrally by the NHS Greener team as the price of energy continues to soar.

In-House Switch off Campaigns

This campaign has begun throughout all our retained estates and circulated through our communications over the sustainability intranet, newsletter, and awareness material throughout the health centres. We hope that by providing staff with reassurance of which appliances and lights can be switched off this will encourage better energy awareness and less energy waste.

Feasibility Study

The sustainability and estates departments collaborated to put in a SALIX bid for government funding to produce a Heat Decarbonisation Plan (HDP), this is a detailed plan which explains how our estate can be decarbonised with a specific focus on how heat is generated, for example gas versus electric. We unfortunately were not successful in the first round of funding however LCH has been placed onto a reserve funding list, where there is a possibility, we may receive funding by the end of October 2022. However, in the interest of progressing our agenda we plan to go ahead with producing our own Heat Decarbonisation Plan with or without government funding. This feasibility study will not only explore how our heating systems can be decarbonised but will also focus on adaptational needs of our estate, overall energy efficiency of the current buildings and a full analysis of both timelines and costing of the actions required to meet Net Zero.

Update on Other Ongoing Projects

Regreening Strategy

After evaluating all our retained sites, the sustainability and estates team are have chosen 3 sites to pilot 'No-Mow' areas. The sites include Bramley, Chapeltown Health Centre, and Halton. At these sites we have located specific green areas where we will allow the lawn grow naturally into a meadow space to encourage biodiversity and encouragement of local wildlife. There will be signs and communications sent out so staff are aware of the areas this pilot will be taking place.

Opportunistic Upgrade of Windows, Lights and Roofs

The estates department have worked hard in implementing opportunistic updates and replacements which align themselves with our sustainability agenda. Some of this work includes; the renovation of Seacroft health centre which includes all light being sourced by light-emitting diode (LED) lighting which is movement censored controlled, improved building insulation and exploring options of solar roof panels. The team have also replaced roofs at Bramley and Halton Clinics, as well as the 2nd floor roof at Morley Health Centre. By these replacements taking place we hope to see a positive effect on maintaining heat within the building resulting in reducing energy consumption and cost.

Travel

Priority Projects: Green Plan roadmap for 2022/2023:

- Continue to promote public transport and offer discounted Metro cards
- Maintain use of MS teams to avoid travel between meetings
- Continue to offer a choice a digital consultation for patients who prefer that flexibility
- Promotion of electric vehicles available on the business lease / salary sacrifice scheme
- Commence a business case for the implementation and use of electric vehicle charging points across the city

Update on Priority Projects

Public Transport

LCH is a member of the Travel Network Plan which provides the Trust with access to a variety of deals for employees such as 12% discount on the Corporate Annual MCard and First Bus Commuter Travel Club.

Digital Recruitment

The sustainability team have been working closely with the digital innovation team to ensure there is a sustainability element and evaluation of ongoing projects such as digital care, road mapping and route pilots and remote / home working. All these ongoing projects will hopefully not only improve clinical efficiency but also result in sustainable and carbon reduction benefits.

Salary Sacrifice and Business Lease Schemes

Through the recent Sustainable Travel Options Appraisal, the sustainability team in collaboration with Human Resources and Finance have reviewed certain financial and eligibility aspects of the Trust's Salary Sacrifice and Business Lease schemes which we have proposed to change which will favour electric vehicles and ultralow emitting vehicles. These changes include:

Salary Sacrifice: The finances saved by the Trust through the National Insurance Contribution (NiC) on electric and ultralow emitting vehicles currently available on the salary sacrifice scheme will be returned into the scheme for staff to benefit financial from. Passing back this saving will mean that more staff will financially qualify for an electric or ultralow emitting vehicle on the scheme and reduce overall monthly payments of the salary sacrifice. Not only does this aid our carbon commitments by the promotion of electric and ultralow emitting vehicles, but it also offers a wider scope of low emitting vehicles available to staff on the salary sacrifice as they become more affordable.

Business Lease Scheme: With regards to the Business Lease scheme, it has been concluded that the qualifying mileage is to be amended so it now reflects the staff members whole time equivalent and working hours rather than a blanket 3500 annual milage currently in place. The new proposed calculation would be the staff member would have to complete 500 miles per 0.2 whole time equivalent (wte) of a staff members contracted hours. This will mean that the eligibility for the scheme will become broader which we hope will encourage staff to take advantage of a lower emitting vehicle, but it also ensures no discrimination towards part time staff with regards to eligibility.

By making these changes we hope that ultimately both the salary sacrifice and business lease schemes more become attractive to staff and encourage uptake of electric vehicles available through the Trust. This is an important step to have any influence over our current carbon dense grey fleet. By making the in-house schemes more attractive not only does it benefit the Trust financially but it also provides the sustainability department with more control over the vehicles that make-up our fleet, for example ensuring that the cars available through the schemes are lower emitting and our dealership Tusker only offer vehicles under a certain carbon cap.

The full Travel Options Appraisal can be requested through the sustainability department for further in-depth detail.

Review of Electric Charing Point Infrastructure

The Sustainable Travel Options Appraisal also explored the options of an electric charging point infrastructure throughout LCH. A full analysis was carried out with regards to charging type, accessibility, and location which when at the point where the Trust is ready to explore this option further the information will be readily available to steer this project. At present the number of electric vehicles within the grey fleet does not at present warrant the cost or project commitment to implement a charging infrastructure. The sustainability team will continue to monitor the composition of the grey fleet to evaluate when this large project is viable and justified.

Waste

Priority Projects: Green Plan roadmap for 2022/2023:

- Better training / awareness of recycling arrangements
- Replace harmful cleaning products
- Increase recycling options – cardboard, glass and food
- Review our clinical waste disposal routes following the re-classification of offensive waste stream set out under new national guidance
- Review of Stockdale trial of food recycling

Update on Priority Projects

Waste and recycling awareness

Signs have been used across our retained sites to highlight what can and can't be placed into the recycling bins. The sustainability team also carried out a site visit to Biffa to increase awareness of what happens to our waste once collected and communicated this with the staff for better understanding through our sustainability Newsletter.

A waste working group has been set up this autumn to examine some of the barriers and challenges currently facing LCH waste. Sustainability representation on this working group.

Food composting scheme

We have re-introduced the Plate2Plate composting service to Stockdale house with a view to expand if it proves successful. The pilot has been running since 2021 and was renewed in April 2022 for another year.

Repair and Reuse of Furniture Across LCH

The sustainability team have collaborated with the building managers to evaluate how we dispose of old or unsuitable furniture and made the decision to start using the NHS approved company RightGreen who hold the principle of reuse, repurpose and at the very last resort recycle. This is a transition from our previous furniture disposal process which was landfill through the Council.

Staff Engagement and Additional Ongoing Projects

The sustainability team have circulated to staff the optional free E-Learning 'Building a Net Zero NHS - An introduction to environmentally sustainable healthcare' which is accessible on ESR. It takes approximately 30 minutes to complete and is extremely informative on the background of sustainability within the NHS and empowers staff to make change.



Carbon Champion Network Group – the team has continued to build on the enthusiasm of dedicated staff members making sustainable changes throughout their departments and within their teams. The sustainability department have held a variety of workshops and carbon champion events which have continued to grow in support and enthusiasm. Moving forward the sustainability department will plan to hold events on a 6 monthly basis.



Communications Strategy: SustainabiliTEA Podcast and Newsletter – The sustainability team will continue to have a presence through Trust communications through a variety of means. This will include the monthly newsletter along with the newly launched SustainabiliTEA 10-minute podcasts whereby sustainability is discussed with individuals across the Trust making a difference.

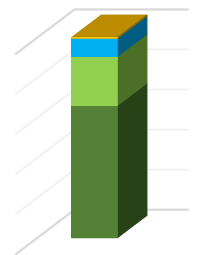


The sustainability department will continue submitting our base line data for national data collection carried out by the Greener NHS Team.

Projects and ambitions moving into 2023/2024

Carbon data collection and analysis:

Data will continue to be collected in the 4 main emitting areas on a quarterly basis to compare directly against the previous year and ensure we are on track with our carbon reduction targets. The data will be submitted through an annual report written in the last quarter of each year to evaluate sustainability progress. The team is also working closely with colleagues in Business Intelligence to create an interactive live carbon platform on the Trust's data portal PIP for the sustainability team and staff to refer to for live data regarding the Trust's carbon



emissions, hot spots, progress, and visual aids. The team intend to trial the portal throughout 2023 and progress to a live platform by 2024.

Buildings and Estates:

- We plan to work with our landlords and partners at CHP Buildings to streamline our commitments and sustainability aims.
- Review and evaluate our active travel facilities across our sites with a view to ensure all buildings staff utilise do have accessible facilities to promote active travel. This includes bike racks / lockers and shower / changing room facilities.
- Complete a comprehensive feasibility study which we plan will explore 3 main areas: building heat decarbonisation plan / strategy, evaluation of the buildings to assess if it will be possible to reach Net Zero and achieve our carbon reduction targets, adaptation in preparation for increase extreme weather events and finally opportunity for re-greening and tree planting initiatives



Waste:

- Review and overhaul of our waste stream processes this will be a long-term project which will commence this year 2022 with an initial evaluation of LCH waste management policy led by the Facilities Management Team
- Evaluation of how we recycle our single use plastics with a specific focus on single use PPE as we move forward into an age of living with COVID-19. This focus will be around how we use single PPE moving forward and then of that single use PPE that is necessary how do we sustainably dispose of it.



Travel:

- Following on from the travel options appraisal our main travel aims moving into 2023 include: updating the new proposed salary sacrifice and business lease changes to encourage uptake and a move towards electric vehicles / ultralow emitting vehicles
- Build an inclusive and approachable cycling and active travel network throughout the Trust to promote staff moving away from the car for short journeys.
- Monitor the makeup of our grey fleet to establish percentage of electric and ultralow emitting vehicles so the sustainability team can establish the best time to invest and commence project work around electric vehicles charging infrastructure (the primarily work and background for electric vehicles charging has already begun and is outlined in the recent travel options appraisal).



Procurement

- In collaboration with Leeds and York Partnership NHS Foundations Trust (LYPFT) the sustainability and procurement departments will investigate streamlining the NHS supplies catalogue with a sustainable presence to ensure products selected have a sustainable element, ie. ethical supplier / limited single use plastic and packaging / non-harmful chemical and recycled paper products
- Work in collaboration with LYPFT to explore options of electric van fleet for delivery purposes
- Continue with reduction in single use plastics and start to explore medical aspect.



- Review and evaluate how we order stock in general – ask questions such as do we need centralised ordering such as the PPE model to reduce waste and excessive habitual ordering

Evaluation and Conclusion

The sustainability team have made strong progress over the past 6 months, mainly within the areas of establishing themselves as a new department, creating connections with the appropriate internal teams and formulating an accurate and accredited carbon baseline to judge our progression against. Leeds Community Healthcare Trust has a long way to go before it starts to see meaningful change to its carbon emissions profile and many of the decisions that are required to get there will not be easy ones to make. The sustainability team will make every effort to find the best solution for both the staff and patients when evaluating areas of high carbon emissions, however the scale at which change is required will inevitably mean not all will be content with decisions made. It is always worth remembering that although some aspects of change maybe unpopular with a few, these decisions we make now will ultimately protect and benefit staff, patients, and the wider population in the future and many years to come.

Priority projects over the next 1-3 years



Buildings and estates



- Use green tariffs where available.
- Switch off campaigns in-house to increase energy awareness.
- Feasibility study identifying which LCH sites can't become carbon zero and formulate options appraisal for the future use of these buildings in accordance with our sustainability commitments.
- Work with landlords to introduce sustainable projects.
- Commit to opportunistically replacing windows, thermostats and lighting through LCH buildings through capital projects, for example Seacroft.
- Introduce light sensors in all suitable areas.
- Re-greening the gardens / outside areas of LCH buildings.
- Start business case and exploration around the cost benefits and long term benefits for replacing boilers throughout LCH sites.

Travel



- Continue to promote public transport and offer discounted Metro cards.
- Maintain use of MS teams to avoid travel between meetings.
- Continue to offer a choice of digital consultations for patients who prefer that flexibility.
- Promotion of the electric vehicles available on the lease / salary sacrifice scheme.
- Commence a business case for the implementation and use of EV charging points across our city.
- Restrict the choice of lease / salary sacrifice vehicles to low or zero emission options.
- Improve cycle facilities in Trust buildings (lockers, shelters, showers).
- Implementation of plan to increase support for staff using EV; review business case of EV charging points and collaborate with council and other organisation to have a joined approach across the city and sectors.
- Explore option of Green Transport Pool Scheme for commuting staff; explore including EV, E-Bikes and E-Scooters.
- Trial / pilot journey planning software/ arrangements to reduce unnecessary journeys.

Procurement



- Significantly reduce our need for paper and where unable move completely to 100% recycled paper.
- Continue to significantly reduce and work towards eliminating single use plastics where possible.
- Work with LYPFT to move to an electronic fleet of vans / lorries for logistics (shuttle / stores etc).
- Buy recyclable PPE: where safe, IPC approved and available.
- Introduce an electronic catalogue to control procurement choices and include **Eco Traffic Light Key** feature.
- Buy local products / service wherever possible.
- Introduce procurement groups to establish preferences for certain products.

Waste



- Better training / awareness of recycling arrangements.
- Replace harmful cleaning products.
- Increase recycling options – cardboard, glass, food.
- Review our clinical waste disposal routes following the re-classifications of offensive waste stream set out under new national guidance.
- Review of Stockdale trial of food recycling.
- General waste – review of procurement of contracts with emphasis on recycling / sustainability.
- Repair rather than replace furniture where possible.
- Review of current glass and food recycling procedures and facilities at our sites.
- Join a local / national furniture recycling scheme.
- On site waste disposal / energy creation arrangements.

Appendix Two: Timeline of Events

Timeline of Events

Priority projects over the next 1-3 years

Area	2022-2023	2023-2024	2024-2025
Buildings and estates	<ul style="list-style-type: none"> Continue to use green tariffs Switch off campaigns in house to increase energy awareness Feasibility study identifying which LCH sites can't become carbon zero and formulate options approach for the future use of these buildings in accordance with our sustainability commitments 	<ul style="list-style-type: none"> Work with landlords to identify sustainable projects Control to opportunistically replacing windows, thermostats, and lighting through LCH buildings through capital projects, for example Securix Introduce light sensors in all suitable areas 	<ul style="list-style-type: none"> Finalising the perimeter works areas of LCH buildings Final perimeter work and completion around the cost benefits and long-term benefits for recycling boilers throughout our LCH sites
Travel	<ul style="list-style-type: none"> Continue to promote public transport and offer discounted Metro cards Maximise use of M5 trains to avoid travel between meetings Continue to offer a choice of digital consultations for patients who prefer that flexibility Promotion of the electric vehicles available on the lesser battery tariff scheme Commence a business case for the implementation and use of EV charging points across our city 	<ul style="list-style-type: none"> Revisit the choice of lesser battery tariff scheme to see if any emission options Improve cycle facilities in Trust buildings (locks, showers, showers) Implementation of plan to increase support for staff using EV, involve business case of EV charging points and collaborate with council and other organisations to have a joined approach across the city and sectors 	<ul style="list-style-type: none"> Explore option of Green Transport Post Scheme for commuting staff options including EV, E-Bikes and E-Scooters Final pilot journey planning software arrangements to reduce unnecessary journeys
Procurement	<ul style="list-style-type: none"> Significantly reduce our need for paper and where unable move completely to 100% recycled paper Continue to significantly reduce and work towards eliminating single use plastics where possible 	<ul style="list-style-type: none"> Work with LRFIT to move to an electronic Best of class / best for legible (shuttle device etc) Buy recyclable PPE where safe, IPC approved and available 	<ul style="list-style-type: none"> Introduce a condensed electronic catalogue to control procurement choices and promote the most sustainable options Buy local producer services wherever possible Introduce procurement groups to establish preferences for certain products
Waste	<ul style="list-style-type: none"> Further training awareness of recycling arrangements Replace handkerchief dispensers Increase recycling options – cardboard, glass, food Review our clinical waste disposal routes following the re-identification of off-site waste through our audit under new national guidance Review of stockable list of food recycling 	<ul style="list-style-type: none"> General waste – review of procurement of contracts with emphasis on recycling Recycling – review of contracts for furniture where possible Review of current glass and food recycling procedures and facilities at our sites 	<ul style="list-style-type: none"> Join a local national furniture recycling scheme On site waste disposal energy generation arrangements



November 2021: LCH Board Members declare a climate emergency and commit to the Trust reaching Net Zero by 2045

It highlighted that the most senior members of LCH formally recognised the science of climate change and accepted the Trust's responsibility as a major health care provider to mitigate its climate change contributions to protect the population it serves.



Procurement



Waste



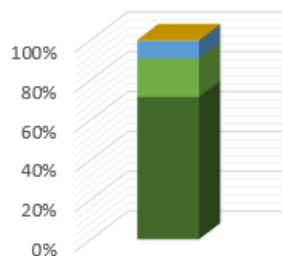
Travel



Buildings and Estates

January 2022: Following our carbon profile we identified the 4 main carbon hotspot which require intensive intervention and action to reduce the overall carbon of LCH: procurement, estates, travel and waste.

March 2022: the sustainability team produce a 3 year roadmap in the 4 main areas listing all the projects which would keep us on track to our carbon reduction targets



December 2021: The sustainability team calculate the Trusts entire carbon profile for 2021 which equated to: **6787 tco2e**. The data went on to be audited by a external company and deemed of high and accurate quality.

Green Plan 2022-2025



March 2022: the Board approve the Trusts first Green Plan which outlines our current carbon status, our sustainability goals / ambitions and finally our proposed roadmap of projects to enable us to reach our targets.



Trust Board meeting held in public : 7 October 2022.

Agenda item number: 2022-23 (75)

Title: Workforce Disability and Race Equality Standard performance 2021/22 and 2022/23 action plans

Category of paper: Assurance/Approval

History: SMT, Business Committee

Responsible director: Director of Workforce, OD & System Development

Report author: E&D Facilitator (Workforce)

Executive summary

The purpose of this report is to outline WDES & WRES progress made over the last 12 months, and to seek support for the WDES & WRES action plans for 22/23. These action plans aim to achieve the two key aims of the LCH Workforce Strategy 2021-25 Inclusion theme, which are:

1. We are much more representative of our communities
2. Disparities in employee experience have substantially reduced; with any remaining disparity actively tackled.

Positive progress highlighted in this report includes:

- Improvement in the overall representation of BME staff in LCH, (including the Trust Board),
- Increase in the relative likelihood of BME and Disabled staff appointed from shortlisting across all posts,
- An increase in the number of adequate adjustment(s) to enable staff to carry out their work
- A decrease in the relative likelihood of both BME and Disabled staff entering the formal disciplinary process

Whilst we celebrate this progress our equality data shows us that we still have much work to do before we are truly representative, and to fully eradicate disparity in experience. Following feedback from the Business Committee we will be further reiterating the 2022/23 actions to sharpen our targets and ability to measure against these.

Recommendations

The Trust Board is recommended to:

- Note the progress of the WDES & WRES action plans 2021/22 made over the last 12 months, and that the WDES & WRES action plans 2022/23 will provide assurance that the Trust meets the requirements of the NHS Standard Contract and will progress race and disability equality in the Trust.
- Approve the WDES & WRES action plan 2022/23 prior to subsequent posting on the Trust website

1. Introduction

This report, presented annually, provides an update on the Trust's work and progress in relation to the Workforce Disability Equality Standard (WDES) and Workforce Race Equality Standard (WRES).

As a response to feedback from stakeholders we have taken the decision this year to present this report in a revised format, with more narrative and examples, and fewer data tables, to help improve awareness, understanding and engagement by LCH stakeholders and colleagues, of both the WDES and WRES.

The revised format has been designed to demonstrate more clearly to the reader how the work we are currently and planning to do in the WDES and WRES spaces informs and helps achieve the two main aims of the Inclusion Theme within our LCH Workforce Strategy 2021-25: *We are much more representative of our communities, and: Disparities in employee experience have substantially reduced; with any remaining disparity actively tackled.* These in turn support the realisation of the LCH Vision - *"We provide the best possible care in every community."*

Full WDES and WRES performance data together with the full action plans for 2022-23 can be found in Appendices A-D.

We will continue to meet our NHS contractual reporting requirements for the WDES and WRES by conducting annual analysis of the WDES and WRES data as of 31 March each year: and by updating, amending, and publishing annual WDES and WRES action plans.

Areas of Focus

Aligned with the LCH Workforce Strategy 2021-25, LCH's performance data sets, provided by the WDES and WRES (*Appendices A & B,*) continue to make a compelling case to focus our efforts on the two main Inclusion aims the Strategy. The following sections of the report show, for each of the aims, what progress has been made, together with the WRES and WDES action plan initiatives designed to enable us to progress further.

2. We are much more representative of our communities

(WDES indicators 1,2,5,10 WRES indicators 1,2,4,7,9)

Improving diversity and inclusion in the workplace can have a positive impact on an individual's overall health and wellbeing, reduce health inequalities and improve patient outcomes. It is a key priority for employers in the NHS People Plan. – NHS Employers

Over the preceding 24 months, we have made positive progress in the overall representation of BME staff in LCH with an increase from 10% to 11.9% and an increase from 5.1% to 7.8% for senior managers and zero to 8.3% BME representation on the Trust Board.

We continue to provide initial and refresher *LCH Recruitment and Selection Training for Managers* courses which includes the business and moral case for a diverse workforce and how Unconscious Bias can impact on the process.

Currently there is an organisational requirement for all recruitment and selection panels for Band 7 and above to be of a diverse composition.

Due to the availability of suitably trained Black and Ethnic panel members, and the conflicting demands on their time it has been a challenge achieving this requirement, as part of the diverse panels work a formal process will be implemented for future requests.

It is proposed that we train and support a group of staff from across the Trust to support Recruitment Managers in providing diverse recruitment panels for the recruitment of Band 7 and above vacancies.

This will help embed accountability and increase the likelihood of appointing candidates from diverse backgrounds to post. (WDES action plan action #17 WRES action plan action #14)

We will reintroduce quarterly Unconscious Bias awareness sessions for all staff, to raise awareness of the impact of Unconscious Bias in the workplace and in particular the recruitment and retention space. (WDES action plan action #5 WRES action plan action 4)

Additionally, we will initiate the delivery of bi-monthly Reasonable Adjustment awareness sessions for managers, highlighting best practice in the recruitment process. (WDES action plan action #2)

We will identify the Leeds communities that are under-represented in our workforce and work alongside them to understand and reduce barriers to working at LCH, particularly in leadership roles, through improvements in our recruitment and selection process (Workforce Strategy 2021-25 inclusion objective #1)

One of the ways we are seeking to improve representation is by better understanding our recruitment data. We have been able to analyse the data by both disability and ethnicity, as described below.

The *LCH Recruitment Analysis report April 2020 – March 2022* shows that there is little difference between the recruitment outcomes for disabled and non-disabled applicants.

LCH Disability Applications Data

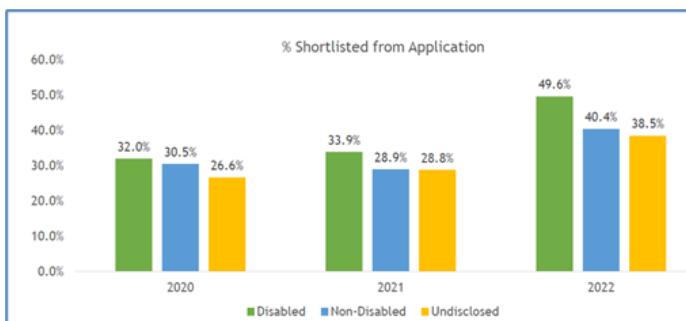
	2020	2021	2022	2020-2022
Disabled	669	641 (-4% YOY)	454 (-29% YOY)	1,764
Non-Disabled	9,740	9,331 (-4% YOY)	6,887 (-26% YOY)	25,958
Undisclosed	244	177 (-27% YOY)	143 (-19% YOY)	564

While there has been a decline in the number of applications from disabled people, this is in line with the overall decline in applications to join LCH in an increasingly tight labour market, and mirrors non-disabled applicants.

There was a broadly similar % of applicants from disabled and non-disabled applicants shortlisted during the reporting period, with disabled applicants slightly more likely than non-disabled applicants to be shortlisted.

Applications 2020-2022

	Applications	Shortlisted	% shortlisted
Disabled	1,764	656	37%
Non-disabled	25,958	8,453	33%
Undisclosed	564	171	30%

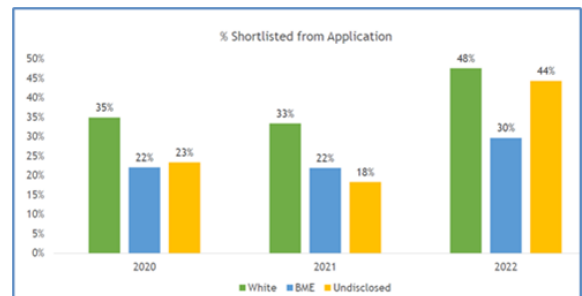


There was 17.6% increase of applicants with a disability being shortlisted in the reporting period.

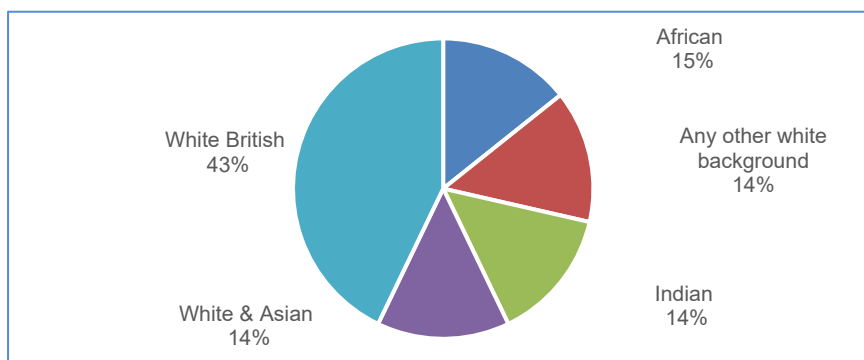
The picture regarding Ethnicity is very different, unlike disability, the decline in applications has varied year on year, with applications from most non-White ethnicities declining at a lesser rate than applications from White applicants. Appendices E provides further analysis by ethnic grouping.

	2020	2021	2022	2020-2022
White	7,012	6,602 (-6% YOY)	4,591 (-30% YOY)	18,205
BME	3,405	3,317 (-2% YOY)	2,735 (-11% YOY)	9,457
Undisclosed	236	230 (-3% YOY)	158 (-31% YOY)	624
Asian or Asian British	1,950	1,925 (-1% YOY)	1,446 (-25% YOY)	5,321
Black or Black British	951	895 (-6% YOY)	804 (-10% YOY)	2,650
Mixed	160	164 (3% YOY)	162 (-1% YOY)	486
Other Ethnic Group	146	161 (10% YOY)	175 (9% YOY)	482

	Applications	Shortlisted	% Shortlisted
White	18,205	6,827	38%
BME	9,457	2,286	24%
Undisclosed	624	167	27%
Asian or Asian British	5,321	1,246	24%
Black or Black British	2,650	647	24%
Mixed	486	270	55%
Other Ethnic Group	482	123	26%



We have adopted and will continue with a *hyper local recruitment initiative* which allows us to engage with people directly in the communities where they live, we are able to help them find the career that's right for them, signpost them to local vacancies, education and training courses, employability programmes and volunteering opportunities, and ensure they have the support they need to thrive when joining LCH or other *Team Leeds* employers.



An initial analysis of applications received as part of the *hyper local recruitment initiative* indicates that there has been an increased diversity of applicants.

Since March 2022 there have been 24 people appointed of which; 11 are White British, 1 any other White background, 2 are White and Asian, 2 are Indian and 8 are Black African, a first step in achieving a representative workforce.

LCH has contributed to the first 22 Academy ambassadors that have been recruited from among health and care practitioners, and will continue visiting local schools, colleges, and communities to promote health and care careers across the Leeds Health and Care partners in 2022/23.

In July 2022, to support the work completed in this space by the LCH REN, an LCH AHP BME group continue to meet and have been working with Leeds Beckett University exploring ways to increase diversity in their student population. The University has recently undertaken research on increasing the diversity of students on AHP courses which will be shared with the group in October.

On the 14th October 2022, the group will be promoting via social media the NHS England sponsored Allied Health Professionals Day and will profile each AHP profession to raise awareness of careers available as an AHP.



In 2022/23 we will continue to work with Job Centre Plus, in particular the Employer & Partnership Team (*Disability Confident & Health Model*) team, to attract applications from people with disabilities/long term conditions and those from marginalised groups. (WDES action plan action #16 WRES action plan action #13)



LCH continues to work, in partnership, with the Leeds Health and Care Academy and Leeds One Workforce to provide attractive and progressive careers within disadvantaged or under-represented communities in the Priority Wards/Neighbourhoods of Leeds, removing traditional barriers to recruitment and

3. Disparities in employee experience have substantially reduced; with any remaining disparity actively tackled.

The Employee Relations report to the Board has ensured that any disparity in likelihood of BME staff experiencing formal processes compared with white staff is identified, flagged, and addressed has contributed to the decrease in the relative likelihood of both BME & Disabled staff entering the formal disciplinary process



The work that has been achieved and continued commitment to, in this space has been acknowledged by both the DWP in the awarding of the *Disability Confident Leader* accreditation to LCH in 2021, and the Inclusive Companies “Inclusive Top 50” UK Employers award in 2020/21. The NHS Staff Survey results show that we are increasing the number adequate adjustment(s) to enable staff to carry out their work.



3a Talent Management (WDES indicators,2,5, WRES indicators,2,4,7,)

LCH has and will continue to actively promote applications from LCH staff to take part in the Health Education England (HEE) **Stepping Up**



leadership development programme for Black, Asian and minority ethnic (BAME) colleagues who work within healthcare. It aims to create greater levels of sustainable inclusion within the NHS by addressing the social, organisational, and psychological barriers restricting BAME colleagues from progressing. The programme is designed to bridge any gaps between where applicants are and where they need to be, to progress into more senior roles. Successful applicants will be empowered to drive forward the inclusion agenda and develop their skills and abilities in order to grow and progress.

As part of LCH positive action programme we will continue to actively promote the HEE **Ready Now** programme designed to help senior leaders from BAME backgrounds realise their potential.

Through the *Leeds Talent Pipeline*, we will continue in collaboration with the Leeds



Health and Care Academy and all our health and care partners to identify routes into entry level roles, as well as roles further up the career ladder for those who have transferable experience. Through the

Leeds Health and Care Academy we will continue to link in with our further and higher education student population to actively assist them in gaining valuable experience across a broad spectrum of opportunities.

The LCH Project Management Talent Pool is part of the emerging talent management strategy. It currently provides opportunities for staff who are interested in putting themselves forward for stretch roles in project management to join a talent management pool. Currently there are 58 people in the Project Management Talent Pool, of which, 22.2% are Black and Ethnic staff, a figure which is 10% higher than the overall Black and Ethnic representation in LCH.

We will be considering how LCH could organise talent pools to provide a 'database' of individuals who are eligible for promotion and development opportunities such as *Stretch and Acting Up* assignments. (WDES action plan action #12 WRES action plan action #9)

The UK Government has accepted all of the Messenger Review recommendations, including recommendation #5, *A new career and talent management function for managers - Creation of a new career and talent management function at regional level, which oversees and provides structure to NHS management careers*. We will include direction from NHSE in the current work we are progressing to meet this objective.

As an anti-racist organisation, we will consider how we use appraisal processes, to emphasise the personal responsibility each of us has for calling out and reporting racist or discriminatory behaviours (Workforce Strategy 2021-25 inclusion objective #2)

The ODI team is currently undertaking a review of appraisal processes, which includes consideration of how the appraisal can assist LCH in ensuring that conversations around race/calling out of unacceptable behaviour are happening and at the same time the '@ LCH I Can Be Me' and the 'No Bystanders' approaches LCH are becoming embedded.

We will work with our existing and emergent Staff Groups, Forums and Networks to better understand and incorporate their lived experience and diverse employee needs into organisational approaches and policies (Workforce Strategy 2021-25 inclusion objective #4)

At LCH we recognise that staff networks are a key mechanism for driving meaningful change and making a difference, as well as empowering people with the opportunity to grow personally and professionally.

We currently have four staff networks/forums in LCH, we will continue to invest and support them to grow in membership and influence.

Race Equality Network - continues to grow in membership and their influence on both policy and service development.

Staff Health and Wellbeing Engagement Group – is testing the appetite amongst colleagues in LCH for the creation of a Disability and Long-Term Conditions Network

Men's Health Forum – continues to meet virtually each month and has raised awareness of Men's Mental Health, Bowel Cancer and have supported the recruitment of Domestic Violence & Abuse Champions

Rainbow Ambassadors Network – the network is currently testing the appetite for the creation of a "lived experience" group which, if established, would run alongside the Network which is open to colleagues with lived experience and as Allies. The Network has been proactively seeking gender neutral toilet facilities in the new Trust HQ. For the first time in 3 years LCH took part in Leeds Pride 22, in the form of a promotional stall on the Saturday and 74 colleagues and 15 partners and dependents took part in two walking floats on the Sundays parade.

We will build on the success of the Allyship and Reverse Mentoring Programmes to continue our journey towards a compassionate and inclusive organisational culture, enabling every employee to feel that # @LCHICanBeMe (Workforce Strategy 2021-25 inclusion objective #5)

LCH continues to deliver a number of **culture change** programmes, our **BME Reverse Mentoring programme** is now on cohort 4, this will take the number of delegates to 50 over the four cohorts.

The highly evaluated **Race Allyship Programme Cohort 4** has commenced taking the total number of Race Allies up to 42 this is a key action in

The **Compassionate and Inclusive Leadership for Managers** session will be delivered in 2022/23 In 2021/22, 77 delegates took part in the interactive session from across LCH. It is anticipated that there will continue to be opportunities for managers to access this highly evaluated development experience.



In 2022/23 LCH will continue to honour its pledges of support to the West Yorkshire Health & Care Partnership **#WYHRootOutRacism** campaign and the Leeds NHS **#notinadayswork** campaign against abuse and aggression towards our staff and our patients.

The ABU and REN will continue in 2022/23 working together to facilitate “Open conversations-Race equality in ABU” agenda, this work has grown across the organisation and has been the driver for the **#NoBystanders** event which took place on the 13th September 2022. *(Designed to create safe spaces, both psychologically and culturally, for everyone involved in LCH, whether that’s through patient-staff, staff-staff or staff-patient language and behaviours)* (WDES action plan action #9 WRES action plan action #7))

The **#NoBystanders** event has produced a wealth of ideas and potential actions which will be reviewed by the **#NoBystanders** working group prior to presentation at EDI Forum on the 18th October 2022.

4. Conclusion

We have made good progression across several areas, and some of this is borne out in the data. We are heavily involved with a range of programmes and training both locally and nationally, which is helping to develop an inclusive culture. However, we continue on this journey and ask for SMT continued support, and in particular where we are asking support within WRES/WDES action plans for staff to be released to work with us on specific workstreams.

5. Recommendations

The Trust Board is recommended to:

- Note the progress of the WDES & WRES action plans 2021/22 made over the last 12 months, and that the WDES & WRES action plans 2022/23 will provide assurance that the Trust meets the requirements of the NHS Standard Contract and will progress race and disability equality in the Trust.
- Approve the WDES & WRES action plan 2022/23 prior to subsequent posting on the Trust website

Appendices A

Workforce Disability Equality Standard (WDES) performance 2019 - 2022

	Metrics 1 to 3 & 10 is extracted from the workforce data held on ESR as at 31/3/22 and Metrics 4 to 9 is taken from the 2021 NHS staff survey
WDES Indicator	Metric description
1	Percentage of Disabled staff in each of the Agenda for Change (AfC) pay bands or medical / dental subgroups and very senior managers (including executive board members), compared with the percentage of staff in the overall workforce.

Clinical roles Disability declaration

Staffing	Band 1	Band 2	Band 3	Band 4	Band 5	Band 6	Band 7	Band 8a	Band 8b	Band 8c	Band 8d	VSM
31.3.2022												
Yes	0	0	6%	4%	6%	5%	6%	3%	0	0	0	0
No	0	69%	82%	86%	80%	83%	85%	84%	94%	92%	50%	100%
Undeclared	0	6%	11%	9%	9%	8%	6%	7%	6%	8%	50%	0
Unspecified	0	25%	1%	1%	5%	4%	3%	6%	0	0	0	0

	Medical & Dental Consultant	Medical & Dental Non-Consultant Career Grade		Medical & Dental Trainee Grades	KQ00	MQ00	NQ00	WQ00	CQ00
2022	0	7.7% (1)	0	0	0	0	0	0	0
2021	0	6.7% (1)	0	0	0	0	0	0	0
2020	0	12.5% (2)	0	0	0	0	0	0	0
2019	0	5.9% (1)	0	0	0	0	0	0	0

Non-Clinical roles Disability declaration.

Staffing	Band 1	Band 2	Band 3	Band 4	Band 5	Band 6	Band 7	Band 8a	Band 8b	Band 8c	Band 8d	VSM
31.3.2022												
Yes	0	10%	4%	2%	5%	4%	6%	4%	14%	0	0	0
No	0	80%	87%	93%	93%	88%	81%	94%	86%	100%	100%	100%
Undeclared	0	7%	6%	1%	1%	6%	8%	2%	0	0	0	0
Unspecified	0	3%	3%	4%	1%	2%	5%	0	0	0	0	0

Appendices A

WDES Indicator	Metric description	31.3.19 score	31.3.20 score	31.3.21 score	31.3.22 score
2	Relative likelihood of non-disabled staff compared to Disabled staff being appointed from shortlisting across all posts.	1.9	2.5	1.2	1
WDES Indicator	Metric description	31.3.19 score	31.3.20 score	31.3.21 score	31.3.22 score
3	Relative likelihood of Disabled staff compared to non-disabled staff entering the formal capability process	2	0	0	0
WDES Indicator	Metric description	31.3.19 score	31.3.20 score	31.3.21 score	31.3.22 score
	<i>The data contained in metrics 4-9 for 31.3.22 are taken from the 2021 NHS staff survey results</i>				
4	Percentage of Disabled staff compared to non-disabled staff experiencing harassment, bullying or abuse (<i>Nondisabled staff scores in brackets</i>)				
4a(i)	Staff experiencing harassment, bullying or abuse from the public in the last 12 months	34% (22%)	31% (24%)	34% (22%)	34% (24%)
4a(ii)	Staff experiencing harassment, bullying or abuse from managers in the last 12 months	11% (7%)	12% (5%)	15% (7%)	12% (7%)
4a (iii)	Staff experiencing harassment, bullying or abuse from their colleagues in the last 12 months	21% (11%)	19% (12%)	20% (11%)	20% (10%)
4a (iv)	Staff saying that the last time they experienced harassment, bullying or abuse at work, they or a colleague reported it in the last 12 months	56% (56%)	55% (57%)	60% (60%)	49% (53%)
WDES Indicator	Metric description	NHS Staff Survey 2018	NHS Staff Survey 2019	NHS Staff Survey 2020	NHS Staff Survey 2021
5	Percentage of Disabled staff compared to nondisabled staff believing that the Trust provides equal opportunities for career progression or promotion (<i>Nondisabled staff scores in brackets</i>)	59% (65%)	57% (64%)	56% (65%)	58% (65%)
WDES Indicator	Metric description	NHS Staff Survey 2018	NHS Staff Survey 2019	NHS Staff Survey 2020	NHS Staff Survey 2021
6	Percentage of Disabled staff compared to nondisabled staff saying that they have felt pressure from their Manager to come to work, despite not feeling well enough to perform their duties (presenteeism) (<i>Nondisabled staff scores in brackets</i>)	30% (20%)	22% (15%)	29% (17%)	26% (16%)
WDES Indicator	Metric description	NHS Staff Survey 2018	NHS Staff Survey 2019	NHS Staff Survey 2020	NHS Staff Survey 2021
7	Percentage of Disabled staff compared to nondisabled staff saying that they are satisfied with the extent to which the organisation values their work (<i>Nondisabled staff scores in brackets</i>)	44% (51%)	49% (60%)	50% (57%)	44% (53%)
WDES Indicator	Metric description	NHS Staff Survey 2018	NHS Staff Survey 2019	NHS Staff Survey 2020	NHS Staff Survey 2021
8	Percentage of staff with a long-lasting health condition or illness, saying that their employer has made adequate adjustment(s) to enable them to carry out their work	83%	79%	79%	81%
WDES Indicator	Metric description	31.3.19 score	31.3.20 score	31.3.21 score	31.3.22 score
9	Staff engagement score (0-10) The staff engagement score for Disabled staff, compared to nondisabled staff (<i>Nondisabled staff score in brackets</i>)	6.8 (7.2)	6.8 (7.4)	6.8 (7.3)	6.6 (7.1)

Appendices A

WDES Indicator	Metric description
10	Percentage difference between an organisation's board voting membership and its overall workforce

2019			
% points difference (+/-) between Disabled Board members and Disabled staff in overall workforce	Total Board = 13	Overall workforce = 3031	Difference = -5 %

2020			
% points difference (+/-) between Disabled Board members and Disabled staff in overall workforce	Total Board = 11	Overall workforce = 3175	Difference = +4 %

2021			
% points difference (+/-) between Disabled Board members and Disabled staff in overall workforce	Total Board = 12	Overall workforce = 3349	Difference = -5 %

2022			
% points difference (+/-) between Disabled Board members and Disabled staff in overall workforce	Total Board = 12	Overall workforce = 3321	Difference = -5%

Appendices B

Workforce Race Equality Standard (WRES) Performance 2019-2022

	Metrics 1 to 4 & 9 is extracted from the workforce data held on ESR as at 31/3/22 and Metrics 5 to 8 is taken from the 2021 NHS staff survey.
WRES Indicator	Metric description
1	The percentage of staff in each of the AfC Bands 1-9 and VSM (including Executive Board members) compared with the percentage of staff in the overall workforce

Clinical roles BME Representation.

	Band 1	Band 2	Band 3	Band 4	Band 5	Band 6	Band 7	Band 8a	Band 8b	Band 8c	Band 8d	VSM
2022	0%	18.8%	14.6%	11.3%	10.5%	9.8%	5.2%	8.7%	13.3%	7.7%	0%	0%
2021	0%	28.6%	14.3%	7.4%	10.8%	8.7%	4.9%	4.9%	5.9%	8.3%	0%	0%
2020	50%	13.3%	14.2%	8.7%	10.8%	8.1%	3.2%	4.4%	0%	10%	0%	0%
2019	50%	7.7%	12.2%	7.9%	10.7%	7.3%	3.5%	3.9%	0%	0%	0%	0%

Non-Clinical roles BME Representation.

	Band 1	Band 2	Band 3	Band 4	Band 5	Band 6	Band 7	Band 8a	Band 8b	Band 8c	Band 8d	VSM
2022	50%	22%	16%	19.3%	14.6%	15.7%	12.9%	5.5%	4.8%	0%	0%	0%
2021	40.9%	20.2%	15.7%	22.1%	14.4%	11.1%	14%	0%	7.1%	0%	0%	0%
2020	38.5%	20.3%	14.7%	20.3%	10.1%	11.1%	11.5%	0%	5.9%	0%	0%	0%
2019	38.5%	15.5%	15.5%	17.1%	10.9%	8.6%	9%	0%	5.9%	0%	0%	0%

WRES Indicator	Metric description	31.3.19 score	31.3.20 score	31.3.21 score	31.3.22 score
2	Relative likelihood of White staff being appointed from shortlisting compared to that of BME staff being appointed from shortlisting across all posts	0.16	0.35	0.84	0.24
WRES Indicator	Metric description	31.3.19 score	31.3.20 score	31.3.21 score	31.3.22 score
3	Relative likelihood of BME staff entering the formal disciplinary process, compared to that of White staff entering the formal disciplinary process	1.34	0	1.32	0.01
WRES Indicator	Metric description	31.3.19 score	31.3.20 score	31.3.21 score	31.3.22 score
4	Relative likelihood of White staff accessing non mandatory training and CPD compared to BME staff	1.31	1	1.12	0.84
WRES Indicator	Metric description	NHS Staff Survey 2018	NHS Staff Survey 2019	NHS Staff Survey 2020	NHS Staff Survey 2021
5	KF 25. Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months *White staff percentage in brackets.	22.4% (25.7%)	21% (26.5%)	21% (24%)	23.8% (26.4%)
WRES Indicator	Metric description	NHS Staff Survey 2018	NHS Staff Survey 2019	NHS Staff Survey 2020	NHS Staff Survey 2021
6	KF 26. Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months *White staff percentage in brackets.	21.2% (16.7%)	24.1% (16.7%)	24.8% (16.4%)	19.3% (16%)
WRES Indicator	Metric description	NHS Staff Survey 2018	NHS Staff Survey 2019	NHS Staff Survey 2020	NHS Staff Survey 2021
7	KF 21. Percentage believing that trust provides equal opportunities for career progression or promotion *White staff percentage in brackets.	41% (65.4%)	39.9% (64%)	40.5% (66.3%)	45.6% (65.9%)
WRES Indicator	Metric description	NHS Staff Survey 2018	NHS Staff Survey 2019	NHS Staff Survey 2020	NHS Staff Survey 2021
8	Q17. In the last 12 months have you personally experienced discrimination at work from any of the following? b) Manager/team *White staff percentage in brackets.	16.9% (3.9%)	17.9% (4.3%)	15.3% (4.3%)	13.7% (4.3%)
WRES Indicator	Metric description	31.3.19 score	31.3.20 score	31.3.21 score	31.3.22 score
9	Percentage of BME Board membership	0	0	0	8.3%

Appendices C - WDES Action Plan 2022/23

	Workforce Strategy Objective	Task	Review Date	Desirable Outcomes	Measure	Target date	Responsible Team
1	Disparities in employee experience have substantially reduced; with any remaining disparity actively tackled.	Promote the current range of reasonable adjustment and support that is available to staff and managers	31.12.22	Disabled staff say that their employer has made adequate adjustment(s) to enable them to conduct their work	Disabled staff confirming that LCH has made adequate adjustment(s) to enable them to conduct their work. (Current baseline is 81% from 2021 staff survey) 85% by 31.3.23 90% by 31.3.24 Improved experience for all colleagues measured by staff leavers questionnaires, the quarterly pulse surveys, annual NHS staff survey and FTSUG reports	31.3.23	EDI HRBPs LD Nurse
2		Initiate the delivery of bi-monthly Reasonable Adjustment awareness sessions for managers	31.12.22			31.3.23	
3		Deliver 4 Neurodiversity awareness drop-in sessions	31.12.22			31.3.23	
4		Explore if ESR could record & report reasonable adjustments including the date of application, details of the adjustment, if it was approved/refused and the cost of adjustment)	31.12.22			31.3.23	
5		Reintroduce quarterly Unconscious Bias awareness sessions for staff	31.12.22			31.3.23	
6	Test the appetite for a disability/long term conditions staff group	Review the Managing Attendance Policy through a disability lens	16.9.22	We will be able to better understand, and incorporate staff lived experience and diverse employee needs into our organisational approaches and policies	Improved experience for all colleagues measured by staff leavers questionnaires, the quarterly pulse surveys, annual NHS staff survey and FTSUG reports	30.9.22	EDI Project Officer
7			31.12.22	Increased clarity of guidance for all staff		31.3.23	HR Staffside Staff with LTC and disabilities

	Workforce Strategy Objective	Task	Review date	Desirable Outcomes	Measure	Target date	Responsible Team
8	Disparities in employee experience have substantially reduced; with any remaining disparity actively tackled.	As part of the review of PL381 The Prevention and Control of Violence, Aggression, and Lone Working Policy work with the Anti-Bullying and Harassment Policy author to provide clarity.	31.12.22	An equitable experience for staff with and without a disability Provide a positive working environment free of bullying, harassment, and intimidation	Improved experience for all colleagues measured by staff leavers questionnaires, the quarterly pulse surveys, annual NHS staff survey and FTSUG reports	31.3.23	Risk & Assurance Team
9		Deliver an event designed to create safe spaces, both psychologically and culturally, for everyone involved in LCH, whether that is through patient-staff, staff-staff or staff-patient language and behaviours	31.8.22	A reduction in staff experiencing abuse or harassment in the course of their work (from service users and from those who we work with); and we want to make sure that when people do experience these behaviours, they feel confident and supported to act – to call it out, to tackle it, to report it and to give / access support around it.		13.9.22	DoW/EDI
10	We are much more representative of our communities.	Promote the equality self-service function on ESR and promote the case to declare/update equality data to reduce the percentage of unknown/not declared on ESR. Currently 13%.	31.12.22	Improve data quality to better inform WDES actions and decisions	Improved equality data held on ESR	31.3.23	EDI WFI ODI Resourcing Manager
11		Conduct an equality analysis of the recruitment and selection data held on NHS Jobs	2.4.23			31.5.23	EDI

	Workforce Strategy Objective	Task	Review date	Desirable Outcomes	Measure	Target date	Responsible Team	
12	We are much more representative of our communities. Disparities in employee experience have substantially reduced; with any remaining disparity actively tackled	Consider how LCH could organise talent pools to provide a 'database' of individuals by system who are eligible for promotion and development opportunities such as Stretch and Acting Up	31.12.22	To increase diversity of talent pools to increase likelihood of appointing candidates from diverse backgrounds to post	Improved experience for all colleagues measured by staff leavers questionnaires, the quarterly pulse surveys, annual NHS staff survey and FTSUG reports	31.3.23	ODI and CET	
13	We are much more representative of our communities.	Agree positive action approaches to filling roles for under-represented groups	31.12.22			31.3.23	SMT	
14	<ul style="list-style-type: none"> Statement to demonstrate senior management and organisational commitment to the employment of people with disabilities (Internal and external comms) 	OD & Resourcing Manager HR						
15	<ul style="list-style-type: none"> Offer work experience to disabled students from local schools/colleges 							
	<ul style="list-style-type: none"> Work with the Employer & Partnership Team (Disability Confident & Health Model) Department for Work and Pensions to explore the development of opportunities for local unemployed Disabled people to gain work experience in the Trust. 							
16	Disparities in employee experience have substantially reduced; with any remaining disparity actively tackled	Train and support a group of staff from across the Trust to support Recruitment Managers in providing diverse recruitment panels for the recruitment of Band 7 and above vacancies.	31.12.22	To increase diversity of talent pools to increase likelihood of appointing candidates from diverse backgrounds to post	Improved experience for all colleagues measured by staff leavers questionnaires, the quarterly pulse surveys, annual NHS staff survey and FTSUG reports	31.3.23	EDI	
17		Continually review the process for sensory disabilities and mobilities in the recruitment and reasonable adjustments process.	31.12.22			LCH retains Disability Confident Leaders Accreditation	31.3.24	EDI Procurement and Supplies Team
18		Host a Disability Confident information session for suppliers and embed Disability Confident participation as part of procurement factors.						

Appendices D - WRES Action Plan 2022-23

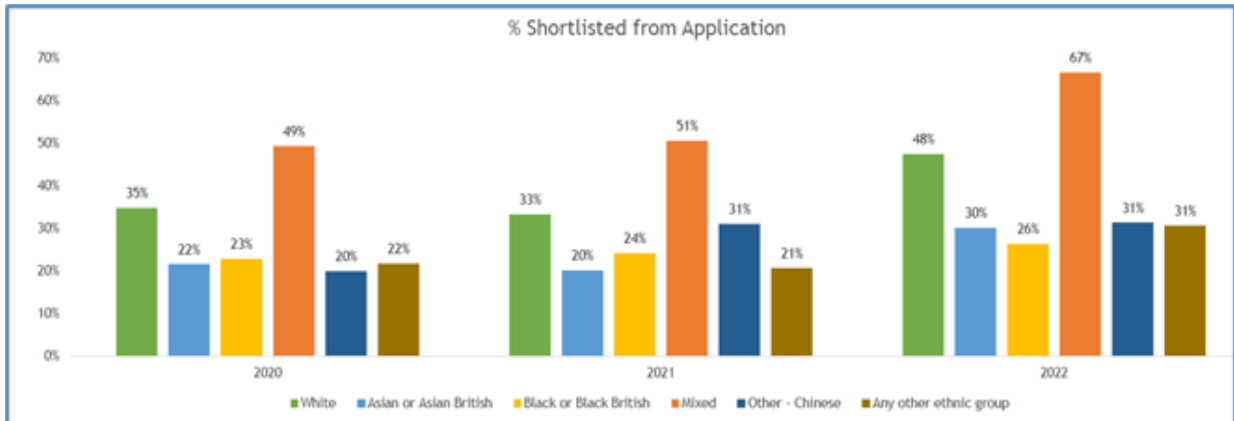
	Workforce Objective	Task	Review date	Desirable outcomes	Measure	Target date	Responsible team
1	Disparities in employee experience have substantially reduced; with any remaining disparity actively tackled.	Deliver 3 WRES drop-in sessions for staff as part of the summer of learning to raise awareness and understanding.	30.7.22	Increased awareness of the WRES by staff at all levels of the Trust	Increased engagement in the WRES by LCH staff	31.8.22	EDI
2		Share Business Unit level WRES (NHS Staff Survey) data with BU General Managers	31.8.22	Increase awareness of WRES performance at BU level		30.9.22	EDI
3		We are much more representative of our communities.	Share Business Unit level WRES data for indicators 1,2,3 and 4 with General Managers	31.9.22			30.10.22
4	Disparities in employee experience have substantially reduced; with any remaining disparity actively tackled.	Reintroduce quarterly Unconscious Bias awareness sessions for staff	30.9.22	Increased awareness by staff, that unconscious bias exists and understand what steps to take to reduce the likelihood that bias will impact their decisions.	Improved experience for BME colleagues measured by the quarterly pulse surveys, annual NHS staff survey and FTSUG reports.	31.10.22	EDI
5		Commence delivery of Cohort 5 Reverse Mentoring <i>(New Action)</i>	30.9.22	Educate the workforce about Race issues, by exposing them to challenging dialogue, which they might otherwise never encounter.		30.11.22	EDI
6		Deliver Cohort 5 of the Race Allyship programme <i>(New Action)</i>	30.11.22	White ethnic colleagues adding their voice to those of their Black ethnic colleagues (as a whole) Increase number of staff's self-awareness of Race Inequality.		31.1.23	EDI
7		Deliver an event designed to create safe spaces, both psychologically and culturally, for everyone involved in LCH, whether that's through patient-staff, staff-staff or staff-patient language and behaviours	30.8.22	A reduction in staff experiencing abuse or harassment in the course of their work (from service users and from those who we work with); and we want to make sure that when people do experience these behaviours, they feel confident and supported to act – to call it out, to tackle it, to report it and to give / access support around it.	Improved experience for all colleagues measured by the quarterly pulse surveys, annual NHS staff survey and FTSUG reports	31.10.22	DoW/EDI

	Workforce Objective	Task	Review date	Desirable outcomes	Measure	Target date	Responsible team		
8	Disparities in employee experience have substantially reduced, with any remaining disparity actively tackled.	As part of the review of PL381 The Prevention and Control of Violence, Aggression, and Lone Working Policy work with the Anti-Bullying and Harassment Policy author to provide clarity.	31.12.22	An equitable experience for staff Provide a positive working environment free of bullying, harassment, and intimidation	Improved experience for all colleagues measured by the quarterly pulse surveys, annual NHS staff survey and FTSUG reports	31.3.23	Risk and Assurance Team		
9	We are much more representative of our communities.	Consider how LCH could organise talent pools to provide a 'database' of individuals by system who are eligible for promotion and development opportunities such as <i>Stretch and Acting Up</i> assignments.	31.12.22	To increase diversity of talent pools in order to increase likelihood of appointing candidates from diverse backgrounds to post	Improved recruitment and retention figures. Increased diversity at all levels of the organisation Improved patient outcomes	31.3.23	CET & ODI Team		
10		Positive action approaches to filling roles for under-represented groups	30.11.22	LCH is more reflective of the community that it serves at all levels		Increased diversity of candidates for vacancies in LCH	31.12.22	SMT	
		<ul style="list-style-type: none"> Statement to demonstrate senior management and organisational commitment to the employment of BME people (<i>Internal and external comms</i>) 							
11		<ul style="list-style-type: none"> Offer work experience to BME students from local schools/colleges 	31.12.22					31.3.23	OD & Resourcing Manager
12		<ul style="list-style-type: none"> Work with the Employer & Partnership Team (Disability Confident & Health Model) Department for Work and Pensions to explore the development of opportunities for local unemployed BME people to gain work experience in the Trust 	31.12.22					31.3.23	HR
13	Train and support a group of staff from across the Trust to support Recruitment Managers in providing diverse recruitment panels for the recruitment of Band 7 and above vacancies.	31.12.22	To embed accountability and make workforce diversity an organisational priority in order to increase likelihood of appointing candidates from diverse backgrounds to post		Improved staff experience – quarterly pulse and annual NHS staff surveys Improved data showing we are more reflective of the communities that we serve.		31.3.23	EDI	

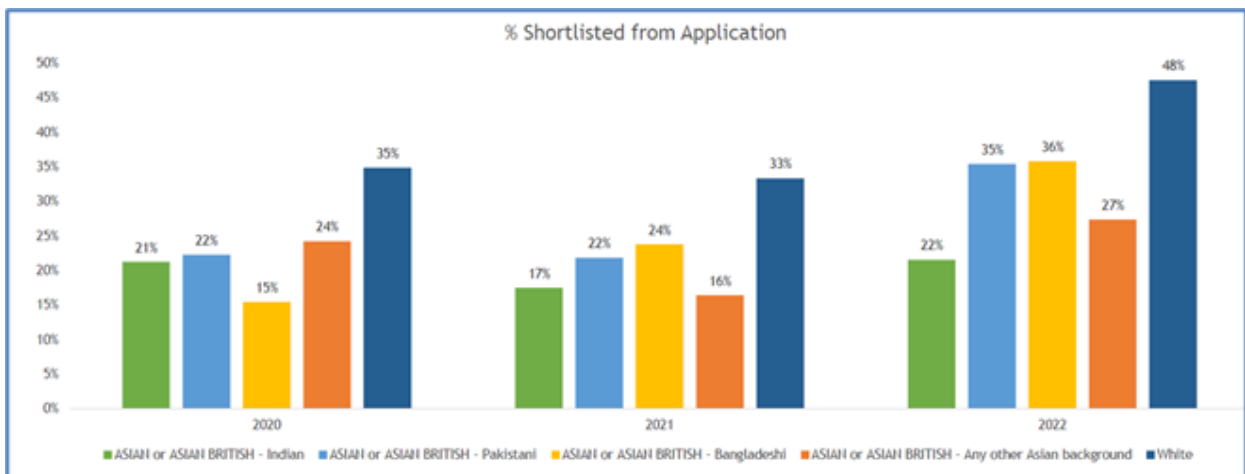
Appendices E

3 Year Recruitment process recruitment analysis – detail

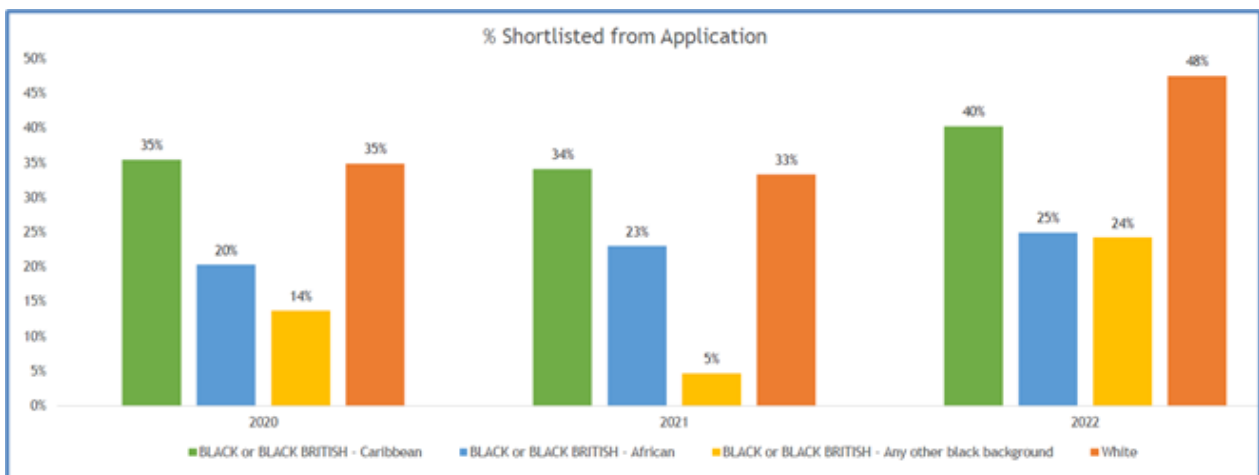
At a broad level, mixed heritage applicants are far more likely to be shortlisted than other ethnicities, including White. However, mixed heritage applicants only make up around 2% of total applications for the 3-year period



When we look at different ethnicities, there is little difference in the likelihood of being shortlisted and no consistent pattern across the different years



The exception for this is Black or Black British Caribbean applicants, who are consistently more likely to be shortlisted than other BME ethnicities.



Trust Board Meeting held in public: 7 October 2022

Agenda item number: 2022-23 (76)

Title: Nominations and Remuneration Committee terms of reference revision

Category of paper: for approval

History: Nominations and Remuneration Committee 16 September 2022

Responsible director: Committee Chair

Report author: Company Secretary

Executive summary (Purpose and main points)

The Committee's terms of reference require an amendment, as currently there is no reference to the Board's scheme of delegation, which is an important consideration when the Committee is discussing matters that have a financial implication.

This is the suggested wording to include in the terms of reference:

When reviewing proposals that have a financial implication for the Trust, the Committee should give due consideration to the Trust's Investment Policy's Scheme of Delegation for Investment Decisions (authorised approval levels).

The current terms of reference are attached for information.

The revised wording was reviewed by the Committee on the 16 September 2022 and recommended for approval by the Board.

Recommendations

The Board is asked to approve the revisions to the Committee's terms of reference.

Committee Terms of Reference

Nominations and Remuneration Committee

Document History:

Version:	5
Date:	27 May 2022
Last version received by:	Nominations and Remuneration Committee
Approved by:	Leeds Community Healthcare NHS Trust Board
Date approved:	27 May 2022
Name of author:	Director of Workforce Company Secretary
Name of responsible committee:	Leeds Community Healthcare NHS Trust Board
Date issued:	Version 5: 27 May 2022
Last reviewed	March 2021 (no amends)
Review date:	March 2023
Target audience:	Leeds Community Healthcare NHS Trust Board Nominations and Remuneration Committee

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5	Roles and duties of the Nominations and Remuneration Committee	5
6	Monitoring effectiveness	7
7	Authority	8
8	Reporting to the Board	8
9	Administrative arrangements	8
10	Review of terms of reference	8

Proposed changes made to this version (draft V6)
<p>Section added:</p> <p>Section 5.2</p> <p>When reviewing proposals that have a financial implication for the Trust, the Committee should give due consideration to the Trust’s Investment Policy’s Scheme of Delegation for Investment Decisions (authorised approval levels).</p>

Nominations and Remuneration Committee

Terms of Reference

1. Introduction

- 1.1 The Nominations and Remuneration Committee is constituted as a standing committee of the Trust's Board. Its constitution and terms of reference is as set out below.
- 1.2 The Nominations and Remuneration Committee is authorised by the Trust's Board to act within its terms of reference. All members of staff are directed to co-operate with any request made by the Nominations and Remuneration Committee.
- 1.3 The role of the Nominations and Remuneration Committee is to nominate executive directors, including the Chief Executive, for appointment and advise and make recommendations to the Board about remuneration and terms of service for the Chief Executive, executive directors, directors and any senior managers not covered by *Agenda for Change* terms and conditions of service. The Committee also discharges a function in relation to the oversight of employee relations cases of high risk to the Trust.
- 1.4 The Nominations and Remuneration Committee is authorised by the Board of Directors to instruct professional advisers and request the attendance of individuals and authorities from outside the Trust with relevant experience and expertise as necessary for or expedient to the exercise of its functions.
- 1.5 The Nominations and Remuneration Committee is authorised to obtain such information as is necessary and expedient to the fulfilment of its functions.

2 Constitution

- 2.1 The Board hereby resolves to establish a committee of the Board to be known as the Nominations and Remuneration Committee (the Committee). The Committee is a non-executive committee of the Board and has no executive powers, other than those specifically delegated in these terms of reference.
- 2.2 The Committee will provide assurance to the Trust Board on all areas within its remit based on the evidence received by the Committee using standard classification, i.e.
 - **Substantial assurance** based on a conclusion that there is a robust system of internal control and governance in place which will deliver the Trust's corporate objectives (clinical, quality or business) and that controls and management actions are consistently applied

- **Reasonable assurance** based on a conclusion that there is a generally sound system of internal control and governance to deliver the clinical, quality or business objectives and that controls and management actions are generally being applied. Some weakness in the design and/or application of controls and management actions put the achievement of particular objectives at risk. Improvements are required to enhance the controls to mitigate these risks.
- **Limited assurance** based on a conclusion that the design and/or application of controls and management actions are insufficient and the weaknesses put the achievement of clinical, quality or business objectives at risk. Significant improvements are required to improve the adequacy and effectiveness of the controls to mitigate these risks.
- **No assurance** based on a conclusion that there is a fundamental breakdown in or absence of controls and management actions which could result (or have resulted) in failure to achieve the clinical, quality or business objectives. Immediate action is required to improve the controls to mitigate these risks.

3 Membership and attendees

3.1 The Committee will comprise:

- The Board's Chair (who will act as Chair of the Committee)
- Two non-executive directors (one of whom will act as deputy Chair)

3.2 The Committee will be supported by:

- The Director of Workforce
- The Company Secretary

3.3 These officers will service the Committee and provide specialist advice and information for the Committee to make their decisions.

3.4 Other directors or senior managers may be invited to attend (at the discretion of the Chair) as appropriate.

3.5 The composition of the Committee, along with information on attendance will be reported in the annual report.

4 Meetings and quorum

4.1 Committee members are expected to attend all meetings. Apologies must be received by the Chair in advance of the meetings.

4.2 The Committee may invite officers of the Trust to attend. Further attendees may be invited to contribute to key business as required. These officers and additional attendees will not have voting rights.

- 4.3 The Chief Executive and any other manager acting in an advisory capacity should not be present for discussions about their own remuneration or terms of service, but may attend meetings to support other items.
- 4.4 In circumstances where an item of business relates to the terms and conditions of employment of a member of the senior management team, the Chief Executive will attend the committee meeting for this item. The Chief Executive will present the paper outlining the proposal, respond to questions and comments about the recommendation but (as a non-member) will not participate in the approval of the recommendation.
- 4.5 If any Committee member has a pecuniary interest in any matter and is present at the meeting at which the matter is under discussion, he or she will declare that interest as early as possible and shall not participate in the discussions. The Chair will have the power to request that member to withdraw until the Committee's consideration has been completed.
- 4.6 The Chair will preside at all meetings. In extraordinary circumstances where the Chair cannot attend, the Chair will nominate one of the other non-executive Directors (NEDs) to act as Deputy Chair.
- 4.7 A quorum shall be two members of the Committee. If the Committee is not quorate the meeting will normally be postponed. Exceptionally at the Chair's discretion, a virtual meeting may take place to deal with urgent business. Otherwise, matters would be deferred until the next quorate meeting.
- 4.8 Meetings shall be held regularly in line with the annual workplan with an expectation of four meetings a year. Additional meetings may be called at the Chair's discretion.
- 4.9 The Chair of the Nominations and Remuneration Committee and one of the other members, in consultation together, may also act on urgent matters arising between meetings of the Committee.
- 4.10 If, subsequent to any decision of the Committee, there are material changes to the circumstances surrounding the decision that would have implications for the decision should the changed circumstances had been known at the time of the original decision, then these details are to be communicated in full to all members of the Committee, and, as necessary an additional meeting of the Committee should be convened.
- 4.11 Members of the Committee may participate in meetings by telephone, video or by other electronic means where they are available and with the prior agreement of the Chair. Participation by any of these means shall be deemed to constitute presence in person at the meeting.

5 Role and duties of the Committee

5.1 The role of the Committee is to:

Nominations:

- Regularly review the structure, size and composition (including the skills, knowledge and experience) required of the Board and make recommendations to the Board with regard to any changes.
- Give full consideration to and make plans for succession planning for the Chief Executive and other executive directors taking into account the challenges and opportunities facing the Trust and the skills and expertise needed, in particular, on the Board in future.
- Identify and nominate for appointment candidates to fill posts within the Committee's remit as and when they arise.
- Before an appointment is made, evaluate the balance of skills, knowledge and experience on the Board, and, in the light of this evaluation, prepare a description of the role and capabilities required for a particular appointment. In identifying suitable candidates, the Committee shall use open advertising or the services of external advisers to facilitate the search; consider candidates from a wide range of backgrounds; and consider candidates on merit against objective criteria.
- Consider any matter relating to the continuation in office of any Board executive director at any time including the suspension or termination of service of an individual as an employee of the Trust.
- Consider the engagement or involvement of any suitably qualified third party or advisers to assist with any aspects of the Committee's responsibilities.

Remuneration and employment matters:

- Advise and make recommendations to the Board about appropriate remuneration and terms of service for the Chief Executive, executive directors and other senior managers not covered by the *Agenda for Change* terms and conditions of service.
- Make recommendations on any residual local pay arrangements not covered by national arrangements.
- Monitor, review and report to the Board on relevant processes of remuneration that are not covered by the *Agenda for Change* pay, terms and conditions or by the consultant contract, the salaried dental contract or the staff and associate specialist contract pay, terms and conditions that may require consideration by exception to meet the business needs of the Trust.
- Ratify and agree any awards at the discretion of the Trust as the employer.
- Advise and make recommendations on termination of employment and or severance payments as detailed in the Trust's standing financial instructions and employment policies.
- Monitor and review (on behalf of the Board) and report to the Board on any exceptional and/or significant employee relations cases of high risk to the Trust including those relating to: employment cases of high cost or of reputational significance.

5.2 When reviewing proposals that have a financial implication for the Trust, the Committee should give due consideration to the Trust's Investment Policy's Scheme of Delegation for Investment Decisions (authorised approval levels).

5.3 The duties can be categorised as follows:

Determining basic salaries

On an annual basis, to ensure that the appropriate salary is applied for the Chief Executive and executive directors, directors and other senior managers not covered by *Agenda for Change* terms and conditions of service.

Contractual arrangements

To make recommendations on contractual arrangements in respect of the Chief Executive, executive directors, directors and other senior managers taking into account relevant national and local policy and guidance.

Development pay for executive directors

To make recommendations regarding development pay for newly appointed executive directors and directors ensuring a robust business case is in place and appropriate approval of the NHS Improvement is sought where necessary.

Performance rewards scheme

To review applications for the performance rewards scheme.

Local contracts

To make recommendations on pay awards for any staff who remain on local contracts.

Exit schemes and extra contractual payments

To have strategic oversight of exit schemes and seek NHS Improvement approval where appropriate. To agree extra contractual payments, taking account of national guidance and ensuring that there are robust supporting business cases.

Severance payments

To consider and recommend to the NHS Improvement for approval any severance payment for the Chief Executive and directors; and for other staff any contractual severance payment of £100,000 or more; and any non-contractual severance payment. Treasury approval must be sought in those circumstances.

Employment policies

To review workforce policies which impact on remuneration and terms of service. To consider and approve if appropriate any variation to a policy where there are financial or financially related matters related to pay.

Other remuneration issues

To make decisions on remuneration issues where a variation in pay, terms and conditions is required in regard to *Agenda for Change* pay, terms and conditions or the Medical and Dental pay, terms and conditions, such as Clinical Excellence Awards, in order to meet the business needs of the Trust.

Employment issues

To receive reports on significant employee relations issues on an exceptional basis, review these on behalf of the Board and report to the Board (in private session) as appropriate. Those cases that will be considered by the Committee will be assessed on the grounds of value for money, reputational risk, impact or precedent or as deemed otherwise to be novel or contentious. The case may relate to current or immediately past employees.

6. Monitoring effectiveness

- 6.1 Through receipt of assurance reports and minutes, the Board will monitor the effectiveness of the Committee. On occasions, due to confidentiality, there may be a requirement for public and private minutes to be presented separately to the Board. The Committee will produce an annual workplan, an annual self-assessment and an annual report to be submitted to the Audit Committee. This will carry a record of the frequency of attendance by members, quoracy and the frequency of meetings will be maintained. Any areas of concern will be highlighted by the Chair of the Audit Committee to the Board.

7. Authority

- 7.1 The Committee is authorised by the Board to advise them to investigate any activity within its terms of reference. It is authorised to seek any information it requires from any employee and all employees are directed to co-operate with any request made by the Committee.
- 7.2 The Committee is authorised by the Board to obtain legal or other independent professional advice and to secure the attendance of those with relevant experience and expertise as necessary in furtherance of its duties.

8. Reporting to the Board

- 8.1 The Committee will report in writing to the Board through the Committee's Chair's assurance report (produced after each Committee meeting). The report records key issues, actions and decisions and the level of assurance provided to the Board by the Committee's consideration of the relevant item. Minutes of the Committee's meetings will be produced promptly for approval at

the subsequent Committee meeting. Approved minutes will be presented to the next formal Board meeting.

- 8.2 The Audit Committee will monitor the effectiveness of the Committee through receipt of an annual report in accordance with best practice.

9. Administrative arrangements

- 9.1 The Committee will receive appropriate administrative support. Duties will include:

- preparing and circulating the agenda and papers with the Chair
- maintaining accurate records of attendance, main discussion points and decisions taken and issue necessary action logs within five working days of the meeting
- drafting minutes for circulation to the Chair within five working days of the meeting
- maintaining a database of any documents discussed and / or approved and recall them to the Committee when due and filing and maintaining records of the work of the Committee

10. Review of terms of reference

- 10.1 The purpose, function, responsibilities and duties of this Committee will be reviewed on an annual basis. Any amendments will be put before the Trust's Board for approval.

Trust Board Meeting held in public: 7 October 2022

Agenda item number: 2022-23 (79)

Title: Learning and Development Strategy Update

Category of paper: for assurance
History: Quality Committee 26 September 2022

Responsible director: Executive Director of Nursing and Allied Health Professionals

Report author: Head of Clinical and Professional Development

Executive summary (Purpose and main points)

This report provides an update to the Trust Board on the implementation of the Learning and Development Strategy that was approved by the Trust Board in March 2020.

Implementation of the strategy continues to be impacted by workload pressures as the focus and priorities of clinical staff remains on delivery of frontline services. Nevertheless, progress has been made on aspects of the strategy albeit at a slower pace than planned.

Recommendations

The Trust Board is recommended to:

receive this report and note the work undertaken to date.

1 Background

The Learning and Development Strategy 2020-23 was approved by the Trust Board in March 2020 and shortly after this, services were impacted by the Covid 19 pandemic. Therefore, regrettably the implementation of the strategy has been impeded due to the need to refocus and reprioritise resources, to support delivery of frontline clinical services.

Despite this progress has been made and a number of initiatives are underway that will support the delivery of the L&D Strategy.

2 Strategy Implementation

The L&D strategy lists 5 work streams; Student and Learner Support; Statutory and Mandatory training; Learning Needs Analysis; Continuing Professional Development; Apprenticeships and Development of New Roles. A summary of progress in each of these areas is shown below:

2.1 Student and Learner Support

The impact of Covid 19 continues to be felt and has presented some challenges around services ability to support learners e.g., staff absence, workload pressures, additional numbers of students requiring placement hours as they missed clinical time during the pandemic.

The Practice Learning Facilitator (PLF) continues to work closely with teams to help them find solutions to enable them to support learners. Alternative models of placement support are being used to some effect e.g., virtual placements and blended approaches are being tested with some success.

In addition, the PLF has developed readily accessible electronic resources to support both staff and learners and promote quality placements. This includes learning materials, processes for supporting AHP students and development of a Placement Charter.

It is expected that this area of work will become increasingly challenging with the limited resource we have to support this. There is an expected increase in undergraduate students being enrolled in order to meet workforce shortages, combined with shrinkage in the placement circuit for undergraduate students due to the number of other types of learners being supported including apprentices and post graduate learners, who all draw on the same group of staff to provide supervision and assessment in practice. We continue to work on finding solutions and have released a small amount of capacity within the Clinical Education Team to support this though more is needed.

2.2 Statutory and Mandatory Training

The Mandatory and Statutory Compliance Project (MaST) to map training content to the national Core Skills Training Framework and to specify staff groups it applies to is now complete across all subjects and has been signed off by the Audit Committee.

Attention has now turned to reviewing the Trusts induction processes and programme to ensure it is both efficient and meets the needs of new starters and managers.

2.3 Learning Needs Analysis (LNA)

A brief LNA has been undertaken for clinical staff within each Business Unit in June/July 2022 which identified key needs across services. This information informs the submission

to Health Education England for release of funding to support continuing professional development (CPD) and also informs their commissioning of University led programmes or modules.

Significant work has now been completed to introduce a new role into the Neighbourhood Teams of a Senior Neighbourhood Clinical Assistant (SNCA) and an education programme based on their needs has been developed and implemented. Cohort 2 of this staff group have recently been recruited and are due to start their development programme in October 2022.

2.4 Continuing Professional Development

A streamlined process for requesting funding to support learning and development activities has been developed and is working well. This single process means we are able to identify specific learning needs across the business units and analyse spend per business unit and profession to establish if there is parity in access. The information also informs the Trusts learning needs analysis and supports us in influencing what courses are commissioned from our University colleagues.

Work has been completed to develop an intranet page for staff to access anything related to learning and development. This 'Love to Learn' page provides a one stop shop for information and links to resources and the aim is for this information to be more accessible to staff rather than searching through different teams/ services pages. The site was launched at the LCH Clinical Conference in July and has been supported by a 'Summer of Learning' – bite sized sessions run throughout August on various topics for people to find out more information. Feedback to date has been positive and we will continue to develop the site and its content.

2.5 Apprenticeships and Development of New Roles

The Trust continues to support an increasing number and range of clinical apprenticeships as they become available and continue to work closely with our Universities on this. Since the apprenticeship tariff was introduced in 2015, we have consistently shown an underspend each year. However, we have for the first time allocated all of our apprenticeship tariff and it is projected that this will continue.

Although the tariff pays for the training costs of the apprentice it doesn't cover the salary costs and this continues to be a barrier for some clinical services as they don't have sufficient budget to backfill the staff member on an apprentice programme or have sufficient staff numbers to cover their time away from clinical practice – this is particular issue for smaller services.

Work is underway with colleagues from across all three business units to agree a fair and equitable process for accessing apprenticeships regardless of business unit worked in. Each business unit has submitted their intentions regarding the number of apprentices they can support over the coming year so this can be costed and built into their workforce plans.

4 Recommendations

The Board is recommended to:

- **receive** this report and note the work undertaken to date

Trust Board Meeting held in public: 7 October 2022

Agenda item number: 2022-23 (80)

Title: Infection Prevention and Control Board Assurance Framework (BAF) Covid-19

Category of paper: Assurance
History: Quality Committee 26 September 2022

Responsible director: Executive Director of Nursing and AHP's, DIPC
Report author: Deputy DIPC

Executive summary

This report is to appraise LCH Quality Committee and Board of the measures in place around identified key lines of enquiry in relation to Infection Prevention and Control (IPC) and Covid-19, in line with national guidance from NHS England and NHS Improvement and UKHSA.

The BAF is an updated version and in line with the UKHSA Respiratory Guidance issued in December 2021. Changes to the document have been made to reflect the current position in relation to the Covid-19 pandemic as we navigate toward business-as-usual dependant on local surveillance of Covid-19 figures.

Main issues for consideration

- The updates around gaps in assurance that have been previously identified and additional points in line with the 'Respiratory Guidance'.
- BAF updated to reflect current guidance and changes in relation to returning to business as usual.
- Limited assurance around centrally held fit testing records for all staff requiring FFP3 for example of ESR as a competency-based approach.
- Ongoing work in relation to the Implementation of the National Cleaning Standards which are due to be embedded by November 2022.

IPC Current Overview

- Quarter 3 saw an undulating period of time for IPC whilst support was provided to a high volume of outbreaks throughout the Leeds healthcare economy in relation to Omicron with specific reference to Care Homes.
- Successful delivery of 'Cooperation Partnership Agreement' continues to be in place with a review meeting held between LCH and Leeds City Council January 2022.
- 2021/2022 Annual Report presented to Quality Committee and Board in May 2022.
- Hierarchy of Control Risk Assessment completed.
- Ongoing implementation of the NHS E/I National Cleaning Standards and identification of risks.
- Continuation of HCAI activity with specific emphasis on Gram Negative Blood Stream reduction strategy, CDI and MRSA blood stream infections.
- Strong IPC Leadership, team building, succession planning and implementation of new IPC structure to reflect increase in funding through Cooperation Agreement with LCC.

- CQC Preparedness in line with relevant criterion and Health and Social Care Act requirements.
- Enhanced visibility, seven-day service, IPC Surgery for staff support and clinical activity throughout business units.

Recommendations

Further exploration in relation to an 'Options Appraisal' for the ongoing monitoring of FFP3.

The board is recommended to note the contents of this report.

Infection prevention and control board assurance framework

1. Systems to manage and monitor the prevention and control of infection. These systems use risk assessments and consider the susceptibility of service users and any risks their environment and other users may pose to them

	Key lines of enquiry	Evidence	Gaps in assurance	Mitigating actions
1.1	<p>Systems and processes are in place to ensure that:</p> <ul style="list-style-type: none"> • a respiratory season/winter plan is in place: <ul style="list-style-type: none"> ○ that includes point of care testing (POCT) methods for seasonal respiratory viruses to support patient triage/placement and safe management according to local needs, prevalence, and care services ○ plan for and manage increasing case numbers where they occur. ○ a multidisciplinary team approach is adopted with leadership, estates & facilities, IPC Teams and clinical staff. 	<ul style="list-style-type: none"> • Review of operational capacity daily at Bronze / Silver meetings • Respiratory guidance is being followed by LCH with risk assessment in place and step-down measures within a specific time scale. • The guidance is available on the Oak and staff are continuing to triage patients and ask Covid screening questions. IPC sit on citywide Health Protection Board and other Public Health Led groups which monitor surveillance of cases identified. • The organisation has escalated to bronze and silver and the senior management team are fully aware of plan in place. There is one in patient areas which is Hannah House, all bedrooms are single use and therefore there is not a need to identify additional isolation plans. Information and guidance has been shared in Midday Brief and on the Oak IPC, PPE and Covid Testing pages. If a patient was identified in a domiciliary setting as a potential respiratory virus case as identified in the national guidance from UKHSA the patient would be tested, and plans are in place with the local lab at LTHT. <p>Evidence includes: Minutes and updates from Silver Command Opel Levels Wider system surveillance communications – Global email to staff Changes to posters if required</p>		
1.2	<ul style="list-style-type: none"> • Health and care settings continue to apply COVID-19 secure workplace requirements as far as 	<ul style="list-style-type: none"> • LCH Safer Working Group in place to meet weekly and determine safe working environment requirements. This is supported and has representation by IPC Team however, is led by Estates and Facilities / Operations. Risk assessment 		

	<p>practicable, and that any workplace risk(s) are mitigated for everyone.</p>	<p>in place and in line with Hierarchy of Controls. Messaging communicated via Oak, Midday Brief and cascade through leader's network.</p> <p>Evidence includes: Minutes and action log from Safer Working Group Clear information on Midday Brief Oak</p>		
<p>1.3</p>	<ul style="list-style-type: none"> • Organisational /employers risk assessments in the context of managing seasonal respiratory infectious agents are: <ul style="list-style-type: none"> ○ based on the measures as prioritised in the hierarchy of controls. including evaluation of the ventilation in the area, operational capacity, and prevalence of infection/new variants of concern in the local area. ○ applied in order and include elimination; substitution, engineering, administration and PPE/RPE. ○ communicated to staff. ○ Safe systems of working; including managing the risk associated with infectious agents through the completion of risk assessments have been approved through local governance 	<ul style="list-style-type: none"> • Employers risk assessments are undertaken. Due to community environment there are individual cases of respiratory cases however outbreaks are minimal. Risk assessment and documentation on EPR System One that a clinical staff member undertakes and this identifies if the patient is symptomatic for a potential respiratory infection. HOC Risk assessment undertaken. • Communication in place on the Oak, Midday Brief and cascaded through leader's network. <p>Evidence includes: Risk assessments Midday Brief Leaders Network minutes</p>		

	procedures, for example Integrated Care Systems.			
1.4	<ul style="list-style-type: none"> Risk assessments are carried out in all areas by a competent person with the skills, knowledge, and experience to be able to recognise the hazards associated with respiratory infectious agents. 	<ul style="list-style-type: none"> A risk assessment is carried for health and social care staff including pregnant and specific ethnic minority groups who may be at high risk of complications from respiratory infections such as influenza and severe illness from COVID-19. A discussion is had with employees who are in the at-risk groups, including those who are pregnant and specific ethnic minority groups; That advice is available to all health and social care staff, including specific advice to those at risk from complications. Bank, agency, and locum staff who fall into these categories should follow the same deployment advice as permanent staff. <p>Evidence includes: Employee risk assessments Appraisals Clear information and links on Oak Midday Brief</p>		
1.5	<ul style="list-style-type: none"> If an unacceptable risk of transmission remains following the risk assessment, the extended use of Respiratory Protective Equipment (RPE) for patient care in specific situations should be considered. 	<ul style="list-style-type: none"> Face masks (type IIR), FFP3 and hoods are available to all staff member working within 2 metres of a patient or colleague. Midday brief to share information around fit checking masks, cleaning and storage. Fit testing undertaken as per HSE guidelines (link on Oak IPC Page) and documents on ESR for re check, filter and valve change. 		
1.6	<ul style="list-style-type: none"> The Trust Chief Executive, the Medical Director or the Chief Nurse has oversight of daily sitrep in relation to COVID-19, other seasonal respiratory infections, and hospital onset cases there are check and challenge opportunities by the 	<ul style="list-style-type: none"> SMT including CEO, MD and DON have systems in place for daily local update in current surveillance figures. Attendance at Silver and Gold Command and escalation from Director of Public Health. Understanding and daily figures in relation to LTHT OPEL level and escalations of pressure in relation to flow within the system that may impact on community provision. 		

	executive/senior leadership teams of IPC practice in both clinical and non-clinical areas.	Evidence includes: Minutes of meetings Escalation of Opel levels BI Reports Covid-19		
1.7	<ul style="list-style-type: none"> The application of IPC practices within this guidance is monitored, e.g.: <ul style="list-style-type: none"> hand hygiene. PPE donning and doffing training. cleaning and decontamination. 	<ul style="list-style-type: none"> Hand hygiene and PPE audits are undertaken at service level. Documentation on EPR Sys One that staff members have applied correct PPE. Standard Precautions Policy in place and readily available on trust internet Oak on IPC, PPE and Testing pages. Infection Prevention and Control (IPC) (lch.oak.com) <p>Evidence includes: Demonstration videos Posters Audit of clinical environments</p>	Level of compliance across business unit for hand hygiene audits can be difficult to obtain. Inconsistencies of hand hygiene audits.	IPC Nurse support
1.8	<ul style="list-style-type: none"> The IPC Board Assurance Framework is reviewed, and evidence of assessments are made available and discussed at Trust board and has oversight of ongoing outbreaks and action plans. 	<ul style="list-style-type: none"> BAF is reviewed by QC on a 6 monthly basis. Outbreaks and concerns raised and escalated through Bronze and Silver meetings. Action logs in place. BAF stored within IPC and discussed as part of IPCG. <p>Evidence includes: Minutes Board Meeting / QC Minutes of IPCG</p>		
1.9	<ul style="list-style-type: none"> The Trust is not reliant on a particular mask type and ensure that a range of predominantly UK Make FFP3 masks are available to users as required. 	<ul style="list-style-type: none"> Through the PPE group a range of masks have been made available to staff members including reusable and disposable. <p>Evidence includes: PPE usage report from Supplies team</p>		

2. Provide and maintain a clean and appropriate environment in managed premises that facilitates the prevention and control of infections				
	Key lines of enquiry	Evidence	Gaps in assurance	Mitigating actions
2.1	<p>Systems and processes are in place to ensure that:</p> <ul style="list-style-type: none"> The Trust has a plan in place for the implementation of the National Standards of Healthcare Cleanliness and this plan is monitored at board level. Cleaning standards and frequencies are monitored in clinical and non-clinical areas with actions in place to resolve issues in maintaining a clean environment. The organisation has systems and processes in place to identify and communicate changes in the functionality of areas/rooms 	<ul style="list-style-type: none"> There is a working group in place to discuss and implement the National Cleaning Standards by November 2022. Representation from Estates, IPC and QPD. Cleaning schedules are in place for all clinical and non-clinical environments. All areas are monitored through IPC Environmental MEG audits as well as Facilities cleaning audits to determine level of compliance. Noncompliance reported through the IPCG and escalations are made to QAIG. Functional Risk assessments for entire estate continue to be discussed and a task and finish group are meeting monthly to action. Link on IPC Oak for National Cleaning Standards Infection Prevention and Control (IPC) (Ich.oak.com) 	<p>Cleaning Policy is due for renewal and will be updated once cleaning schedules are in place to reflect the new cleaning standards.</p>	<p>Identified on the risk. Environmental IPC and cleaning audit continue to be undertaken to identify areas of non-compliance.</p>
2.2	<ul style="list-style-type: none"> Where patients with respiratory infections are cared for : cleaning and decontamination are carried out with neutral detergent or a combined solution followed by a chlorine-based disinfectant, in the form of a solution at a minimum strength of 1,000ppm available chlorine as per national guidance. 	<ul style="list-style-type: none"> Chlor-Clean is used on all floors, toilet areas which meets the requirements of a chlorine based detergent (1,000 PPM). Cleaning staff have been trained in the use of this product and the COSHH regulations that are in place including storage and disposal. Adel Beck and WYOI cleaned by contracted cleaners – environmental audits in place. Interserve contract for Hannah House Adel Beck and WYOI – Amy Cleaning Company Purchase of electronic audit platform MEG to increase assurance mechanisms around cleaning and the 		

		<p>environment. Direct action plans can be sent to estates or teams depending on the outcomes</p> <ul style="list-style-type: none"> • ‘S’ cleaning guide to using disinfectant wipes and contact times available on the Oak and product website • (contact time 60 seconds) • IPC online training HEE • Cleaning staff trained on safe use and contact time of Chlor-clean • Information on cleaning part of resetting checklist - resetting virtual training delivered by IPC discusses transmission of Covid-19 and cleaning measures in place. <p>Evidence includes: RAG rated cleaning charts Cleaning records Monitoring records IPC Environmental audits Posters in cleaning cupboards Training records</p>		
2.3	<ul style="list-style-type: none"> • Manufacturers’ guidance and recommended product ‘contact time’ is followed for all cleaning/disinfectant solutions/products. 	<ul style="list-style-type: none"> • ‘S’ cleaning guide to using disinfectant wipes and contact times available on the Oak and product website • (contact time 60 seconds) • IPC online training • Cleaning staff trained on safe use and contact time of Chlor-clean • Information on cleaning part of resetting checklist - resetting virtual training delivered by IPC discusses transmission of Covid-19 and cleaning measures in place. <p>Evidence includes: Cleaning schedules Monitoring records IPC Environmental audits Posters in cleaning cupboards Training records</p>	<p>Are ad hoc inspections led by estates to determine correct manufacturers guidance is followed.</p>	

<p>2.4</p>	<ul style="list-style-type: none"> • Reusable non-invasive care equipment is decontaminated: <ul style="list-style-type: none"> ○ between each use. ○ after blood and/or body fluid contamination ○ at regular predefined intervals as part of an equipment cleaning protocol ○ before inspection, servicing, or repair equipment. 	<ul style="list-style-type: none"> • PL331 Local Decontamination of Reusable Medical Equipment Policy (lch.oak.com) is in place and available on IPC Oak intranet page. This is evidenced through IPC environmental audits, 'I'm Clean' stickers are used. Clinell Disinfectant wipes are available widely, they can be ordered through supplies and are played in some areas in wall mounted dispensers. <p>Evidence includes: Monitoring records IPC Environmental audits</p>		
<p>2.5</p>	<ul style="list-style-type: none"> • Compliance with regular cleaning regimes is monitored including that of reusable patient care equipment. 	<ul style="list-style-type: none"> • Compliance monitored through service use as well as IPC environmental audits. <p>Evidence includes: Monitoring records IPC Environmental audits</p>		
<p>2.6</p>	<ul style="list-style-type: none"> • As part of the Hierarchy of controls assessment: ventilation systems, particularly in, patient care areas (natural or mechanical) meet national recommendations for minimum air changes refer to country specific guidance. <p>In patient Care Health Building Note 04-01: Adult in-patient facilities.</p>	<ul style="list-style-type: none"> • Ongoing work with estates and discussions with microbiology in relation to A/C and oscillation fans • Oscillation fans to not be used in clinical/non clinical environments, information shared in Midday Brief and cascades through business unit clinical leads • Assurance around maintenance checks of air conditioning. • Encourage good window ventilation in rooms both clinical / non clinical, information shared in Midday Brief and cascades through business unit clinical leads. • Increased window ventilation recommended to staff members if working in shared office space. Communicated in FAQ's, IPC checklist, posters. <p>Evidence includes: HOC Risk assessment Ventilation and AC monitoring and checks via Estates.</p>		

2.7	<ul style="list-style-type: none"> The assessment is carried out in conjunction with organisational estates teams and or specialist advice from ventilation group and or the organisations, authorised engineer. 	<p>Estates have provided an overview of the ventilation we have over the estate. The majority of rooms have a window to aid natural ventilation and we have air conditioning in some buildings which are monitored and maintained.</p> <p>Evidence includes: Maintenance records Risk assessments undertaken by Safer Working Group and Building Managers.</p>		
2.8	<ul style="list-style-type: none"> A systematic review of ventilation and risk assessment is undertaken to support location of patient care areas for respiratory pathways 	<p>There are no rooms with enhanced mechanical ventilation, for example 15 air changes per hour.</p> <p>As above.</p>		
2.9	<ul style="list-style-type: none"> Where possible air is diluted by natural ventilation by opening windows and doors where appropriate 	<ul style="list-style-type: none"> Posters and communications in place to remind staff to have windows open at all times. <p>Evidence includes: Communications in Midday Brief Posters Clear communication cascaded from leaders network.</p>		
2.10	<ul style="list-style-type: none"> Where a clinical space has very low air changes and it is not possible to increase dilution effectively, alternative technologies are considered with Estates/ventilation group. 	<p>Rooms that have no natural ventilation or AC have been advised not to be used in a clinical capacity.</p> <p>Evidence includes: Safer working group risk assessments.</p>	To be added to the Estates Group meeting as an agenda item.	
2.11	<ul style="list-style-type: none"> When considering screens/partitions in reception/waiting areas, consult with estates/facilities teams, to ensure that air flow is not affected, and cleaning schedules are in place. 	<p>Screens and partitions in place in reception areas.</p> <p>Evidence includes: Safer Working Group Minutes Buildings Risk assessments</p>		

3. Ensure appropriate antimicrobial use to optimise patient outcomes and to reduce the risk of adverse events and antimicrobial resistance				
	Key lines of enquiry	Evidence	Gaps in assurance	Mitigating actions
3.1	Systems and process are in place to ensure that: <ul style="list-style-type: none"> • Arrangements for antimicrobial stewardship are maintained 	<ul style="list-style-type: none"> • This is led jointly between IIPC and medicines management. AMR link on IPC Oak page on intranet and awareness days are held to promote AMR> Citywide there is a AMR group as well as one led via ICS where prescribing rates are monitored. Citywide campaign called 'Seriously Resident' is in place. • Citywide AMR Board with LCH representation • C. Diff PIR process to identify prescribing issues – continued throughout Covid • Completion of Public Health England Data Capture System is continuing to be monitored • Engagement with CCG/LCC relating to AMR • Cooperation partnership agreement review completed for quarter 4 – annual review has taken place with partners from Leeds City Council, LCH and NHS Leeds. An updated and extended cooperation agreement has been written to reflect the increase in funding for IPC. Initially this will see an increased involvement with track and trace, and elements around preventative work in universities, school and nurseries. <p>Evidence includes: IPC Page on Oak Relevant Policies and Guidelines Minutes from Citywide AMR Group Minutes from ICS AMR Group Medicines Management Data CCG Medicines Management Prescribing Data IPC Week</p>		
3.2	<ul style="list-style-type: none"> • Previous antimicrobial history is considered 			
3.3	<ul style="list-style-type: none"> • The use of antimicrobials is managed and monitored: <ul style="list-style-type: none"> ○ to reduce inappropriate prescribing. ○ to ensure patients with infections are treated promptly with correct antibiotic. 			
3.4	<ul style="list-style-type: none"> • Mandatory reporting requirements are adhered to, and boards continue to maintain oversight. 			
3.5	<ul style="list-style-type: none"> • Risk assessments and mitigations are in place to avoid unintended consequences from other pathogens. 			

4. Provide suitable accurate information on infections to service users, their visitors and any person concerned with providing further support or nursing/ medical care in a timely fashion.				
	Key lines of enquiry	Evidence	Gaps in assurance	Mitigating actions
4.1	<ul style="list-style-type: none"> Restrictive visiting may be considered appropriate during outbreaks within inpatient areas This is an organisational decision following a risk assessment. 	<ul style="list-style-type: none"> Areas cohorted if patients are tested as positive. CCB's with hot bays / areas have correct signage – reviewed when visited by IPC as part of outbreak visit. Checklist discussed over the phone in initial outbreak contact. Infection status communicated: SPUR / Bed Board process outlines on discharge that there is a confirmed case Communication on discharge EPR and coding has been implemented. System wide flow chart agreed for patients discharged into community care beds. Patient information identified on EDAN. <p>Evidence includes: Clear Communications to visitors Posters and signage</p>		
4.2	<ul style="list-style-type: none"> There is clearly displayed, written information available to prompt patients' visitors and staff to comply with handwashing, wearing of facemask/face 	<ul style="list-style-type: none"> At entrances to LCH premises there is clear signage on current guidance and control measures in place. Floor stickers have been used as well as mobile units to place at entrances with mask dispensers and alcohol gel units. <p>Evidence includes: Clear Communications to visitors Posters and signage</p>		
4.3	<ul style="list-style-type: none"> Covering and physical distancing. 	<ul style="list-style-type: none"> Signage to recommend Risk assessment undertaken inline with hierarchy of controls to reduce mask wearing in office space when seated at desk and maintaining social distancing. Poster signage on key IPC measures and social distancing guidance. Floor stickers reminding patients and staff about social distancing. National guidance available on the Oak Posters displayed in all staff areas highlighting social distancing measures 		

		<ul style="list-style-type: none"> • PPE guidance if working less than 2 metres, ongoing assessments being completed by Estates and Health and Safety in relation to room assessments and safe distancing • Encouragement of staff to work from home where this is possible. • Staggered break times for staff. • De-escalation plan in place for March-April 2022 – dependant on Covid-19 cases and surveillance. 		
4.4	<ul style="list-style-type: none"> • Implementation of the Supporting excellence in infection prevention and control behaviors Implementation Toolkit has been adopted C1116-supporting-excellence-in-ipc-behaviours-imp-toolkit.pdf (england.nhs.uk) 	<ul style="list-style-type: none"> • Every Action Counts logo added onto posters and screen savers. Posters available on Oak. <p>Evidence includes: Oak IPC Page Posters and screen savers that have highlighted branding. Discuss as part of IPCG</p>		
5. Ensure prompt identification of people who have or are at risk of developing an infection so that they receive timely and appropriate treatment to reduce the risk of transmitting infection to other people				
	Key lines of enquiry	Evidence	Gaps in assurance	Mitigating actions
5.1	<p>Systems and processes are in place to ensure that:</p> <ul style="list-style-type: none"> • Signage is displayed prior to and on entry to all health and care settings instructing patients with respiratory symptoms to inform receiving reception staff, immediately on their arrival. 	<ul style="list-style-type: none"> • Signage to remind patients and visitors that masks are still required in a healthcare setting are in place. • Areas cohorted if patients are tested as positive. CCB's with hot bays / areas have correct signage – reviewed when visited by IPC as part of outbreak visit. Checklist discussed over the phone in initial outbreak contact. <p>Evidence includes: Clear signage at entrances Floor stickers Display panels with masks and alcohol gel</p>		

5.2	<ul style="list-style-type: none"> Staff are aware of agreed template for screening questions to ask. 	<ul style="list-style-type: none"> Screening questions shared with front of house staff and business units. Added to EPR S1 to undertake relevant screening questions. <p>Evidence includes: Patient records audit</p>		
5.3	<ul style="list-style-type: none"> Screening for COVID-19 is undertaken prior to attendance wherever possible to enable early recognition and to clinically assess patients prior to any patient attending a healthcare environment. 	<ul style="list-style-type: none"> System One screening template in place for patients for clinic appointments and domiciliary visits. Front of house advised to ask where possible if patients have symptoms of Covid-19 Posters and clear messaging in letters inviting patients for clinic appointments. <p>Evidence includes: EPR audit of records</p>		
5.4	<ul style="list-style-type: none"> Patients with suspected or confirmed respiratory infection are provided with a surgical facemask (Type II or Type IIR) to be worn in communal areas if this can be tolerated. 	<ul style="list-style-type: none"> There is stock of surgical masks across all sites. Patients if deemed to be suspected of a respiratory infection would be asked to wear a mask. Other control measures in place – ventilation, hand hygiene stations. Appointment to be reorganised for a future date when appropriate for patient and clinically well. Testing in place for domiciliary visits. <p>Evidence includes: PPE delivery stock notes. EPR audit</p>		
5.5	<ul style="list-style-type: none"> Face masks/coverings are worn by staff and patients in all health and care facilities. 	<ul style="list-style-type: none"> All staff are reminded through communication channels such as Midday Brief, line management, posters that a type IIr face mask must be worn in a clinical environment. Risk assessment undertaken inline with hierarchy of controls to reduce mask wearing in office space when seated at desk and maintaining social distancing (17th September 2021). Awaiting delivery of IPC panels to go front of house in high footfall premises to encourage visitors around social distancing, hand hygiene and provide a provision of masks. <p>Evidence includes: Clear messaging to staff on requirements of what PPE to wear wen in a clinical and non-clinical setting.</p>		

		Posters Screensavers Messaging on Oak Communications cascaded through Leaders Network.		
5.6	<ul style="list-style-type: none"> Patients, visitors, and staff can maintain 1 metre or greater social & physical distancing in all patient care areas; ideally segregation should be with separate spaces, but there is potential to use screens, eg, to protect reception staff. 	<ul style="list-style-type: none"> Risk assessment undertaken by estates and facilities. Staff messaging around social distancing. Information on Oak 		
5.7	<ul style="list-style-type: none"> Patients that attend for routine appointments who display symptoms of COVID-19 are managed appropriately. 	<ul style="list-style-type: none"> If on entering the building or appointment an individual is symptomatic it is suggested that the practitioner asked the patients is clinically fit enough to return to their home and follow national guidance in relation to symptoms and for the appointment to be rescheduled at a later date. Trigger reminder on EPR S1. If patient not well enough to go home i.e. difficulty breathing, clinician to support individual and contact 111. 		
6. Systems to ensure that all care workers (including contractors and volunteers) are aware of and discharge their responsibilities in the process of preventing and controlling infection				
	Key lines of enquiry	Evidence	Gaps in assurance	Mitigating actions
6.1	<p>Systems and processes are in place to ensure that:</p> <ul style="list-style-type: none"> Appropriate infection prevention education is provided for staff, patients, and visitors. 	<p>IPC training provision is now online for both level 1 and 2. Average training compliance 90-92% across LCH.</p> <p>Evidence includes: ESR data / PIP data / BI Package reviewed annually by IPC. Package in line with national standards and Health and Social Care Act 2008.</p>		

6.2	<ul style="list-style-type: none"> Training in IPC measures is provided to all staff, including: the correct use of PPE including an initial face fit test/and fit check each time when wearing a filtering face piece (FFP3) respirator and the correct technique for putting on and removing (donning/doffing) PPE safely. 	<ul style="list-style-type: none"> Up to date UKHSA guidance followed. At present LCH is following table 4. Aprons and gloves are subject to single use as per Standard Infection Control Precautions (SICPs), with disposal and hand hygiene after each patient contact. Aerosol generated procedures as outlined in the guidance. Covid-19 guidance and any updates are shared on the Midday Brief, Oak Covid/IPC page and cascaded through clinical bronze meeting. Work with partners within the system to have a shared vision around use of PPE for staff particularly cross working – for example community care beds and Leeds City Council. 		
6.3	<ul style="list-style-type: none"> All staff providing patient care and working within the clinical environment are trained in the selection and use of PPE appropriate for the clinical situation and on how to safely put it on and remove it; 	<ul style="list-style-type: none"> Vlogs available on the Oak Donning and doffing guidance on intranet with videos available on how to UKHSA Compendium of information followed and agreed material used for training Online stat/mandatory IPC training reiterate standard infection control precautions and usage of PPE Staff returning from redeployment to undertake training in format of webinar. This will cover what Covid is, potential chain of infection, cleaning, PPE usage etc. This is to be embedded into the resetting of services. This training can also be provided for staff who may display enhanced anxiety about wearing PPE and returning to a work based setting. The training can be delivered to services that have continued to deliver throughout the pandemic. 		
6.4	<ul style="list-style-type: none"> Adherence to national guidance on the use of PPE is regularly audited with actions in place to mitigate any identified risk. 	<ul style="list-style-type: none"> PPE prompt of S1. Clear messaging to staff on correct donning and doffing procedures as well as level of PPE required for intervention. National guidance shared with staff members and made available through Midday Brief. Evidence includes: Link to A-Z of pathogens on IPC Oak page Clear messaging to staff members. Leaders network cascade. Posters and screensavers. PPE Audit. 	Lack of consistency with PPE Audit	Training and education Support from IPC with 7 day provision

6.5	<ul style="list-style-type: none"> Gloves are worn when exposure to blood and/or other body fluids, non-intact skin or mucous membranes is anticipated or in line with SICP's and TBP's. 	<ul style="list-style-type: none"> Appropriate glove use has been shared throughout LCH. PPE guidance on S1 records and prompts of what to wear. <p>Evidence includes: Standard precautions policy S1 Audit Hand hygiene and PPE Audit Campaign weeks – IPC / Hand hygiene Day May 2021 Posters and signage IPC Training and education</p>	Concerns around inappropriate glove use, and gloves worn unnecessarily when no risk of blood and body fluids.	Plans for Hands Matters Campaign
6.6	<ul style="list-style-type: none"> The use of hand air dryers should be avoided in all clinical areas. Hands should be dried with soft, absorbent, disposable paper towels from a dispenser which is located close to the sink but beyond the risk of splash contamination as per national guidance. 	<ul style="list-style-type: none"> No hand dryers are in use within LCH estate. Paper towels made available in all toilet and kitchen space. Clinical facilities have absorbent paper towels for effective hand hygiene. <p>Evidence includes: IPC environment audit Cleaning Schedule Stock data / ordering Hand hygiene posters Standard Precaution's Policy</p>		
6.7	<ul style="list-style-type: none"> Staff maintaining physical and social distancing of 1 metre or greater wherever possible in the workplace 	<ul style="list-style-type: none"> Clear communication in Midday Brief in relation to social distancing. Cascade of information shared at leaders network. <p>Evidence includes: Oak staff information on IPC page Posters Screen savers Floor stickers Signage Minutes from Silver Command</p>		
6.8	<ul style="list-style-type: none"> Staff understand the requirements for uniform laundering where this is not provided for onsite. 	<ul style="list-style-type: none"> Laundry Policy in place and advice on IPC page in relation to staff laundering of own uniform. Staff are provided with adequate number of uniforms and can use alternative of scrubs. Advised to leave coats and unnecessary items in car or by front door of home visit to reduce cross transmission. 		

		<p>Evidence includes: Policy on Oak Poster Communications to staff via Midday Brief.</p>		
6.9	<ul style="list-style-type: none"> All staff understand the symptoms of COVID-19 and take appropriate action if they or a member of their household display any of the symptoms (even if experiencing mild symptoms) in line with national guidance. 	<ul style="list-style-type: none"> Clear messaging and flow charts are in place to support staff with Covid-19 testing. Twice weekly LFT testing in place and messaging around submission of results onto government portal. <p>Evidence includes: BI Data Sickness records and data Occupational health Data Clear signage Posters / screensavers Information on Oak</p>		
6.10	<ul style="list-style-type: none"> To monitor compliance and reporting for asymptomatic staff testing 	<ul style="list-style-type: none"> Clear messaging around submission of LFT testing results onto government portal. Previously submitted onto LCH specific portal. This has now stood down. <p>Evidence includes: Submission data BI Data</p>		
6.11	<ul style="list-style-type: none"> There is a rapid and continued response to ongoing surveillance of rates of infection transmission within the local population and for organisation onset cases (staff and patients/individuals). 	<ul style="list-style-type: none"> Yes as part of ongoing systemwide surveillance with UKHSA and Public Health / Health Protection at Leeds City Council. <p>Evidence includes: Weekly surveillance emails from Health Protection Escalation to Silver / Gold Command – minutes of meetings</p>		

7. Provide or secure adequate isolation facilities				
	Key lines of enquiry	Evidence	Gaps in assurance	Mitigating actions
7.1	<ul style="list-style-type: none"> Standard infection control precautions (SIPC's) are used at point of care for patients who have been screened, triaged, and tested and have a negative result 	<ul style="list-style-type: none"> Standard infection control policy available on Oak. Fundamental basics to IPC clearly communicated to staff through training and education. <p>Evidence includes: Overarching Policy Standard Precautions Policy IPC Training Every Action Counts Toolkit IPC Surgery</p>		
7.2	<ul style="list-style-type: none"> The principles of SICPs and TBPs continued to be applied when caring for the deceased 	<p>Evidence includes: Deceased Patient Policy in place.</p>		
8. Secure adequate access to laboratory support as appropriate				
	Key lines of enquiry	Evidence	Gaps in assurance	Mitigating actions
8.1	<ul style="list-style-type: none"> Patient testing for all respiratory viruses testing is undertaken promptly and in line with national guidance; and screening for other potential infections takes place. 	<p>Evidence includes:</p> <ul style="list-style-type: none"> Clear communication and availability of Respiratory Guidance. Flowchart is in place to outline testing requirements and PPE required e.g. FFP3 Laboratory testing arrangements LTHT Safe transportation of specimens policy 		
8.2	<ul style="list-style-type: none"> Staff testing protocols are in place 	<p>Evidence includes:</p> <ul style="list-style-type: none"> Twice weekly LFT in place for all clinical staff since December 2020. Staff portal for a submission of results LFT kits available through stores. Frequent communication through Midday brief and line management. 		

		<ul style="list-style-type: none"> Asymptomatic Screening Programme Assurance Report Comms for Mask wearing and LFD Testing extension to all staff Supporting information and flow charts for extension to all staff comms. Updated Participation Framework to include Extension to all staff and changes to the dataset around Assurance Adapted form for both interim usage of remaining stock of 25 packs and new model of distribution for packs of 7. Linked to completion of NEW Participation Status Dataset. Specific information for early adopter services of the New Model of test pack distribution. Linked to completion of the NEW Participation Status Dataset. Guidance for all line managers on the responsibility and completion of the NEW Staff Participation Status dataset. 		
9. Have and adhere to policies designed for the individual's care and provider organisations that will help to prevent and control infections				
	Key lines of enquiry	Evidence	Gaps in assurance	Mitigating actions
9.1	<p>Systems and processes are in place to ensure that</p> <ul style="list-style-type: none"> The application of IPC practices are monitored and that resources are in place to implement and measure adherence to good IPC practice. This must include all care areas and all staff (permanent, agency and external contractors). 	<p>Evidence includes:</p> <ul style="list-style-type: none"> Clear messaging to staff members Posters, floor stickers, screen savers available to remind staff and patients. Regular communications in Midday brief. Line management and team meeting discussions Cascade of information at Leaders Network Minutes from Silver Command Minutes from Safer Working Group and IPCG 		
9.2	<ul style="list-style-type: none"> Staff are supported in adhering to all IPC policies, including those for other alert organisms. 	<p>Evidence includes:</p> <ul style="list-style-type: none"> Updates sent to Covid-19 email address. IPC Lead and Head of attend NE Regional Updates for DIPCS and Lead Nurses Interface with IPS. All new guidance is monitored and changes implemented. 		

		<ul style="list-style-type: none"> Changes communicated through staff midday brief and clinical leads cascade at service level. 	
9.3	<ul style="list-style-type: none"> Safe spaces for staff break areas/changing facilities are provided. 	<p>Evidence includes:</p> <ul style="list-style-type: none"> Estates building risk assessments completed identifying number of people that can use kitchen staff areas for breaks Social distancing measures in place and reduction strategy in relation to BAU Risk assessment to identify number of people in room at once Discourage food sharing and fuddles in teams, open packets of food. Monitored by line managers, leading by example ethos and encourage staff that its 'ok to ask'. 	
9.4	<ul style="list-style-type: none"> Robust policies and procedures are in place for the identification of and management of outbreaks of infection. This includes the documented recording of an outbreak. 	<p>Evidence includes:</p> <ul style="list-style-type: none"> Outbreak Policy in place and clear messaging in relation to contact IPC for support. Staff awareness in place as a result of IPC training and what constitutes an outbreak. Flow charts in place around escalation. 	
9.5	<ul style="list-style-type: none"> All clinical waste and linen/laundry related to confirmed or suspected COVID-19 cases is handled, stored and managed in accordance with current national guidance. 	<p>Evidence includes:</p> <ul style="list-style-type: none"> Evidence of guidance in midday brief <p>Evidence in meeting notes with CCBs re supporting appropriate waste management processes</p>	
9.6	<ul style="list-style-type: none"> PPE stock is appropriately stored and accessible to staff who require it. 	<ul style="list-style-type: none"> PPE logistics group established an electronic ordering form Weekly stock checks Engagement with leads from business units Partnership working as part of Silver PPE group with LYPFT Escalation to procurement of push stock deliveries Evidence minutes and action log from PPE logistics and Silver Command Group A portal is available to order supplies through and these are dispatched from central stores 	

		Evidence includes: Identified on the risk register, PPE portal ordering system and delivery to each base.		
10. Have a system in place to manage the occupational health needs and obligations of staff in relation to infection				
	Key lines of enquiry	Evidence	Gaps in assurance	Mitigating actions
10.1	Systems and processes are in place to ensure that: <ul style="list-style-type: none"> Staff seek advice when required from their IPCT/occupational health department/GP or employer as per their local policy. 	<ul style="list-style-type: none"> An occupational referral system is in place. Telephone and online referrals can be made. All information outlined on Oak 'Health and Wellbeing' page. <p>Evidence includes: Occupational health data Oak 'hits' on Health and Wellbeing page. Employer Risk Assessment Information and clear access / sign posting on Oak</p>		
10.2	<ul style="list-style-type: none"> Bank, agency, and locum staff follow the same deployment advice as permanent staff. 	<ul style="list-style-type: none"> Staff have access to the above resource. 		
10.3	<ul style="list-style-type: none"> Staff who are fully vaccinated against COVID-19 and are a close contact of a case of COVID-19 are enabled to return to work without the need to self-isolate (see Staff isolation: approach following updated government guidance) 	<ul style="list-style-type: none"> Return to work guidelines have been communicated and are available on the Trust Oak intranet. Evidence of information cascade from Midday Brief and Leaders Network. Local risk assessment in place. 		
10.4	<ul style="list-style-type: none"> A fit testing programme is in place for those who may need to wear respiratory protection. 	<ul style="list-style-type: none"> Service level fit testers are in place. As part of staff induction programme staff are encouraged to identify level of protection required as outlined for their job role. Level of protection s outlined in the national respiratory guidance from UKHSA. EPR SysOne Record highlights level of protection as part of documentation. 		

10.5	<ul style="list-style-type: none"> Where there has been a breach in infection control procedures staff are reviewed by occupational health. 	<p>Clear documentation on identifying what a breach is. Occupational health will</p> <ul style="list-style-type: none"> lead on the implementation of systems to monitor for illness and absence. facilitate access of staff to antiviral treatment where necessary and implement a vaccination programme for the healthcare workforce lead on the implementation of systems to monitor staff illness, absence and vaccination against seasonal influenza and COVID-19 encourage staff vaccine uptake <p>Evidence includes: HR / BI data on sickness absence Policies / Guidelines Information and links on IPC Oak page.</p>		
10.6	<ul style="list-style-type: none"> Staff who have had and recovered from or have received vaccination for a specific respiratory pathogen continue to follow the infection control precautions, including PPE, as outlined in national guidance. 	<ul style="list-style-type: none"> Clear guidance outlining IPC control measures regardless of vaccination status. 		
10.7	<ul style="list-style-type: none"> Vaccination and testing policies are in place as advised by occupational health/public health. 	<ul style="list-style-type: none"> Policies are available on Oak. 		
10.8	<ul style="list-style-type: none"> Staff required to wear FFP3 reusable respirators undergo training that is compliant with HSE guidance and a record of this training is maintained and held centrally/ESR records. 	<ul style="list-style-type: none"> All staff identified as requiring FFP3 masks due to delivering Aerosol Generating Procedures (AGP's) have been fit tested in line with national guidance. 		
10.9	<ul style="list-style-type: none"> Staff who carry out fit test training are trained and competent to do so. 	<ul style="list-style-type: none"> Fit testers have undergone appropriate training. A log of this is held by IPC and an external train the trainer is used. 		

10.10	<ul style="list-style-type: none"> All staff required to wear an FFP3 respirator have been fit tested for the model being used and this should be repeated each time a different model is used. 	<ul style="list-style-type: none"> PPE Data. Local fit testers to undertake fit testing. Stability in stock and decision to use a reusable FFP3 to reduce models not being available or sent through pull stock. 		
10.11	<ul style="list-style-type: none"> All staff required to wear an FFP3 respirator should be fit tested to use at least two different masks 	<ul style="list-style-type: none"> Staff members are fit tested against two different options - a reusable and a non-reusable mask. 	There should be a central recording system on ESR to enhance the accuracy of this data.	
10.12	<ul style="list-style-type: none"> A record of the fit test and result is given to and kept by the trainee and centrally within the organisation. 	<ul style="list-style-type: none"> Record obtained by IPC and local service. Staff member is provided with a certificate. 		
10.13	<ul style="list-style-type: none"> Those who fail a fit test, there is a record given to and held by employee and centrally within the organisation of repeated testing on alternative respirators and hoods. 	<ul style="list-style-type: none"> Alternative portcount fit test provided. If staff members fails on this method of fit testing then alternative options are sourced. <p>Evidence includes: Portacount data Staff records and completion of fit testing held by local fit tester within the service</p>	Central record on ESR not held at present.	IPC hold record on excel document.
10.14	<ul style="list-style-type: none"> That where fit testing fails, suitable alternative equipment is provided. Reusable respirators can be used by individuals if they comply with HSE recommendations and should be decontaminated and maintained according to the manufacturer's instructions. 	<ul style="list-style-type: none"> Alternative portcount fit test provided. If staff members fails on this method of fit testing then alternative options are sourced. <p>Evidence includes: Portacount data Staff records and completion of fit testing held by local fit tester within the service</p>	Central record on ESR not held at present.	IPC hold record on excel document.

10.15	<ul style="list-style-type: none"> Members of staff who fail to be adequately fit tested a discussion should be had, regarding re deployment opportunities and options commensurate with the staff members skills and experience and in line with nationally agreed algorithm. 	<ul style="list-style-type: none"> Staff Covid – 19 risk assessment undertaken and recommendation for referral to Occupational Health to be made. 		
10.16	<ul style="list-style-type: none"> A documented record of this discussion should be available for the staff member and held centrally within the organisation, as part of employment record including Occupational health. 	<ul style="list-style-type: none"> Employee risk assessment is emailed to lcht.riskassessments@nhs.net Record of this should be recorded on the staff members file from line manager. 		
10.17	<ul style="list-style-type: none"> Boards have a system in place that demonstrates how, regarding fit testing, the organisation maintains staff safety and provides safe care across all care settings. This system should include a centrally held record of results which is regularly reviewed by the board. 	<ul style="list-style-type: none"> Currently fit testing data is not held centrally and is stored on an excel document within IPC. Current work with WFI to develop a competency coding around fit testing and enhanced assurance measures around valve and filter changes. <p>Evidence includes: Information on IPC Oak page around HSE requirements for Fit testing / fit checking. Portacount qualitative data from testing – electronic recording of pass rate, however not aligned on ESR with staff members records. Staff member receives a certificate on completion of fit testing.</p>	<p>ESR recording assurance not in place. Record not reviewed by the Board routinely. Accurate deep dive into current number of staff that require fit testing per business unit.</p>	<p>Escalations have been made to QAIG and Clinical Leads of number of staff that require fit testing. Fit testers throughout business units work with IPC to record fit testing of staff members.</p>
10.18	<ul style="list-style-type: none"> Consistency in staff allocation should be maintained, reducing movement of staff and the crossover of care pathways between planned/elective care pathways and urgent/emergency care pathways as per national guidance. 	<ul style="list-style-type: none"> Where known outbreaks / increased Covid-19 transmission is evidence staff will not work across specific sites for example: WYOI and Adel Beck. Surveillance of outbreak setting in Care Homes is shared with leaders and where possible we try to avoid cross working. However control measures are in place to prevent cross transmission. <p>Evidence includes: Care home outbreak data / email</p>		

		Effective communication of outbreak settings EPR Audit		
10.19	<ul style="list-style-type: none"> Health and care settings are COVID-19 secure workplaces as far as practical, that is, that any workplace risk(s) are mitigated maximally for everyone. 	<ul style="list-style-type: none"> Risk assessments are undertaken as described earlier in BAF. <p>Evidence includes: Safer working group minutes and action log Employer risk assessment IPC Environment audit Cleaning audit, increased touch point cleaning</p>		
10.19	<ul style="list-style-type: none"> Staff absence and well-being are monitored and staff who are self-isolating are supported and able to access testing. 	<p>Evidence Includes: BI and HR data</p>		
10.20	<ul style="list-style-type: none"> Staff who test positive have adequate information and support to aid their recovery and return to work. 	<p>Information on national guidance is available on Oak and staff are well supported in their return to work. Phased returns can be provided as well as support with general health and wellbeing. Covid-19 Risk assessment can be undertaken and changes to working pattern / conditions can be made.</p> <p>Evidence includes: Risk assessment Occupational Health Referral Data Health and Wellbeing Resources on Oak</p>		

Public Board workplan 2022-23
Version 5: 29 09 2022

Topic	Frequency	Lead officer	3 December 2021	4 February 2022	31 March 2022	27 May 2022	17/06/2022 End of year	5 August 2022	7 October 2022	2 December 2022
Preliminary business										
Minutes of previous meeting	every meeting	CS	X	X	X	X		X	X	X
Action log	every meeting	CS	X	X	X	X		X	X	X
Committee's assurance reports	every meeting	CEs	X	X	X	X		X	X	X
Patient story	every meeting	EDN&AHPs	Staff story X	X	X	X		Not for this meeting	X	X
Quality and delivery										
Chief Executive's report	every meeting	CE	X Inc system pressures update	X Inc system pressures update	X Inc system pressures update	X Inc system pressures update		X	X	X
Performance Brief	every meeting	EDFR	X	X	X	X		X	X	X
Performance brief:Measures for inclusion in the performance brief	Annual	EDFR			X					
Performance Brief: annual report	Annual	EDFR				X				
Significant risks and risk assurance report	every meeting	CS	X	X	X	X		X	X	X
Care Quality Commission inspection reports	as required	EMD								
Quality account	annual	EDN&AHPs				X				
Mortality report	4 x Year	EMD	X -blue box	X -blue box		X plus annual report 2021-22 Blue box		X -blue box		X -blue box
Staff survey	annual	DW			X					
Safe staffing report	2 x year	EDN&AHPs		X -blue box				X		
Seasonal resilience	annual	EDO							X	
Business Continuity Management Policy	As required	EDO								
Serious incidents report	2 x year (Feb and August)	EDN&AHPs		X -blue box				X -blue box		
Patient Safety Report	2 x year (Feb and August)	EDN&AHPs		X -blue box (Deferred)				X -blue box		
Patient experience: complaints and concerns report	2 x year (Feb and August Annual report)	EDN&AHPs		X Six monthly report - not presented as blue box this meeting				X Blue box Annual report		
Freedom to speak up report	2 x year (Feb and Aug)	CE		X				X Annual report		X
Guardian of safe working hours report	4 x year	EMD	X		X	X Quarterly report Annual report 2021-22		X		X
Strategy and planning										
Organisational (Trust) priorities position paper	Annual	EDFR			X 2022-23 new					
Trust priorities update	3x year February/May/October	EDFR/EDN&AHPs	X blue box	X blue box (not presented)	X blue box	X blue box end of year report			X	
Third Sector Strategy	2x year (February and August)	EDO		X -blue box (Deferred March)	X -blue box			X -blue box		
Estate Strategy	2x year (August and September)	EDFR			X deferred August			X Blue box item - deferred October	X Blue box - deferred	X Blue box item
Digital Strategy	2x year	EDFR			X -blue box				X Blue box - deferred	
Business Development Strategy	2x year(March and October)	EDO			X -blue box not presented in March 2022				X -blue box deferred till Dec 2022	
Business Intelligence Strategy	2x year First presented Feb 2022 and August	EDFR		X				X -blue box - deferred until February 2023		
Learning and Development Strategy	2x year (March and October)	EDN&AHPs			X -blue box not presented in March 2022				X -blue box	
Engagement Strategy	2x year (March and October)	EDN&AHPs			X -blue box update existing strategy				X (revised approach to approve)- deferred	Strategy update - Blue Box
Patient Safety Strategy	2x March/October	EDN&AHPs			X				X	
Health Equity Strategy	3 x year(March, August and December in 2022)	EMD	X		X Board workshop			X		X
Children, Young People and Families Strategy	As required	EDN&AHPs				X				
Quality Strategy	2x year May and December	EDN&AHPs				X - Blue box item				X - Blue box item
Workforce Strategy	2x year May and December	DW				X - Blue box item				X
Research and Development Strategy	Annual	EMD		X blue box (not presented 2022)						
Governance										
Medical Director's annual report	annual	EMD						X		
Nurse and AHP revalidation	annual	EDN&AHPs						X		
Well-led framework	as required	CS								
Annual report	annual	EDFR				X Defer June	X			
Annual accounts	annual	EDFR				X Defer June	X			
Letter of representation (ISA 260)	annual	EDFR				X Defer June	X			
Audit opinion	annual	EDFR				X Defer June	X			
Audit Committee annual report (part of corporate governance report)	annual	CS				X Defer June	X			
Standing orders/standing financial instructions review	annual	CS						Defer to December X		X
Annual governance statement (part of corporate governance report)	annual	CS				X Defer June	X			
Going concern statement (part of corporate governance report)	annual	EDFR			X					
NHS provider licence compliance	annual	CS				X Defer to June	X			
Committee terms of reference review	annual	CS				X				
Register of sealings	as required	CS				X		X		
Declarations of Interest/fit and proper persons test (part of corporate governance report)	annual	CS			X					
Procurement report	2x year	EDFR				X - Blue box item				X - Blue box item
Corporate governance update	as required	CS								
Reports										
WDES -annual report and action plan	annual								X	
WRES - annual report and action plan	annual								X	
Equality and diversity - annual report	annual (Dec)	DW	X							X
Sustainability report	2x year (March and October)	EDO			X				X	
Safeguarding -annual report	annual	EDN&AHPs						X		
Health and safety compliance report	Annual	EDFR						X -blue box		
Infection prevention control assurance framework	2x year(October and March)				X -blue box				X -blue box	
Infection prevention control annual report	annual	EDN&AHPs				X May from 2022				

Key

CE	Chief Executive	
EDFR	Executive Director of Finance and Resources	
EDN	Executive Director of Nursing	
EDO	Executive Director of Operations	
EMD	Executive Medical Director	
DW	Director of Workforce	
CEs	Committees' Executive Leads	
CS	Company Secretary	

	= received
	= deferred to another meeting
	= not required

Trust Board Meeting held in public: 7 October 2022

Agenda item number: 2022-23 (82c)

Title: Quality Committee minutes 25 July 2022

Category of paper: For noting

Attendance

Present:	Helen Thomson (HT) Steph Lawrence Ruth Burnett Rachel Booth (RBo) Alison Lowe (AL) Ian Lewis (IL)	Non-Executive Director (Chair) Executive Director of Nursing and AHPs Executive Medical Director Non-Executive Director Non-Executive Director Non-Executive Director
In Attendance:	Diane Allison Stuart Murdoch Brodie Clark	Company Secretary Deputy Medical Director Trust Chair
Apologies:	Thea Stein Sheila Sorby Sam Prince	Chief Executive Assistant Director of Nursing and Clinical Governance Executive Director of Operations
Minutes:	Lisa Rollitt	PA to Executive Medical Director

Item: 2022-23 (29)**Discussion points:****(a) Welcome and introductions**

The Chair welcomed members and attendees. Apologies were received from the Chief Executive, Assistant Director of Nursing and Clinical Governance and Executive Director of Operations

(b) Declarations of interest

In advance of the Committee meeting, the Committee Chair considered the Trust Directors' declarations of interest register and the agenda content to ensure there was no known conflict of interest prior to papers being distributed to Committee members. No additional declarations of interest were made at the start of the meeting.

(c) Minutes of the previous meeting 27 June 2022

The minutes of the meeting held on 27 June 2022 were reviewed and agreed as an accurate record.

(d) Matters arising and review of action log

It was agreed that the items on the action log due for completion at this meeting were on the agenda or had been completed outside of the meeting.

2022-23 (30)**Key issues****a) Current system pressures, infection rates, rising fuel prices and increased cost of living (please refer to Private minutes also)**

The Executive Director of Nursing and AHPs updated the Committee on current Covid-19 rates, stating that the current wave was expected to plateau at the end of the month, although it was predicted that further waves would be seen in September/October 2022 and January 2023.

It was reported that there were 272 patients in hospital with Covid-19 with 3 in the Intensive Care Unit (ICU). The Deputy Medical Director stated that most of the people in the ICU with Covid-19 were coincidental.

It was noted that the Spring vaccination programme had closed, and the Evergreen offer continued. The Autumn programme would commence on 5 September 2022 for cohorts 1-9 (over 50's, health and social care staff, care home residents and staff and clinically extremely vulnerable). A full paper for this would be presented at the next Board meeting, outlining the next steps.

The Committee heard that the system had been at critical incident level twice within two weeks. The main issue was the number of people in hospital with no reason to reside, who were waiting for home care assessments and packages of care, and care homes. It was noted that this was reflective of the rest of West Yorkshire, however Leeds had been particularly challenged. It was acknowledged that the Executive Director of Operations would be providing more information on this at the next Board meeting.

At the time of the meeting, the Trust was in OPEL Level 3, which was manageable. Covid 19 staff sickness absence figures were slightly reduced. It was noted that there had been an unprecedented number of patients in the virtual wards (48), however, the Committee was assured that all patients had been safely cared for.

The Executive Medical Director stated that the other marker of pressure in the hospitals was at the “front door” where there was an immense amount of people presenting at Accident and Emergency departments and at one point, there was a 13 hour wait to be seen by a clinician. The Executive Medical Director also stated that work was ongoing to create a clear longer term plan in the City, to prepare for the coming winter pressures.

There was a conversation about how the Trust could assist in easing the pressures in the City. The Executive Director of Nursing and AHPs spoke about the ongoing work in health coaching and self-management, and external recruitment to nursing posts.

In regard to fuel prices, the Executive Director of Nursing and AHPs stated that these had begun to fall slightly, and it was predicted that the prices would fall again by 10 to 15 pence per litre in the coming weeks.

b) QAIG key issues for escalation: Assurance report from business meeting on 14 July 2022

The Executive Medical Director provided feedback from the QAIG business meeting on 14 July 2022, escalating the number of overdue incident reviews in the Adult Business Unit (ABU) as a concern. It was noted that the backlog was due to reduced resource in the Clinical Governance Team and staff pressures in the ABU. The Executive Director of Nursing and AHPs stated that work was underway to address the backlog. It was agreed that an update would be provided to the Committee at the meeting in September 2022.

Action: Update on backlog of overdue incident reviews in the ABU to be provided at the September 2022 meeting.

Actionee: Executive Director of Nursing and AHPs / Executive Medical Director.

In response to a query from a Non-Executive Director (RBo), the Executive Director of Nursing and AHPs stated that the deep dive into the Seacroft Neighbourhood Team

was led by the Trust and would be ready to feedback shortly. It was noted positively that there were no findings from the deep dive that were unexpected.

The resource issue within the Paediatric Community Dental Service was discussed and the Deputy Medical Director advised the Committee that a new senior dentist had been recruited and there was ongoing dialogue with Leeds Teaching Hospitals Trust (LTHT) regarding a revised staffing model.

c) Cancelled and rescheduled visits: update

The Executive Director of Nursing and AHPs presented the update following an audit in July 2022 to provide a better understanding of the numbers of Neighbourhood Team (NT) cancelled and rescheduled visits and the arrangements made to deliver care to mitigate the impact on the patient. It was highlighted that the audit data suggested the management of NT visit capacity was slowly improving with a reduction in the number of overall cancelled and rescheduled visits.

The Executive Director of Nursing and AHPs assured the Committee that where visits had been carried out by non-registered staff, the elements of care requiring a registered nurse were deferred to the next visit, and that healthcare assistants were providing the care they had been trained to deliver. There was also the option of a virtual consultation, where the healthcare assistant could obtain the opinion of a registered nurse virtually.

It was noted that 19 patients did not receive a safety net phone call during the 3 audited dates out of the 115 that were cancelled or rescheduled, and as these phone calls were an important part of clinical decision-making, this would be an area of focus to ensure the position improved.

The Trust Chair asked about complaints received relating to staff attitude and their tone when speaking to patients. The Executive Director of Nursing and AHPs stated that the Trust uses the “Hello, my name is” approach as standard practice and that acceptable ways of practice were expected including the Trust’s values and behaviours. It was also noted that there could be some difficult conversations with patients which could be challenging for staff. The Executive Director of Nursing and AHPs stated that more training would be provided to support staff in these conversations.

A Non-Executive Director (RBo) spoke about staff burnout and the added pressure this creates, asking about the success of supporting these staff members to help their return to work. The Executive Director of Nursing and AHPs stated that this support was in place. It was noted that another area of ongoing work was around prevention of staff burnout and subsequent absence including the introduction of Health and Wellbeing (HWB) Coordinators across the NTs working with individuals and Schwartz rounds.

The Committee heard that SystmOne could not be used at present to produce reliable data for audit purposes, therefore a manual audit process was developed as a temporary measure until Allocate software was in place.

In response to a query from a Non-Executive Director (IL), the Executive Director of Nursing and AHPs also spoke about the stabilisation plan and measures to reduce the demand on NTs and increase capacity by 25%.

A Non-Executive Director (AL) spoke about the teams identified as occasionally not contacting patients or families and recording the reason for rescheduling and cancelling visits, which continued to be within the North Portfolio and asked if there was anything that could be identified as to the reason for this. The Executive Director of Nursing and AHPs stated that training is the same across the NTs, but there had been some instability in those leadership teams which had been rectified, however these changes had been unsettling for those teams.

The Deputy Medical Director asked about the turnover of staff and asked if there was any correlation between which teams had the biggest turnover and their caseload. The Executive Director of Nursing and AHPs stated that there was a correlation, and work was ongoing to improving this including work with the Clinical Education Team and preceptorships.

The Committee agreed that the paper provided greater assurance than the previous paper on this topic which was received in May 2022, and a further update would be provided in September 2022.

Action: Further update to be provided to the Committee in September 2022

Actionee: Executive Director of Nursing and AHPs

2022-23 (31) Service Spotlight

a) Children's Business Unit waiting lists

Hannah Beal, Clinical Lead for the Children's Business Unit (CBU) and Janet Addison, General Manager, CBU presented information about the waiting lists and back logs, with a focus on the quality of care being provided.

The General Manager, CBU spoke about the challenges the services were working within including the pandemic, the pausing of services, redeployment of clinicians, the impact on children, young people and families, health equity and inclusion issues – access to digital had widened the equity gap. The digital exclusion risks were being mitigated by ensuring that various communication methods were available.

The presentation showcased the Audiology Service to demonstrate improvement and good practice and advised the Committee that those principles of improvement were being shared across the Business Unit.

The presentation was well received by the Committee.

A Non-Executive Director (IL) spoke about the waiting lists and asked for some clarity where these were over 6 months, whether these were variable, and which ones needed to be highlighted as having particular issues that need to be addressed. The General Manager, CBU spoke about the waiting lists as a mixed picture and gave examples from different services such as Speech and Language Therapy (SLT) and Paediatric Neurodisability (PND). It was acknowledged that services were struggling to recruit, and work was ongoing to work more effectively across the system.

The Non-Executive Director (IL) also spoke about the Audiology principles and asked how these were progressing in the other services. He expressed concern about the reduced offer and the risk of potential incidents for children and families. The Clinical Lead, CBU stated that the Audiology principles were being used across all the services in the business unit to manage risks.

It was also noted that work had been undertaken with Business Intelligence (BI), regarding areas of deprivation to ensure that the services in these areas were being managed effectively.

The Committee agreed it would be helpful to receive an update about the processes and issues in 6 months' time to see the impact of the measures.

Action: Update around the processes to address the CBU waiting lists to be presented to the Committee in 6 months' time

Actionee: Executive Director of Nursing and AHPs

A Non-Executive Director (AL) suggested it would be helpful to compare the figures in the presentation with pre-pandemic figures and a comparison with similar services in other Trusts would also be helpful.

Medication waiting times were discussed. The Committee was advised of the plan for increasing the number of non-medical prescribers and conversations about longer term work with Primary Care to address the issue.

2022-23 (32)

For discussion: Quality governance and safety

a) Performance Brief

The Committee received the Performance Brief and noted its contents.

A Non-Executive Director (RBo) stated that the additional section which had been introduced on inquests was helpful, and it was agreed that more narrative was required on what the Trust's involvement was for these inquests.

The Non-Executive Director (RBo) also asked for additional information on upheld complaints, claims that were being pursued further than the initial disclosure stage, serious incidents, and duty of candour incidents. It was agreed that these would be included in future reports.

In response to a query from the Trust Chair about recruitment issues, the availability of agency staff and whether this was helpful, the Executive Director of Nursing and AHPs stated that the number of agency staff available was limited, and it was anticipated that this would reduce further over the summer period. It was noted that inconsistency was one of the main issues with using agency staff. The Trust Chair also asked about the high turnover of staff who leave within 12 months of commencing in post and the factors contributing to this. The Executive Director of Nursing and AHPs spoke about the contributing factors and the work that was ongoing to improve the situation.

The Committee was also assured that whilst there were pressures to resource the Police Custody Service, there had not been a breach of contract as response times were being adhered to.

b) Safe Staffing report

The Executive Director of Nursing and AHPs presented the report and assured the Committee that safe staffing was being maintained in the inpatient unit (Hannah House). It was noted that referral rates into this service were currently low, and the Committee discussed the possible reasons for this including the impact of Covid-19 and parents' perceptions of risk. It was noted that work was ongoing to increase the number of referrals, whilst ensuring staffing was safe.

The health and wellbeing of CBU staff was discussed following some child deaths. It was acknowledged that there had been no long term sickness following these deaths and that staff were being supported.

The Executive Director of Nursing and AHPs highlighted the challenges within the 0-19 workforce, particularly Health Visitors. It was noted that this was a national issue, however the Trust has recruited over 8.36 WTE Health Visitors and 1.64 WTE School Nurses with a plan to train more Health Visitors and School Nurses this year. Work was also under way to critically look at the skill mix in order to continue to maintain a safe and effective service.

It was noted that the SBU Portfolio 2 information had been omitted from the circulated paper, and this would be circulated following the meeting.

Action: Portfolio 2 data to be circulated following the meeting

Actionee: Executive Director of Nursing and AHPs

The Executive Director of Nursing and AHPs spoke about competition within the system where roles in the Additional Roles Reimbursement Scheme (ARRS) were graded at higher band levels by other providers, stating that the Trust was working collaboratively with those members of staff to retain the workforce. Work was also ongoing to review clinical posts in specialist nurse and therapy roles to ensure that they are banded at the correct level.

The Committee agreed that the information presented in tabular form was useful to transparently demonstrate the pressures and it was agreed that the next report would be enhanced further in this format and would include an indication of risk levels.

c) Serious Incidents report

The report was presented by the Executive Director of Nursing & AHPs.

The Committee Chair asked about how learning from incidents was being shared across the Trust. A discussion followed about the ways in which learning was being shared including neighbourhood teams' quality meetings and other shared learning events, and how it could be shared more widely.

The Committee also discussed the Duty of Candour regulation and how patients/families had the right to refuse to engage with any part of the Duty of Candour process, although the Trust had a statutory and contractual duty to inform them of an incident and of the process.

d) Patient safety incident report

The Executive Director of Nursing and AHPs presented the report and highlighted the learning identified from the deep dive which had taken place into complex incidents in the Health and Homeless Integrated Team (HHIT), particularly the emerging theme of lack of housing in Leeds, safeguarding and modern day slavery. The Committee Chair asked if there had been an increase in enquiries to HHIT following the television documentary about Sir Mo Farah. The Executive Director of Nursing and AHPs stated that at this stage, nothing had been reported, however the Committee would be advised should this change.

The Executive Director of Nursing and AHPs informed the Committee of the detection of Vaccine Derived Polio Virus type 2 in London sewage samples.

It was also noted that a programme of child immunisation catch-up clinics had been established and would take place during the summer holidays.

e) Risk Register

The Company Secretary presented the report and referred to Risk 877: *Risk of reduced quality of patient care in neighbourhood teams due to an imbalance of capacity and*

demand, stating that this had been reported as an extreme risk at the time of writing, but had since been reviewed and adjusted down to a score of 12.

The Company Secretary highlighted two new risks in the report:

Risk 1098: Waiting Times for routine patients in Continence, Urology and Colorectal Service (CUCS)

Risk 1109: Clinical Incident Management in Neighbourhoods. The Committee Chair stated that this risk would be further addressed at the next meeting. See QAIG issues for escalation action.

f) Medical Director's report

The Executive Medical Director presented the report highlighting the challenges of meeting expectations, standards and requirements due to the number of doctors making up such a small percentage of the workforce.

The Committee heard that Medical and Dental appraisals continued to progress well, particularly where medical staff were working in areas where they may struggle to get the full recommended numbers of patient feedback.

The Executive Medical Director spoke about the workforce data, highlighting that the age profile of the medical workforce was notably towards the older end, and they were seeing a number of staff opting to retire and return. Proactive work was ongoing to recruit, including working with trainees as they come to the end of their training scheme.

The Executive Medical Director also spoke about the work to ensure trainees were not working an inappropriate number of hours while on the ST oncall rota.

It was noted that the details of the self-assessment had not been included in this report and the Executive Medical Director proposed to sign this off on behalf of the Board, with the online login available should any further details be required. The Committee endorsed the submission of the Medical Director's statement of compliance.

g) Mortality report: Q1

The report was presented by the Executive Medical Director who highlighted the progress in regard to Learning Disability deaths and the peer review with an NHS trust in Birmingham which was underway into the Child death process.

h) Board members' service visits

The Executive Director of Nursing and AHPs presented the report which focused on a visit by the Executive Director of Nursing and AHPs and a Non-Executive Director (AL) to the (combined) Twilight Hub in June 2022. It was noted that following the visit, the hub had reverted to having three hubs in response to the risks from having a lot of staff

occupying a small space at a time when Covid-19 infection rates were rising, and the problems of the noise levels that staff were working in.

The Non-Executive Director (AL) stated that she was pleased to meet the staff and hear from them directly. It was clear from the visit to the Hub that a high level of flexibility and commitment was being displayed by staff members, which was commendable.

i) Clinical Governance report

The Executive Director of Nursing and AHPs presented the report and spoke about the Local Safer Surgery for Invasive Procedures (LocSSIP) process which had been introduced in the Musculoskeletal Service (MSK) following a never event. It was acknowledged that a request had been received from Leeds Teaching Hospitals Trust (LTHT) requesting permission to adopt this process. It was also noted that a risk assessment was being completed to assess the risk to patient safety and organisational reputation from non-compliance with the Invasive Procedures process within the Dental service.

The Executive Director of Nursing and AHPs also advised the Committee that a joint inspection had been completed in North Police Custody by Her Majesty's Inspectorate of Constabulary, Fire and Rescue Services (HMICFRS) and the Care Quality Commission. There had been some issues around requests for information, but work was ongoing to ensure that the process was clear. It was noted that initial feedback was positive, and the report would be shared in 6 to 8 weeks.

2022-23 (33)

For discussion: Clinical Effectiveness

a) Patient Group Directions

The Committee received and ratified the Patient Group Directions.

b) Clinical outcome measures project

The Executive Medical Director presented the report and spoke about the closure of the Clinical Outcomes Measures (COMs) project, which had reached the end of its three-year project life and would now be integrated into business as usual.

A Non-Executive Director (AL) asked about the Child and Adolescent Mental Health Service (CAMHS), who had self-reported as good or outstanding, and the triangulation to ensure this was accurate. The Executive Medical Director clarified that the outstanding rating was around the use of COMs, not that the clinical outcomes were outstanding.

A Non-Executive Director (IL) raised concerns around risks involved in moving the work to business as usual due to the variations in maturity between different services. There was a discussion about how this would be monitored and reported, and it was agreed that it was important for the Board and Committee to have sight of performance against

a range of outcome measures and that the conversion to business as usual needed to be robust.

The Committee agreed that outcome measures performance should be retained on its agenda through QAIG reports, performance reports and service spotlight items.

c) Clinical audit (retrospective review)

The Executive Director of Nursing and AHPs presented the report.

It was noted that there had been a decrease in audit activity within the Adult and Children's Business Units. The Executive Director of Nursing and AHPs explained that this was due to increased service pressures.

A Non-Executive Director (IL) suggested that the Specialist Business Unit (SBU) should be commended for increasing their audit activity and it was agreed that the Executive Director of Nursing and AHPs would feed this back to the business unit.

Action: SBU to be commended for increasing their audit activity

Actionee: Executive Director of Nursing and AHPs

It was agreed that future clinical audit reports would demonstrate learning and improvements from all clinical audits.

2022-23 (34)

For discussion: Patient experience

a) Patient experience report: complaints, concerns and feedback

The report was presented by the Executive Director of Nursing and AHPs who reported that complaint numbers were increasing back towards pre-pandemic levels. It was agreed that the next report would include a comparison of figures from before the pandemic and with other Trusts.

The Executive Director of Nursing and AHPs stated that the Trust was exploring the possibility of recording phone calls, as a record of the clinical advice provided by phone, beginning with the Police Custody Service.

2022-23 (35)

For noting: Sub Group minutes

a) Safeguarding Children's and Adult's Group: 16 June 2022

The Committee received the minutes.

The Executive Director of Nursing and AHPs highlighted the escalations from the minutes and noted that the Safeguarding Team were doing a brilliant job of mitigating the issues:

- Challenges and risk within the Children Looked After Service
- Overarching capacity within the wider Safeguarding Team and the current challenges within that service

b) Quality Assurance and Improvement Group: 14 July 2022 Assurance report

The Committee received the assurance report.

2022-23 (36) Policies and reports for approval or noting

a) Work plan

The Committee received the workplan.

b) Items on workplan not on agenda

An item was noted as:

- i. Committee's effectiveness and agenda composition review – deferred and to be linked to the Board Assurance Framework (BAF) work in October 2022.

2022-23 (37) Matters for the Board

Committee's assurance levels and additional comments

The Committee agreed that the overall assurance levels were reasonable with a comment on the following risk:

Risk 1.5: Overall reasonable assurance, with elements that were limited

Pressures being experienced that are within the Trust's control are being managed well. The Committee recognised that some of the systems pressures and challenges were external, and they had to be managed by the system

2022-23 (38)

Reflections on Committee meeting, including reflection on papers

The Committee Chair commented on the duplication of information in the papers.

It was suggested that a consistent summary of key issues at the beginning of the reports would be helpful.

Action: Regular authors to be reminded to ensure that the executive summary is completed

Actionee: Company Secretary

Action: Item (31a): CBU presentation to be included with minutes to provide better context for the readers of the minutes.

Actionee: Minute taker

2021-22 (39)

Any other business

The Executive Director of Nursing and AHPs informed the Committee that the Trust had escalated its OPEL level to 3e during the meeting.

Date and time of next meeting

Monday 26 September 2022 9.30am – 12.30pm (Via MS Teams)

**Business Committee Meeting
Microsoft Teams / Boardroom, Stockdale House
Wednesday 27 July (9.00 to 12.00 midday)**

Present:	Khalil Rehman (Deputy Chair)	Non-Executive Director (KR)
	Helen Thomson	Non-Executive Director (HT)
	Bryan Machin	Executive Director of Finance & Resources
	Sam Prince	Executive Director of Operations
Attendance:	Brodie Clark	Trust Chair
	Laura Smith	Director of Workforce (LS)
	Diane Allison	Company Secretary
	Frances Bedlow	Operational Head of Service (for item 35 only)
	Emma Bolton	Associate Estates Director (for item 38b only)
Apologies:	Richard Gladman (Chair)	Non-Executive Director
	Thea Stein	Chief Executive
Note Taker:	Ranjit Lall	PA to Executive Director of Finance & Resources

Item 2022/23 (34): Welcome and introductions

The Committee Chair welcomed everyone to the meeting.

a) Apologies: Please see apology recorded as above.

b) Declarations of interest

Prior to the Committee meeting, the Committee Chair considered the Trust Directors' declarations of interest register and the agenda to ensure there was no known conflict of interest prior to papers being distributed to Committee members. No additional potential conflicts of interest regarding the meeting's agenda were raised.

c) Minutes of meeting dated 29 June 2022

The minutes of Public and Private meeting dated 29 June 2022 were noted for accuracy and approved by the Committee.

d) Matters arising and review of action log

The Committee reviewed the action log and noted updates as follows:

Item 21/22 (73): Change Management Board

The agreed priority projects list going forward and receiving assurance for each of those projects had been deferred to September 2022 meeting. This was to be reviewed when the Committee Chair was in attendance who had a keen interest in the programme.

Item 22/23 (01): Lone Worker App

It was noted that the Lone Worker App discussion were scheduled to be held at the next JNCF meeting on 14 September 2022.

2022/23 (26a): Waiting lists

The Executive Director of Operations reported on the offer of choice to patients if they breached 18 week wait. She said that she was looking at the offer and how best to address it. A further update was to be provided as part of the waiting list report in a future meeting.

Item 2022/23 (35): Organisational and system context

Covid update / system pressures, vaccination programme, specific service pressures

The Committee received an update on the local situation including current infection rates, the system challenges, and the latest information on the vaccination programme. The Executive Director of Operations said that there were early indications that the current wave of Covid had peaked. There had been a number of outbreaks in care homes. There were 244 people in hospital in Leeds with Covid (but most were not admitted because of Covid) and sadly, there were 4 deaths last week from Covid.

The Public Health Guidance noted that another wave was expected in September/October 2022 and then again in January 2023. The Executive Director of Operations said that she was conscious of the impact that would have on the system. There was an expectation of an early flu season with high incidents and likely to coincide with the Covid outbreak in September/October 2022.

There were currently 300 people in hospital with no reason to reside and that was part of the challenge, hence the long waits in A&E.

In terms of the Trust there was an increase in demand, particularly around end-of-life care and staff sickness absences. The neighbourhood team had reached OPEL 3E. The incentive payment scheme had been re-instated to attract more staff to cover shifts.

The Trust Chair said he sensed real anxiety across the city, and suggested moving carefully with that, supporting the acute trust in any way possible but in a manner that it did not deplete essential services and other critical work within the Trust.

The autumn vaccination campaign was expected to commence in September 2022. The Executive Director of Operations said that a new Moderna vaccine was currently being tested specifically addressing the new variants. There was a concern about the autumn campaign because of hesitancy right at the start with the new vaccines and may have an adverse effect on take-up.

In terms of targets and funding, the Executive Director of Operations said that the funding regime was likely to change from September 2022. Any cost incurred to date would be compensated and from September 2022 the cost was per item of service. There was also a separate pot of money to bid for, specifically to address health inequalities.

Outcome:

The Deputy Committee Chair noted the various challenges, particularly with the forward-looking plan on vaccinations.

Item 2022/23 (35): Service focus

Liaison and Diversion Service

The Operational Head of Service attended the Committee meeting to present information about the Liaison and Diversion Service. She began by giving an overview of the service, the background and service development. Information about workforce, capacity and demand and the forward plan for the next 6 to 12 months in terms of service development.

The service supported vulnerable people who were in the criminal justice system who needed help to access appropriate health and social care services. The region the service operates within was Hull and East Riding, and Lincolnshire. The team had built up good relationships with stakeholders: the police, probation services, substance misuse services and the courts. Other challenges included the large geographical area the service covered, and the effect of the pandemic.

The Committee heard of the innovative recruitment programmes where value-based interviewing techniques were used to best effect. A case study of one service user was provided to demonstrate the life-changing difference this small service could make to very vulnerable people. The Executive Director of Operations said that this was a small service that made a difference to people, changing people's lives and behaviours.

The Director of Workforce (LS) admired the innovative ways to recruit people into the service and asked about the attraction and selection pipeline, and anything that had been done differently. It was noted that the Operational Head of Service and the Clinical Head of Service understood the local areas and recruitment challenges and the main difference was made by team enthusiasm, about the work they did and shared on social media with colleagues outside work. The Operational Head of Service said that they encouraged people to contact them prior to applying for the job and invited them to come into the custody suite to see what it was like.

In respond to a question from a Non-Executive Director (HT) about the timescales from referral to assessment, it was noted that generally it was immediate. When people were in custody, they were assessed there and then. Otherwise, they would be contacted within 24 to 48 hours and assessed in the community. If there was a referral from a probation service or the courts that capacity was also built into remote working.

The Trust Chair thanked the Operational Head of Service for an interesting and compelling presentation. He particularly felt the team building and partnership development between the two areas was being excellently delivered and producing positive outcomes. He continued to say that it would be good at some stage to present information about the successes achieved year on year. The Operational Head of Service welcomed those comments and agreed to explore it further.

The Deputy Committee Chair welcomed a respond around benchmarking and good practice with other services. He asked about diverse and culturally sensitive work. The Operational Head of Service committed to finding out from Commissioners, NHS England, about performance in other areas for benchmarking purposes. In respond to the diverse and culturally sensitive work, that was being planned as an area for focus and improvement in terms of the areas and population served.

Outcome:

The Committee noted the important work of this small service and that bringing a team together from staff who previously worked within various other organisations had been challenging but ultimately rewarding.

Item 2022/23 (37): Strategy and planning

a) Third Sector Strategy update report

The Executive Director of Operations introduced the Third Sector Strategy report which was progressing well. The Trust Chair had attended the last Third Sector Steering group meeting and was pleased to say that it was a positive session with people wanting to make a difference. He said the attendees came from various different places with different mindsets, cultures and approaches.

The Committee was advised that notable developments included:

- Launch of the 1 year Enhance programme with most of the 14 Third Sector delivery partners going live with referrals from 20 June 2022.
- Success in the Children's Business Unit developing a network of 3rd Sector organisations who publicise to their members the involvement opportunities across LCH Children's services and who also promote LCH's Youth Board.
- Work with BASIS (NHS Charities Together funded project which LCH partnered) to develop services' awareness and understanding about the needs of women sexworkers and/or women who are sexually exploited and the barriers they experience, develop services to be accessible and inclusive, and BASIS supporting women to access services.

A Non-Executive Director (HT) remarked that as some of the organisations develop across West Yorkshire, it was important not to lose sight of the new ones emerging through the pandemic. The

Executive Director of Operations said that the approach was that every 6-12 months any representation was discussed and welcomed to the Steering Group.

The Deputy Committee Chair commented that the Committee had received a positive assurance on progress. He was keen to see information on some of the critical issues from the Third Sector around recruitment and the cost of living and the changing landscape. There was potentially a much greater need for capacity building and support through a difficult time. A recent focus had been the heightened workforce challenges experienced widely across the Third Sector, and more information would be provided to the Committee in September 2022 meeting.

Action: (The Executive Director of Operations)

An update on the critical issues facing the Third Sector around workforce challenges including recruitment, the cost of living and the changing landscape

Outcome:

The paper represented a good progress on development and the Committee was assured about progress in implementing the year 1 implementation plan.

b) ERIC submission report (estates data collection)

Annually, the Department for Health and Social Care mandate all NHS Trusts in England to provide information relating to the cost of providing, maintaining, and servicing NHS estate, which is called the Estates Return and Information Collection (ERIC).

The Committee was advised that sites with no inpatient beds and a gross internal floor area of 500m² or more are to now be reported as individual sites, whereas in previous collections they would have been included in the 'Other reportable sites' return. For LCH this meant that the individually reported sites had increased from 2 in 2020/21 to 29 in the 2021/22 return.

The Committee discussed the challenges in collating all the information and the benefits of receiving the benchmarking data. Work had commenced to understand differences in costs per site and when the national data was made available, this would be utilised to understand any outliers from the benchmarked data. The results of the benchmarking exercise would be available in the autumn.

Outcome:

The Committee noted and recognised a shift in the way the methodology was applied and data on its value and was looking forward to receiving an update in September/October 2022 depending on validation by NHS England.

Item 2022/23 (38): Change Management and Projects

a) Change Management Board update (projects update)

The LCH Change Programme was launched in April 2022 to bring all major pieces of change and transformation work together into a comprehensive change programme, aligned to organisational priorities. The programme was overseen, on a monthly basis, by the Change Management Board, which received exception reports from change projects. The Executive Director of Operations advised the Committee that there were no particular issues to report.

Outcome:

The Committee reviewed the information presented and was assured that projects were being progressed.

b) Business case: new Head Office
(Please see private minutes)

Item 2022/23 (39): Business and commercial

a) Procurement of an online CBT Provider
(Please see private minutes)

b) 5-year Konica multifunction printer contract

The Executive Director of Finance and Resources said that the service delivered was satisfactory and that there were no issues with quality. He said the key issues were the changing nature of the working environment and sustainability. The Deputy Committee Chair said that the paper was clear and self-explanatory.

Outcome:

The Committee noted the content of the paper and approved the award of a contract to Konica for multi-function printers over a 5-year term.

Item 2022/23 (40): Performance Management

a) Performance Brief and Domain reports

The Executive Director of Finance and Resources introduced the report and said that there were no issues of concern. The main issues for consideration were detailed in the paper.

The Business Committee was informed that the Quality Committee had considered the Safe and Caring domains at its meeting on 25 July 2022, particularly in terms of serious incidents and the backlog of investigations.

The Deputy Committee Chair asked about ethnicity dataset and the timeline for sharing, and it was noted this would be available in the autumn.

The Trust Chair was concerned about the cancelled or re-scheduled visits which were being reduced but not eliminated.

In respond to the Deputy Committee Chair's question about diagnostic pathways, the Executive Director of Operations said some funding had been invested into the Children's Audiology service to support their backlog reduction which was showing an improvement.

Effective and responsive domain

The Committee noted the data and progress and challenges. A positive family and friends test results.

Well-led

The Committee discussed the possible reasons behind the number of staff leaving within the first 12 months of their employment and the work being undertaken to support new staff.

The Director of Workforce (LS) said that within the first 12 months of employment there was always a higher risk of staff leaving than any other time in employment, either quickly securing promotion or move to a higher paid job elsewhere. Onboarding processes were in place making sure people were looked after as they came into the organisation for those critical few weeks and months. The Director of Workforce (LS) said that she was seeing positive improvements in retention right across the organisation, including with new starters. The new starter forum was also having an impact, checking in with people within their first 3 months where issues are picked up, mainly relate to frustrating systems and access issues so those are getting increasingly better.

The Committee was interested in knowing more about the recent recruitment of international nurses and any lessons learnt and shared about this. This will be included in a future Workforce report.

The 7 international recruits were doing well and had been buddied up with staff. The nurses were currently working towards their Objective Structured Clinical Examination (OSCE) and hopefully secure their Nursing Midwifery Council pin number to register and practice in the UK. The Director of Workforce (LS) said that everything was considered to support this cohort. She continued to say that in addition to working closely with Leeds Teaching Hospitals NHS Trust she was also working across all community services in West Yorkshire and Harrogate as part of the community forum for Integrated Care Systems, chaired by this Trust's Chair to make sure that community

staff coming in from abroad have the best possible experience.

In view of the lessons learnt and progress, the Deputy Committee Chair said he would welcome a follow-up report on international recruitment, on what went well and what could be done better, etc. He also supported helping people become accredited and then to become registered. He said he was thinking of postgraduate students who may have some clinical background and potentially be interested in this kind of career pathway. The Director of Workforce (LS) offered to have an off-line conversation.

There were discussions around intelligence and insight with the recent pay award announcements. The Director of Workforce (LS) said that on average it equated to about 4.8% on the NHS pay bill and that it was tapered. She said that the very bottom of the pay scales, the very lowest paid in the NHS will be receiving around 9% and at the very top of the pay scales on top of band 9 will receive an award equivalent to just over 1%.

Outcome:

The Committee noted the Performance Brief reports for June 2022. There was a sense of assurance around tackling turnover.

b) Operational and non-clinical risk report

The summary report detailed the changes to non-clinical risks on the risk register and noted one risk had been added to the risk register and two risks had been escalated. The Company Secretary highlighted that the neighbourhood teams' capacity and demand risk was recorded as extreme in the paper however the risk was being reviewed and considered to be a high risk scoring 12 instead. She highlighted the IT helpdesk and support capacity risk.

Outcome:

The Committee noted the recent revisions made to the Trust risk register that were being appropriately managed.

c) Finance quarterly report including PBP (presentation)

(Please see private minutes)

d) Partnership Traded Contract Performance 2021/22

There were six services the Trust delivered in formal partnership with other providers. Five of these were within the Specialist Business Unit. The services are the Leeds Sexual Health service, the Leeds Mental Well-being service, the Forensic Youth Service, the Humber Court Liaison and Diversion service and the Tier 3 Weight Management service. The final service is the Community Care Beds Service (CCBS) providing 30 general and 10 dementia care beds in the Adult Business Unit. The Committee was apprised of the financial performance of each service: three services had made a profit, two had made a loss and one had broken even.

Outcome:

The Committee noted the 2021/22 partnership contracts impact for Leeds Community Healthcare NHS Trust.

e) Health and Safety Compliance report

This report provided the Committee with details of the review of the health and safety management arrangements, legal compliance, accident performance data and health and safety activities and described further planned activities which were required to strengthen the management system and fulfil the Trust's health and safety obligations.

The Committee queried the areas of non-compliance noted in the report. It was explained that there was currently a much greater focus on audit rather than inspection, and this would continue to identify areas of non-compliance and prioritise the actions required to mitigate risks to staff and others. The Committee remained concerned and has requested that regular update reports are received to provide assurance of progress and highlight areas of risk.

The Trust Chair said he still remained concerned; it describes the Trust as being non-compliant in

certain areas as health and safety staff were being increasingly reactive rather than being able to focus on the longer-term issues. He invited an urgent action being taken to get some of the non-compliant areas back into a state of the compliance that would make the Trust safe and in line with legislation going forward.

The Executive Director of Finance and Resources said that the fire risk assessment programme had been extended to June 2023 and that he was continuing to review alternative ways of doing that including buying in external resource to progress that sooner and actively looking at how to bring that programme forward. There was a priority order for completion of fire risk assessments.

The Deputy Committee Chair supported the Trust Chair's concern and asked about the timescales of becoming compliant. The Company Secretary said that the Trust had not previously undertaken such an in-depth health and safety audit programme as was being carried out at the moment. The methodology was more resource intensive than simply carrying out a programme of inspections. The audits were being prioritised based on risk. Individual action plans were being created following each audit and actions were then also being prioritised by risk. Once the audit programme was completed, this would put the Trust in a much better position.

A Non-Executive Director (HT) said that a report on how progress was being made would be helpful rather than having a regularly report of non-compliance, over the next two years. The Committee agreed to the suggestion of regular updates demonstrating progress and doing everything that can be done. The key issue was the risk of serious harm.

Outcome:

The Committee noted the progress made with implementing the health and safety management system and arrangements and that a risk-based approach was being taken.

f) Safe staffing report

The report sets out progress in relation to maintaining safe staffing over the last six months. It provided assurance to the Board in relation to the effect of staffing pressures on services and how these were being mitigated. The safe staffing report was considered by the Quality Committee on 25 July 2022.

Outcome:

The Committee noted the content of the report and its recommendation.

g) EU Exit plan report

The Committee was updated on the impact of the UK's exit from the European Union (EU Exit) on workforce issues following the introduction of the EU Settlement scheme and recruitment of EU nationals since leaving the European Union on 31 January 2020. The report reflected the positive news that the Trust had not had any staff affected by the changes required to live and work in the UK and the workforce had seen an increase in the number of EU nationals employed by the Trust.

Outcome:

The Committee noted the preparation and support to staff were provided in preparation for EU Exit and applying for EU settled status and the ongoing work to continue to recruit staff from the EU.

h) Workforce quarterly report

The report provided an update from the Workforce portfolio, with a particular focus on wellbeing, resourcing, leadership and equality, diversity & inclusion. The Trust continued to operate in a context of higher than usual sickness absence, exacerbated by Covid infection rates across the region during quarter one. With increasing fuel costs and a high inflation rate, there was a strong focus on financial wellbeing at present. The Equality Diversity & Inclusion Forum had grown in size and reach, with key pieces of work being developed including a "No Bystanders" summit scheduled for the autumn.

Outcome:

The Committee noted the content of the report.

<p>Item 2022/23 (41): Minutes to note</p> <p>Health and Safety Group Chair approved minutes from 23 June 2022 The Committee noted the minutes from the Health and Safety Group meeting held on 23 June 2022.</p>
<p>Item 2022/23 (42): Matters for the Board and other Committees</p> <p>Assurance levels (see strategic risk table) The Committee reviewed and discussed the levels of assurance for the strategic risks related to the agenda items. A reasonable level of assurance had been provided on all the papers and topics discussed in today's meeting.</p> <p>The Committee Chair would brief the Trust Board on the updates relating to:</p> <ul style="list-style-type: none"> • Organisational and system context • Liaison & Diversion Service • Third sector strategy update report • ERIC submission report (estates data collection) • Business case: new Head Office • Fire Risk Assessments • Procurement of an online CBT Provider • 5-year Konica multifunction printer contract • Performance Brief and Finance • Health and Safety Compliance report • Workforce quarterly report
<p>Item 2022/23 (43): Business Committee Governance</p> <p>Future work plan The Committee reviewed and noted the work plan and rescheduled deferred items.</p> <p>Deferred items from workplan Estates Strategy 2019-24 (action update and priorities)</p>
<p>Item 2022/23 (45): Any other business</p> <p>None discussed.</p>