Bundle Public Board Meeting 2 December 2022

	Agenda
	Final Agenda Public_Board_Meeting_2 December 2022 28 11 2022.docx
83	09:00 - Welcome, introductions and apologies:
84	Declarations of interest
85	Questions from members of the public
	Minutes adoption for approval
86	09:10 - Minutes of previous meeting and matters arising:
86.a	Minutes of the meetings held on 2 October 2020
	Item 86a Draft Public Board minutes 7 October 2022.docx
86.b	Actions' log
	Item 86b Public Board Actions log 2 December 2022.doc
87	09:15 - Patient's story: Linda's story video
88.a	09:35 - Chief Executive's report
	Item 88a CEO report - Dec 2022.pdf
88.b	Wharfedale Hospital Rehabilitation Beds
	Item 88bi Rapid Mobilisation of Wharfedale Recovery Hub.docx
	Item 88bii Rapid Mobilisation of Wharfedale - appendix I.pptx
	Item 88biii Wharfedale risk log (appendix 2).docx
89	09:45 - Seasonal Resilience and system flow
	Item 89 System Flow - December 2022.docx
90	10:00 - Committee Chairs' Assurance Reports:
90.a	Audit Committee: 14 October 2022
	Item 90a AC Chairs assurance report Oct 2022.docx
90.b	Quality Committee: Quality Committee: 24 October 2022 and 21 November 2022
	Item 90a Quality Committe Chairs assurance report Oct 2022.docx
	Item 90bii QC Chairs assurance report Nov 2022.docx
90.c	Business Committee: 26 October 2022 and 23 November 2022
	Item 90c Business Committee Chairs assurance report October 2022 Public.docx
	Item 90cii Business Committee Chairs assurance report Nov 2022.docx
90.d	West Yorkshire (WY) Integrated Care System (ICS) Mental Health, Learning Disability & Autism (MHLDA) Committee-in-Common – 27 October 2022
	Item 90d WYMHLDA Committees in Common_AAA Report_27.10.22.pdf
91	10:15 - Performance brief: October 2022
	Item 91i Performance brief cover paper.docx
	Item 91ii Performance Brief - October 2022 v1.2.docx
92	10:25 - Significant Risks and Board Assurance Framework (BAF) Summary Report
	Item 92 Significant risks and Board Assurance Framework (BAF) Board December 2022.docx
93	10:35 - Guardian for Safe Working Hours Report - Dr Nagashree Nallapeta presenting
	Item 93 GoSWH Quaterly report December2022.docx
94	10:50 - Health Equity Strategy update
	Item 94 Board update HE data Dec 2022 v3.3 final.pdf
95	11:00 - NHS provider licence consultation
	Item 95i Consultation on the Provider Licence Dec 2022.docx
	Item 95ii Part A Provider-licence-consultation-notice-october-22.pdf
	Item 95iii Part B Provider-licence-consultation-notice--nhs-provider-licence-october-22.pdf
96	11:10 - Equality and Diversity annual report 2021-22

Item 96 Annual Workforce Equality Diversity report 2021-22 - Trust Board 2.12.2022.docx

97 11:20 - Engagement Strategy - revised approach – reviewed by Quality Committee November 2022

Item 97 Engagement Strategy approach Nov 22.docx

98 11:30 - Review of standing orders and standing financial instructions

Item 98 Review of SOs and SFIs Dec 2022 TB V2.doc

99 11:35 - West Yorkshire Mental Health, Learning Disability & Autism Collaborative Committees in Common (CinC) – revised terms of reference

Item 99i MHLDA CiC – Revisions to the ToR Cover paper Dec 2022.docx

Item 99ii draft MHLDA CinC Terms of Reference for approval 22-23_.pdf

100 11:40 - Use of the Company Seal

Item 100 Use of Seal Aug-Nov 2022.docx

101 11:45 - Annual General Meeting 20 September 2022 - minutes

Item 101 Draft minutes AGM 2022.docx

102 11:50 - Any other business -questions on Blue Box items

103 Close of the public section of the Board

104 Blue Box - Mortality report quarter 2 – reviewed by Quality Committee November 2022

Item 104 Mortality report Q2 22.docx

Item 104i Adult Mortality Report Q2 22 23 final.docx

Item 104ii Child Mortality Q2 22 23 v2 (for QC).docx

105 Blue Box - Quality Strategy update– reviewed by Quality Committee November 2022

Item 105 Quality Strategy Update Nov 2022.docx

106 Blue Box - Board workplan

Item 106 Public Board workplan 2022-23 v7 24 11 22.pdf

107 Blue Box- Approved minutes and briefing notes for noting:

107.a Quality Committee: 26 September 2022 and 24 October 2022

Item 107ai QC approved PUBLIC minutes 26 September 2022.docx

Item 107aii Quality Committee approved minutes 24 October 2022.docx

107.b Business Committee: 28 September 2022 and 26 October 2022

Item 107bi BC approved public minutes 28 September 2022.docx

Item 107bii Business Committee Minutes 26.10.22.docx

107.c Scrutiny Board (Adults, Health & Active Lifestyles) – 18 October 2022

Item 107c Scrutiny Board AdultsHealth Active Lifestyles 18 October 2022.pdf

NHS
Leeds Community Healthcare
NHS Trust

Agenda Trust Board Meeting Held In Public

BOARDROOM STOCKDALE HOUSE

Date 2 December 2022
Time 9:00am – 12.00noon
Chair Brodie Clark CBE, Trust Chair

AGENDA			Paper
2022-23 83	9.00	**Welcome, introductions and apologies:** *(Trust Chair)* **Observers:** Sarah Seager, Neighbourhood Physiotherapy Lead Mark Holmes, Care Quality Commission Apologies: Alison Lowe OBE	**N**
2022-23 84		**Declarations of interest** *(Trust Chair)*	**N**
2022-23 85		**Questions from members of the public**	**N**
2022-23 86	9.10	**Minutes of previous meeting and matters arising** *(Trust Chair)* *For approval*	
86a		Minutes of the meeting held on: 7 October 2022	**Y**
86b		Actions' log 7 October 2022	**Y**
2022-23 87	9.15	**Patient story: Linda's story**	**N**
QUALITY AND DELIVERY			
2022-23 88	9.35	**a) Chief Executive's report** *(Thea Stein)* **b) Wharfedale Hospital Rehabilitation Beds** *(Sam Prince)*	**Y** **Y**
2022-23 89	9.45	**Seasonal Resilience and system flow** *(Sam Prince)*	**Y**
2022-23 90	10.00	**Committee Chairs' Assurance Reports:**	
90a		Audit Committee: 14 October 2022 *(Khalil Rehman)*	**Y**
90b		Quality Committee: 24 October 2022, 21 November 2022 *(Helen Thomson)*	**Y**
90c		Business Committee: 26 October 2022, 23 November 2022 *(Richard Gladman)*	**Y**
90d		Mental Health, Learning Disability & Autism Committee-in-Common – 27 October 2022 *(Brodie Clark)*	**Y**
2022-23 91	10.15	**Performance Brief: October 2022** *(Bryan Machin)*	**Y**
2022-23 92	10.25	**Significant Risks and Board Assurance Framework (BAF) Summary Report** *(Thea Stein)*	**Y**
2022-23 93	10.35	**Guardian of Safe Working Hours quarterly report 2022-23** *(Dr Nagashree Nallapeta presenting)*	**Y**
BREAK			

2022-23 94	10.50	**Health equity** Update report including an analysis of waiting times disaggregated by ethnicity and deprivation *(Ruth Burnett)*	**Y**
2022-23 95	11.00	**NHS provider licence consultation** (Thea Stein)	**Y**
		SIGN OFF/APPROVAL	
2022-23 96	11.10	**Equality and Diversity Annual Report 2021-22** *(Jenny Alllen/Laura Smith)*	**Y**
2022-23 97	11.20	**Engagement Strategy - revised approach – reviewed by Quality Committee November 2022** *(Steph Lawrence)*	**Y**
2022-23 98	11.30	**Review of standing orders and standing financial instructions** *(Bryan Machin)*	**Y**
2022-23 99	11.35	**West Yorkshire Mental Health, Learning Disability & Autism Collaborative – revised terms of reference** *(Brodie Clark)*	**Y**
2022-23 100	11.40	**Use of the Company Seal** **(***Thea Stein)*	**Y**
2022-23 101	11.45	**Annual General Meeting minutes – 20 September 2022** *(Brodie Clark)*	**Y**
		CLOSE	
2022-23 102	11.50	**Any other business and questions on Blue Box items** (Trust Chair)	**N**
2022-23 103	12.00	**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)		
2022-23 104	**Mortality report quarter 2 – reviewed by Quality Committee November 2022**	**Y**
2022-23 105	**Quality Strategy update– reviewed by Quality Committee November 2022**	**Y**
2022-23 106	**Board workplan – to note**	**Y**
2022-23 107	**Approved minutes and briefing notes for noting – all approved by the respective committees :** *(Brodie Clark)*	**Y**
	a) Quality Committee – 26 September 2022 and 24 October 2022 b) Business Committee – 28 September 2022 and 26 October 2022 c) Scrutiny Board (Adults,Health & Active Lifestyles) – 18 October 2022	**Y** **Y** **Y**

Leeds Community Healthcare NHS Trust

Trust Board Meeting held in public: 2 December 2022

Agenda item number: 2022-23 (86a)

Title: Draft Trust Board meeting minutes 7 October 2022

Category of paper: for approval
History: N/A

Responsible director: Chief Executive
Report author: N/A

Attendance

Present:	Brodie Clark CBE	Trust Chair
	Thea Stein	Chief Executive
	Richard Gladman (RG)	Non-Executive Director
	Professor Ian Lewis (IL)	Non-Executive Director
	Helen Thomson (HT)	Non-Executive Director
	Khalil Rehman (KR)	Non-Executive Director
	Bryan Machin	Executive Director of Finance and Resources
	Sam Prince	Executive Director of Operations
	Dr Ruth Burnett	Executive Medical Director
	Steph Lawrence MBE	Executive Director of Nursing and Allied Health Professionals (AHPs)
	Laura Smith	Director of Workforce, Organisational Development and System Development (LS)
Apologies:	Alison Lowe OBE	Non-Executive Director
	Jenny Allen	Director of Workforce, Organisational Development and System Development (JA)
In attendance:	Rachel Booth (RB)	Associate Non-Executive Director
	Diane Allison	Company Secretary
Minutes:	Liz Thornton	Board Administrator
Observers:	Dr Dave Kirby	Deputy Medical Director, Leeds Community Healthcare NHS Trust
	Gemma Cannon	Nurse Specialist, Leeds Community Healthcare NHS Trust
	Meg Polese	HR Graduate Trainee, Leeds Community Healthcare NHS Trust
Members of the public:	None present	

Item 2022-23 (62)

Discussion points:

Welcome introduction, apologies and preliminary business

The Chair of Leeds Community Healthcare opened the Trust Board meeting held in public at a community venue; The Cardigan Centre in Headingley, Leeds.

He welcomed three members of the Trust's staff who were attending as observers.

Apologies

Apologies were received and accepted from Alison Lowe OBE, Non-Executive Director, and Jenny Allen, Director of Workforce, Organisational Development and System Development.

Item 2022-23 (63)

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.

Item 2022-23 (64)

Discussion points:

Questions from members of the public

There were no questions from members of the public.

Item 2022-23 (65)

Discussion points:

Minutes of the last meetings, matters arising and action log.

a) Minutes of the meeting held on 5 August 2022

The minutes were reviewed for accuracy and agreed to be a correct record.

b) Actions' log

There were no actions or matters arising to address.

Item 2022-23 (66)

Discussion points:

Patient's story: Dee and Tilly

A mother and child attended the Board meeting to share their story. The little girl has a rare genetic disorder and complex specialist needs. They shared their experience of the Integrated service for Children with Additional Needs (ICAN) service provided by the Trust, and the wider care pathway which involved other NHS trusts. The mother described the roles of the teams who were involved with her child's care and the current support available. She spoke of the need for all clinicians across the care pathway to see the person and not just the medical condition. She spoke very highly of the Trust's staff who had made a huge difference to the family's experience – the speech and language service, dietitians, and occupational therapists. She also spoke of the difference that the Eye-Gaze communication aid had made to her daughter's ability to communicate and interact with others. The Board undertook to look into the areas of NHS care across all the Trusts involved where the mother suggested how care could be improved. These were:

Action: Executive Medical Director to meet with patient's mother to understand better the concerns she raised in regard to consultants

Action: Executive Director of Nursing and AHPs to follow up on the blended diet issues raised within the patient story.

Progress against these actions would be monitored by the Quality Committee.

The Trust Chair thanked the family for attending the Board meeting to share their story and for the positive comments about the staff in the Trust and the support offered to them on what was a very challenging journey. He provided assurance that officers would follow up on the areas where care could be improved.

Item 2022-23 (67)

Discussion points:

Chief Executive's report

The Chief Executive presented her report which focussed 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

The Chief Executive highlighted the recent 'No Bystanders' event. Its objective was to identify actions to make sure that when people do experience abuse, harassment or discrimination in the course of their work, they feel confident and supported to take action.

Non-Executive Director (RB) asked what about the next steps in term of the actions arising from the event.

The Chief Executive said that a number of proposed actions had arisen from the event on a range of matters including cultural awareness and the clarity and accessibility of support mechanisms. She added that these would be considered by the Equality, Diversity and Inclusion Forum at its October 2022 meeting.

Non-Executive Director (RB) asked whether there was any indication about how the cost of living crisis was impacting on staff and their health and wellbeing.

The Chief Executive said that it was clear that the current situation was impacting on many people's personal finances and consequently their health and wellbeing. A range of advice and support and offers had already been made available to staff and these were well publicised. The Trust would continue to explore what additional support could be provided for staff to improve their financial stability and support their health and wellbeing.

Non-Executive Director (KR) asked what influence the Trust had on changes to the whole reward package. He was interested to know if the Trust had considered introducing a 'Benefit In Kind' gift to staff.

The Chief Executive said that the Trust was able to provide feedback on reward strategies and incentives via NHS Employers and NHS Provider networks. She added that the current financial rules in the NHS precluded a 'Benefit in Kind' gift scheme.

Outcome: the Board

- received and noted the Chief Executive's report.

Item 2022-23 (67)

Discussion points:

Seasonal resilience ('winter planning') and system flow

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:

- Overall, the systems in the city were reported and stressed with all organisations were under significant pressure.
- At the 6 October 2022, 278 patients were reported as 'no reason to reside' in hospital.
- The Transfer of Care Hub is fully operational on the site at Leeds Teaching Hospitals NHS Trust (LTHT) and was working well.

She spoke about the city's planning and modelling for rises in covid cases, flu and other seasonal viruses over winter which would result in the need for additional beds:

- LTHT opening two additional surge wards in January 2022
- The system was commissioning 30 care beds at Adel Manor Care Home.

Leeds Community Healthcare's contribution to support community capacity included:

- The virtual ward supporting over 40 patients per day with plans to increase the number to 65.
- The Trust was meeting the 2 hour Urgent Community Response for 70% of referrals and interrogating the data on the other 30% and looking at lessons learnt.
- Neighbourhood Model Transformation Programme was progressing well with evidence of improvements in allocation, triage and managing referrals across the city.

The Board discussed pressures on staffing and the Trust's capacity to provide sufficient staffing resources to support the increase in pressure over the coming months.

Non-Executive Director (HT) asked what lessons the Trust had learnt from re-deploying of staff during the pandemic.

The Executive Director of Operations said that Trust had undertaken an extensive review, listened to feedback from staff and taken on board lessons learnt. The Trust was exploring how to improve the flexibility and resilience of the workforce. Many staff had enjoyed and valued the experience of working in other areas during the pandemic and developing new skills in a new environment. As a result, the Trust has developed the STaR volunteer scheme to enable individuals to identify themselves as willing volunteers to support services when necessary.

The Board thanked the Executive Director of Operations for presenting the verbal update report and welcomed the developments and plans already in place. It was agreed that it would be helpful for the Board to receive more formal headline updates to provide further assurance possibly as part of the Performance Brief reports.

Action: The Executive Director of Operations to consider how to present formal headline information on system flow to the Board at future meetings.

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

Item 2022-23 (69)

Discussion points:
Assurance reports from sub-committees

a) – Nominations and Remuneration Committee 16 September 2022
The report was presented by the Trust Chair as Chair of the Committee, and the key issues discussed were highlighted, namely:

- Payment of the national pay awards including the nationally agreed 3% for Very Senior Managers.
- Temporary local adjustments for mileage rates – additional 10p per mile extended to the end of October 2022.
- The Committee considered a comprehensive report detailing the evaluation of the effectiveness of the incentive package used through the winter and beyond.

b) – Charitable Funds Committee 16 September 2022
The report was presented by the Trust Chair, who highlighted the key issue discussed, namely:

- Future developments: a positive conversation had taken place with the Leeds Cares Charity at Leeds Teaching Hospitals NHS Trust about the potential for the charity to become part of Leeds Cares.

c) – Quality Committee – 26 September 2022
The reports were presented by the Deputy Chair of the Committee, Non-Executive Director (IL), the key issues discussed were highlighted, namely:

- Service focus: Implementing of E-Prescribing**:** the Committee was pleased to see that positive progress had been made and look forward to receiving an evaluation report on the benefits to patients and staff as roll out continued.
- Cancelled and rescheduled visits: the Committee received an update on the latest audit a further update would be provided in January 2023.
- Engagement Strategy update: the Committee reviewed the Strategy and asked for further work to be done before the strategy evolved into 'business and usual'.

The Board noted that the items discussed on the agenda had allowed the Committee to assign a mix of **Limited** and **Reasonable** levels of assurance to the risks allocated to the Committee.

d) – Business Committee – 28 September 2022

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

- Service Focus: Emergency Preparedness, Resilience and Response: the Emergency Planning Manager attended the meeting 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. 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 continues at pace, plans for the redevelopment of Burmantofts Health Centre are progressing and funding discussions are ongoing. 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.

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

Outcome: the Board

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

Item 2022-23 (70)

Discussion points:

Performance Brief : August 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.

Detailed questions and discussion had taken place on the Performance Brief at both the Quality and Business Committees.

The Board noted Appendix 1 of the report and the potential financial impact of not meeting some of the performance measures the majority of which related to the 0-19 Service.

The Executive Director of Operations acknowledged that currently the Service was facing a number of challenges primarily related to the national shortage of Health Visitors. She advised that the position in the Trust was reflected nationally and the Care Quality Commission had identified 0-19 services as an area of focus.

The Executive Director of Finance and Resources provided a brief update on Trust's Financial position. The Board was advised that the Trust is currently living within its financial resources. He added that a comprehensive update on the the current financial forecast for the Leeds health system, and early projections on underlying deficits of each organisation had been presented to the Business Committee in September 2022.

The Trust Chair thanked the Executive Director of Finance and Resources for his helpful update and for raising awareness of discussions across the city.

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

Outcome: the Board:

- noted the levels of performance in August 2022.

Item 2022-23 (71)

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 report provided information about risks currently scoring 15 or above, after the application of controls and mitigation measures. It also provided a description of any movements in risk scores since the Board received the last report in August 2022.

The Board noted recent changes to the risk register as follows:

- One extreme risk scoring 15 related to the Looked after children offer.
- One risk scoring 12 or above had been added to the risk register since the last report related to the Electronic Patient Record Outage.
- One risk had been escalated:
  - capacity pressures in the Neighbourhood Teams impacting delivery of the full range of clinical supervision and annual appraisals.
- One risk had been de-escalated from a score of 12 related to Diabetes Service waiting times.

The Board noted the controls in place and actions planned for the new extreme risk relating to the looked after children health offer which included seeking a further two days a week support from a Bank Nurse, drafting a service review paper and raising the issue of looked after children health needs with the Population Board.

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.

Item 2022-23 (72)

Discussion points:

Trust Priorities - update

The Board received a mid-year progress update against the four priorities agreed for 2022/23 and the projects underpinning them. The priorities are:

- We will be responsive to the needs of our populations as we continue to rebuild our services back better
- We will continue to rebuild our services with a focus on our waiting list backlogs and continuous improvement.
- We will build and deliver a resourcing plan to ease the burden on staff.
- We will work pro-actively across the Leeds Place to improve health outcomes.

Outcome: the Board

- noted the significant progress being made against the Trust's priorities for the year and recognised the contribution that the Trust's staff have made to that progress.

Item 2022-23 (73)

Discussion points:

Patient Safety Strategy

The Board received a six-monthly update of progress against the national Patient Safety Strategy. The Executive Director of Nursing and Allied Health Professionals (AHPs) reported that the Trust had joined the relevant national meetings where details of the Patient Safety Incident Response Framework and Plan have been shared for the phased implementation over 12 months from September 2022. During the last six months the Trust has developed some of the infrastructure needed for the implementation of the Framework including:

- Patient Safety Partners - discussions to consider an Integrated Care Board wide approach to partners.
- Patient Safety Strategy Implementation Team - a Steering Group has been established.
- Learning from Patient Safety Events (LPSE) – replacing the current National Reporting and Learning System (NRLS) and Strategic Executive Information System (StEIS)

The Board noted that there remained significant work to do to complete the planning and implementation required to establish the Patient Safety Incident Response Framework and Response Plan in the Trust but received assurance that work was continuing to achieve full implementation.

Outcome: the Board

- noted the update report.

Item 2022-23 (74)

Discussion points:

Sustainability update

The Board received the report which covered all the progression and projects commenced since the approval of the Green Plan in March 2022, including:

- Carbon profile comparisons – Quarter 1-2 carbon emissions for 2021 and 2022
- Progress in the four carbon dense areas of the Trust
  - Procurement
  - Building and Estates
  - Travel
  - Waste
- Overview of the projects and ambitions moving forward.

Outcome: the Board

- noted the contents of the report and the progress being made.

Item 2022-23 (75)

Discussion points:

Workforce Disability Equality Standard and Workforce Race Equality Standard annual reports 2021-22 and action plans

The Director of Workforce, System Development and Organisational Development (LS) presented the report which outlined the progress made on the Workforce Disability Equality Standard (WDES) and Workforce Race Equality Standard (WRES) over the last 12 months and asked the Board to approve the action plan for 2022-23 for publication on the Trust website.

The Board noted that the report and action plans had been reviewed in detail and recommended for publication by the Business Committee on 28 September 2022 .

The Board welcomed the positive progress made but recognised that the data showed there was still a significant amount of work to do before the Trust was truly representative and to fully eradicate disparity in experience.

Non-Executive Director (KR) observed that the Business Committee had asked for the targets in the 2022-23 action plan and the measurements against to be sharpened before final publication. The Chair supported that point, asking for more defined objectives and success criteria.

Action: Targets in the 2022-23 action plan and the measurements against to be sharpened before final publication with more defined objectives and success criteria.

Responsible officer: Director of Workforce, System Development and Organisational Development (LS).

O**utcome:** the Board

- Noted the progress of the WDES & WRES action plans 2021/22 made over the last 12 months, and that the WDES and WRES action plans 2022/23 provided assurance that the Trust meets the requirements of the NHS Standard Contract and will progress race and disability equality in the Trust.
- Subject to amendments in line with 'objectives definition', it approved the WDES and WRES action plan 2022/23 prior for publication on the Trust website.

Item 2022-23 (76)

Discussion points:

Nominations and Remuneration Committee terms of reference

The Trust Chair introduced the report. He explained that the Committee's terms of reference required an amendment, as currently there was no reference to the Board's scheme of delegation, which was an important consideration when the Committee discussed matters that have a financial implication.

The revised wording was reviewed by the Committee on the 16 September 2022 and recommended for approval by the Board.

The Board discussed the need for agreeing the financial cost of staff incentives in advance to ensure they were affordable and targeted to produce maximum benefit.

Outcome: the Board

- approved the amendments to the terms of reference.

Item 2022-23 (78)

Discussion points:

Any other business and close

The Trust Chair referred Board members to the additional Blue Box items (79 – 82) 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.

The Chief Executive took the opportunity to refer to the abuse exposed by a recent Panorama programme where an undercover reporter filmed staff assaulting, inappropriately restraining, secluding and verbally abusing patients in a medium secure hospital run by an NHS Trust in Manchester.

She reminded the Board about the work already undertaken in the Trust to root out toxic and closed cultures at work. She provided assurance that there was no complacency in this area and there was ' it could happen here' approach. She added that she was confident that the voices of patients and families were heard and that the Trust's Freedom to Speak Up mechanisms empowered staff to raise concerns where appropriate.

The Executive Director of Nursing and AHPs reported that she would be meeting with colleagues at the three local mental health trusts to speak about the work and actions Leeds Community Healthcare had undertaken to address 'closed cultures'.

The Trust Chair closed the meeting at 12.30pm

Date and time of next meeting
Friday 2 December 2022 9.00am-12.00 noon
Boardroom Stockdale House

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

AGENDA ITEM 2022-23 (86b)

Leeds Community Healthcare NHS Trust
Trust Board meeting (held in public) actions' log: 2 December 2022

Agenda Item Number	Action Agreed	Lead	Timescale	Status
2 December 2022				
2022-23 (67)	**Seasonal resilience ('winter planning') and system flow:** to consider how to present formal headline information on system flow to the Board at future meetings.	Executive Director of Operations	2 December 2022	Update on 2 December
2022-23 (75)	**Workforce Disability Equality Standard and Workforce Race Equality Standard annual reports 2021-22 and action plans:** targets in the 2022-23 action plan and the measurements against them to be sharpened before final publication with more defined objectives and success criteria.	Director of Workforce, System Development and OD (LS).	Post meeting	Update on 2 December

Actions on log completed since last Board meeting on 7 October 2022	
Actions not due for completion before 2 December 2022; progressing to timescale	
Actions not due for completion before 2 December 2022; agreed timescales and/or requirements are at risk or have been delayed	
Actions outstanding at 2 December 2022; not having met agreed timescales and/or requirements	

Trust Board meeting held in public: 2 December 2022

Agenda item number: 2022-23 (88)

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:

- Our strategic intent for the coming years.
- Care Notes outage (update)
- Cost of Living Crisis
- Industrial Action
- Engaging with our staff
- Joint Negotiating and Consultative Forum development session
- Hyper local recruitment
- Health Service Journal awards shortlist (Staff Wellbeing category)

Appendix A: Our vision, values, behaviours and strategic priorities

Appendix B: Summary of our overall strategy

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. Developing our strategy

Over the last two months the Board has met, together with senior colleagues across the Trust to reflect on our current strategy, to consider in detail our strategy around digital and to confirm our strategic intent for the coming years.

We have considered carefully the current external environment both nationally and within Leeds and the West Yorkshire Integrated Care System (WY ICS) in developing our framework and priorities.

We have reconfirmed our vision, values, behaviours and strategic priorities (see appendix A) and our summary on a page of our overall strategy (see appendix B). In February 2023 we will present a final document to the Board for consideration and agreement following further conversation and consultation with staff within the organisation.

We agreed that we are ambition and optimistic for the future and see the next years as a period of development, growth and opportunity. Within that we have agreed a framework for how we approach and consider our future, recognising that no framework is absolute. The framework will be high level and guiding, assisting us with making decisions based on robust considerations.

We have agreed in principle four guiding pillars of the framework:

- The opportunity continues to ensure a financially sound framework
- There is a sustainable/viable creative workforce pipeline
- We have relevant operational/clinical/medical leadership or can partner with such expertise
- It will allow us to provide excellent high-quality person-centred care to the citizen

Whilst recognising that we operate primarily within Leeds and West Yorkshire, where we can meet these framework pillars and our key principles (see below) we will continue to consider opportunities within our specialist areas of expertise such as liaison and diversion in Hull.

Key principles:

- Deliver services where we have the potential to achieve excellence in outcomes
- In all services we will proactively work to increase health equity in all that we do
- Deliver according to the evidence
- Seek to collaborate to provide more integrated care for people through partnerships
- Put prevention and self-management at the heart of our service models
- Work to hear all voices and support the most vulnerable in the community
- Focus on new ways of working, such as digital, where appropriate
- Provide excellent conditions for *all* of our staff to work, to train and to develop

Next steps:
We are continuing to discuss the framework and principles within the organisation and seeking feedback from staff and partners to feed into the final proposal.

We are considering further:

- Digital – what do we need in the organisation and in our partnering to achieve our ambition
- Partnership – what more do we need in our infrastructure to achieve our vision and to reach and work with partners we don't do currently
- How does our committee infrastructure and Board workshop programme support our strategy and our thinking

Board members have all been involved in all development of the framework and principles to date. A final paper will be presented to the Board in February 2023.

3. Care Notes outage (update)

Phase 1 of move of the CAMHS Service to SystmOne is on track for go-live 1 December 2022 and staff training, system configuration and migration of key patient information are all underway without significant issue. The key issue at present is that business continuity data collected since the outage will not be migrated to SystmOne in time for initial go-live, so will still need to be accessed via the Trust's main drive and web-forms (i.e. current locations). Staff continue to use the Business Continuity Plan of forms created from the original MSWord templates for clinical content and capture of data at present.

Phase 2 is the full configuration of a comprehensive Electronic Patient Record for CAMHS which is scheduled to complete by June 2023. TPP have now announced they anticipate release of electronic prescribing functionality for the mental health module of SystmOne imminently therefore the Trust anticipates including this functionality from the Spring.

The CareNotes system has been restored to us and we have started testing; no major issues have been experienced although most Trusts are reporting performance issues in terms of speed of service and we are seeing indications of this. Other issues identified from the national reintroduction of CareNotes will not

affect LCH using it for access to historic data only, as they relate to adding data, linking to e-referrals or the SPINE. The Trust is starting to allow limited access to a small number of users where essential on a read-only basis only.

4. Cost of Living Crisis

The Leeds Community Healthcare NHS Trust (LCH) Health Equity Strategy is focussed on actions related to access, experience and outcome of our services. However, we also recognise our civic role as an anchor organisation in supporting people and communities in the City who are experiencing health inequity. One significant example of this over the last six months has been action to address the cost-of-living crisis. This is particularly relevant to LCH, as 30% of LCH's referrals in April to September 2022 were from our most deprived communities (IMD1), though recognising the cost-of-living crisis can affect all citizens; patients, carers and staff. The City has taken a gold command approach to managing the cost of living crisis, with LCH represented in gold, silver and bronze meetings and associated workstreams including practical support and information, communications and advice.

Information is being shared with staff for their own use and to share with patients. This includes:

- Financial wellbeing information on the staff intranet 'MyLCH'
- Dissemination of Money Information Centre information in a credit-card sized 'concertina-style' leaflet which staff identified as easier to keep with them and therefore have readily available whenever they came upon a situation where it was required
- Development of additional LCH material for patients, focussed on telephone contacts (freephone numbers wherever possible that can be accessed whether or not someone has credit on their phone) for advice and support around emergency food provision, heating, income or debt and mental health. This information includes a prompt for patients to speak with the team providing their care if they have concerns about their being able to access the service and want to explore what options there may be available to support access, whether that is physical or financial.
- Following concerns about low rates of usage of energy vouchers, staff are being prompted to check with people on pre-payment meters that they have received and used the vouchers. Vouchers come directly from the energy companies and must be cashed and used within three months. Reasons for not opening post include the main language not being English and fearing the letter is a bill.

The other contribution that LCH is making to the City's cost-of-living crisis response is through the provision of 'warm spaces'. There are currently around 88 Warm Hubs across the City, with another 10 pending. 38 of these are council hubs/libraries, focussed on warm spaces for individuals, many of which include digital inclusion and support and will be provided with mental health signposting. Community Anchor

Networks are working to ensure that warm hubs in their area are spread across the week rather than all on the same days/evenings. As well as warm spaces for individuals, the other concern is the ability of third sector organisations to continue providing group and social activities. In the situation where a third sector organisation cannot afford to heat their venues to provide such activities, they can contact LCH estates to plan how this can be accommodated within appropriate LCH spaces.

5. Industrial Action

We have established a working group, led by the Director of Nursing, to ensure Leeds Community Healthcare NHS Trust (LCH) preparedness in the event of industrial action this Winter. Preparations are well underway.

The LCH result of the national Royal College of Nursing (RCN) ballot was in favour of strike action. Ballots are underway for other Trade Unions at present, including Unison and the Chartered Society of Physiotherapy who both have membership at LCH – results of these are expected in early December.

The result of each ballot is valid for 6 months, and Trade Unions (TU) are required to provide a minimum of 2 weeks' notice of any strike action taking place. When specific action is announced, discussion can take place between employers and Trade Unions regarding derogations (exemptions) to ensure the most urgent care can be maintained during periods of industrial action.

6. Engaging with our staff

Members of the Senior Management Team are regularly out and about either in person or virtually, listening and learning from our staff and being alongside them. For the Executive Director of Nursing and Allied Health Professionals she may well be working a shift with them – for the rest of us this will be joining a meeting or shadowing staff.

All the senior management team have made multiple visits to Wharfedale Hospital in the lead up to the transfer of the contract to LCH, in order to meet and support the staff.

During the past period of time, I have had weekly meetings with Leaders via Leaders' Networks talks which regularly have over 90 participants. Whilst this is a key cascade mechanism, it also provides a forum for staff to ask questions and raise concerns. I have also joined the Integrated Clinic (Adults) at Thornton Medical Centre to listen and learn. Dr Ruth Burnett has worked on the Becket Wing at St James' Hospital to help and support Leeds Teaching Hospitals Trust. Steph Lawrence has visited Pennyfields School and the Meanwood Neighbourhood Team and Sam Prince has visited the Transfer of Care Hub.

7. Joint Negotiating and Consultative Forum (JNCF) development session

A well-attended JNCF Development session took place in November, with management and TU representatives considering the future of partnership working at LCH. The discussion was held in the current context of national industrial unrest and the need for a succession plan for key TU leaders at LCH.

Consensus was reached over the ingredients contributing to the current positive LCH employee relations and engagement climate; and actions suggested to ensure that this climate can be maintained and enhanced over coming years. These actions will become part of JNCF business over the coming 12 months.

8. Hyper local recruitment

Hyper local recruitment continues to be an area of development and success for LCH. It is being used most recently in Otley to support recruitment to LCH's newest service at Wharfedale Hospital, yielding interest so far from 38 potential Health Care Assistants and 14 registered nurses. Three candidates have already been successfully appointed with more interviews ongoing throughout November and December 2022.

LCH is undertaking a recruitment Open Day event on 15 December focusing on recruitment to administrative roles.

40 appointments have been made to LCH vacancies via hyper-local recruitment activity since April 2022.

9. Queen's Nurses

We are delighted to welcome another six LCH Nurses to the Queen's Nursing Institute, having been successful in their applications. This brings the total to 22 Queen's Nurses in the Trust.

Congratulations to:

- Claire Gray Sharpe – Head of Clinical Governance
- Lucy Shuttleworth – Clinical Transformation Lead, Adult Business Unit
- Suzanne Parker (Harding) – Community Matron, Morley Neighbourhood Teams
- Matt Peel – Advanced Practitioner, Police Custody
- Emma Gaunt – Lead Stoma Nurse
- Sarah Brownlow – Clinical Pathway Lead, Adult Business Unit

The Queen's Nursing Institute is a charity dedicated to improving the nursing care of people in their own homes and communities.

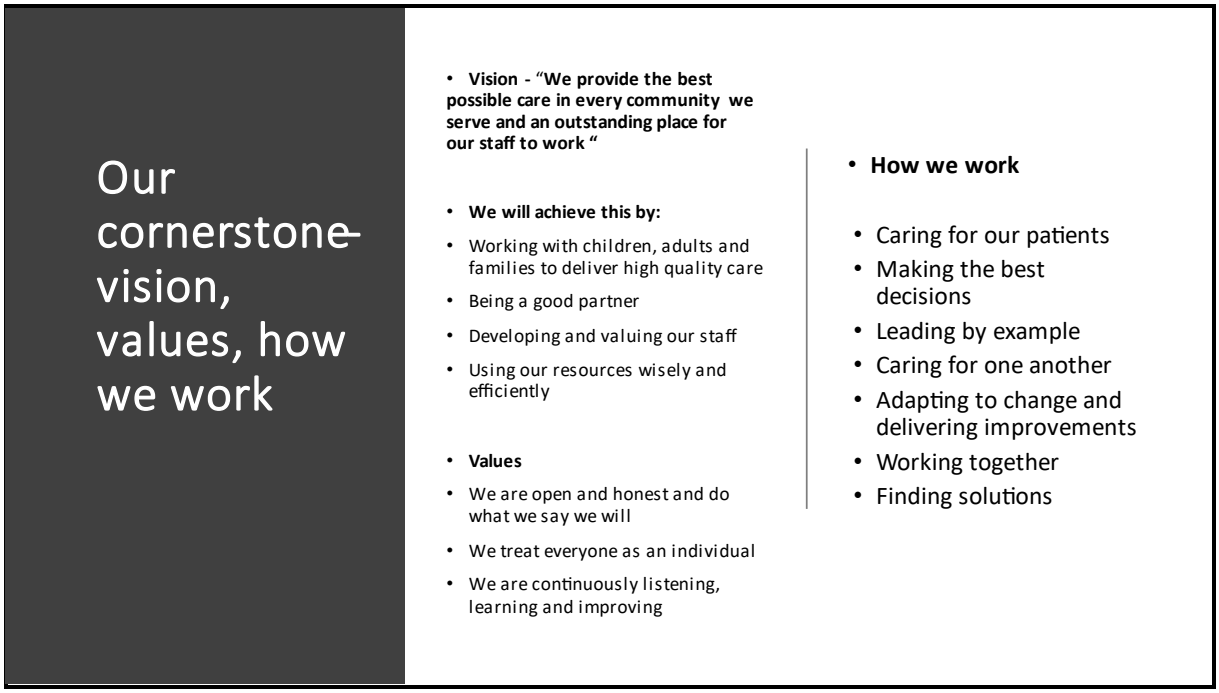
10. Health Service Journal (HSJ) Awards Shortlist

We were delighted this autumn to discover that LCH had been shortlisted in the Staff Wellbeing category of the prestigious national HSJ Awards, for its energetic and popular Health & Wellbeing Facebook Group initiative, which has over 800 members.

A team from LCH attended the awards ceremony in London on 17 November. We didn't win on this occasion, however the awards ceremony itself was a positive recognition of the excellent work carried out by the LCH team behind the initiative.

LCH staff at the HSJ awards ceremony in November 2022

Appendix A: Our vision, values, behaviours and strategic priorities



Appendix B: Summary of our overall strategy

Looking Forward...

NHS
Leeds Community Healthcare
NHS Trust

As we slowly emerge from the most serious health crisis of our time, we want to share with you our vision and focus for the next few years. Over this crisis period, we have made many changes, we have put in place new ways of working and we have begun to put new positive and creative health and partnership ideas in place. On our onward journey we will...

Care for our patients...

...treating them always with decency, respect, and care. We will listen to their circumstances, concerns and wishes and our aim will be to care for them at home and where possible, avoid hospital admission. We will use technology if and where it will help, and we will encourage and support 'self-care' where appropriate and possible. Active recovery and restorative practice will support people to live away from institutional help and patient and citizen feedback will be at the heart of all that we do. All will be treated with fairness and equity, regardless of race, gender, sexuality or ability.

Recognise our communities...

...supporting them with a clear and strong shared purpose. We will work as one with other healthcare providers, voluntary services, the Council and other agencies. In our city, we will be an Anchor institution – tackling issues of austerity, recruiting locally, buying in local services and rising to the city's sustainability challenge. Our services will be right for the people we serve and developed to match identified need. We will be visible within communities, through staff recruitment opportunities, senior team presence and Board meeting arrangements. We will listen. We will progress a strong **community engagement programme** to make sure that communities have a clear voice and strengthen this with a commitment to delivering a **health equality agenda**.

Support and collaborate positively with our partners...

...progressing work to increase health and wellbeing, reducing sickness and preventing hospital admission, strengthen **third sector partnerships**, and drive joint working with other services. We will also work closely with Social Care to further develop innovative home care and active recovery and to deliver outstanding services to children across the city. We will continue to bring all our services closer to primary care, working towards joint posts, joint teams, joint training, and joint leadership. The principles and the delivery of a new NHS governance model will have our fullest support and we will be an active and leading part in the new Leeds arrangements and the revised West Yorkshire ICS design and delivery.

Deliver new ways of working...

... as an organisation proud of our history of innovation, we will promote research and evidence-based practice as a partner of the Leeds Academic Health Partnership (LAHP), the universities and Academic Health Science Networks (AHSN).

...and all of this will be progressed with our outstanding staff who have consistently demonstrated excellence throughout these past years. We value every one of them. Our organisation believes in fair treatment; fair reward; fair recognition; a mutual sense of support. We are a team; we are an inclusive diverse organisation and we have zero tolerance of racism and all discriminatory practice. We wish to be an **employer of first choice.**

This is our promise for the forthcoming years. It is a time for fast progress and ambitious improvement. It works well with the national and local direction for Community Services, and we look forward to working closely with you to deliver our vision. **It is a time for looking forward...**

Brodie Clark CBE
Chair

Thea Stein
Chief Executive

A word from **our partners...**

"Renewing their vision and purpose to work collaboratively with citizens and partners in this way clearly demonstrates the passion and dedication of Leeds Community Health (LCH) Trust as a whole. LCH have described the challenges we collectively face and I welcome the focus on understanding people and communities and working in our new integrated arrangements. I look forward to supporting this important work and making a difference together."

Rebecca Charlwood, Chair of the Leeds ICB.

"I support Leeds Community Healthcare NHS Trust's focus for the future at this time, including: its developing understanding and active role as an anchor institution; its broker and partnership roles in neighbourhoods to meet local people's needs; valuing local people's voices and their views on improving healthcare and tackling inequalities; ensuring the health and wellbeing of their Trust's workforce, and advancing equality, diversity and inclusion; working towards seamless access to quality care with partners. Collaborating in all we do is vital to achieving integrated care and the Trust has a good track record in this to build on for the future."

Cathy Elliot, Chair of the WY ICS.

"Leeds Community Healthcare play a key role in our city of Leeds to keep us well. They deliver treatment to many of us in lots of different ways and often in our own homes. Their commitment to doing that in a kind and compassionate way, to make sure that their services are available to all the communities and people in Leeds, particularly those facing additional barriers, delivering their service in a joined up with other services way is just what the people of Leeds tell us they want. We look forward to continuing to work with LCH to ensure that the voices of the people of Leeds are heard and are central to all their vital work."

John Beal, Chair of Healthwatch Leeds.

Trust Board Meeting held in public : 2 December 22

Agenda item number: 88bi

Title: Rabid Mobilisation of Wharfedale Recovery Hub

Category of paper: assurance
History: N/A

Responsible director: Executive Director of Operations
Report author: Head of Strategy, Change and Development

Executive summary

Following the termination of Villa Care's contract with the West Yorkshire Integrated Care Board, to deliver a rehabilitation/discharge to assess function at Wharfedale Hospital, LCH agreed to manage this service from 23rd November 2022. Within a few short weeks Team LCH ensured the successful transfer of the two wards at Wharfedale Hospital (Wharfedale Recovery Hub) by the expected date.

A rapid mobilisation started at the beginning of November, supported by a multidisciplinary team of subject matter experts from across the organisation. This paper aims to provide the LCH Board with assurance that the mobilisation has been robust to ensure the safe transfer of the service. In appendix one the high-level project initiation document is included, which covers:

- Project aims, parameters and scope – noting that the current scope is to transfer the service safely and to ensure stability over the winter period. Developments to improve the service model and ensure better cost effectiveness will be an entirely separate project once the current service has been embedded into LCH beyond winter 2022/23
- Workstreams, leads and key outputs –a summary of a much more extensive and detailed project plan. Workstream leads have been committed at a very senior level in the organisation and it has been extremely inspiring to see how quickly and positively people have pulled together to ensure this rapid mobilisation is a success.
- Core project team – through reprioritising other work a dedicated core project team has been identified, consisting of operational and clinical leads from the Adult Business Unit and Programme and Project roles from the Business, Change and Development Service. This team will be in place until at least February 2023, to ensure the stability of the service over the winter period
- Governance mechanisms – noting that currently a steering group, led by the Senior Management Team is currently meeting twice a week to ensure that escalations are managed responsively so that mobilisation can continue at pace
- Risks – A separate risk log has been included at appendix 2. This highlights the main risks and how we are mitigating them. The 5 biggest risks are summarised below:
    - Financial risk – the contract sum allows LCH to open just 30 of the 48 potential beds available. However the ICB has agreed that LCH can only provide a safe and affordable number of beds
    - Staffing gaps due to TUPE – the number of staff that have transferred to LCH through the transfer process allows the Trust to operate up to 30 beds
    - Ability to recruit to vacancies – there has been a positive response to the recruitment campaign
    - Impact of rapid mobilisation on quality and capacity
    - Mobilising over winter could impact the wider system flow- there is agreement in place that the Trust should only open the number of beds that it is safe and affordable to manage

Recommendations

The LCH Board is asked to receive this paper and consider whether additional assurance is required to demonstrate that the rapid mobilisation of Wharfedale Recovery Hub is progressing appropriately to ensure the safe transfer and subsequent delivery of the service over winter 2022/23.

Wharfedale Rapid Mobilisation – Project Initiation Document

SROs: Sam Prince/ Steph Lawrence

Context

- The contract between West Yorkshire ICB and Villa Care, to provide 109 rehabilitation/ discharge to assess beds at Beckett Wing, St James' Hospital and Wharfedale Hospital will terminate on 23 November 2022
- Representatives from the Leeds system have considered a number of options to ensure the continuation of service provision following the termination date. West Yorkshire ICB colleagues have asked LCH to consider the transfer of the 48 beds at Wharfedale Hospital so that beds are not lost from the system as we head into the winter period
- The unit is currently closed to new referrals and 42 of the 48 beds are occupied
- A recent Leeds Safeguarding report has identified several safeguarding issues that will need responding to
- The CQC has rated the unit as requires improvement
- The service is 24/7 nurse and carer support for patients over the age of 18 who are in hospital and no longer require acute care, but who cannot be cared for within their own home. Medical, Therapy, Estates, Facilities, Medicines Management and Pharmacy are subcontracted and will need to novate

Aims and parameters

To safely and effectively transfer the rehabilitation/ discharge to assess function at Wharfedale Hospital to LCH by 23rd November 2022 and ensure it is a stable service over winter 22/23

Parameters:

Time
Phase 1 - safe transfer of service to LCH starting 23.11.23
Phase 2 – actions that enable service stability over winter Nov '22 to Feb '23

Cost – Service to be fully costed with overheads and mobilisation costs. No additional cost to LCH

Quality – improved patient safety, continuity of patient flow during winter,

Enablers:

Experienced mobilisation team in place

Identified workstream leads

Lessons from previous mobilisations

Service is already in place and the majority of existing arrangements will transfer

Programme scope

In scope:

- The rehabilitation/ discharge to assess service that is currently being delivered at Wharfedale hospital by Villa Care would transfer to LCH
- Nursing and personal care delivered at 2 wards at Wharfedale – Bilberry and Heather (48 beds)
- The following areas will be delivered by other providers through subcontracts that will novate to LCH:
  - Medical input – through primary care provider Coformation
  - Medicines management and pharmacy – Ashley Cohen
  - Estates and facilities – LTHT
  - Catering - Apetito
  - Therapy - LTHT

Not in scope:

- Rehabilitation/ discharge to assess service at Beckett Wing LTHT
- Longer term service developments at Wharfedale which will be managed in a separate project phase, post winter 22/23

Workstreams, leads and key outputs

Workstream	Lead(s) & workstream members	Outputs needed	By when
Project Initiation	Sam Prince Steph Lawrence Dan Barnett Lyndsay Hamilton	• Establish project team • Draft mandate, PID, Project plan • Set up governance arrangements • Agree project scope and parameters • Set up risk/ issue log • Agree workstream leads	Oct '22
Contracts and procurement	Cherrine Hawkins Emma Bolton Andrew Davies	• Review and establish estates lease • Due diligence facilities contracts • Due diligence all other subcontracts • Agree contract between LCH and ICB	Nov '22
Finance and Payroll	Bryan Machin Cherrine Hawkins Claire Staveley	• Service costing with overheads • Confirm payroll arrangements, including advanced payments • Set up cost codes • Cross reference pay with AfC	Nov '22

Workstream	Lead(s) & workstream members	Outputs needed	By when
Equipment	Claire Gray Sharpe Richard Slough Project Team	• Equipment inventory • Negotiate any capital reimbursements • Order missing equipment • Due diligence of maintenance	Nov '22
Clinical Governance	Steph Lawrence Claire Gray Sharpe Lynn Chambers	• CQC registration • Ensure appropriate action to safeguarding report • IPC audit • Arrangements for reporting/ managing – incidents, complaints, claims, FFT • Transfer to LCH polices and procedures • Staff training • Arrangements for resus	Nov '22
Workforce/ HR	Jenny/ Laura Claire Staveley Bukola Aigbogun	• Manage TUPE • Staff engagement and OD/ culture development • Resourcing/ recruitment	Nov '22

Workstream	Lead(s) & workstream members	Outputs needed	By when
Service model	Kirsty Jones Steph Lawrence	• Map current pathway • Review LCH offer – entry and exit • Review patient list • Develop MDT • Review medical input • Review of staffing model • Agree therapy role and scope • Agree ward activities/ activities coordinator • Review role of social work/ input to wards • Review self management philosophy	Nov '22
Communications	Jayne Murphy Christy Howgate	• Patient/ Carer comms • Staff engagement and comms • Stakeholder comms – e.g ICB, elected members • Local community comms	Nov '22
IT and systems	Bryan Machin Cherrine Hawkins Claire Staveley	• Review what are essential requirements for safe transfer • Review reporting requirements • IT equipment inventory	Nov '22

Workstream	Lead(s) & workstream members	Outputs needed	By when
Medicines management	Carolyn Nelson	• Review existing arrangements • Attend to CQC concerns • Develop back up plans if electronic systems cannot transfer	Nov '22
Estates/ facilities	Emma Bolton	• Review and confirm arrangements for waste, cleaning, parking etc • Confirm facilities management arrangements	Nov '22
Catering/ food	Bryan Machin Steph Lawrence	• Review and confirm food and catering arrangements • Register for food hygiene	Nov '22
Emergency planning	Peter Ainsworth Rebecca Todd Paul Howarth	• Review existing arrangements • Business continuity plans • Oncall arrangements • Fire safety and health and safety risk assessment and procedures	Nov '22

Core Project Team

Role	Name	WTE	Responsibility
Senior Responsible Officers	Sam Prince/ Steph Lawrence	N/a	Key SMT decision maker with overall responsibility for programme Sets PID, scope, plan, parameters. Addresses escalated risks and issues. Chairs steering group
Clinical Lead	Kirsty Jones	1 WTE	Dedicated individual with clinical expertise to lead review of clinical model and delivery of all clinical aspects of mobilisation
Operational Lead	Lindsey Cawood	1 WTE	Dedicated individual with operational expertise to lead operationalisation of service model
Programme Managers	Dan Barnett/ Lyndsay Hamilton	0.5	Overall programme oversight and leadership. Maintains governance requirements. Develops overall programme plan and PID. Strategically links the workstreams and interdependencies. Supports and develops the team. Manages interdependencies.
Project Managers	Gillian Meakin/ Reena Chudasama	0.8 (2 x 0.4)	Develops and manages workstream plans and documentation. Establishes and facilitates project team meeting. Provides highlight reports for strategic meetings. Manages risks and issues, escalating as required. Holds together overall plan, keeps track of progress, holds workstream leads to account
Project Support Officers	Harry Short and Halima Ahmed	0.6	Supports maintenance and development of project documentation and governance mechanisms. Leads on defined workstreams with support

Workstream leads

Workstream	Name	Responsibility
Contracts and procurement	Cherrine Hawkins	To oversee due diligence and novation of subcontracts and development of head contract
Finance and payroll	Cherrine Hawkins	Dedicated finance expertise to ensure service costed in a viable and sustainable way, including mobilisation costs and overheads
Equipment	Project Team	To ensure all required equipment is in place
Clinical governance	Claire Gray Sharpe	Dedicated expertise to ensure robust and safe clinical governance arrangements
Workforce	Claire Staveley	Dedicated HR lead to oversee TUPE, staff engagement and resourcing needs
Service model	Kirsty Jones and Lindsey Cawood	Operational/ clinical lead to lead all clinical aspects of service model and operationalisation of service
Communications	Jayne Murphy	Dedicated Comms expertise to oversee all comms mechanisms with the various stakeholders
IT and Systems	Richard Slough	IT and systems expertise to advise on the appropriate IT and systems arrangements for the service
Medicines management	Carolyn Nelson	Dedicated medicines management expertise to oversee medicines management arrangements
Estates/ facilities	Emma Bolton	Dedicated estates expertise to advise on the estates lease and provide due diligence on the facilities contracts
Catering/ Food	Steph/ Bryan/ Emma Bolton	To oversee the catering/ food arrangements from a safety and logistics perspective
Emergency planning	Peter Ainsworth/ Rebecca Todd	To ensure all emergency planning, health and safety, and resilience/ continuity arrangements are in place

Governance

Business Committee/ Quality Committee/ Board

Senior oversight, assurance, sign off

Change Management Board/ SMT

Oversees the whole LCH change programme, manages escalated exceptions ensuring interdependencies are addressed and resource prioritised.

Project steering Group (core group plus workstream leads)

Chaired by the SROs. Responsible for strategic direction and programme decisions. Oversees overall plan. Manages escalations of risks, issues, interdependencies, resourcing, and changes to the plan.

Project Team (core group)

Check in point and support mechanism for project team. Oversees day to delivery of work across all workstream. Escalates risk and issues upwards that can't be managed locally

Workstream task and Finish Groups (as required)

Manages day to delivery of work at workstream level

Workstream | Workstream | Workstream

Wharfedale risk log (appendix 2)

Risk description	Workstream	Initial / Baseline Risk Rating			Counter-measures	Post-Countermeasure Rating		
		Likelihood 1: Rare 2: Unlikely 3: Possible 4: Likely 5: Almost Certain	Impact 1: Negligible 2: Minor 3: Moderate 4: Major 5: Catastrophic	Severity		Likelihood 1: Rare 2: Unlikely 3: Possible 4: Likely 5: Almost Certain	Impact 1: Negligible 2: Minor 3: Moderate 4: Major 5: Catastrophic	Severity
As a result of not fully understanding the owners and future of IT and equipment could result in negative impact on patient care at point of transfer.	IT/ Equipment	3	4	12	A thorough inventory is being collated of all IT and equipment, its owners and future intentions of owners. Where there are gaps equipment is being ordered	2	2	4
The subcontractors are not willing to continue their element of the service leaving LCH with gaps in the model	Contracts	3	4	12	Early engagement with subcontractors Establish contract management processes	2	2	4
Contractual constraints limit how much LCH can transform the model	Contracts	3	3	9	Take legal advice on contracts. Plan for longer term service developments as part of phase 3	3	2	6
Full costs of service are currently unknown and this could pose a financial risk to LCH	Finance	4	4	16	Undertake full costing including overheads Keep a track of all mobilisation costs Review and be clear on BAU costs Negotiation with ICB that LCH will not cover any additional or hidden costs for this service	3	3	9
There is a risk due to not yet fully understand the implications of accounting for a peppercorn rent	Finance				Further reviews being done Obtain legal advice			
There is a risk that the costing is not correct and therefore the service does not have the resource to be safe and effective, or ends up over spending	Finance	4	4	16	Undertake full costing including overheads Keep a track of all mobilisation costs Negotiation with ICB that LCH will not cover any additional or hidden costs for this service	3	3	9
The current service model might mean that there is an untoward impact on our oncall arrangements at point of transfer	Service Model/ Emergency Planning	4	3	12	Review leadership/ management element of model Develop interim 'wrap around' management arrangements for first few weeks of service delivery Confirm what would be appropriate use of oncall	3	2	6
There is a risk that not enough staff TUPE to LCH leaving significant gaps in staffing model	Workforce/ Service Model	4	4	16	Requests for up to date TUPE information. Early engagement with staff. Hyper local recruitment campaign. Negotiation with ICB about bed occupancy levels during mobilisation. Current service closed to new referrals	3	3	9
There is a risk that staff who TUPE will have low morale and will feel unsettled, impacting on level of care quality	Workforce/ Service Model	3	3	9	Early engagement with staff Identification of OD support and development of plan	3	2	6
If there is delay in receiving and agreeing the TUPE list then there there is a risk that there is a delay to managing staff expectations and also a risk to LCH in not understanding what will be in place at point of transfer in order to conduct effective due diligence	Workforce	4	3	12	Early negotiation with Villa Care about what information is required. Creation of centralised data set to enable streamlined and responsive information sharing	3	2	6
Delay in getting staff info to Payroll might mean staff don't get paid from 23rd Nov	Finance	4	4	16	Explore alternative arrangements - such as Villa Care pay staff using existing arrangements and LCH reimburse	2	3	6
National workforce issues make it hard to recruit to vacancies	Workforce	5	4	20	Support from external recruitment expert Hyper-Local recruitment campaign Engagement with ICB on additional support they could provide	3	4	12

Staff don't have requisite skill to care for client group	Workforce/ Service Model	3	4	12	Analysis of stat man training provided by Villa Care. Review of VC competencies. Develop training lan to address any gaps	3	3	9
Taking on a new service at short notice, with tight timescales, could impact on the overall quality/ safety	Clinical Governance	4	4	16	Agree with LTHT to close to patient referrals before taking on service Review referral criteria and exit/ entry criteria Needs analysis/ risk assessment Review minimum staffing levels	3	3	9
Historical incidents may come to light that LCH need to deal with	Clinical Governance	3	3	9	To take legal advice on indemnity to include in the contract	3	3	9
Clinical input from social work and therapy providers is insufficient to meet patient need	Service Model	3	4	12				
Other priorities in the organisation mean there is limited internal business unit and corporate capacity to support this project	Mobilisation	4	4	16	Include in costing the use of contractors for corporate support, e.g IT, HR etc Engagement with ICB on additional support they could provide Stop doing some existing work through prioritisation. Plan broken down into phases to make more manageable	3	3	9
Mobilising over the winter period means we cannot take on the demand in the system – causing additional pressure in the system	Mobilisation	4	4	16	Early management of expectation with system. Review of current patient list and entry/ exit criteria. Service closd to new referrals until transfer. Service developments delayed until after winter	3	4	12
As a result of LTHT withdrawing the 24/7 RMO cover, there is a risk that there are escalated oncall calls to LCH	Service Model	4	3	16	LCH to develop clear process on how to manage escalated patients outside of 8-6pm from December 2022	3	3	9
There is a risk to LCH taking on the catering contract as we have less experience in this area of expertise	Contracts and Service Model	4	3	12	Subcontract to LTHT and Appetito	2	2	4
A lack of operational support may impact on progression of some tasks/actions	Mobilisation	4	3	12	Mobilisation plan broken down into phases to make more manageable. Workstream leads identified. Twice weekly project meetings to escalate risks and issues	2	2	4
Possibility of RCN strike may cause risk to continuity of care and service delivery	Workforce/ Service Model	4	4	16	Ensure Business Continuity Plans in place. Agree priority service areas. Explore use of agency nursing	3	3	9
There is a risk that staff TUPEing over with benefits such as travel to work, car creates disparity with existing LCH staff and that this is challenged, e.g. with staff side - could impact morale	Workforce/ Service Model	3	3	9	We explain to any LCH staff that due to TUPE we have to provide the same offer, and that we will then be negotiating this post-transfer.	3	2	5
Risk that Villa Care remove their food in stock as they have paid for this and the contract will have ended	Contracts, Estates and Service Model	3	3	9	Manage negotiations with Villa Care and ensure suitable catering provisions post 23rd Nov.	2	3	5
Lack of contract, service spec or clear agreement with Holy Wings (staff transport provider) leaves is us in insecure position which could impact running of the wards	Contracts	3	4	12	Manage negotiations with Holy Wings and try and stabilise for first few weeks. In a worst case scenarios taxis could be funded.	2	2	4
Risk that Villa Care will remove equipment that will impact on patient care e.g. hoists,mattresses, cutlery and crockery	Equipment	3	4	12	open and honest conversations/negotiations with Villa care leadership clear identification of what equipment Villa care own Proactive sourcing of new equipment that is broken	2	2	4

Risk that new hoist orderd will not arrive in time for 23rd Nov transfer	Equipment	3	3	9	LES able to provide interim hoist if equipment doesn't arrive in time	2	2	4
Risk that Villa Care will take telecomms equipment with them on 23rd	Equipment	3	3	9	LTHT landlines insitu negotioations with Villa care re what equipent is left	2	2	4
Reputational and service risks associated with safeguarding investigation	Clinical Governance	4	3	12	thorough training programme in place	3	2	9
CQC rating of requires imrovement for safe and likelihood of imminent inspection	Clinical Governance	3	3	9	Service reduction in line with staffing complement	2	3	6
lack of robust processes in plac ere CAS alerts, NICE guidance etc	Clinical Governance	3	3	9	remedial action in place for phase 2	2	2	4
transfer of inident management system	Clinical Governance	3	3	9	managed transfer	2	2	4
lack of DoLs process and impact of on safeguarding process	Clinical Governance	3	3	9	remedial action in place for phase 2	2	2	4

Risk matrix

	Likelihood*				
Impact / Consequence**	**1 Rare**	**2 Unlikely**	**3 Possible**	**4 Likely**	**5 Almost certain**
5 Catastrophic	**5**	**10**	**15**	**20**	**25**
4 Major	**4**	**8**	**12**	**16**	**20**
3 Moderate	**3**	**6**	**9**	**12**	**15**
2 Minor	**2**	**4**	**6**	**8**	**10**
1 Negligible	**1**	**2**	**3**	**4**	**5**

Trust Board Meeting: 2 December 2022

Agenda item number: 89

Title: System Flow Issues and Developments - Update

Category of paper: Information
History: N/A

Responsible director: Executive Director of Operations

Report author: Executive Director of Operations

Executive summary

Improving system flow remains the number one priority for the Leeds health and social care system in 2022/23 as Leeds is one of the most challenged systems in the country. Further to the paper shared with Board members in August, this paper provides an update on the initiatives led by Leeds Community Healthcare NHS Trust to support the system and increase community capacity

Recommendations

The Board is recommended to:

- Note the pressure in the system and the priority to improve system flow
- Take assurance that LCH is playing a full role in the System Flow plan
- Note the numerous developments in place to increase community capacity
- Note the opportunity for admission avoidance and earlier discharge created through the intermediate care redesign

SYSTEM FLOW ISSUES AND DEVELOPMENTS - UPDATE

1 INTRODUCTION

Improving system flow remains the number one priority for the Leeds health and social care system in 2022/23 as Leeds is one of the most challenged systems in the country. Further to the paper shared with Board members in August, this paper provides an update on the initiatives led by Leeds Community Healthcare NHS Trust to support the system and increase community capacity

2 CONTEXT

The Leeds system continues to experience very high hospital occupancy, a high number of people in hospital without a “reason to reside”, people waiting for services in the community including long term care placement, rehabilitation in a bedded setting or care at home.

Admissions are not significantly up in the acute general hospital setting, but we continue to see longer lengths of stay for a wide variety of patients, not only those who require support on discharge. In the past two weeks no reason to reside numbers have risen substantially, partly due to a reduced availability of intermediate care beds due to a home closed for infection and the closure of the Villa Care wards. Pressures in the ED have continued to be exceptionally high, as has the occupancy level, despite LTHT having opened further additional capacity in advance of the winter plan timeline.

Community Services have also remained under pressure, particularly in the west of the city. Fast track referrals are also high and the teams are working closely with hospice partners to support the increased numbers of people choosing to die at home. The virtual ward has continued to have capacity and is increasing its numbers.

3 SYSTEM FLOW PLAN

The objectives of the Leeds System Flow programme are:

- To increase the numbers of people able to return home either immediately from hospital or after a period of rehabilitation/recovery
- To increase the ability of the system to implement a Discharge to Assess model
- To reduce wasted bed days for people not requiring hospital care and the impact this has on people’s wellbeing, experience, function and resource use longer term
- To increase investment in community health and care provision and reduce spend on hospital care for people not requiring it

4 LCH CONTRIBUTION TO THE SYSTEM FLOW PLAN

4.1 Optimising the Transfer of Care (ToC) Hub and process

Evidence suggests that having a multi-agency discharge hub is the most effective way of ensuring patients leave hospital on the right pathway (hence reducing the number of people in hospital with no reason to reside).

DHSC guidance published in March 2022 (updated July 2022) Hospital Discharge and Community Support stated: "Discharge to assess pathways 1 to 3 require NHS organisations to work closely with adult social care and housing colleagues, the care sector and the voluntary sector. At system level a 'transfer of care hub' should be in place (physically or virtually) *to ensure all relevant services can be linked* in order to provide appropriate care and support. Based on the description of the person received by phone or by referral the transfer of care hub will consult with the person and their advocates to *decide which pathway is most appropriate"*

The Leeds ToC was initially established in December 2021 and the leadership of the service was transferred to LCH in April 2022. The Trust has now recruited to the full staffing model in ToC and the team has moved to new accommodation in LTHT Trust Headquarters. The new accommodation allows health, reablement, social work and third sector staff to be co-located and has also enabled close working between ToC staff, the Community Discharge Assessment Team (LCH) and Discharge Facilitators/Coordinators (LTHT). Links have been made with housing colleagues and a dedicated resource is being sought to complement the team in ToC. Processes have been improved which have led to speedier decision making (eg use of trusted assessors) and timely allocation to the correct agencies when specialist input is required. There is still room for improvement which will be achieved when non-social work staff have duties delegated to them to assess for lower level packages of care such as home care.

4.2 Additional Capacity in Community Services

Recruitment continues to support additional capacity in community services. This includes posts in night sitting, self-management and therapy

4.3 Enhance

Early evaluation is beginning to demonstrate the value of investment in third sector support to divert pressure from Neighbourhood Teams. Examples will be shared with Board members at the meeting

5 THE ALLIANCE WITH ADULT SOCIAL CARE

The Active Recovery Programme, led by Megan Rowlands has achieved against the key priorities for Phase 2 (July to October 2022)

- Creating a single point of access and single allocation process.
- Joint Reporting –
- Joint escalation (OPEL) process

The key priorities for Phase 3 (November 2022 onwards) are:

- Triage Hubs – ongoing embedding work as new staff rotate through. Focus on developing consistent approaches to referral management practice across hubs. Focus on key hospital discharge pathways (in partnership with TOC hub) – Service Leads focus during Nov/December).
- IT Systems scoping and planning for further improvements
- Joint work with Transfer of Care network partners on processes/paperwork
- Comms and engagement – build on feedback from staff (in Active Recovery Triage Hub survey + from Intermediate Care Redesign staff survey) and perspectives from customers/patients
- Further work on DPIA and EQIA
- Joint approaches on recruitment (in partnership with One Leeds Workforce group)
- Service design and operating model development – design approach to next phase of this work to take place in Q4 (taking account of Intermediate Care Redesign programme priorities)

6. ENHANCED COMMUNITY RESPONSE

The Enhanced Community Response multi-agency programme (led by LCH) aims to reduce disruption to people's lives by offering an appropriate alternative to attending an emergency department or being admitted to hospital; as well as shortening the length of time people stay in hospital. Elements of the programme included in this workstream include:

- Same Day elements - 2-Hour Crisis Response offer, Telecare Rapid Falls Response
- Increasing capacity of Virtual Wards (Hospital at Home & Remote Monitoring Models) - 65 H@H and 50 Remote monitoring places by December 2023

6.1 2-hour Crisis Response

LCH is performing well against the 2-hour target:

	% of 2-hour UCR referrals that achieved the 2-hour standard National minimum is 70%			**Count of 2-hour UCR referrals in scope of the 2-hour standard**			**Count of all 2-hour UCR contacts**		
	Jul	Aug	Sep	Jul	Aug	Sep	Jul	Aug	Sep
Leeds Community Healthcare NHS Trust	78%	81%	74%	330	387	271	608	760	721

6.2 Falls Service

Recent NHSE guidance (Going Further for Winter, October 20220 required that all local systems should have a community-based falls response service in place between 8am and 8pm for people who have fallen at home including care homes by 31 December 2022

Leeds is performing well on this standard. Leeds City Council Telecare services respond to level 1 falls 24/7. The Trust's Neighbourhood Teams respond to level 2 falls 07.45-2145. There is a pathway in place with Yorkshire Ambulance Service to reduce conveyances where possible.

6.3 Virtual Wards

Work continues to expand capacity within the virtual wards with the recruitment of additional Geriatrician and pharmacy clinical sessions. The Trust is also exploring the transfer of pharmacy capacity from the ICB.

The Programme team for remote monitoring is now in place and the procurement of appropriate kit is underway

7 INTERMEDIATE CARE REDESIGN

Newton Europe have been engaged as improvement partners to look at the system and make recommendations on how intermediate care services in Leeds can be redesigned to meet the needs of the people of Leeds. The team has recently reported on their initial findings regarding the opportunities to improve the system:

8 RECOMMENDATIONS

The Board is recommended to:

- Note the pressure in the system and the priority to improve system flow
- Take assurance that LCH is playing a full role in the System Flow plan
- Note the numerous developments in place to increase community capacity
- Note the opportunity for admission avoidance and earlier discharge created through the intermediate care redesign

Trust Board Meeting held in public: 2 December 2022

Agenda item number: 2022-23 (90a)

Title: Audit Committee Chair's Assurance Report 14 October 2022

Category of paper: for assurance
History: Not applicable

Responsible director: Chair of Audit Committee
Report author: Chair of Audit Committee / Company Secretary

Meeting summary

Internal Audit Progress Report (Audit Yorkshire)
Overall, the work on the 2022/23 internal audit plan was progressing well with two audit reports had been issued in draft: Data Quality and Leadership Programme. An additional audit on NHS Financial Sustainability had commenced. This has been added to the plan as a new audit. The Committee was advised that services were under pressure, and this was expected to increase over the winter period and although the delivery of the internal audit plan was not at risk currently, there was no guarantee that this would remain the case. The Committee reviewed the audit recommendations report (actions) and was advised that there was one overdue action, however this would be completed shortly.

Cyber security
The Assistant Director of Business Intelligence gave a presentation that covered: digital layers of defences – internally, externally, and nationally; education and awareness; reflections on the recent cyber-attack affecting the Community and Adolescent Mental Health Services; challenges for the future. Priority areas of work included improving business continuity and disaster recovery plans, and the need to invest in cyber-defences and response capabilities. The Committee also discussed the disaster recovery controls for systems owned by third party suppliers. The Committee agreed that more assurance was required around the cyber risks that the Trust was exposed to through third party contracts. There was also concern about internal resources particularly around the capacity of the IT helpdesk to support staff effectively and mitigate threats.

Counter Fraud Report (Audit Yorkshire)
The report described how the Counter Fraud plan was being delivered within the Trust. The Committee were interested to know how the Trust's data on reporting fraud compared to other organisations. The Head of Anti-Crime Services said that referrals in the Trust were low. He advised that Audit Yorkshire was undertaking a piece of work which would allow data comparisons to be made with similar organisations nationally which would provide a better benchmark.

Security Management
The Trust's Security and Safety Lead presented the annual report and advised the Committee that the security management structure and processes were in place in the Trust, and officers were working to further develop and embed these. The Committee agreed that they would welcome a further update in Spring 2023 which would particularly include progress on CCTV statutory compliance, use of the lone worker app and data on violence and aggression linked to hate crime.

External Auditor's Annual Report 2021/22 including Value for Money opinion (Mazars)

The commentary in the report addressed three specified reporting criteria: financial sustainability, financial governance, and improving economy, efficiency, and effectiveness. The Committee was pleased to note that the auditors had provided an unqualified opinion on the financial statements and the use of resources (Value for Money).

Assurance

The Audit Committee has been assigned BAF 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'. The Committee reflected on the relevant sources of assurance it had received at the meeting and agreed that they provided **Limited** assurance that this strategic risk was being managed (see assurance table).

Audit Committee assurance levels – determined at the meeting

The Audit 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
(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.	**12 V High**	• Cyber Security – six monthly update (presentation) • NHS Data Security and Protection Toolkit 2022-23 Assessment Report • Data Protection & Cyber Security Panel (was IG Group) 27th September 2022 meeting Minutes	Limited	The Committee agreed there had been progress made, however it recognised that if a core system had a significant outage in the same way that Care Notes had been affected, the Trust may struggle to respond. Further testing of the EPRR plans were required.

Trust Board Meeting held in public: 2 December 2022

Agenda item number: 2022-23 (90a)

Title: Quality Committee Chair's Assurance Report 24 October 2022

Category of paper: For Assurance

History: N/A

Responsible director: Quality Committee Chair

Report author: Assistant Director of Nursing & Clinical Governance

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Executive summary:
This paper identifies the key issues for the Board arising from the Quality Committee meeting held on the 24 October 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.

Items discussed:

Covid / System update
An update was provided by Executive Director of Operations. Committee heard Leeds is experiencing the same increase in Covid rates, as reported nationally. Local vaccine uptake continues to be encouraged.
The system remains under extreme pressure with continued concerns related to forecasting around winter pressures, flu and Covid. Work related to ensuring only appropriate hospital admissions, enhancing patient flow including people in hospital with no reason to reside is ongoing. In addition, there are conversations about the future of Wharfedale wards within this offer.
Gold command structure has been commenced across the city with regards to cost-of-living pressures with communications and public health resources being released.

Assurance from QAIG
Key issues from QAIG were presented by the Executive Director of Nursing and AHPs sighting Committee on the reduced medical workforce in SUDIC, impact and mitigations.

A discussion also took place regarding noted inconsistencies in audit activity across Business Units. Committee were provided with assurance there are workstreams in place to review and standardise.

CIVAS update
Following a previous Committee spotlight, an update was presented by the Executive Director of Nursing and AHPs related to the implementation of a new pathway with secondary care partners following a cluster of incidents. No further incidents have occurred. Committee recognised the innovation of this piece of work and asked this to be considered in celebrations.

Overdue rapid reviews update
An update was provided by the Assistant Director of Nursing and Clinical Governance, noting that existing mitigations have maintained the situation but not improved it. The proposal presented and accepted by Committee is to adopt a proportionate, risk-based ‘after-action review’ approach to incidents in the Adult Business Unit in line with the principles of the patient safety incident response framework. This is an interim measure whilst the Trusts response plan is developed in line with national mandates.

Risk Register
The Risk register paper was presented by the Chief Executive. It was confirmed that the submitted paper does not have the amended risk scores for the 2 risks challenged at last Committee and this will be updated for the next report.

Health Equity Workshop
The Health Equity workshop was delivered by the Public Health Consultant, Health Equity Lead and Head of Clinical Governance. The purpose of this workshop was to explore what an equity lens on each area of quality could look like and, from this, identify meaningful priorities for year 2 of the equity Quality objective and the Quality Strategy.

Committee were provided with an update on existing equity workstreams in relation to quality across the Trust, noting the progress of equity metrics in areas including access, incidents, falls and pressure ulcers.

It was agreed that equity should be integral to everything we do rather than a separate topic. Conversations identified the requirement to have equity data more readily presented to support the right questions, as well as Committee members considering the right questions around equity to lead further improvements. Committee reflected on the balance of capacity with integrating delivery of health equity data, and this would be considered further, at both Trust and system level.

It was agreed that where the equity data is available this will be included in reports to committee with immediate effect. Where it is not yet available, it would be beneficial to explain this and acknowledge what progress is being made or what other insight is available.

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**	• QAIG Assurance report • QAIG flash reports • Risk register report • CIVAS: DVT incident trend and improvement actions: update on progress • Update on progress in relation to the backlog in the completion of incident Rapid Reviews	Reasonable assurance	CIVAS paper provided substantial assurance of patient safety improvements in the absence of a blueprint of best practice
Risk 1.2 The risk that there are insufficient **clinical governance arrangements in place for new care models**	**9 High**	• Integrated Care Steering Group	Reasonable assurance	
RISK 1.3 The risk that the Trust does not maintain **and continue to improve service quality**	**8 High**	• QAIG Assurance report • QAIG flash reports • Safeguarding Children's and Adult's Group: minutes • Risk register report • Health Equity Strategy workshop	Reasonable assurance	The Health Equity workshop identified the need for further work to embed health equity in a meaningful way in all Trust activity
RISK 1.4 The risk that the Trust does not **engage with patients and the public effectively**	**12 V High**	• QAIG Assurance report • Health Equity Strategy workshop	Reasonable assurance	As above
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**	• Covid-19 / system pressures update • Risk register report • Health Equity Strategy workshop	Reasonable assurance	As above

Trust Board Meeting held in public: 2 December 2022

Agenda item number: 2022-23 (90bii)

Title: Quality Committee Chair's Assurance Report 21 November 2022

Category of paper: For Assurance

History: N/A

Responsible director: Quality Committee Chair

Report author: Assistant Director of Nursing & Clinical Governance

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Executive summary:
This paper identifies the key issues for the Board arising from the Quality Committee meeting held on the 21 November 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.

Items discussed:

Current system pressures, infection rates, rising fuel prices, increased cost of living and strike action
An update was provided regarding the key system pressures. Committee heard:

- Covid-19: Approximately 1 in 40 people are testing positive for Covid which is an improving picture at present, ahead of a predicted surge nearer Christmas. Care Home outbreaks are reducing.
- Vaccination: Current Flu uptake is just over 50% and Covid 42%. This is lower than intended however does mirror the general population uptake. This is also a positive position in comparison to partners.
- System pressures: the system remains under pressure predominantly related to delays in discharge. Progress with transfer of 2 wards at Wharfedale is moving forward positively and formal handover takes place on Wednesday (23 Nov), having undertaken work on the model, medical cover, capacity, workforce and TUPE requirements with a priority on rehabilitation. There has been a positive response to a local leaflet drop to recruit to a more resilient and robust workforce.
- Strike action: A Trust working group has been established and are meeting weekly. The RCN are unable to discuss derogation until dates for striking are announced, for which the Trust are expecting 2 weeks-notice. Communications for staff are prepared once dates are announced.

Update on revised staffing model within the Paediatric Community Dental Service and waiting times
The update described the current exploration of a collaborative model to ensure resilience with a potential regional approach to paediatric dental services. Data is being analysed regarding waiting lists and is being presented to Business Committee on Wednesday and it was agreed Quality Committee members will receive this report also.

Update on the Leeds Sexual Health Service situation
An update in addition to the provided paper and service action plan was provided. Committee asked that further updates included an update on this specific process as well as the wider learning and improvement actions for the Trust.

Kirkup review (East Kent)
Having considered this report in the context of the recent Trust actions agreed from the Ockenden report, Committee heard, and agreed, that there were no additional actions for the Trust.

Patient experience and engagement strategy
Further to earlier conversations at September Committee, the paper provided Committee with a plan to develop principles and actions and a proposed timeline for reporting back into Committee. Committee agreed to the proposed timeline, expecting the principles and deliverables in March 2023. Committee asked for clarity on the anticipated outcomes and benefits to both patients and the Trust in future iterations. Committee agreed to recommend to Board for approval of the approach and to develop the principles and actions. Concern was raised regarding the ability to deliver this and is reflected in the assurance levels.

Service Spotlight: Diabetes developments
Presented by the Clinical System Pathway Development Lead, Committee heard of the systems approach to improving Diabetes care, including the wealth of projects being taken forward. Committee also heard specifically about the health equity project because of learning from a previous serious incident which has led to a health promotion / prevention model. Whilst several questions were raised and there was a request to return to Committee at a future date to provide actual progress and outcomes, Committee were pleased to see a population-based approach to Diabetes with a system and equity focus.

Performance Brief and Domain reports
Committee were apprised of a decrease in incidents in Adult Business Unit which is being monitored to identify any themes or trend. Complaints have also increased over last 2 months and again this is being monitored. It was confirmed that the new process in place to address the backlog of rapid reviews of moderate harm (and above) incidents is now in place. The anomaly in Q2 mortality data between this report and the mortality report which is related to the point at which the data is pulled and reported on and will be resolved for Board.

Clinical Governance report
Committee agreed to the proposed reporting of equity data to Committee in January 2023. Committee was also informed of the Trust communications of Quality Walk outcomes to SMT. Committee requested receipt of the same to be considered in future reports.

Quality Strategy Update
Committee noted the paper detailing progress in the first six months of the Quality Strategy. Committee were satisfied with the update and operational plan.

Risk Register
There was a discussion around staffing in the 0-19 service, noting 2 risks had been amalgamated, and the current staffing challenges reflect the national picture. Mitigation in the Trust has been focussed on reviewing skill mix within the existing workforce. Committee were also apprised of conversations with commissioners regarding the workforce model and service prioritisation given several of the child contacts are mandated.

Mortality report
Committee were informed that the data from adult services shows continued support of people receiving care in their preferred place, at home, at the end of life. The Trust continues to monitor the higher death rate in areas of greater deprivation yet acknowledge that the Trust is unable to identify trends in cause of death due to the reliance on Primary Care adding cause of death to electronic patient records retrospectively. The significant increase in SUDIC deaths was noted and the trust awaits any learning from ongoing investigations. It was agreed QAIG flash reports would be circulated to Committee members following the meeting.

Patient Group Directions
Committee received the paper and have ratified the 1 required PGD and acknowledged the five national PGDs.

NICE guidance compliance
The report was received in its new format. Whilst this focusses on the required work, due to report formatting available from Datix, Committee were apprised of the significant positive work that has been undertaken in achieving the current Trust position. Committee approved closure of the 3 outstanding records. Committee asked for future reports to include the rationale for delays to provide additional assurance.

Clinical Audit Update
Committee were informed of the increased number of audits for the year since last presented and the impact of capacity, escalated OPEL levels and the Care notes outage in CAMHS on delivering on the plan. Committee members were supportive of the work being

undertaken by one of the clinical fellows to improve the plan giving consideration to focussing audits to provide assurance around organisational safety and risk.

Internal audit reports
Committee heard how the Adult Safeguarding internal audit received high assurance in relation to the controls in place to manage Safeguarding Adult cases of self-neglect. There were no recommendations or required actions.
Committee chairs are meeting in January to discuss internal audit programme for next year and Committee members have been asked to consider items for inclusion.

BAF Assurance activity
The 6 monthly report was presented providing a summary of compliance with the 5 Board assigned strategic risks for Quality Committee. The paper identified two of the five risks received few sources of assurance to be able to evaluate whether the strategic risk was being managed. Committee felt this needed further consideration as papers and conversations often include assurance against multiple strategic risks which are not captured, with a suggestion to include this on report header sheets.

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**	• Performance Brief (effective) • Clinical Governance report • Risk register report • Mortality Report • NICE Guidance compliance update • Clinical audit report • Quality Strategy update • Leeds Sexual Health Service • Internal audit report (Safeguarding)	Reasonable assurance	Substantial assurance provided from the safeguarding internal audit report The Sexual Health update provided some assurance actions were being taken however Committee requested further information regarding Trust wide learning for additional assurance Clinical audit report noted a lack of progress against the initial plan. Whilst this is being addressed a review is required to provide ongoing assurance
Risk 1.2 The risk that there are insufficient **clinical governance arrangements in place for new care models**	**9** **High**	• Service spotlight (Diabetes) • Paediatric dental service update	Reasonable assurance	The spotlight provided an excellent focus on health equity; a constant search for better ways and a system focussed approach. However also raised questions requiring a return to Quality Committee for further assurance
RISK 1.3 The risk that the Trust does not maintain **and continue to improve service quality**	**8** **High**	• Covid and system pressures update • Performance Brief (safe) • QAIG key issues • Clinical Governance report • Risk register report • Quality Strategy update • Board service visits reports • Service spotlight (Diabetes) • NICE Guidance compliance update • Dental staffing model and waiting times • Leeds Sexual Health Service • Internal audit report (Safeguarding)	Reasonable assurance	Dental staffing and clarity around waiting times were noted to be in the process of being addressed and therefore will return to Committee to enable further consideration of assurance
RISK 1.4 The risk that the Trust does		• Performance Brief (caring)	Reasonable	Members understood the

not **engage with patients and the public effectively**	**12** **V High**	• QAIG key issues • Engagement Strategy approach • Clinical Governance report (service visits)	assurance with concerns around engagement strategy as detailed	engagement plan and issues and are clear the principles and defined actions will be presented in March 2023. Until this detail is seen by Committee it is not possible to consider assurance level
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**	• Covid-19 / system pressures update • Performance Brief • Clinical Governance report • Risk register report • Dental staffing model and waiting times • Leeds Sexual Health Service	Reasonable assurance	Note aforementioned comments regarding Dental staffing and Leeds Sexual Health

Trust Board Meeting held in public : 2 December 2022

Agenda item number: 2022-23 (90c)

Title: Business Committee Chair's assurance report 26 October 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 26 October 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.

E-Community (Allocate)
The Committee was provided with an update on the e-Community project. An interoperability issue had been identified between the e-Community software and SysmOne. This was being worked through with the two software providers and testing will restart once a solution is agreed. Once the system is fully operational, the benefits to be realised include saving 90 hours of allocation work per week and being able to produce a 6-week forecast. Other efficiencies will include reducing the length and number of journeys staff will need to make, which will have a positive impact on our carbon footprint.

The project team anticipate that e-Community will be rolled out to the two pilot teams by the end of March 2023.

Workshop: Deep dive into the Neighbourhood Teams
The presentation provided the context in which neighbourhood teams delivered care including that they made c1800 contacts per day (56,000/month), c650 referrals per week, and had a caseload of 7200-8000 patients. Finances were not constrained and there was a balance of funds overall. Funded to utilised staffing levels were presented, this highlighted the numbers of vacancies particularly in healthcare assistant and nursing roles. The Committee explored the use of bank staff and the benefits of having a flexible workforce. They were also advised of demand and capacity initiatives and improvements such as use of clinics, digital consultations, the Enhance programme (third sector providing support), self-management, Active Recovery (social care referrals), and the Community Health and Wellbeing Service currently being piloted by the Armley team.

Workforce Quarterly Report (Quarter 2)
The report focussed on resourcing, and on support provided to staff. Some improvements in capacity have been achieved during quarter 2, associated with lower turnover, a higher number of new starters, and a reduction in sickness absence. Hyper-local recruitment has seen continued success. A reward review has been commissioned for consideration during quarter 3 to ensure the ongoing efficacy of any incentivisation approaches. Turnover statistics associated with particular protected characteristics were presented, whilst there was a difference in rates for these groups of staff, the Committee was advised that protected characteristic groups represent a smaller proportion of the wider population which will "magnify" differences when using percentages. The Trust will monitor these figures, and use them to inform ongoing Equality, Diversity & Inclusion work.

Premises Assurance Model
The Committee was provided with a summary of the self-assessed standards against the 249 self-assessment questions relevant to the Trust. This confirmed that, overall, the Trust has a high level of compliance with the PAM standards but with a clear area of weakness related to the Trust's facilities management services. This had already been identified as weak and progress had been made in recent months. The Committee reviewed the action plans including ownerships and proposed target completions dates.

Recommendation:

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

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

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**	• Allocate e-community project	Reasonable	The Committee recognised the issues concerning interoperability but agreed that the project was being managed well
RISK 2.2 The risk that the Trust does not deliver its **contractual requirements**	**6 Moderate**		*Risk not evaluated at this meeting*	
RISK 2.3 The risk that the Trust is not **improving productivity, efficiency and value for money**	**9 High**		*Risk not evaluated at this meeting*	
RISK 2.5 The risk that the Trust does not deliver on its agreed **income and expenditure** position	**6 Moderate**	• Quarterly Finance Report	Reasonable	The Committee noted the risks to its financial position for the next financial year
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**	• Allocate e-community project • Neighbourhood Teams workforce workshop	Reasonable	See notes for Risk 2.1
RISK 2.8 The risk that **waiting times** for appointments are not reduced	**12 V High**	• System pressures update • Workforce quarterly report • Risk register	*Risk not evaluated at this meeting*	

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**	• System pressures update • Risk register • Workforce quarterly report • Neighbourhood Teams workforce workshop • Allocate e-community project	Reasonable	The neighbourhood teams deep dive and workforce quarterly report provided assurance that opportunities for skill mixing, flexible working, and hyper-local recruitment were having a positive effect.
RISK 3.3 The risk that the Trust is not investing in developing **managerial and leadership capability**	**9 High**		*Risk not evaluated at this meeting*	
RISK 3.4 The risk that the Trust does not develop and embed a suitable **health and safety management system**	**12 V High**	• Premises Assurance Model (PAM) report	Reasonable	The PAM identified some weaknesses and an action plan was in place to address these.
RISK 3.5 The risk that the Trust is not maintaining **business continuity** in the event of significant disruption	**12 V High**	• System pressures update • Risk register	Reasonable	
RISK 4.2 The risk that the Trust does not have robust agreements and clear **governance arrangements for complex partnership** arrangements	**9 High**		*Risk not evaluated at this meeting*	

Trust Board meeting held in public: 2 December 2022

Agenda item number: 2022-23 (90cii)

Title: Business Committee Chair's assurance report 23 November 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 23 November 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:

The Committee discussed a number of items that highlighted the innovative spirit of the Trust that continues to flourish within the current challenging climate. Risks are being mitigated as far as is reasonably possible by the Trust although it was recognised that an Integrated Care System approach, or a Leeds Place approach was needed to support this.

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.

Community Dental Service
The Executive Director of Operations described the size and scope of the Community Dental Service, the challenges around demand and capacity, staff resources and vacancies and the current budget. She also spoke of the impact of the pandemic, as dental services had been paused for six months during 2020. Waiting times had improved but were not ideal. Data quality improvements were ongoing to ensure accuracy of information. The commissioners have requested to extend the contract until 2025, which would provide stability for staff, but meant the service model would not be reviewed until that time. Discussions about the dental health needs of the population continued with the commissioners.

The Enhance Programme

The Programme Manager from Leeds Older People's Forum presented the Committee with information about the Enhance Programme, which had been jointly funded by Leeds Community Healthcare Trust and Leeds City Council during 2022/23. She said the Enhance Programme had put the Third Sector Strategy into action to respond to pressure faced by Neighbourhood Teams. Within this programme, the third sector organisations involved take on a 'proxy family' role to support patients. She described the project milestones that had been achieved during the first year. She provided details of two case studies which demonstrated the benefits in terms of patient care and support, staff resource and finance. Next steps were to seek funding for year two to continue and further develop this important programme.

Resourcing

The Director of Workforce (JA) and Alan Sewell, Head of Workforce Systems and Intelligence, set out the approach being taken for resource planning. They described the actions that the Trust will take to deliver its workforce for the future, both medium and long term.

The Committee was advised of the significant work ongoing within services and professions to address workforce shortages and challenges. This was overseen by the Resource Steering Group. The focus was currently on professions including Nursing, and Allied Health Professionals including Podiatrists, Occupational Therapists, Physios, Dieticians, Speech and Language Therapists, and on unregistered clinical staff. The Committee was provided with vacancy numbers across these professions. Current resourcing priorities included: hyper-local recruitment, international recruitment, increasing numbers of apprenticeships, retention initiatives to reduce turnover, participation in recruitment fairs across the UK, an attraction marketing strategy, a Leeds One Workforce approach – a continued focus with city-wide colleagues to promote health and care careers, and use of intelligence from our systems to plan ahead**.**

Waitlists

The Committee was provided with a summary of current waiting times for selected services that contain significant or concerning waiting list sizes or trends. Progress was shown for each service compared to June 2022, and plans were described for further improvements.

The Committee heard that services continued with their efforts to balance the needs to see patients who have waited the longest, against urgent demand. In some cases, such as Child Development Centres (CDC) and Paediatric Neuro-Disability Clinics (PND) the demand for these services continues to rise, up to 30% higher than pre-pandemic levels.

Previous investment in temporary staffing to reduce waiting list was due to come to end in March 2023. Business Unit leaders were concerned that gains that have been made may not be held once these staffing contracts end, and remained concerned about high levels of vacancy, sickness, and the ongoing challenges of the current recruitment market

The Improving Patient Flow and Prioritisation Programme has been recommenced and was gathering workstreams relating to further improvement in these waiting lists.

Change Management

The quarter two summary demonstrated that work on the key change projects, on the whole was on track. Change projects that were not on track included ICE Pathology, Community Dental transformation, Neighbourhood Teams review, New Staff Hub (White Rose), Leeds Sexual Health Service tender, Virtual Consultations (Adult Business Unit). Details of progress, issues and actions were provided to the Committee against all the projects being managed within the Change Programme.

Mileage allowance / targeted incentives

The Committee were sighted on and subsequently approved the cost implications for the temporary increased mileage allowance and staff targeted incentives that had been approved by the Nominations and Remuneration Committee.

Recommendation:

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

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

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**	• Change management report • Enhance programme	Reasonable	
RISK 2.2 The risk that the Trust does not deliver its **contractual requirements**	**6 Moderate**	• Performance brief (waiting times, KPIs against financial penalties) • Operational and non-clinical risks register • Overview of resourcing (presentation)	Reasonable	There are concerns about commissioning models however the Trust is managing the risks that are within its control
RISK 2.3 The risk that the Trust is not **improving productivity, efficiency and value for money**	**9 High**	• Change management report • Performance Brief • Enhance programme	Reasonable	The Committee noted the benefits to patients and to staff resource, as well as the estimated financial savings.
RISK 2.5 The risk that the Trust does not deliver on its agreed **income and expenditure** position	**6 Moderate**	• Performance Brief (Finance) • Tenders / Contracts /Commissioners' intentions • Overview of resourcing (presentation)	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**	No obvious items on the agenda that provide a source of assurance for this risk – possibly the change management report?		

RISK 2.8 The risk that **waiting times** for appointments are not reduced	**12 V High**	• Covid / system pressures update • Performance Brief • Community Dental Service (presentation) • Overview of resourcing (presentation)	Reasonable	The waiting list position is improving, although not where it needs to be for some services.
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**	• Performance Brief (turnover and stability) • System pressures update • Risk register report • Overview of resourcing (presentation) • Community Dental Service (presentation) • Enhance: partnerships arrangements	Reasonable	The resourcing presentation provided assurance about medium and longer term workforce plans. Sickness absence rates for long term sickness remain a concern. Retention rates have stabilised
RISK 3.3 The risk that the Trust is not investing in developing **managerial and leadership capability**	**9 High**	• Performance Brief appraisal rates (Well Led) • Overview of resourcing (presentation)	Reasonable	
RISK 3.4 The risk that the Trust does not develop and embed a suitable **health and safety management system**	**12 V High**	• Performance Brief (staff RIDDOR incidents) • Performance Brief (statutory mandatory H&S compliance) • Health and Safety Group minutes	Reasonable	
RISK 3.5 The risk that the Trust is not maintaining **business continuity** in the event of significant disruption	**12 V High**	• Performance Brief (Reset and Recovery) • System pressures update • Risk register report • Community Dental Service (presentation) • Enhance: partnerships arrangements	Reasonable	
RISK 4.2 The risk that the Trust does not have robust agreements and clear **governance arrangements for complex partnership** arrangements	**9 High**	• Risk register report • Scrutiny of partnerships arrangements: Enhance • Tenders / Contracts /Commissioners' intentions	Reasonable	

West Yorkshire
Health and Care Partnership
Mental Health, Learning Disabilities & Autism

Escalation and Assurance Report

Report from: West Yorkshire (WY) Integrated Care System (ICS) Mental Health, Learning Disability & Autism (MHLDA) Committee-in-Common
Date of the meeting: 27/10/2022

Key discussion points and matters to be escalated from the discussion at the meeting:
Alert/Action:
• Staffing pressures continue to be felt across workstreams. • There are estate challenges with RKV which are leading to out of area placements, the RKV unit are continuing to remedy those challenges. • There is a LTP ambition to develop the MH111 offer for MH crisis support by March 2023, there is a current task and finish group in place, a high level plan is being produced with regular updates to Secondary Care Pathway and NHSE but we are unlikely to meet the March timescales. • Perinatal Mental Health access targets are not being met nationally, regionally or in West Yorkshire. This is driven by challenges of expanding PMH access whilst not destabilising core mental health services, when staffing is limited in its availability.
Advise:
• There is a national data legal challenge which is delaying the Collaborative Bank go-live. The Collaborative Bank is ready to mobilise once the challenge is resolved. • The Neurodiversity deep dive is entering the recommendation phase following extension development and coproduction work. We need to continue to raise the profile of neurodiversity and supporting neurodiverse individuals across the health system.
Assure:
• SWYPFT will be the WY Coordinating Provider for CAMHs and LYPFT for Perinatal Mental Health. • The meeting agreed to the updated ToR. • NHSE were assured with the collaborative's response regarding acute care pathways.

Report completed by: Keir Shillaker, WY MHLDA Programme Director **Date:** 07/11/2022

Distribution: Chairs and Company Secretaries of Bradford District Care NHS Foundation Trust, Leeds Community Healthcare NHS Trust, Leeds & York Partnership NHS Foundation Trust, South West Yorkshire Partnership NHS Foundation Trust.

Trust Board Meeting held in public: 2 December 2022

Agenda item number: 2022-23 (91)

Title: Performance Brief October 2022

Category of paper: for assurance
History: Quality Committee – 21 September 2022
Business Committee – 23 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

- There were 66 moderate harm and 9 major harm incidents reported
- Sixty-three incidents were reviewed, of which four were escalated to a Serious Incident (SI)
- There were 12 Central Alert System (CAS) notifications in the period. Six remain open, five under Medicines review and one under IPC review
- There are 5 open inquests which have been notified to LCH in 2022/23

Caring

- There were 784 Friends and Family Test (FFT) responses in September and October 2022. 93.5% respondents rated their care as good or very good, this is an 1.5% decrease from the previous reporting period. Further information about other ways we engage with and receive feedback from patients is provided in the 6 monthly reports to Quality Committee and board.
- There were 32 complaints received in September and October 2022, an increase from the last reporting period (19), at this stage this is not a trend but will be closely monitored over the coming months.
- There were 147 concerns received in September and October 2022, a slight decrease from the last reporting period (155)
- There were 134 compliments received in September and October 2022, a decrease from the last reporting period (178)

Effective

- Reporting on the Effective Domain is provided Quarterly, so is not due this month.
- By exception, data has been included on one death in a Community Care bed in October
- By exception, data has been included on 2 Sudden Unexpected Deaths in Infant or Children (SUDIC) on active cases, one from Sep 2022 and one from Oct 2022

Responsive

- Consultant-led RTT waits continue to be below target, falling to 71.8% in October 2022
- Non-reportable waiting times have held firm at 88.2%
- DM01 performance has improved to 50.9%, the highest level since pre-pandemic
- LMWS continues to see patients in line with 6-week and 18-week targets, and recent declines in screening targets have stabilised
- 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 due to further Covid surges and potential industrial relations unrest
- Staff turnover has continued to stabilise with October being at the lowest leaver rates of 2022 since March 2021
- The spikes in overall sickness absence rates, (July 8.1%) and (October 7.1%), were as a result of predicted waves of Covid infections. Long-term absence remains a concern, with the main absence due to anxiety, stress, and depression, which for latest period accounted for 1.6% of 4.9% long term absence. Short-term sickness absence for all areas has remained below target for the last 9 months.
- An Appraisal project is underway, to introduce new paperwork and streamlined process from Spring next year, which should start to make some improvements towards the 90% target
- Statutory and mandatory training compliance remains high, with most months only 3 or 4% short of the target, which is a positive picture in light of the many competing demand/capacity issues facing many teams

Recommendations

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

Performance Brief – October 2022

Leeds Community Healthcare NHS Trust

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.

This report also contains indicators and narrative previously included within the Neighbourhood Team Triangulation Report. Following the original intentions, that report is being stood down, and its content beginning a transition into the Performance Brief.

Committee Dates

- Quality Committee – 21st November 2022
- Business Committee – 23rd November 2022
- Trust Board – 2nd December 2022

Recommendations

Committees and the Board are recommended to:

- Note present levels of performance
- Determine levels of assurance on any specific points
- Provide feedback on the effectiveness of the integration of Neighbourhood Team Triangulation indicators and narrative into this report

Main Issues for Consideration

Safe

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- 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 due to further Covid surges and potential industrial relations unrest
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- The spikes in overall sickness absence rates, (July 8.1%) and (October 7.1%), were as a result of predicted waves of Covid infections. Long-term absence remains a concern, with the main absence due to anxiety, stress, and depression, which for latest period accounted for 1.6% of 4.9% long term absence. Short-term sickness absence for all areas has remained below target for the last 9 months.
- Statutory and mandatory training compliance remains high, with most months only 3 or 4% short of the target.

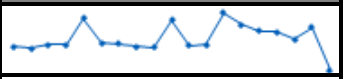
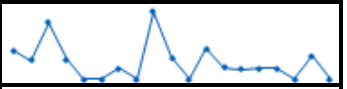
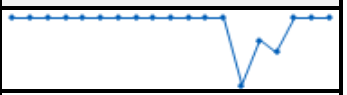
Finance

- The forecast surplus will be achieved; Leeds NHS organisations are working closely to deliver the best possible financial results for the city.

Safe – October 2022

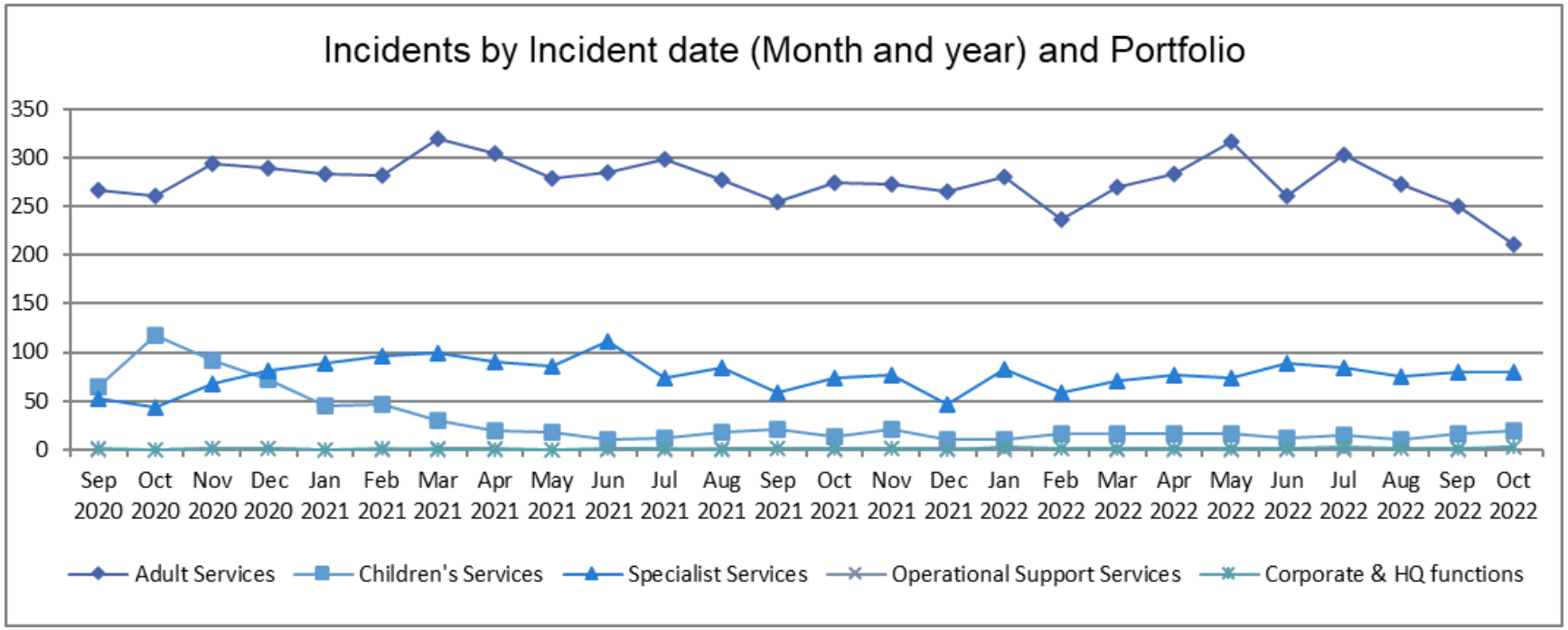
By safe, we mean that people are protected from abuse and avoidable harm

Leeds Community Healthcare NHS Trust

Safe - people are protected from abuse and avoidable harm	Responsible Director	Target	Financial Year	Q1	Q2	Oct	Nov	Dec	Q3	YTD	Time Series (from Apr-19)
Patient Safety Incidents reported as Harmful (per 1K contacts)	SL	1.42 to 2.09	2022/23	2.10	1.98	1.53				1.97	
			2021/22	1.81	1.94	1.85	1.81	1.81	1.82	1.87	
Serious Incidents (per 1K contacts)	SL	0 to 0.1	2022/23	0.01	0*	0*				0*	
			2021/22	0.03	0.01	0.01	0.00	0.06	0.02	0.02	
Validated number of Patients with Avoidable Category 3 Pressure Ulcers	SL	8 per year	2022/23	2*	1*	0*				3*	
			2021/22	0	1	0	0	2	2	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	0	0	0	
Validated number of Patients with Avoidable Unstageable Pressure Ulcers	SL	10 per year	2022/23	1*	2*	0*				3*	
			2021/22	4	1	0	0	1	1	5	
Number of Falls Causing Harm	SL	No Target	2022/23	46	0	0				46	
			2021/22	138	132	39	59	38	136	309	
Number of Medication Errors Causing Harm	SL	No Target	2022/23	5	0	0				5	
			2021/22	15	8	4	5	3	12	27	
Number of teams who have completed Medicines Code Assurance Check 1st April 2019 versus total number of expected	RB	100% by year end	2022/23	68%	77%					68%	
			2021/22	63%	73%				83%	63%	
Percentage of Incidents Applicable for DoC Dealt with Appropriately**	*SL*	100%	2022/23	66%	100%	100%				100%	
			2021/22	100%	100%	100%	100%	100%	100%	100%	
Attributed MRSA Bacteraemia - infection rate**	*SL*	0	2022/23	0	0	0				0	
			2021/22								

Patient Safety Incidents

There were 665 LCH patient safety incidents recorded in Datix during the reporting period, this compares to 766 in the previous period. As the data is taken from a live system the incidents are continually updated which results in some variation in the reported numbers over time.



The Adult Business Unit (ABU) reported 461 (69.3%) from 575 (75.1%) at the last report, this is a 19.8% decrease in reporting of Patient Safety Incidents. On review of reporting by team in the Business Unit there has been a general reduction across teams in no harm and low harm incidents. Moderate and major harm remains consistent (Table Two). This will be monitored closely over the coming weeks to establish if this is an ongoing downward trend.

Children's Business Unit (CBU) reported 37 (5.6%) compared to 26 (3.4%) in the last period and highlights a return to usual levels of reporting following a reduction in August 2022.

Specialist Business Unit (SBU) reported 159 (23.9%) compared to 159 (20.8%) in the last period which is within range over the two-year period.

Table 2: LCH Patient Safety Incidents by month and level of harm*

	No injury sustained	Minimal Harm	Moderate Harm	Major Harm	Total
Jan 2022	116	195	41	9	361
Feb 2022	102	166	27	3	298
Mar 2022	117	179	40	5	341
Apr 2022	123	195	36	3	357
May 2022	153	202	25	10	390
Jun 2022	130	181	33	2	346
Jul 2022	172	180	26	5	383
Aug 2022	148	162	26	6	342
Sep 2022	122	171	38	5	336
Oct 2022	136	133	28	4	301
Total	1319	1764	320	52	3455

*Deaths not included

Moderate Harm Incidents

There were 66 moderate harm incidents reported in September/October 2022 from 52 in July/August. However, at the stage of reporting for Performance Brief last period the moderate harm incidents were recorded as 62 for July and August's data, which reduced to 52 as incidents have progressed.

The incidence of moderate harm is higher this period due to a reduction in overall incidents and in the no harm and low incident categories. The incidence of moderate harm incidents last period was 7.73% compared to 11.56% this period.

Major Harm Incidents

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

Table 3 Major Harm Incidents

Category	Number
Pressure Ulcer Category Four	1
Implementation of care	1
Falls	7

The Pressure Ulcer is pending Rapid Review and relates to device related pressure damage to a right hand where a splint is situated for a patient in Community Neurology.

The Implementation of Care incident relates to a potential delay in assessing a patient with signs of infection who was later admitted to hospital in Seacroft Neighbourhood Team (NT) and is pending Rapid Review.

Of the Falls, one has been assessed as no lapses in care at Rapid Review for Morley NT. The remaining six are pending Rapid Review and will be updated at the next report. Seacroft and Holt Park recorded two incidents, and Pudsey and Middleton NT recorded one each.

A review of moderate and major harm incidents with a health equity lens was considered however the data is not available to assess individual groups of incidents.

Rapid Review Meeting Outcomes

There were 63 Rapid Reviews completed in September and October 2022; 24 were from incidents reported in Quarter One 2022/23, 39 were from incidents reported in Quarter Two.

Forty-two (76.5%) incidents required no further action on review, ten (19.1%) required additional information and a second review but did not progress to Serious Incident after follow up review. Four (2.9%) were reported as Serious Incidents. The remaining seven are pending update of the outcome which will be shared at the next report.

Serious Incident Investigations

Four incidents reviewed at the Rapid Review Meeting progressed to a Serious Incident (in line with the Serious Incident Framework 2015) and reported via the Strategic Executive Information System (StEIS) all within timeframe. One was subsequently de-logged

ID	Incident date	Category	Rapid Review	Date added to STEIS	Delog date
82712	08/06/2022	Meatal tear	21/09/2022	21/09/2022	26/10/2022
83314	08/07/2022	Pressure ulcer – category 3	02/09/2022	02/09/2022	
84782	13/09/2022	Lack of clinical risk assessment	30/09/2022	30/09/2022	
85431	14/09/2022	Error during the prescription process	28/10/2022	28/10/2022	

National Reporting Compliance

StEIS reporting has been completed for the relevant incidents within the required timescale of 48 hours.

LCH was compliant with the Duty of Candour Regulation, two letters were sent within 10 working days, one family requested not to receive a letter and the letter for ID 85431 is not yet due at the time of this report being written.

Central Alert System (CAS) Notifications

There were 12 Central Alert System (CAS) notifications during this period. Six alerts remain open, of those five are being assessed for relevance by Medicines Optimisation and one is under review by Infection Prevention and Control in relation an outbreak of Ebola in Sudan and Uganda. Alerts will be closed at a planned monthly meeting between the Head of Clinical Governance, the Quality Leads, and the Patient Safety Manager, as part of the collective approval process prior to closure.

Inquest

There are five open inquests. The table below details a summary of the inquests recorded in Datix**.**

Case	Date LCH notified	Summary	Current position	Learning
7870	04/03/2022	A Female patient under the care of Wetherby Neighbourhood Team had a fall at home, hitting her head on 27/8/2021. The Neighbourhood Team were informed of the fall by the patient's husband on 28/8/2021 and a visit was planned for the same day. The patient was admitted to hospital later that day and diagnosed with a fractured neck of femur, the patient had surgery for fracture on 29/8/2021. The patient sadly died in hospital on 15/9/2021	A Witness Statement has been provided to the coroner, as requested, by the Community Staff Nurse who visited on 28/8/2021. The inquest hearing was held on 24/8/2022 using documents only and the conclusion of the coroner as to the death was recorded as accident.	The outcome was accidental death with no actions or learning identified for LCH.
7874	24/08/2022	A Female patient under the care of the Meanwood Neighbourhood Team from 29/5/2022 when they were referred for leg dressings. The Neighbourhood Team visited on 12/7/2022 and the patient was admitted to hospital via 999 due to deterioration in health and confusion. The patient sadly died in hospital on 14/7/2022.	Four Witness Statements have been provided to the coroner, as agreed from Registered Nurses who visited throughout the period of care provided by the Neighbourhood Team. An overview statement including a timeline of events has also been provided to the coroner as recommended by the Trust Solicitor. There is no date at present for the Inquest Hearing. Incident ID 84822 for this patient's unexpected death has been reviewed at Rapid Review Meeting on 2/11/2022 and has progressed to Serious Incident investigation and StEIS reported.	Ongoing
7868	23/02/2022	A female child under the care of the 0-19 Service. On 6/5/2021 the child was left unattended in the bath and found face down in the water, CPR was commenced, and the child was transferred to hospital via 999 Ambulance. The child sadly passed away in hospital on 12/5/2021.	A Witness Statement has been provided to the coroner, as requested from a Health Visitor involved in the Child's care. There is no date at present for Inquest hearing	Ongoing
7857	20/10/2021	A Male Patient under the care of the Seacroft Neighbourhood Team. The Patient was admitted to	Three Witness Statements have been provided to the coroner, as requested, one from a Registered Nurse,	Ongoing

		hospital on 21/9/2021 and sadly died a week later on 28/9/2021.	one from a Health Case Manager and one from Villa Care. Coroners court have requested availability of the above staff members to attend an Inquest Hearing between November 2022 and April 2023. The Registered Nurse is currently on Maternity Leave so awaiting details on date of return to work to inform Coroner	
7848	18/2/2020	A Female detained in Police Custody Suites. 7/1/2018 referral was made to Health care due to drinking and stated to be pregnant. Transferred to hospital in early hours of morning where pregnancy was confirmed and discharged back to the Custody Suite. At 12.30pm, the female was found collapsed and CPR commenced, she was transferred to hospital where she sadly died. Cause of Death confirmed following Post-Mortem as 1a Cardiomyopathy	Two Witness Statements have been provided to the coroner, as requested, by the Registered Nurses in Police Custody. A copy of the De-logged Serious Incident Investigation has also been shared with the Coroner at their request. There is no date at present for Inquest hearing	Ongoing

Business Unit Updates by Exception

Adult Business Unit (ABU)

The Quality Lead will share the reduction in reporting of low and no harm incidents this month with the Business Unit and raise awareness of the need to report all incidents to promote a positive reporting and learning culture. The no harm and low harm incidents will be reviewed during the next Performance Brief to identify if the reduction continues. The noted significant increase in incidents reported at the end of Quarter Two for Wetherby Neighbourhood Team has reduced back to usual reporting levels in October.

Rapid Review Templates Due: there are currently 101 incident meeting the moderate / major harm criteria for completion of a Rapid Review from 84 at last report. The incidents date back to October 21 (incident reported in September 22), with the highest number outstanding below.

Incident date	Total
Oct 2021	1
Apr 2022	1
May 2022	2
Jun 2022	2
Jul 2022	9
Aug 2022	13
Sep 2022	35
Oct 2022	34
Nov 2022	4
Total	101

Team	Number to review	Oldest incident date
Yeadon	13	Jun 22
Armley	12	Aug 22
Woodsley	12	Oct 21
Seacroft	10	Sep 22
Kippax	7	Jun 22
Meanwood	7	May 22

An initiative has commenced for ABU in how the moderate harm and above incidents are reviewed. A Virtual After-Action/Rapid Review process where the incidents are dynamically reviewed by the panel live in the meeting is being piloted. This is instead of a report being written and then considered by the panel. The aim is to address the current backlog of Rapid Reviews in ABU and to also test the process for potential inclusion in the organisations Patient Safety Incident Response Plan that is required from the national Patient Safety Strategy.

The first meeting has been completed with good feedback of the process. Three incidents were reviewed with the Falls Specialist, Tissue Viability, the Team, the Clinical Incident Management Practitioner, and the Patient Safety Team. They were able to gain sufficient information from SystmOne to reach a robust and safe conclusion in relation to whether there were lapses in care.

Children's Business Unit (CBU)

37 LCH patient safety incidents were reported in September / October. This is an increase from 22 in July / August 2022, where a significant decrease was reported. There is ongoing work within the Business Unit to increase awareness of incident reporting. This was discussed at each of the Service Performance Panels in October and will be monitored via the CBU Governance report.

Month	No injury sustained	Minimal Harm	Moderate Harm	Total
Sep 2022	12	4	1	17
Oct 2022	15	4	1	20
Total	27	8	2	37

There were 2 moderate harm incidents reported, both are awaiting completion and review via the rapid review process.

- 85263 – a child with a known history of Osteopenia and fractures due to condition and being non weight bearing sustained a fracture to her left femur.
- 84779 – a deterioration in a child's pressure ulcer to a Category 3.

Specialist Business Unit (SBU)

Leeds Mental Wellbeing Service (LMWS)

A follow up deep dive into unexpected deaths has been completed by the Quality Lead for LMWS following earlier reviews in February and June 2021. The purpose of the deep dive was to understand the learning from these incidents and provide assurance in addition to assessing whether all unexpected deaths in LMWS should continue to be assessed at Rapid Review. Incidents between 1/4/20 and 30/9/22 were analysed and no specific trend was identified.

In 2020/21, 12 incidents were reported in this period, one progressed to Serious Incident and eleven were assessed as no lapses in care. In 2021/22, 13 incidents were reported, two progressed to Serious Incident, one was subsequently de-logged. Nine were assessed as no lapses in care. In 2022/23 to date 12 incidents have been assessed, none progressed to Serious Incident.

A proposal is being considered to review LMWS unexpected deaths within the mortality process rather than Rapid Review process. The Patient Safety Team review incoming incidents daily and any deaths that clearly require a Rapid Review would be escalated from this process.

Learning from Incidents

- The importance of completing consent template and MCA4 if the service user is declining input – reminder for all services. Organisational work is currently ongoing looking at how we assess and document consent and capacity more clearly for those patients with a learning disability or mental health diagnosis, this is led by the Named Nurse for Mental Capacity and Dementia and the Learning Disabilities Lead.
- Good practice of following referral pathway when a patient reports abuse.
- Good practice of following the Pressure Ulcer pathway, an initial assessment noted category 2 ulcer and appropriate intervention and referrals were completed.

- A reminder for all services to cross reference the NHS number/DOB/Patient name when registering a patient to a service.

Focus on falls investigations learning Quarter One and Two

Correct use of the Tier 2 falls risk screening questions is reiterated as learning from the Rapid Review investigations for the relevant teams. The Community Falls Service are in the process of setting up falls teaching sessions for the registered staff in the Neighbourhood Teams initially to highlight falls assessment, prevention, and management.

Lying and standing blood pressure was not completed nor a documented rationale of why not, or missed opportunities for completing lying and standing blood pressure when required were identified. A focus on this is planned by the Falls Steering Group to understand the barriers to completing this.

When postural drop is identified, appropriate management has not always been followed. The Focus Group will consider follow up of postural drop.

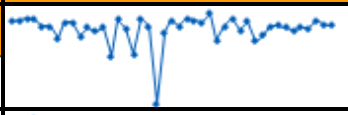
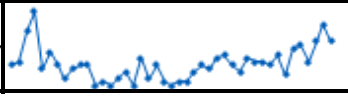
Osteoporosis risk identification is not completed in every case with some falls resulting in fractures. These may have been avoided if proactive identification on initial assessment was completed. This will be discussed at the next Falls Steering Group. An Osteoporosis risk question on the Tier 2 falls risk assessment has been updated to give more guidance for clinical staff on what to consider as part of this risk assessment and raise awareness.

Therapy triage is being reviewed as part of the Neighbourhood transformation project. Physiotherapy assessment and input regarding falls risk patients in relation to learning from the incidents has been fed back to the ABU Clinical Lead and ABU Clinical Pathway Lead for Therapy.

Caring – October 2022

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

NHS Leeds Community Healthcare NHS Trust

Caring - staff involve and treat people with compassion, kindness, dignity and respect	Responsible Director	Target	Financial Year	Q1	Q2	Oct	Nov	Dec	Q3	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%	93.8%	93.5%				93.0%	
			2021/22	95.7%	92.1%	92.0%	95.2%	87.9%	91.3%	93.9%	
Total Number of Formal Complaints Received	SL	No Target	2022/23	29	41	14				84	
			2021/22	18	26	5	9	8	22	49	

Friends and Family Test (FFT)

In September and October 2022, there were 784 responses to the FFT, a decrease of 726 response from the last report. On review of responses there was a significant decrease in School Immunisation FFT responses (from 382 to 8) from the last reporting period and this may be due to a delay in the inputting of FFT card data to the system following the end of the school year.

93.5% (736 out of 784 respondents) of community patients/service users reported their experience as good or very good.

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.

The last report shared that Leeds Sexual Health Service (LSH) had developed a Young People's Survey (Under 18) to find out the views of this group of clients on current service provision. There have been 26 responses to the survey so far with results showing that the preferred way to book an appointment would be via the service website, on the telephone or by text.

There were 7 new surveys added to the Membership Experience System in September and October 2022: 5 in Children's Business Unit and 2 in Specialist Business Unit.

A CAMHS Medication Survey has been developed to be completed by young people and parents. The purpose of this survey is to help provide a reduction in waiting times for medication by listening to what parents/young people think would help with this. The online survey has been made to be compatible with a screen reader to be more accessible to those completing it. CAMHS staff will also be involved in delivering a virtual parent focus group and reviewing survey results. To ensure accessible information standards are met the parent focus group will be held virtually so that the subtitle function on MS Teams can be used, this has been decided following consultation with attendees to ensure that this does not prevent people from joining online.

The Tier 3 Weight Management Service have requested to amend the current FFT used for the service to offer more specific feedback to each part of the service – physiotherapy, medical, dietician and mental health. Furthermore, the service has been supported to set up a QR code for their email footers to encourage more patients on more occasions to provide us with feedback. This survey will allow the service to break down the team's feedback more easily to enable them to make specific changes to each part of the patients experience with the service. In addition to this the service have created a patient engagement champion role who will review the feedback and create 'you said we did' posters to share in the team newsletter, and with patients on admission to service.

Complaints, Concerns and Claims

Thirty-two complaints were received in September and October 2022, an increase of 13 (41%) from the last reporting period. Two complaints were passed to another organisation, two complaints were withdrawn, and 28 complaints remain open for Leeds Community Healthcare NHS Trust (LCH). 91% (29/32) complaints were acknowledged within three working days.

Three complaints were not acknowledged within 3 working days: with acknowledgement taking place on days 4, 9 and 17. These delays have been investigated and for each case the complaint was missed coming into the PET Inbox. This has been due to a handover period for a newly appointed team. There has been an audit of the inbox content and processes are being reviewed to ensure this does not happen again.

In September and October 2022, 14 complaints were closed of which two were passed on to another organisation, four withdrawn by the Patient Experience Team with the agreement of the complainants, one was a multi sector closed complaint and one was withdrawn by the complainant.

Four out of six complaint responses met the internal Trust target of 40 working days. Two complaints exceeded 40 days; one at 49 days where an apology was issued to the complainant and explanation provided that this was due to new members of staff within PET and a handover period, where roles and responsibilities had not yet been allocated and embedded. The other complaint response exceeded both the internal target of 40 days and external target of 180 days; this was due to this being a complex and historical complaint and the complainant needing additional time to agree the complaint plan. Therefore, of the 6 complaints responded to by LCH in September and October, 83% (5/6) were responded to within 180 days.

Four out of six 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. Key learning in September and October for services who closed complaints was:

- The importance of continuing to communicate with patients and their carers during the use of a hoist to ensure everyone understands what is happening and any concerns related to safe use can be heard and responded to.

- To ensure information on the LCH website and service webpages is kept up to date.
- A system change was made in Leeds Sexual Health (LSH) for people needing appointments for specific treatment; they are now added to a task waiting list which is monitored daily to ensure that individual's medication does not run out.
- Nursing team members at LSH have now been trained to provide care for people using PrEP, to allow for additional clinics and reduce the time people must wait for appointments.

There were 147 concerns received in September and October 2022, a slight decrease from the last two reporting periods (173 and155). Leeds Sexual Health Services continued to receive the most concerns, 22 (28 in July and August 2022). These relate to difficulties in contacting the service for to make an appointment or to obtain results, communication and waiting times.

There were 134 compliments received in September and October 2022, a further decrease from the last two reporting periods (178 and181). The highest number of compliments, 26, were regarding the Neighbourhood Teams.

Claims

The current claim caseload is 15 open claims and 13 potential claims. All are being managed according to current policy. One new clinical claim has been received in September and October; this claim relates to a health visitor from 0-19 PHINS and concerns that perineal stitches were not checked for healing prior to discharge.

During September and October one non-clinical claim has been closed; this related to a claim for personal injuries and losses sustained by a member of staff because of medical negligence- this claim has been closed with no action intended or contemplated against the Trust.

Health Equity

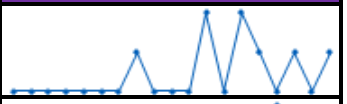
Work is ongoing to capture and understand the health equity data for patient experience. Health equity data is captured for incidents via a link between SystmOne and the Datix module by using a patient/carer's NHS number. Patient Experience do not currently capture or have access to the NHS number for complaints and concerns. A meeting is scheduled with Business Intelligence to understand how we may be able to capture health equity data without an NHS number, or how we may be able to work with Datix to capture this.

Concerns will be considered as part of the next stage of Business Intelligence reporting for health equity data.

Effective – October 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.

Leeds Community Healthcare NHS Trust

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	Financial Year	Q1	Q2	Oct	Nov	Dec	Q3	YTD	Time Series (from Apr-19)
Number of Unexpected Deaths in Bed Bases**	RB	No Target	2022/23	3	1	1				5	
			2021/22	0	0	0	1	0	1	0	
Number of Sudden Unexpected Deaths in Infants and Children on the LCH Caseload**	RB	No Target	2022/23	1	4	1				6	
			2021/22	0	1	0	1	1	2	1	

** Reported by exception

Narrative for the primary Effective indicators is provided Quarterly and is not due for this monthly report. Narrative is provided here for indicators that are report by exception only.

Unexpected Deaths in Bed Bases

Community Care Beds continue to receive admissions at much higher levels of acuity than usual particularly amongst patients stepping down from acute care. One death occurred in October 2022. Following review, no learning was concluded for LCH. During this review, LCH staff were praised by a local Geriatrician for the high quality of End-of-Life Care provided within these beds.

Sudden, Unexpected Deaths in Infant and Children

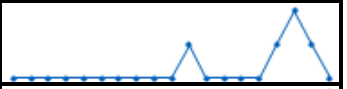
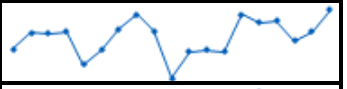
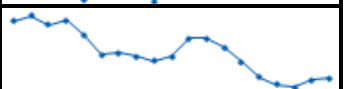
Two SUDIC cases on active LCH Caseloads (excluding those known to 0-19 Services only) were reported in September and October 2022.

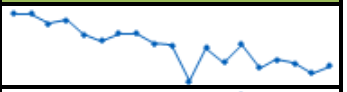
- 16-year-old died of Aspirational pneumonia MPV17 condition. Known to Children's Nursing Service, ICAN and SLT. No immediate LCH learning identified.
- 16-year-old with life limiting condition died of cardiac arrest. Known to ICAN and Children's Community Nursing. No immediate LCH learning identified.

Responsive – October 2022

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

NHS Leeds Community Healthcare NHS Trust

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	Q2	Oct	Nov	Dec	Q3	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%	95.7%	93.1%				95.4%	
			2021/22	95.8%	96.0%	96.0%	95.9%	96.0%	96.0%	95.9%	
Percentage of patients currently waiting under 18 weeks (Consultant-Led)	SP	>=92%	2022/23	83.4%	75.2%	71.8%				71.8%	
			2021/22	87.3%	83.6%	82.8%	84.2%	87.2%	87.2%	82.8%	
Number of patients waiting more than 52 Weeks (Consultant-Led)	SP	0	2022/23	0	2	0				0	
			2021/22	0	0	0	0	0	0	0	
Percentage of patients waiting less than 6 weeks for a diagnostic test (DM01)	SP	>=99%	2022/23	46.9%	44.3%	50.9%				50.9%	
			2021/22	43.7%	38.8%	45.2%	49.4%	44.7%	44.7%	45.2%	
% Patients waiting under 18 weeks (non reportable)	SP	>=95%	2022/23	90.6%	88.4%	88.2%				88.2%	
			2021/22	79.0%	84.7%	83.3%	84.2%	84.1%	84.1%	83.3%	
LMWS – Access Target; Local Measure (including PCMH)	SP	24456 by year end	2022/23	7,581	8,014	2,728				18,323	
			2021/22	7,611	7,472	2,553	2,684	2,148	7,385	17,636	
IAPT - Percentage of people receiving first screening appointment within 2 weeks of referral	SP	No Target	2022/23	51.6%	40.9%	43.4%				45.5%	
			2021/22	73.8%	65.3%	57.1%	55.2%	52.8%	55.2%	68.0%	
IAPT - Percentage of people referred should begin treatment within 18 weeks of referral	SP	>=95%	2022/23	99.6%	98.8%	98.5%				99.1%	
			2021/22	99.6%	99.8%	100.0%	99.6%	99.1%	99.6%	99.8%	
IAPT - Percentage of people referred should begin treatment within 6 weeks of referral	SP	>=75%	2022/23	92.5%	84.3%	78.6%				86.9%	
			2021/22	89.6%	93.5%	94.7%	95.9%	95.1%	95.2%	91.7%	

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	Q2	Oct	Nov	Dec	Q3	YTD	Time Series (from Apr-19)
Neighbourhood Team Face to Face Contacts	SP	No Target	2022/2023	154,088	151,030	50,286				355,404	
			2021/2022	171,906	165,458	54,868	54,913	53,473	163,254	654,842	
Neighbourhood Team Referrals (SystmOne only)	SP	No Target	2022/2023	7,326	7,660	2,585				17,571	
			2021/2022	6,650	6,424	2,013	2,181	2,190	6,384	26,314	
Neighbourhood Team Productivity (Contacts per Utilised WTE)	SP	No Target	2022/2023	23.8	23.7	23.9					
			2021/2022	24.3	23.6	23.3	22.6	24.5	23.5		

Narrative

Consultant-led RTT Pathways

Performance against the 18-week Referral to Treat (RTT) standard remains below expectations, with 71.8% of patients waiting less than 18 weeks at the end of October (target 92%). This represents a further downturn in the numbers since August 2022 (77.0%). Performance against this standard has steadily declined for the last 6 months. This pattern continues to be driven by the Paediatric Neuro-Disability (PND) service. The total waiting list size for this service now stands at 817 patients at the end of October 2022, representing the largest waiting list size in more than 3 years. Demand remains 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 improved to 18.5 % in October 2022, from 14.8% in August 2022. However, the high levels of variability remain outside of the services control as referrals are received with a clock already commenced from LTHT.

There have been no breaches of the 52-week standard in October 2022, however 2 breaches were confirmed in September 2022.

Non-Consultant led Pathways

Waiting times for non-Consultant pathways continue to remain stable, with low levels of variation, with 88.2% of patients waiting less than 18 weeks at the end of October 2022, marginally down from 89.0% in August 2022. 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)

Performance against the DM01 6-week standard for diagnostics has improved to 50.9% at the end of October 2022, representing the highest level since the start of the pandemic. Performance remains below the target of 99%, however, the total number of patients waiting continues to decrease as the service continues with backlog reduction efforts, falling to 695 at the end of October, the lowest level since pre-pandemic. Only 78 of these patients have waited more than 12 weeks, representing some significant performance improvements for the Children's Audiology Service.

Improving Access to Psychological Therapies

LMWS continues to meet its primary access targets, and screening performance within 2 weeks has stabilised following recent downturns, rising to 44.2% in October compared to 40.9% in August 2022. However, a downward trend is emerging in the percentage of patients seen within 6 weeks of referral.

The service continues with agency staff to support screening and has also secured the support of 7WTE of Mental Health Practitioners who are primarily working in the screening hub. The service anticipates performance improvements following these changes.

The service continues to have a high level of vacancies, including 8WTE vacancies amongst Psychological Wellbeing Practitioners (PWPs) as well as 8WTE of Cognitive Behavioural Therapy (CBT) vacancies, which, along with increasing complexity of referrals, is the primary driver of the trend in overall waiting list performance. The service has invested heavily in recruiting trainees for PWP and CBT work, who are due to qualify in spring. The service also continues with agency staff in the meantime. Regular Waiting list meetings are held across the service to prioritise patients and organise care.

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.

Neighbourhood Team Indicators

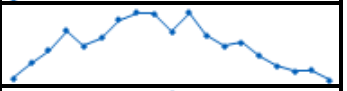
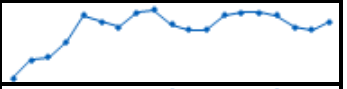
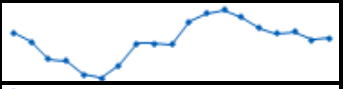
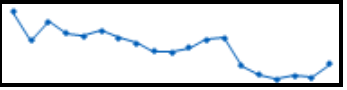
Although Neighbourhood Team Demand and Productivity Indicators remain within usual levels, there has been some reductions in face-to-face contacts, to 50,286 in October 2022, compared to 52,982 in August 2022. The management team are sighted on this decrease and are monitoring. It is hoped that initiatives such as self-management and integrated clinics continue to reduce their activity levels. As part of NT stabilisation, there remains a deliberate drive to reduce caseload numbers significantly and this is being pursued through the improvement and support plans which began in October 2021 but have paused at times due to the business unit's escalated position. Unfortunately, the business unit continues to experience capacity pressures which has affected the effectiveness of this drive and so the work remains ongoing.

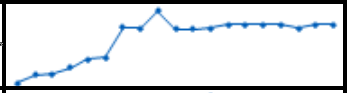
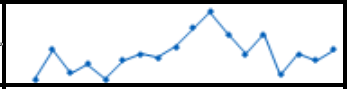
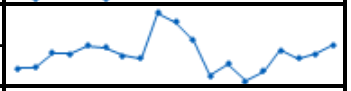
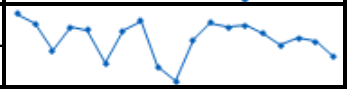
CUCS are reporting an increase in complexity including patients with mental health issues and those that have been abused.

Well-Led – October 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.

Leeds Community Healthcare NHS Trust

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	Q2	Oct	Nov	Dec	Q3	YTD	Time Series (from Apr-19)
Staff Turnover	LS/JA	<=14.5%	2022/23	14.4%	13.9%	13.4%				13.4%	
			2021/22	11.7%	13.5%	14.3%	14.2%	14.2%	14.2%	14.3%	
Reduce the number of staff leaving the organisation within 12 months	LS/JA	<=20.0%	2022/23	18.4%	17.2%	16.4%				16.4%	
			2021/22	18.8%	19.9%	21.4%	22.0%	21.9%	21.9%	21.4%	
Short term sickness absence rate (%)	LS/JA	<=3.0%	2022/23	2.1%	1.8%	2.2%				2.2%	
			2021/22	1.4%	1.8%	2.7%	2.0%	2.5%	2.5%	2.7%	
Long term sickness absence rate (%)	LS/JA	<=3.5%	2022/23	5.2%	4.6%	4.9%				4.9%	
			2021/22	3.7%	4.9%	4.7%	5.2%	5.3%	5.3%	4.7%	
Total sickness absence rate (Monthly) (%)	LS/JA	<=6.5%	2022/23	7.3%	6.4%	7.1%				7.1%	
			2021/22	5.1%	6.7%	7.4%	7.2%	7.8%	7.8%	7.4%	
AfC Staff Appraisal Rate	LS/JA	>=90%	2022/23	76.7%	75.3%	75.5%				75.5%	
			2021/22	72.9%	70.6%	72.1%	74.8%	74.8%	74.8%	72.1%	
Statutory and Mandatory Training Compliance	LS/JA	>=90%	2022/23	85.6%	85.4%	86.3%				86.3%	
			2021/22	89.2%	88.6%	88.1%	87.7%	87.2%	87.2%	88.1%	

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	Q2	Oct	Nov	Dec	Q3	YTD	Time Series (from Apr-19)
Percentage of Staff that would recommend LCH as a place of work (Staff FFT)	LS/JA	>=60%	2022/23	60.0%	61.0%					60.0%	
			2021/22								
'RIDDOR' incidents reported to Health and Safety Executive	BM	No Target	2022/23	2	3	1				6	
			2021/22	5	1	0	2	0	2	6	
WRES indicator 1 - Percentage of BME staff in Bands 8-9, VSM	LS/JA	No Target	2022/23	7.8%	7.8%	7.8%				7.8%	
			2021/22	5.5%	6.3%	7.7%	7.6%	8.4%	8.4%	7.7%	
Total agency cap (£k)	BM	No Target	2022/23	1053	928	357				2338	
			2021/22	690	705	309	313	316	938	1704	
Percentage Spend on Temporary Staff	BM	No Target	2022/23	6.3%	5.1%	5.6%				5.6%	
			2021/22	5.6%	4.2%	5.1%	5.4%	5.2%	5.2%	5.1%	
Neigbourhood Team combined Vacancies, Sickness & Maternity (WTE lost)	LS/JA	No Target	2022/2023	316	349	122				788	
			2021/2022	333	359	115	113	142	371	1427	
Neighbourhood Team Percentage of Funded Posts Utilised	LS/JA	No Target	2022/2023	88.2%	86.4%	84.3%				86.9%	
			2021/2022	88.1%	86.6%	87.9%	89.2%	82.9%	86.7%	86.8%	

Staff Turnover

Staff turnover has continued to stabilise with October being the lowest leaver rates of 2022 since March 2021. During Q2, LCH has seen 34 more new starters than leavers, by comparison, during Q1, there were 8 more leavers than new starters at LCH.

Supporting retention of staff initiatives to highlight are:

- No Bystanders Summit: This was held on Tuesday 13 September 2022; to contribute towards a reduction in people experiencing abuse, harassment or discrimination. 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. It was well-attended, with approximately 60 LCH staff including leaders, clinicians, ED&I and Staff Network leads, and those involved in the delivery of key reporting and support infrastructure. An action plan arising from the event was discussed at October's ED&I Forum to ensure momentum on this ongoing work to support staff.
    - Analysis and identification have taken place of "hotspot" areas requiring support to recruit and retain staff; support will be given to these areas.

    - Work is ongoing with the business units to identify areas of good retention practice to inform the support above.
- The review of LCH appraisal processes expects to implement a specific section for line managers to evidence they are actively supporting staff to develop and stay at LCH
- A review of induction and onboarding is underway; acknowledging that the first months of employment are crucial to employee retention. 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.
    - A report presented to the Quality Committee in May described turnover statistics associated with particular protected characteristics, this highlighted there is a higher increase in turnover rate for staff members who identify as non-heterosexual and those who have a disability. Turnover rate for BME has decreased slightly. The Business Committee has agreed to receive ongoing monitoring of this information.

Reduce the number of staff leaving the organisation within 12 months

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

There have been several Recruitment process improvements: At the end of Q2, the LCH "Time to Hire" figure is at 74 working days, against an 85-day tolerance threshold. Engagement has been undertaken with services on the end-to-end recruitment process timescales and feedback is being incorporated in relation to how and where we may be able to make time savings.

The content of Recruitment and Selection training for managers has been reviewed and shortened to increase engagement / attendance levels. The uptake for November's training has been well received. HRBP's to promote awareness and encourage managers attendance and highlight the importance of following recruitment processes in attracting talent. The work on Onboarding continues to progress and we have seen a positive difference in comparison to turnover rates within 12 months in 2021.

Sickness absence

LCH saw a spike in overall sickness absence rates, (July 8.1%) and (October 7.1%), because of predicted waves of Covid infections, which has led to a slight increase in absence rates for the last month, across all business areas. However, this increase was anticipated, and the good news is that for two consecutive months (August and September), the absence rate was at or below the organisational target of 6.5%.

We are seeing some improvements in both long-term and short-term sickness absence rates, including a small reduction in absence related to stress, anxiety, and depression. Further waves of Covid infections are expected to contribute towards sickness absence rising again as LCH enters the Winter period.

Long-term sickness absence

Long-term sickness absence remains a concern in that all areas of the Trust remain above the 3.5% target with the exception to CBU which has dropped below the target for the last 2 months. Anxiety/stress/depression/other psychiatric illnesses remain the highest reason for absence at 1.6%. 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.

Almost 40 members of staff have expressed interest in joining LCH's new Disability & Long-Term Conditions Network, with 9 of these expressing interest in undertaking a leadership role for the Network. An inaugural meeting is scheduled in November 2022.

Short-term sickness absence

Short-term sickness absence for all areas, has remained below target for the last 9 months. The main reason for short term absence continues to be Infectious Diseases/Covid related absences.

As we are now in winter months, a focus is being placed on fundamental aspects of positive employment practices that we know help people to feel supported, effective, and well at work. These include 1:1s, regular meetings for teams; appraisals and taking rest breaks. Led from the top by the Chief Executive, messaging about the importance of these practices, including or even especially when operational pressure might be high, will be given high profile in coming weeks and months.

Appraisal

Appraisal continues to be below target, hovering around 75%/76%, due to demand and capacity issues. An Appraisal Review project lead by ODI team is currently underway, with a paper to be discussed at SMT, proposing a new process, and streamlined paperwork to introduce from Spring 2023. Meanwhile, teams are being encouraged and supported to continue with appraisals as appropriate.

Statutory and Mandatory Training

Statutory and Mandatory training continues to be below target at around 85%/86%.

Work is underway with Lisa Smith (Learning Disability Lead) and WFI to upload a new requirement around Learning Disabilities and Autism training in line with the requirements outlined in the Health Care Act of 2022. Two eLearning modules have been identified and are in the process of being uploaded onto ESR (Electronic Staff Record). The intention is for this to go live in the New Year and provide staff with a 3-month grace period to complete the learning modules.

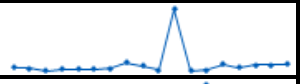
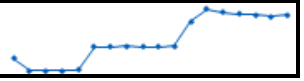
Neighbourhood Team Indicators

Neighbourhood Teams have reported higher than average levels of absence through Vacancy, Sickness and Maternity in October 2022, reaching the highest levels for this financial year. This is further verified by the slight downturn in % of funded posts that are utilised, falling to 84.3% in the reporting month. The service has reported very high levels of sickness in Wetherby, Nights, SPUR, Beeston, Holt Park, Yeadon, Morley & HCM.

Finance – October 2022

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

Leeds Community Healthcare NHS Trust

Finance	Responsible Director	Target	Financial Year	Q1	Q2	Oct	Nov	Dec	Q3		Time Series (from Apr-19)
Net surplus (+)/Deficit (-) (£m) - YTD	BM	0.0	2022/23	0.5	4.1	1.7				6.3	
Capital expenditure in comparison to plan (£k)	BM	3700	2022/23	261	534	236				1031	
CIP delivery (£k)	BM	1065	2022/23	762	753	253				1768	

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 in 2022/23 totalling more than £6.1m 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.

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 and the uncertainty of the funding arrangements and costs associated with taking on the Wharfedale Rehabilitation Unit late November.

The Trust is working with colleagues from the Leeds System to take over the running of two inpatient rehabilitiation wards at Wharfedale to maximise the number of beds available throughout the winter. This brings some uncertainty and financial risk which are still being worked through. The Trust has indicated to the ICB that it will accept the in year costs of circa £200k above the resource available and still deliver the planned surplus. The Board and committees will be updated on these as more information becomes avaliable.

Income & Expenditure (I&E) Summary

At the end of October the Trust is reporting an overall surplus of £1.7m which is £0.5m more than planned. This is being driven by underspending on pay due to the number of vacancies and these have been offset by the underachievement of income. Depreciation costs and interest receivable, reported below EBITDA, are contributing to the reported variance to plan.

The forecast outturn for the year is a suplus of £1.04m; expenditure rates are expected to increase as the year progresses for planned backlog work and winter incentives.

Income

NHS contract income positions have been updated earlier in the year to include 2.4% tariff uplift on NHS contracts. This month the income has reduced to include the removal of the 1.25% employers national insurance increase; this takes effect from 6 November and forecast income and expenditure reflect this change. In addiiton to the tariff uplifts the Trust has received 2% for growth this financial year. There is an assumed efficiency requirement of 1.1% which the Trust will deliver.

The Leeds Place contract includes a top up payments of £12.9m and there is £3.6m of non recurrent covid income from the ICB. This is a risk to the organsiation's underlying posiiton. In addition the pay award settlement for this does not fully meet the addiitonal costs and this will add a further £0.9m of financial risk to the underlying position for 2023/24. The Leeds ICB has also commissioned circa £14m full year effect of additional services which are not funded in the contract. The part year cost of these developments is being offset by the level of vacancies and the non recurrent covid income.

Year to date contract income is running £0.7m less than the plan this is as a result of contract penalties for the 0-19 children's service and Police Custody service and a small underachievement against plan of the covid vaccination variable income; the forecast income for the year reflects continued penalties.

Non-clinical income is £7.6m for the year to date; £3.7m less than planned. This is due to £6.1m for service developments not being received from Commissioners as above.

The Trust has now received £1.4m additional income to fund the Long Covid Service this year.

Pay and Non-pay Expenditure & Vacancies

Pay costs for the year total £81.6m this is £5.1m less than had been planned and is driven by the number of vacancies.

There were net 297 **vacancies** in October.

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 £4,467k; 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 £0.6m underspent at the end of Month 07. 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
- 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.

Expenditure will increase in the latter half of the year as outsourcing initiatives to address waiting lists commence.

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 October these are being delivered in full.

Capital Expenditure

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. The capital plan has been agreed with the West Yorkshire ICB.

At the end of October, the Trust has spent £1.0m against a planned £2.25m. The underspending is mostly in respect of estates schemes in particular the refurbishment of Seacroft and a matter of timing rather than a risk. The Seacroft scheme is on schedule to be completed by January. 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. The Trust has no plans for this.

During October the Trust participated 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 £45.7m in the bank at the end of October.

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

Detailed Financial Data Tables

Table 1 Income & Expenditure Summary	October Plan WTE	October 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			(110.8)	(110.1)	0.7	(189.6)	(188.4)	1.2	0.8
Other Income			(11.3)	(7.6)	3.7	(19.1)	(12.8)	6.4	6.4
Total Income			***(122.0)***	***(117.7)***	***4.4***	***(208.7)***	***(201.2)***	***7.5***	***7.1***
Expenditure									
Pay	3,187.7	2,890.7	86.6	81.6	(5.1)	148.9	140.9	(8.0)	(5.3)
Non pay including reserves & non recurrrent			28.1	28.8	0.7	48.3	50.0	1.7	(1.3)
Total Expenditure	***3,187.7***	***2,890.7***	***114.7***	***110.4***	(4.3)	***197.2***	***190.9***	***(6.3)***	***(6.5)***
EBITDA	**3,187.7**	**2,890.7**	**(7.3)**	**(7.3)**	**0.0**	**(11.5)**	**(10.3)**	**1.2**	**0.6**
Depreciation			5.3	5.2	(0.2)	9.1	8.9	(0.3)	(0.2)
Public Dividend Capital			0.5	0.4	(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			0.3	0.4	0.0	0.6	0.6	(0.0)	(0.0)
Interest Received			(0.1)	(0.3)	(0.2)	(0.1)	(0.9)	(0.7)	(0.1)
Retained Net Surplus	**3,187.7**	**2,890.7**	**(1.2)**	**(1.7)**	**(0.5)**	**(1.0)**	**(1.0)**	**(0.0)**	**(0.0)**
	Variance =	**(296.9)**							

Table 2 Month on Month Pay Costs by Category	April £k	May £k	June £k	July £k	August £k	September £k	October £k	Actuals £k
Directly employed staff	10,167	10,302	10,104	10,230	10,153	13,276	10,789	75,021
Seconded staff costs	271	276	273	301	291	313	305	2,029
Bank staff	355	291	301	254	258	417	300	2,176
Agency staff	352	307	394	255	311	362	357	2,338
Total Pay Costs	**11,145**	**11,176**	**11,071**	**11,039**	**11,013**	**14,368**	**11,751**	**81,563**

Table 3 Year to Date Non Pay Costs by Category	Annual Plan £k	YTD Actual £k	YTD Variance £k	Last Month YTD Variance £k	Forecast Outturn Variance £k
Drugs	494	573	79	35	
Clinical Supplies & Services	14,310	13,410	(900)	(585)	
General Supplies & Services	3,166	3,033	(133)	(74)	
Establishment Expenses	4,133	3,963	(170)	(65)	
Premises	4,668	4,171	(496)	(295)	
Other non pay	227	1,257	1,030	607	
Total Non Pay Costs	**26,997**	**26,407**	**(590)**	**(378)**	**589**

Table 4 Savings Scheme	2022/23 YTD Plan £k	2022/23 YTD Actual £k	2022/23 YTD Variance £k	2022/23 Annual Plan £k	2022/23 Forecast Outturn £k	2022/23 Forecast Variance £k	2022/23 Forecast Variance %
Estates savings	292	292	0	500	500	0	0%
Covid Cover	175	175	0	300	300	0	0%
Travel	292	292	0	500	500	0	0%
Vacancy Factor	292	292	0	500	500	0	0%
Non Pay Inflation	350	350	0	600	600	0	0%
IT Kit	175	175	0	300	300	0	0%
Un-identified CIP agreed by SMT	192	192	0	330	330	0	0%
Total Efficiency Savings Delivery	**1,768**	**1,768**	**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	0.15	0.22	0.07	0.53	0.53	0.00
Seacroft Estate	1.25	0.57	(0.68)	2.00	2.00	0.00
Clinical Equipment	0.25	0.06	(0.19)	0.35	0.35	0.00
IT Equipment	0.45	0.05	(0.40)	0.84	0.84	0.00
National Cyber Security	0.01	0.00	(0.01)	0.01	0.01	0.00
e Rostering & e Jobs	0.00	0.03	0.03	0.06	0.06	0.00
Sub-total capital expenditure	***2.11***	***0.93***	***(1.18)***	***3.79***	***3.79***	***0.00***
Lease Cars IFRS 16	0.14	0.10	(0.04)	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	***0.14***	***0.10***	***(0.04)***	***0.36***	***0.36***	***0.00***
Total Capital Expenditure	**2.25**	**1.03**	**(1.22)**	**4.15**	**4.15**	**0.00**

Table 6 Statement of Financial Position	Plan 31/10/2022 £m	Actual 31/10/2022 £m	Variance 31/10/2022 £m	*Opening 01/04/2022 £m*	Planned Outturn 31/03/23 £m	Forecast Outturn 31/03/23 £m	Forecast Variance 31/03/23 £m
Property, Plant and Equipment	33.7	32.1	(1.6)	*32.2*	34.5	34.2	(0.3)
Intangible Assets	0.1	0.1	0.0	*0.2*	0.1	0.2	0.1
Right of Use Assets	62.6	62.4	(0.2)	*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	**96.4**	**94.7**	**(1.8)**	*98.9*	**95.5**	**94.6**	**(0.9)**
Current Assets							
Trade and Other Receivables	7.6	10.8	3.2	*6.6*	7.4	11.2	3.8
Cash and Cash Equivalents	36.4	45.7	9.3	*39.5*	36.2	39.8	3.6
Total Current Assets	**44.0**	**56.5**	**12.5**	*46.1*	**43.7**	**51.0**	**7.4**
TOTAL ASSETS	**140.4**	**151.1**	**10.7**	*145.0*	**139.2**	**145.7**	**6.5**
Current Liabilities							
Trade and Other Payables	(17.0)	(27.1)	(10.1)	*(18.2)*	(16.7)	(24.2)	(7.4)
Borrowings	(6.6)	(6.7)	(0.0)	*(6.5)*	(6.8)	(6.7)	0.1
Provisions	(0.2)	0.0	0.2	*(0.4)*	(0.2)	0.0	0.2
Total Current Liabilities	**(23.8)**	**(33.8)**	**(10.0)**	*(25.2)*	**(23.8)**	**(30.9)**	**(7.1)**
Net Current Assets/(Liabilities)	**20.2**	**22.7**	**2.5**	*20.9*	**19.9**	**20.2**	**0.3**
TOTAL ASSETS LESS CURRENT LIABILITIE	**116.6**	**117.4**	**0.7**	*119.9*	**115.4**	**114.8**	**(0.6)**
Non Current Borrowings	(55.9)	(55.8)	0.1	*(59.8)*	(54.3)	(53.3)	1.0
Non Current Provisions	0.0	(0.4)	(0.4)	*(0.0)*	0.0	(0.4)	(0.4)
Total Non Current Liabilities	**(55.9)**	**(56.2)**	**(0.3)**	*(59.8)*	**(54.3)**	**(53.7)**	**0.6**
TOTAL ASSETS LESS LIABILITIES	**60.7**	**61.2**	**0.5**	*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	27.2	27.7	0.5	*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	**60.7**	**61.2**	**0.5**	*60.1*	**61.1**	**61.1**	**(0.0)**

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

Trust Board Meeting held in public: 2 December 2022
Agenda item number: 2022-23 (92)

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

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Category of paper: For assurance
History: Senior Management Team 16 November 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 October 2022.

Board assurance framework (BAF)

Details of the levels of assurance provided by the committees are included in this report. The following BAF strategic risks were wared only limited assurance:

Risk 1.1 (systems to monitor quality) received limited assurance in September 2022 due to the backlog of incident rapid reviews.

Risk 1.4 (patient engagement) received limited assurance in September 2022 as the Engagement Strategy did not provide details of benefits realisation.

Risk 2.4 (digital) received limited assurance in October as Emergency Preparedness plans required further testing.

Risk register recent changes:

Two risks risk have been de-escalated from a score of 12

- **Risk 1112** Looked After Children Health Offer
- **Risk 994** Waiting Times for Community Dental Services

One risk has been amended (risk description and risk owner): **Risk 1118** (Industrial action)

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

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 (October), 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 16 November 2022.

3. Risk register movement

There are no risks scoring 15+ on the risk register.

3.1 New or escalated risks (scoring 15+)

No new risks risk scoring 15+ have been added to the risk register.

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

Two risks scoring 15 or above have been de-escalated**.**

Risk 1112 Looked After Children Health Offer

Previous Score: 15
Current Score: 12

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.

Due to a lack of staff capacity within PHIN's Specialist Inclusive Learning Centres 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.

Reason for de-escalation: Risk assessment reviewed; score changed in line with the review.

Expected date to reach target: 31/07/2023

Risk Owner: Named Nurse for Looked After Children
Lead Director: Executive Director of Nursing and AHPs

Risk 994 Waiting Times for Community Dental Services

Previous Score: 15
Current Score: 9

Description: Due to staff capacity not meeting the service demand within the Community Dental Service (with the exception of urgent domiciliary for EoL and palliative care), there is a risk that children and adults are not able to access care in a timely manner. As a result there could be a potential deterioration of the patient's oral health leading to increased pain and risk of infection, a detrimental impact on the patient's general physical, mental and social health. In terms of service delivery contracted waiting times and specifications will not be met, there could be potential reputational damage, and a reduction in staff morale.

Reason for de-escalation: New Paediatric Pathway has been approved

Expected date to reach target: 30/12/2022
Risk Owner: Head of Service – Clinical Lead
Lead Director: Executive Director of Operations

3.3 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
981	Application of constant supervision at WYOI	12

ID	Description	Rating (current)
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
1067	Introduction of female children into the Secure Estate	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
1112	Looked After Children health offer	12
1115	Third party software outage	12
1118	Industrial Action*	12

***Risk 1118** (industrial action) risk description has been amended to update the current position regarding strike action:

Title: Industrial Action
The General Medical Council (GMC) and the Nursing and Midwifery Council (NMC) have shared statements regarding industrial action for the professions they regulate, in response to their terms and conditions. The Royal College of Nursing union (RCN) has balloted their members and many have voted to take strike action. The Trust has 648 RCN members across a range of services. Unison and the Chartered Society of Physiotherapy union (CSP) are also balloting their members on strike action.
There is a risk that a large number of staff will choose to take industrial action. This could result in the cancellation of patient appointments, a reduction in patient care, potential increases in complaints and reputational damage.

Action
An incident group has been established, led by the Director of Nursing and AHP's with representation from the business units, HR and Comms to plan for managing services and caring for patients during industrial action.

Risk score rationale
This is now a significant risk to the organisation as RCN members have voted to strike. There will now need to be work to understand what the derogations will be for the Trust and what elements of services will be expected to continue as normal. This work will happen with the RCN over the coming days and weeks. There is further risk as other unions are now balloting their members, but the impact remains unclear at this time.

Expected date to reach target: 29/12/2022
Risk Owner: Executive Director of Nursing and AHPs

Lead Director: Executive Director of Nursing and AHPs

3.4 **New or escalated risks (scoring 12)**

No new risks scoring 12 have been added to the risk register:

No risks have been escalated to a score of 12 (high)

3.5 **Risks de-escalated from a score of 12**

Two risks have been de-escalated from a score of 12

Risk 1109 Clinical Incident Management in Neighbourhoods

Previous Score: 12
Current score: 9

Description: As a result of staff capacity and NT staff being required to work outside of role there is a risk that incident management and reviews will not be undertaken in a timely manner which would have an impact on the timely introduction of quality and safety improvements.

Reason for de-escalation: Score reduced to 9 given recent agreement of proposed risk-based reviews and therefore anticipated reduction in backlog.

Expected date to reach target: 30/12/2022
Risk Owner: Executive Director of Nursing and AHPs
Lead Director: Executive Director of Nursing and AHPs

Risk 982 Insufficient provision of Educarers in Specialist Inclusion Learning Centres

Previous Score: 12
Current score: 9

Description: SILCS are not employing sufficient Educarers to take over the non-nursing element of care, as agreed between Commissioners and Local Authority. There is an expectation that LCH Inclusion Nursing provide this role. There is insufficient Inclusion Nursing Staff to undertake this additional commitment alongside nursing practice agreed within current service level agreement.
The impact of this is that staff are unable to update assessments, care plans, medication charts, education and health care plans, produce detailed safeguarding reports, children looked after assessments and reviews, activity checklist, attend medicals and undertake nurse led clinics. Therefore children may not receive the required care and nursing interventions.

Reason for de-escalation: Capacity and demand re Health care support worker activities now completed. Educarers have been recruited.

Expected date to reach target: 31/03/2023
Risk Owner: Children's Service Manager
Lead Director: Director of Operations

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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 fifteen out of the 21 strategic (BAF) risks in September and October 2022, with reasonable assurance given to the majority.

Risk 1.1 (systems to monitor quality) received limited assurance in September due to the backlog of incident rapid reviews.

Risk 1.4 (patient engagement) received limited assurance in September as the Engagement Strategy did not provide details of benefits realisation.

Risk 2.4 (digital) received limited assurance in October as Emergency Preparedness plans required further testing.

5. Recommendations

The Board is recommended to**:**

- Note the 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				
Risk		Risk ownership		Current risk score				Committee agreed level of assurance				Comments about assurance levels
Strategic Goal	Risk	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**			✓ September	✓ October		The risks associated with the backlog of incident rapid reviews had not yet been mitigated at the September meeting. CIVAS DVT incident trend and improvement actions provided substantial assurance of patient safety at the October meeting.
	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**				✓		Overall reasonable assurance although he Learning and Development Strategy update and the information provided about the Leeds Sexual Health Service provided limited assurance
	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**			✓ September	✓ October		The Engagement Strategy update provided limited assurance in terms of benefits realisation (September 2022)
	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			✓		
	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**				✓		The sustainability report provided substantial assurance; all other items provided reasonable assurance
	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**			✓ October			Further testing of the EPRR plans were required.
	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**				✓		The Committee noted the risks to its financial position for the next financial year
	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**				✓		The Premises assurance model (PAM) identified some weaknesses and an action plan was in place to address these.
	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**				✓		The EPRR presentation provided substantial assurance, all other items provided reasonable assurance
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: 2 December 2022

Agenda item number: 2022-23 (93)

Title: Quarter 2 Report 22.23 of the Guardian of Safe Working Hours

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Category of paper: For assurance

History: Nil

Responsible director: Executive Medical Director

Report author: Guardian of Safe Working Hours

Executive summary (Purpose and main points)

Purpose of the report
To provide assurance that doctors and dentists in training within LCH NHS Trust are safely rostered and that their working hours are consistent with the Junior Doctors Contract 2016 Terms & Conditions of Service (TCS).

To report on any identified issues affecting trainee doctors and dentists in Leeds Community Healthcare NHS Trust, including morale, training and working hours.

Main issues for consideration

- Work in progress to address CAMHS ST historic rota compliance and payment issues

- Need for robust Human resources/medical staffing support for implementing and managing junior doctor contract, rota assurance and work schedule

- Need for junior doctor trainee representative on the LNC.

- Missed educational and training opportunity for community paediatric Junior doctors.

Recommendations

Board is recommended to:

- Support GSWH with the on-going work related to CAMHS ST historical rota compliance and payment issues

- To note that work has 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 LCH

- To note that there is a risk a fine is levied (by GSWH in conjunction with the BMA) in response to compliance of CAMHS ST on call historic rota and financial impact on the trust if any underpayments identified

- To note the progress made with regards to Community paediatric junior doctors training and plans to find long term sustainable solution.

Quarterly Report of the Guardian of Safe Working Hours

1.0 Purpose of this report

1.1 To provide the Board with assurance that trainee doctors and dentists within LCH NHS Trust are working safely and in a manner complaint with the 2016 Terms & Conditions of Service (TCS).

1.2 To identify risks affecting trainee doctors and dentists such as working hours, quality of training and advising board on the required response.

2.0 Background

2.1 The role of Guardian of Safe Working Hours (GSWH) was introduced as part of the 2016 Junior Doctor's contract. The role of the GSWH is to independently assure the confidence of junior doctors that their concerns will be addressed and require improvements in working hours and rotas.

3.0 Quarterly report of guardian of safe working hours

There are 20 Junior Doctors employed throughout the Trust currently (in different specialities, both full time and less than full time training) as detailed in the table below. This includes Junior doctors employed directly by LCH and on honorary contracts.

Department	No.	Grade	Status
Adults	0		LCH contract
CAMHS	4	ST	LCH contract
	1	ST	Honorary contract
	2	CT	Honorary contract
Community Paediatrics	2	ST Level 1	Honorary contract
	7	ST Level 2/ Grid trainee	LCH contract
Sexual Health	1	ST	LCH contract
GP	2	GPSTR	LCH contract
Obstetrics	1		Honorary contract
Dental Services	0		Honorary contract

3.1 **Rota gaps and CAMHS ST rota**

The CAMHS ST non resident on call rota consists of a 1:5 rota, and gaps on this rota are covered by locums, typically doctors who have worked on the rota in the past or doctors currently working for LCH who are willing to do extra shifts. The current CAMHS ST on call rota is checked by senior CAMHS admin staff with experience in managing CAMHS consultant rota to double check the Locum shifts picked up by Junior doctors.

HR business partners for CAMHS have met with LTHT workforce colleagues to scope out possibility for them to process and administer the works schedules, rota and to using a robust system like Rota software (Allocate).

Rota Gaps (number of night shifts needing cover)		Sep 2022		Oct 2022		Nov 2022	
		CT	ST	CT	ST	CT	ST
	Gaps	n/a	12	n/a	12	n/a	10
	Internal Cover	n/a	6	n/a	2	n/a	4
	External cover	n/a	6	n/a	10	n/a	6
	Unfilled	n/a	0	n/a	0	n/a	0

3.2 **Exception reports**

No exception reports filed during this quarter.

3.3 **Fines**

No fines levied by the GSWH during this quarter.

3.4 **LNC Junior doctor representative**

Dr Baljit Karda was appointed as the junior doctor trainee representative on the LNC from July 2022. Dr Karda has now accepted a consultant post and therefore will be stepping down as the LNC junior doctor trainee representative. This was discussed at last JDF (October 2022) and two Junior doctors from community paediatrics have come forward to fill the role. GSWH has strongly encouraged other speciality to consider the role and to consider job sharing if that is more feasible.

3.5 **Feedback from trainees**

Junior Doctors Forum (JDF) was held on 06/10/2022.
GSWH updated junior doctors about the on going work related to CAMHS ST rota. Representation from HR team was appreciated by Junior doctors and JDF formed as a productive platform to address issues Junior doctors wanted to discuss with HR team. Junior doctors were updated with the work in progress for CAMHS rota and future plans for Rota generation and HR support.

Paediatric Junior doctors raised the issue around missed training opportunities due to on-call cover. GSWH has since taken this issue further and this is summarised in section 4.2

Progress has been made in setting up a survey to gather feedback directly from the Junior doctors about their issues, feedback for GSWH and JDF. This will be sent out to all Junior doctors and relevant staff.

To ensure that Junior doctors can ensure they have protected time to attend the meeting, JDF dates are booked for the next year to give them enough notice. Information around JDF dates are published on the Health toolbox app.

4.0 Impact

This report has been informed by discussions with Junior doctors, JNC, HR business partner BMA IRO and guidance received from NHS employers and Health Education England.

4.1 CAMHS Historic ST rota issue

Issues related to possible underpayment and previous CAMHS ST rota being non-compliant remains as mentioned in previous GSWH reports. This is a big piece of work dating back to year 2016/2017 when the current Junior doctors contract was introduced.

Since the last Board meeting, some progress has been made with BMA IRO providing the information requested by HR team. There will be further update from HR team and BMA IRO from a meeting that has been scheduled for 02/12/22.

4.2 Community Paediatric Training

Community paediatric doctors are based in LTHT for all their on-calls and any issues related to the hours they work on-call or rota issues are managed within LTHT.

Issue related to Community paediatric Junior doctors having to cover paediatric wards during daytime part of their on-call was brought to the attention of GSWH via paediatric trainees. GSWH requested a meeting with College tutor for community paediatrics (01/11/22) and later as a team, GSWH and college tutor met with LTHT on-call paediatric rota co-ordinators on 10/11/22. GSWH highlighted that Community paediatric trainees spending all of their day at LTHT acute paediatrics will significantly affect their training in Community paediatric trainees and if this issue is not related to acute sickness cover and is a recurring issues, it will need to be escalated to the deanery.

It is reassuring to note that since this meeting, a confirmation has been received from the LTHT on-call team that Community paediatric trainees can

spend their daytime in Community paediatrics and only come to cover the on-call from 4:30pm unless it is for sickness cover. Affected Junior doctors were alerted immediately, and their shifts changed for the coming few months.

GSWH will continue to support Community paediatric trainees if issues continue in the future.

5.0 Recommendations

Board is recommended to:

- Support GSWH with the on-going work related to CAMHS ST historical rota compliance and payment issues

- To note that work has 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 LCH

- To note that there is a risk a fine is levied (by GSWH in conjunction with the BMA) in response to compliance of CAMHS ST on call historic rota and financial impact on the trust if any underpayments identified

- To note the progress made with regards to Community paediatric junior doctors training and plans to find long term sustainable solution.

Trust Board Meeting held in public : 2 December 2022

Agenda item number: 2022-23 (94)

Title: Update on the delivery of LCH Health Equity Strategy

Category of paper: For approval
History: none

Responsible director: Medical Director
Report author: Health Equity Lead and Public Health Consultant

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Executive summary (Purpose and main points)

Our Health Equity Strategy is LCH's response to how we aim to address unfair and avoidable differences in the health of different groups and communities. The focus of this work, and therefore this report, is on equitable care and pathways, although there is a natural connection with workforce and wider Anchor Institution work that is reported elsewhere.

The purpose of this report is to provide an update on the delivery of the Health Equity strategy with a particular focus on the key findings of our equity data analysis of waiting lists, as required in 2022/3 Planning Guidance around inclusive recovery.

Key Findings

- Progress continues to be made on each of LCH's strategic Health Equity strategic objectives, each working to identify and/or address inequity and benefitting groups/communities who experience inequity. Of particular note are:
    - 19 reports now available with equity lenses including ethnicity, deprivation, interpreter requirement, LD and autism
    - Funded projects to address inequity including 3rd sector projects and partnerships and ICB health inequalities projects
    - Individual service improvements made through planned programmes of work or as a result of increased profile and discussion about inequity, for example Making Stuff Better Share and Learn
    - 14 different equity QI projects underway to improve communication for people whose access, experience and outcomes are adversely affected.
- NHS Planning Guidance and Equality Delivery System both mandate continued action to identify and address in equity, with requirements around use and publication of equity lenses on data
- Quality Committee have made explicit their expectations around use of equity lenses on data in all reports. It is proposed that this approach is adopted by Board and the other subcommittees to increase the use of equity data in other areas of assurance.
- Further analysis of service-level data is required to verify initial data that suggests differences in waiting lists and falls, identify any commonalities in reasons for this and take action to address any identified inequity.
- Risks around delivery of the equity data objective can be mitigated through the implementation of PowerBI, its use for statistical significance, and delivery of the BI strategy with a focus on insight and intelligence; clear expectations about using equity data in all reporting and; fully embedding approaches to identifying and addressing inequity in our waiting list work.

Recommendations

Board is recommended to:

- Note the mandated requirements from NHS Planning Guidance and Equality Delivery System (EDS).
- Continue with EDS2 for 2022/3 and then participate in an ICS-wide approach to EDS22 from April 2023.
- Board, Business Committee and Audit Committee are recommended to take the same approach as Quality Committee, sharing expectations of equity data and analysis with paper authors and committee members, as outlined (5.3.1 and Appendix 3).

- Receive and note the inclusive recovery requirements and the results of waiting list analysis, further key lines of enquiry and actions being taken within the IPFP programme and appropriate reporting structures.
- Receive and note the update on strategy delivery and action plans for the next reporting period

Health Equity Board update, December 2022

1. Background

Our Health Equity Strategy is LCH's response to how we address unfair and avoidable differences in the health of different groups and communities, by working with communities and partners to create equitable care and pathways.

In developing the strategy, seven objectives with associated workstreams were identified that would support the trust to embed action to address inequity across care delivery and supporting functions:

1. Increase understanding of health equity in our services
2. Focus on equity in quality and safety
3. Develop tools and resources
4. Address inequity through person-centred care
5. Work in partnerships
6. Test different ways of working
7. Share successes and progress
8. Understand the difference we are making

The development of health equity lenses on our data supports our objectives around increasing understanding of health equity in our services, the focus on equity in quality and safety and testing different ways of working, by providing actionable insights that can be used to improve access; experience and outcomes for people and communities experiencing health inequity. Analysis by deprivation (IMD decile) and ethnicity began with referral data (Appendix 1). This work provided insight into LCH patient populations, identifying it to be broadly proportionate to the Leeds population in terms of ethnicity and higher than the Leeds population in IMD1, which is to be expected when taking into account increased need in more deprived communities,

This analysis means that LCH referral rates, rather than the Leeds population, have been used as comparators for other analysis.

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This paper provides the context for the continued focus on developing equity lenses on our data, the systems and processes being developed to undertake this work and an update on ways this data is being used, along with updates on the delivery of the wider strategy.

2. National context

The Elective Recovery Planning Support Guidance (April 2022) identifies inclusive recovery requirements for both systems and trusts. The requirements around reporting were presented to Board as part of a Health Equity workshop in March 2022.

2.1 Prioritisation in service delivery

The guidance also includes requirements to "prioritise service delivery by taking account of the bottom 20% by IMD and Black and minority ethnic populations for patients on and not on the waiting list, including through proactive case finding".

Two approaches are being taken by NHS trusts in response to this requirement, in order to take into account health equity considerations, such as deprivation and ethnicity, where there is clinical evidence that it influences clinical outcomes:

2.1.1 Additional algorithms / decision-making processes to supplement clinical prioritisation, such as the development by University Hospitals Coventry & Warwickshire (UHCW) NHS Trust of a

system that allows them to take into account a broader range of factors when deciding how to prioritise long waiting lists based on needs.

2.1.2 Incorporating holistic approaches including social determinants and key characteristics of health into clinical assessment.

Media coverage (HSJ, October 2022) of the Ipsos research into public perceptions of the first approach portrayed views that the "public do not support plans to prioritise patients based on ethnicity and deprivation", whereas the research report itself described participants that "were keen to achieve fairness and ensure everyone is treated but each person had a different interpretation of how this would be realised. Some wanted to prioritise fairness of access, with people waiting in line depending on the clinical urgency. Others thought it would be important to consider how to achieve fair health outcomes – for example by letting the people who may take longer to recover have their operation first.".

As proponents for the importance of holistic care and person-centred approaches, LCH is taking the second approach to this work, taking holistic approaches to clinical assessment alongside using data to identify and address inequity in waiting lists, for example where analysis identifies longer waiting times for certain areas of deprivation or ethnic groups for the same service. This is the same approach being taken by other trusts in Leeds.

Ongoing analysis of equity lenses on access data will enable us to identify if this approach supports equitable access, excellent experience and optimal outcomes in our services, and any actions required to strengthen or embed this approach to inclusive access. The initial datasets are available for this work but require verification and service level data analysis to be able to articulate the Trust impact and clarify if there are outliers from which we can share best practice or increase support in order to maximise our impact in this regard.

2.2 Equality Delivery System 2022

The NHS Equality Delivery System is a mandatory performance framework that aims to improve equality performance within the NHS and embed equality into mainstream business planning. The delivery of EDS2 was considered by Board in March 2022. The new EDS22 framework includes outcomes around both patient care and diverse & inclusive workforce, however the focus of this paper is consideration of how our use of equity data will support us to achieve the patient care-related outcomes, namely:

Outcome 1a	Patients have required levels of access to the service
Outcome 1b	Individual patients' health needs are met
Outcome 1c	When patients use the service, they are free from harm
Outcome 1d	Patients report positive experiences of the service
Outcome 3a	Board members, system leaders (Band 9 and VSM) and those with line management responsibilities routinely demonstrate their understanding of, and commitment to, equality and health inequalities
Outcome 3b	Board/Committee papers (including minutes) identify equality and health inequalities related impacts and risks and how they will be mitigated and managed
Outcome 3c	Board members, system, and senior leaders (Band 9 and VSM) ensure levers are in place to manage performance and monitor progress with staff and patients

The EDS22 is mandated from April 2023. Until then there remains an option to continue using the EDS2 framework. This approach and transition to EDS22 is proposed across West Yorkshire ICS, to:

- share and compare data and information
- engage and involve place stakeholders in EDS22 processes together
- peer review assessment processes and outcomes, promoting consistency of approach and score
- share and co-create the materials needed to implement the EDS22 to ensure effective use of our resources

2.4 Recommendations:

- To note the mandated requirements from NHS Planning Guidance and Equality Delivery System (EDS).
- To continue with EDS2 for 2022/3 and then participate in an ICS-wide approach to EDS22 from April 2023.

3. Stories of change

LCH's Health Equity strategy is a commitment to move from intent to action. These stories of change and the positive impact of change come from both intentional, planned actions and programmes of work, and from informal connections made between services, teams and individuals. The strategic objective around sharing success in itself supports these connections – as more people talk about equity and inclusion in more and different spaces, the more connections and ideas occur, leading to increased activity that addresses inequity and supports spread and adoption.

3.1 Intentional / planned changes:

- LCH has a culturally diverse Inequalities Lead as part of the **Covid vaccination programme**, in order to mitigate health inequalities and ensuring underserved populations have access to the Covid-19 vaccine in Leeds. This is done by improving equitable access within NHS settings and targeted pop-up vaccine offers, producing a guide for NHS providers, primary care networks and community pharmacies to ensure they are mitigating barriers to access and by harnessing community engagement, linking with community champions, faith and third sector to ensure people are able to make an informed choice on the booster.

- ICAN identified high DNA rates in their **nurse-led blood clinics for children with learning disabilities and other additional needs** and used this to explore, along with patient and carer feedback, how to provide more accessible personalised care. They recognised these improvements could not only have an immediate positive impact by increasing uptake of blood tests amongst vulnerable children, but that a positive experience now could also positively impact on their future engagement with healthcare. They provide a personalised approach through reasonable adjustments, including extended appointment times, quieter times, adapting the location, distraction techniques and play therapy, no waiting and topical applications to numb skin prior to needle insertion. They also take a personalised approach to planning each child's appointment, taking into account sensory profile information, sending parent/carer electronic video clip prior to appointment, understanding the child's previous negative experiences and also experiences of the carers that can impact on their ability to support their child. As a result of this work, feedback has improved and DNA rates have fallen to around 10%.

- ICB Health Equity funding is supporting an **inclusion diabetes care pilot project**, led by the Community Podiatry Service. It reaches homeless, vulnerably housed, asylum seekers, refugees, sex workers and people with a learning disability. The first phase of the project is identifying the scale of the issue. Detection of health risk or diabetes is being found by finger prick blood glucose and blood pressure testing; this is provided alongside first-line advice and signposting. In one month, 70 people have been screened. Testing has identified 20% at risk of diabetes and or hypertension. One person has been taken to A&E after testing. Five people are receiving one to one support with a clinical support worker. An integrated model of care is in the design stage. The model will integrate NHS services and third sector to support detection and management of diabetes complications, such as wounds that lead to amputation risk. This will aim to create inclusive and sustainable care.

- The **Neurodevelopment (Autism and ADHD) Pre and Post Assessment Digital Support Service** have recruited a team across a range of professional backgrounds who began in their posts on 1st November. They are mostly working on the project a day a week until the project funding finishes at the end of March. The ND hub on the Mindmate website is already up and running with basic information about ND and signposting to relevant resources. The team are in the process of identifying key targets for developing resources for CYP with possible, or confirmed autism/ ADHD, and their families to support access to appropriate support and resources related to condition management. They are also fostering links with relevant partners services and agencies to gain their input into the project. This work is being done in close partnership with Common Room, Thompson Brand and with CYP and their families who use the service – with plans for them to influence the shape of the project and be involved in the development of the resources. Also being developed are an evaluation strategy, to evidence the success of the project, and a communication strategy to ensure the website becomes well known. There are also links with the ICB to ensure consistency with wider work relating to ND services.

- **Cardiac Rehab Activity Programme** now provides personalised photocards of exercises to support patients choosing to complete a home-based offer (rather than attending a Leisure Centre). 466 people have used this Home Exercise Programme, with 397 people signed up to the MyHeart App and 348 using a combination of individualised photocards with specialist home-based support. This approach to photocards is currently being further developed for use with many other conditions and will be shared across LCH, responding to individual communication needs.

- **Respiratory Service expansion/development** includes: expansion of the ambulatory oxygen assessment and further support reduction in waiting times; development of a delivery model for Virtual Respiratory Review Clinics in primary care and the development of PCN champions and; shared work across the cardiac/pulmonary rehab programme to identify and reduce inequity.

- **School Immunisation and Covid vaccination teams** worked together to provide a pop-up clinic to meet the needs of Ukrainian refugees who were struggling to access core provision in schools**.**

- **Liaison and Diversion Service** worked with a vulnerable young person, having identified barriers to engaging with other services due to the retraumatising effect of sharing their own history/background, gained agreement from them to share their history in advance so their meeting with the potential new service was a useful conversation to the individual. This individual had a significant history or trauma, addiction, and poor social skills. His family support was nil and friendship groups had a negative impact on his mental and physical health state. The individual worked extremely hard to focus on our sessions and engaging with others and is now fully engaging with the addiction services, has been rehoused and is maintaining his own property with support for the first time in his life. He hasn't quite moved on from his friendship circle, however contact has reduced due to him being rehoused.

- Low levels of health literacy (having the appropriate skills, knowledge, understanding and confidence to access, understand, evaluate, use and navigate health information and services) is a significant barrier to many groups/communities experiencing inequity. The most disadvantaged groups in society, most at risk of low levels of health literacy, are known to have the poorest health outcomes. 34 LCH staff, from across all 3 Business Units and corporate teams, have so far attended **Health Literacy Awareness** delivered by Library Services (LCH and LTHT) since October 2021, increasing understanding of the impact and linking to our focus on improving communication with marginalised groups. LCH Library Services Manager is already accredited and delivering this training, with another member of the team currently being trained to increase the capacity for delivery of an ongoing planned programme, Health Information Week sessions and specific team events.

3.2 Making connections – the value of talking about equity and inclusive practice in different spaces, and examples of some of the connections being made in LCH as a result of this:

- **Making Stuff Better Share and Learn:** Cardiac services, Community Cancer Support, School Immunisations, Liaison and Diversion, ICAN and Long Covid have all shared improvement stories which include aspects of addressing inequity.

- **Leaders' Network:** Linking Sepsis campaign in with Basis and Joanna project, to address inequity for women who are street sex working and have limb wounds/ ulcers which can be undressed, but who are unlikely to present at usual wound clinics and for whom symptoms of infection may be missed, as with people who use drugs and alcohol who maybe not differentiate between signs of infection and other symptoms as a result of drug or alcohol use.

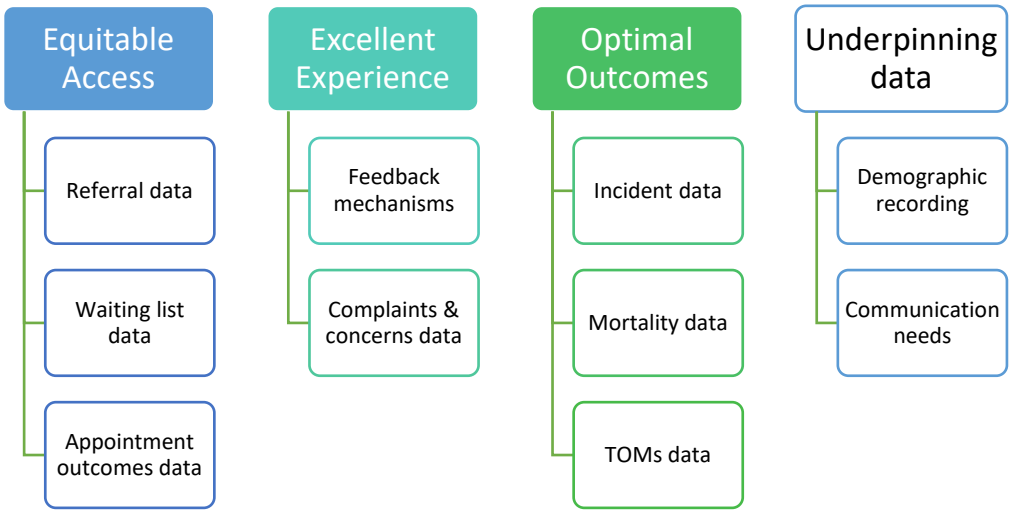
- **Specialist Business Unit Health Equity Forum** – having shared and heard action to address inequity by the Homeless Health Inclusion Team and the Liaison and Diversion Service, a session is now planned on positive management of risk with vulnerable client groups

4. Using our equity data

The development of equity data and its use is a vital part of delivering on our Health Equity strategy by increasing our understanding of health equity in our services. This work also supports delivery of the 2022/3 NHS Planning Guidance 5 priority actions for inclusive recovery, CQC focus on the quality of care for those most likely to have a poorer experience and achievement of the Equality Delivery System mandated in the NHS contract.

4.1 Types and availability of equity data

To understand equity in our services and deliver on mandated requirements, we require four types of data:



The specific reports now available are listed in Appendix 2.

4.2 Examples of using equity data

Developing the availability of data, and skills to analyse it, is an important objective in our equity strategy. However, the analysis itself will not create a move from intent to action. The examples that follow show where equity data has been used to identify action to address inequity:

- The Cancer Support Service were planning expansion to 3 additional areas. Originally it was planned to be one in each Neighbourhood Team portfolio but by ranking PCNs by IMD decile, deprivation size and cancer prevalence they were able to focus on the 20% most deprived (Core 20) in order to tackle inequity.

- Despite high prevalence of communication needs in the homeless population, the Speech and Swallowing Team identified that they had not received any referrals from York Street practice and so are meeting with the practice to explore barriers for engaging homeless people with Speech and Swallowing

4.3 Integrating our equity data into assurance

4.3.1 Using equity data in Quality Committee papers

At the Quality Committee workshop on Health Equity (October 2022), the following commitments were made to utilise the equity data we have most effectively, while continuing to develop new reports:

- Ensuring report authors are integrating and reflecting on any data sets available

- Moving from equity being a separate consideration to being an integral part of data, reports and papers, by:
    - looking at the data available for that particular topic to see if there appears to be inequity for different populations (currently by deprivation and ethnicity as a minimum)
    - if no inequity is shown in the data, providing a statement of this *or*
    - if the data does show inequity, what actions are being taken to address this or what further work is taking place to understand this
    - where there is no data, then stating this is why it is not included and what action is being taken to be able to include this in the future and in what timescales

'Curious questions' (Appendix 3) have also been developed to support the identification of inequity in our care and then monitor the impact of actions to address this.

An example of this in action is the use of equity lenses on Falls data for the Falls Steering Group and deepdive into falls at QAIG. This data has been used to identify topics for further exploration and there will now be further work to understand the nature of any unexpected variation and to explore possible interventions.

4.3.2 Using our waiting list data

We first reviewed our waiting list data with an equity lens in a Board workshop in March 2022 (Appendix 4). This identified some key lines of enquiry and further work to be undertaken:

- The analysis was based on a snapshot of people on waiting lists in February 2022 – what patterns or differences could be identified from a further snapshot at a later date?
- Were there differences between data of people currently on a waiting list and completed waits?
- How could analysis of data for people on multiple waiting lists support holistic clinical assessments?

The further development of data now enables us to highlight areas which require further conversation/analysis to understand the actions that need to be taken. This will be further enabled with the introduction of PowerBI later this year.

4.3.3 Next steps in embedding equity in all reports relating to patient care

In December 2022, on commencement in post of the Project Support Officer for Health Equity, the papers presented to committees and Board will be analysed to understand the availability, nature and level of inclusion of equity data in reports, aligning this with our 'curious questions' (Appendix 3). This insight will then be provided to committee and Board chairs.

4.3.4 Recommendation: Board, Business Committee and Audit Committee are recommended to take the same approach as Quality Committee, sharing expectations of equity data and analysis with paper authors and committee members, as outlined (5.3.1 and Appendix 3).

5. Risks

Risk	Impact	Mitigation
Delay in trust-wide implementation of PowerBI	Equity data is currently available through PIP and Sharepoint as separate reports rather than as a lens within each data set. This is harder for report authors to integrate into papers and for service-line analysis to be undertaken when patterns are identified in aggregated trust-wide data. Any delay would also further reduce capacity of BI to support analysis	• Newer equity data has been developed in a spreadsheet format which is transferrable to Power BI rather than on PIP to support implementation of PowerBI when fully available. • In preparing for a transition to PowerBI, BI team members have individual licenses to begin using this but reports can only be shared to non-license holders in pdf format, meaning they cannot be further analysed or connect to other work. • The roll-out of PowerBI, starting with the 'safe' domain dashboard is planned for Q4 2022/23.
BI capacity, both to develop equity reporting as well as the capacity and skills to analyse data	• Capacity in the BI team to support analysis as well as data provision is limited. This affects the identification, and monitoring of the impact of, actions to address inequity as well as delivery on the commitment to use equity lenses in all patient care reporting. • Capacity limitations mean reporting development is predominantly linked to SystmOne and that services on different clinical systems do not have the same capabilities around equity reporting or analysis.	• Implementation of the BI strategy "delivering insight and intelligence" to shift from data provision to strategically aligned analytics, particularly delivery of: - The ability to assess each of the organisation-wide measures for different populations to assess health equity - Business Intelligence technologies and processes that have freed up resources to provide more in depth, specialist support - More efficient and better aligned Business Intelligence resource within the existing Business Intelligence team and wider corporate teams - Alignment of analysts to provide consistency of service and the development of the specialist knowledge and relationships required to carry out effective analysis and report production • Ongoing discussions about the role of Office of Data Analytics in supporting providers.
Action to reduce waiting lists is not equitable	Action to address waiting lists does not improve waiting times equitably across all populations, meaning that inequity can increase (deprivation, ethnicity and interpreter requirement) during improvement work, worsening access for some groups.	• Continued focus on equity analysis of waiting lists, following up key lines of enquiry and planned activity, moving beyond data of 2 points in time to trend analysis. • Equity is integral to the new Improving Patient Flow Programme, by ensuring that health inequities are more easily identified through data and reporting, patient experience is captured in a clear concise manner and there is a focus on analysis of data to complement reporting.

		Understanding the health inequities of those who are waiting for care and treatment will allow services to prioritise and focus the delivery in the most efficient and equitable way. This will also provide the opportunity for services to analyse their existing skill mix and workforce, promoting hyperlocal recruitment alongside linking with partner organisations who can provide additional support for a holistic person centred approach to care, treatment and support.
Service capacity to engage in health equity work and action to address inequity	Inequities are identified at an aggregated trust-wide level but service capacity means that service-level analysis is impacted and actions are not identified or taken forward to address inequity.	• Promote the value proposition around health inequalities, understanding and acting on opportunities to improve service efficiency and effectiveness by addressing inequity • Incorporating equity lenses into all data so that using it and identifying actions become business as usual in all reporting and assurance processes rather than 'something additional'. • Breaking action into small manageable 'chunks' such as the equity QI projects across all services, focussed on communication

6. Next steps

The next steps around development and use of equity data in waiting lists are to:

- Follow-up on the key lines of enquiry from the waiting list data, feeding into service reporting and development as appropriate and associated programmes/reporting structures
- Analyse and follow up on key lines of enquiry of people on multiple waiting lists
- Support the IPFP programme to integrate equity lenses into the process
- Develop and use equity data around people with multiple open referrals to inform winter planning
- Deliver experiential training on equity data usage, including exploration of participant data sets
- Identify and develop next set of equity lenses on quality data (incidents and complaints/concerns)
- To identify which data sets are already automatically incorporated into reports that go to committees and Board and which are not and could be reported by exception report

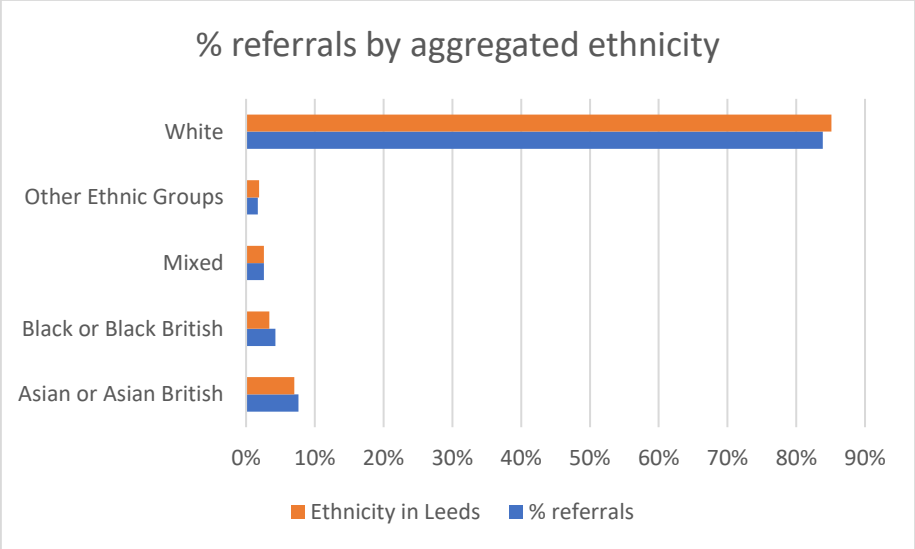
Next steps in delivery of the overall strategy are detailed in Appendix 5, along with an update on progress in the last 4 months of delivery.

6.1 Recommendation: To receive and note the update and plans for the next reporting period.

Appendix 1: Excerpt from Board paper, December 2021, with analysis of referral data

i. Equitable access in terms of referrals by ethnicity

- Since 2019, referrals of Asian or Asian British people are 7.6% (n=25,454) and proportion of Leeds population is 7%
- Black or Black British referrals 4.3% (n=14,232) and in Leeds population is 3.4%.
- Disaggregating these broad ethnicity groups some small inequity can be seen in referrals for the Chinese population (0.2%, n=792 referrals but 0.5% Leeds population) and Irish population (0.7%, n=2442 referrals but 0.9% Leeds population). Due to the small numbers, further work is required to understand the statistical significance in order to avoid the risk of misrepresentative analysis arising from small changes in numbers.



ii. Inequity in finish rates (ie attended and not cancelled by patient or unit) by ethnicity)

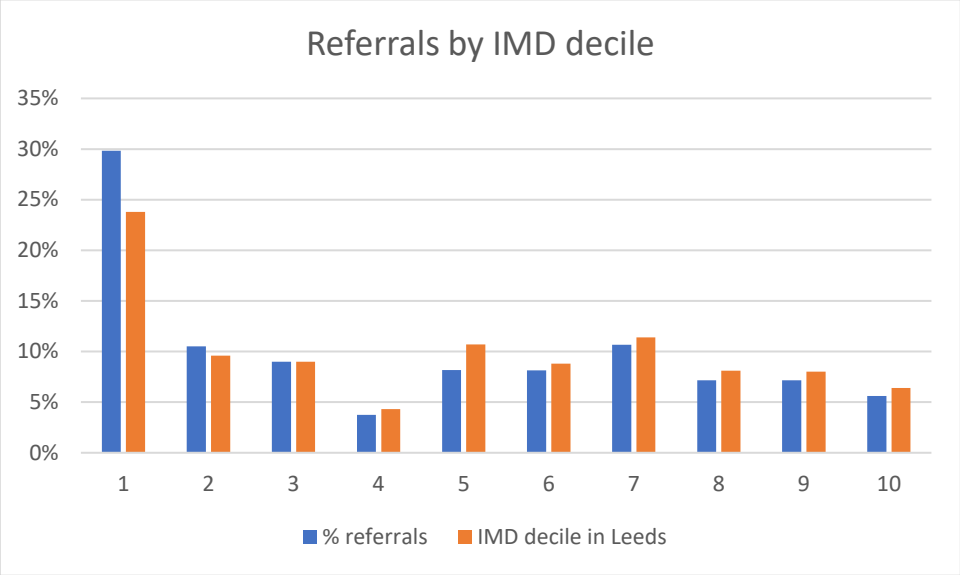
- **Finish rates** for all Black, Asian and minority ethnic groups are lower (Asian or Asian British 85.4%, n=143,685; Black or Black British 87.4%, n=100,357; Mixed 82.5%, n= 43,072; other minority ethnic groups 83.5%, n=26,689) than finish rates for white ethnicity (90.4%, n=2.9m).
- **Cancelled by patient** rates are higher for Black or Black British (3.9%, n=4,469), Asian or Asian British (4.8%, n=8,112) Mixed ethnicity (5.5%, n= 2,890) and other minority ethnic groups (5.5%, n=1,591) than White ethnicity (3.3%, n=106,154)
- **DNA rates** are higher for Black or Black British (4.1%, n=4,684), Asian or Asian British (4.4%, n=7,454), other minority ethnic groups (5.6%, n=1,793) and Mixed ethnicity (6.4%, n= 3,339) than White ethnicity (1.5%, n=48,700)
- DNA rates in Bangladeshi community are highest (8.7%, n=495) and any other mixed background (7.4%, n=835)
- Finish rates overall are lowest in Bangladeshi community (78.1%, n=4,457)

iii. Inequity in data for people of mixed ethnicity

- Finish rate 82.5% (n=43,072) is lowest
- DNA rate 6.4% (n=3,339) is highest
- Cancelled by patient rate 5.5% (n=2,890) is highest

iv. **Equitable access in terms of referrals by deprivation**

- Referrals of people in IMD decile 1 are 29.8% (n=109,898) but 23.8% of population
- Finish rates (ie attended and not cancelled by patient or unit) are within 1 percentage point between IMD1 and IMD10 (88.9%, n=950,358) IMD1, compared to 89.6% IMD10 (n=178,949), but more significantly DNA rates are 3.1% IMD1 (n=33,122) to 1% (n=1,986) IMD10



Appendix 2: Availability of equity data reports

Equity focus	Group	Report	Date range	Updated
Access	Referrals	Referrals by ethnicity	2019/20 - current	Auto refresh monthly
		Referrals by deprivation (IMD)	2019/20 - current	Auto refresh monthly
	Appointment outcomes	Appointment status outcome by ethnicity	2019/20 - current	Auto refresh monthly
		Appointment status outcome by deprivation (IMD)	2019/20 - current	Auto refresh monthly
		Language requirements and DNA rates	2019/20 - 2021/22	20/10/2021
	Waiting lists	Length of wait of people currently on waiting list by ethnicity	2019/20 - current	Auto refresh monthly
		Length of wait of people currently on waiting list by deprivation (IMD)	2019/20 - current	Auto refresh monthly
		People on multiple waiting lists	Snapshot data	07/09/2022
		Equity Initial wait times LCH 20220222 v5	Snapshot data	22/02/2022 and 10/11/22
		Completed wait times	Snapshot data	07/03/2022 and 10/11/22
Outcomes	Incidents	Datix - Access Incidents	2020/21 - current	Manual refresh monthly
		Datix - Falls	2020/21 - current	Manual refresh monthly
		Datix - Pressure Ulcer	2020/21 - current	Manual refresh monthly
	Outcome measures	TOMs by ethnicity	2019/20 - current	Auto refresh monthly
		TOMs by deprivation	2019/20 - current	Auto refresh monthly
	Mortality	By ethnicity and deprivation	2019/20-2021/22	*tbc*
		By age group and gender	2018 - current	Auto refresh monthly
Underpinning data	Communication	Entered data communication template per service	Snapshot data	09/08/2022 Update Dec 2022
	Demographics	Completion rates and breakdown of ethnicity across LCH	Current	Current

Appendix 3: Curious questions for equity data

When developing equity data sets

- ❑ Ethnicity - by specific ethnicities as well as aggregated ethnic groups (ie not only Black, Asian, Mixed, White as inequity is often 'hidden' when aggregating data up to this level)
- ❑ Deprivation by IMD decile, rather than IMD quintiles/postcode
- ❑ Interpreter requirement – in the data work so far, this has come out as a key variable when we look at inequity
- ❑ Learning Disability and Autism – this is the latest equity lens we are adding to data, so not yet on our earlier data sets but will be on all new equity reports going forward
- ❑ Using comparators: for **access** data, compare to Leeds (or service location) population data and any prevalence data for the condition; for **experience** and **outcomes** data, compare to active referral data (taking into account any difference you've identified with population data)

When analysing data / writing reports

As a minimum:

- ❑ Have you considered impacts for different groups/communities?
- ❑ Is your data broken down by deprivation (IMD decile), ethnicity and interpreter requirement?
- ❑ Do you know the experience of different groups/communities of this topic?
- ❑ Is there a difference for different groups/communities?

Even better, to:

- ❑ Include prevalence data
- ❑ Analyse for statistical significance
- ❑ Consider national evidence base for health inequalities and/or this condition or area of healthcare

In meetings / when reviewing papers

- ❑ Have you started from a lens of health inequity / intersectionality?
- ❑ Has there been an equity impact assessment done on the programme?
- ❑ Do any papers include equity lenses on data, or a statement why this is not available?
- ❑ What is the paper telling you / not telling you about the experiences of different groups/communities?
- ❑ Will your actions result in positive change for groups/communities experiencing inequity?
- ❑ What assurance are you giving to the Board that you have positively considered equity?

Appendix 4: Excerpt from Board paper, March 2022, with equity analysis of waiting lists

The waiting list reports provides us with the data to undertake analysis similar to that done by Calderdale Trust, which has been shared nationally including in the Healthcare Inequalities 2022/23 Planning Guidance Advisory Note, with the recommendation to adopt a similar approach.

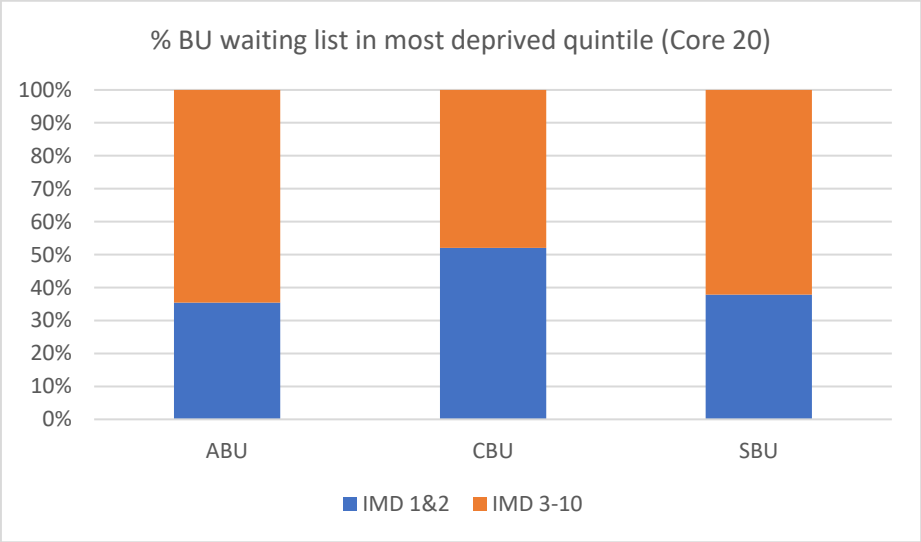
Calderdale Trust example: Analysis of waiting lists during 2021 by ethnicity and deprivation, which found that in May the trust's patients from the most deprived areas were waiting 8.5 weeks longer on average for priority two operations than those from more affluent areas, while patients from minority ethnic groups were waiting 7.8 weeks longer than white patients. When taking priority two together with less urgent priority three and four operations into account, Calderdale and Huddersfield patients from ethnic minority groups were waiting 5.1 weeks longer than white patients in May – but by October, this disparity was cut to 1.6 weeks. Patients from the most deprived communities were waiting 5.6 weeks longer than the least deprived in May, and 2.2 weeks longer on average in October.

Similar high-level analysis of LCH data (see also data notes in 4.2.8) identifies the following headlines, with associated key lines of enquiry (KLOE). This has been taken from snapshot data at the beginning of February with a further snapshot later in the month for brief sense-checking:

4.3.1 Deprivation

	Average days waiting[d]	Number on waiting list	% of waiting list	% referrals	% Leeds population (2011 census[c])
Most deprived quintile	76.7	10,242	41%	44%	33.4% (note latest IMD this is now 35.4%)
Rest of Leeds	77.9	14,571	59%	56%	66.6%

- People in the most deprived areas wait an average of 1.2 days less than the rest of the population
- 41% of people on the waiting list are in the most deprived quintile (n=10,242) which is slightly more than the % of the Leeds population in the lowest quintile, but reflective of the higher rates of referrals for patients in more deprived in areas; and higher prevalence of key conditions
- Analysis by Business Unit identifies difference in proportion of most deprived population (IMD 1 and 2) on waiting lists in each Business Unit.



	Number on waiting list	% overall waiting list	Number IMD 1&2 on waiting list	% IMD 1&2 on overall waiting list	Proportion IMD1&2 of BU waiting list
ABU	1816	7.3%	644	6.3%	35.5%
CBU	6413	25.8%	3335	32.5%	52.0%

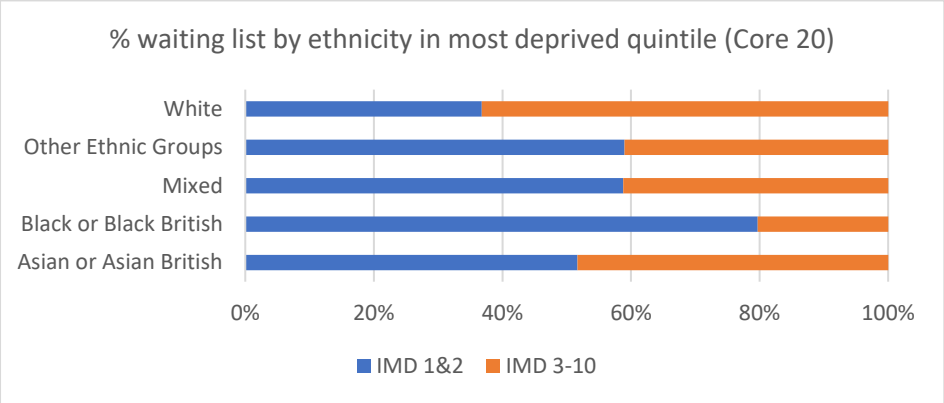
SBU	16,628	66.9%	6296	61.3%	37.9%

4.2.4 Ethnicity

	Average (mean) days waiting [d]	Number on waiting list	% waiting list	% referrals	% Leeds population (2011 census[c])
Asian or Asian British	79.7	2,097	8%	7.7%	7%
Black or Black British	80.2	1,300	5%	4.4%	3.4%
Mixed	73.0	639	3%	2.6%	2.6%
Other Ethnic Groups	79.8	452	2%	1.7%	1.9%
White	79.0	16,969	68%	83.6%	85.1%
Not known	67.0	3,228	13%		
Not Stated	68.6	128	1%		

- At an aggregated ethnicity level, there is very little difference in average number of days waiting between people from aggregated minority ethnic groups (0.8 days less) and white patients.
- % people from minority ethnic groups on waiting lists is slightly higher than % referrals

4.2.5 Ethnicity and deprivation

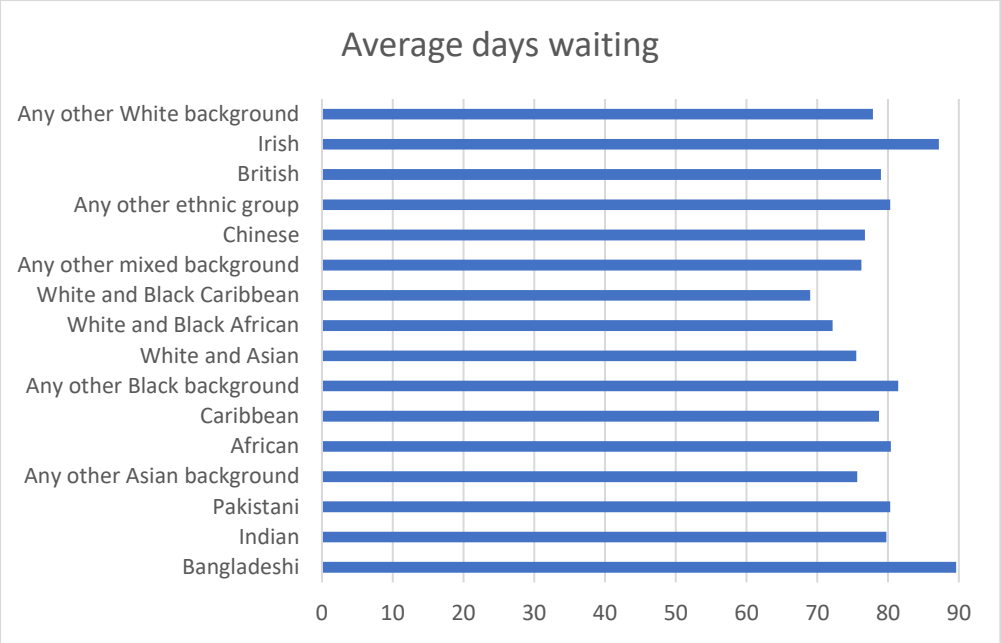


- Nearly 80% Black and Black British people on the waiting list live in the most deprived areas.

- Over half of other minority ethnic groups on the waiting list live in the most deprived areas.

- Further work will need to be undertaken to understand the % of different ethnic communities in our most deprived areas

1.2.6 Detailed ethnicity analysis



- Greater disparity is seen at a detailed ethnicity level, with Bangladeshi and Irish people waiting on average 7 days longer than British people.
- KLOE: which services are Bangladeshi and Irish people using that have greater waits?

Ethnicity Domain	Ethnicity Detailed	Average days waiting[d]	Number on waiting list	% waiting list	% referrals	% Leeds population (2011 census[c])
Asian or Asian British	Bangladeshi	89.6	119	0.5%	0.4%	0.6%
	Indian	79.8	549	2.2%	2.2%	2.1%
	Pakistani	80.3	973	3.9%	3.6%	3%
	Any other Asian background	75.6	456	1.8%	1.6%	1.2%
Black or Black British	African	80.4	875	3.5%	2.8%	2%
	Caribbean	78.7	247	1.0%	1.0%	0.9%
	Any other Black background	81.4	178	0.7%	0.6%	0.6%
Mixed	White and Asian	75.5	140	0.6%	0.5%	0.7%
	White and Black African	72.2	149	0.6%	0.5%	0.3%
	White and Black Caribbean	69.0	190	0.8%	0.9%	1.2%
	Any other mixed background	76.2	160	0.6%	0.6%	0.5%
Other Ethnic Groups	Chinese	76.7	62	0.2%	0.2%	0.8%
	Any other ethnic group	80.3	390	1.6%	1.5%	1.1%
White	British	79.0	15,717	63.3%	78.1%	81.1%
	Irish	87.2	156	0.6%	0.7%	0.9%
	Any other White background	77.9	1,096	4.4%	4.8%	3%

4.2.5 Interpreter requirements

	Average days waiting[d]	Number on waiting list	% waiting list

Interpreter needed	75.9	564	2.3%
Interpreter not needed	80.5	5,816	23.4%
Unknown	76.4	18,433	74.3%

- As there is such a high proportion of people on the waiting list where interpreter requirement is unknown, improvement in recording is required before further analysis can be undertaken to explore any inequity in length of wait between people who require an interpreter and those who do not
- Noting that interpreter requirements is unknown (not recorded) for 69% open referrals, which also requires action, the high proportion on the waiting list where this is not recorded indicates that consideration is needed of when in the patient journey this is recorded. Anecdotally, we understand that often this is at the first appointment (if not recorded on the referral), which could cause issues in communication with patients on waiting lists in their required language.

1.2.7 Overlaying ethnicity with requirement for interpreter

Ethnicity Domain	Ethnicity Detailed	Average days waiting	Average days waiting if interpreter required	Difference in average wait when interpreter required	Number on waiting list	Number on waiting list recorded as requiring interpreter	% ethnicity on waiting list requiring interpreter
Asian or Asian British	Bangladeshi	89.6	90.0	0.4	119	14	11.8%
	Indian	79.8	85.4	5.6	549	24	4.4%
	Pakistani	80.3	84.2	3.8	973	77	7.9%
	Any other Asian background	75.6	84.6	9.0	456	67	14.7%
Black or Black British	African	80.4	90.4	10.0	875	85	9.7%
	Caribbean	78.7	101.8	23.1	247	5	2.0%
	Any other Black background	81.4	134.8	53.4	178	6	3.4%
Mixed	White and Asian	75.5	72.2	-3.3	140	5	3.6%
	White and Black African	72.2	70.2	-2.0	149	11	7.4%
	White and Black Caribbean	69.0			190	0	0.0%
	Any other mixed background	76.2	68.6	-7.7	160	9	5.6%
Other Ethnic Groups	Chinese	76.7	80.6	3.8	62	7	11.3%
	Any other ethnic group	80.3	65.8	-14.5	390	50	12.8%
White	British	79.0	77.6	-1.4	15,717	47	0.3%

	Irish	87.2			156	0	0.0%
	Any other White background	77.9	59.9	-18.0	1,096	88	8.0%

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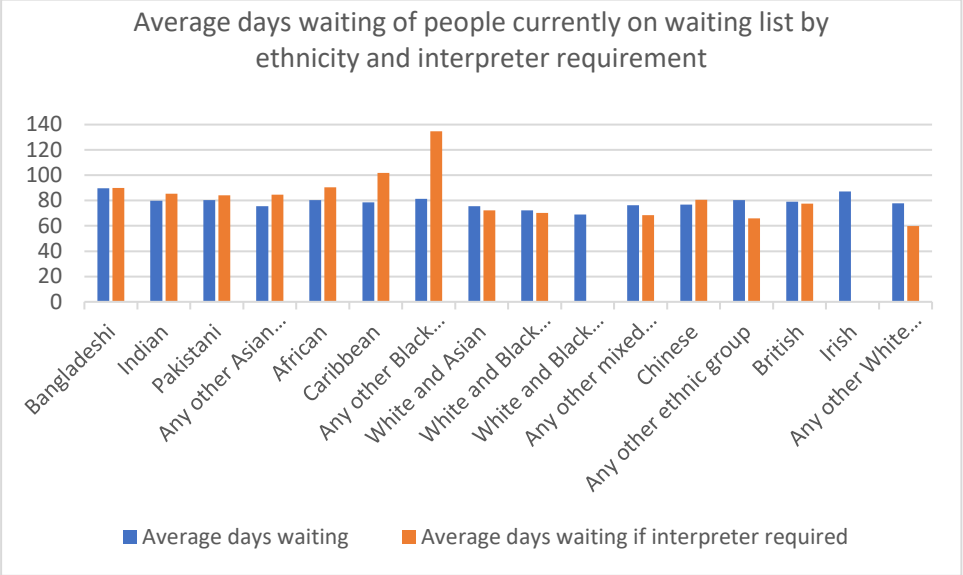


- For Asian or Asian British, Black or Black British and Chinese ethnicities, the average days waiting is longer if an interpreter is required (0.4 to 53 days)
- The largest differences for people of Caribbean ethnicity and any other Black background relates to very small numbers on waiting lists recorded as requiring an interpreter.
- KLOE: which services are people experiencing the biggest difference in length of wait and are those services aware of the resources around interpreter access; is there a correlation between the provision of interpretation in some languages and length of waiting times?

1.2.8 Notes on data

a) In accordance with the Data Set Coding Notice last issued to NHS organisations in 2001, we use the 17 ethnicity categories consistent with Census 2001. The differences between this and the 2011 census data we use for comparison are that the Chinese ethnic group moved from the 'Other' ethnic group (in 2001 Census) to the 'Asian' ethnic group (in 2011 Census) and that that there were no 'Gypsy or Irish Traveller' or 'Arab' groups listed in the 2001 census and therefore NHS data set coding notice.

b) There has not been an updated guidance on ethnicity coding issued to the NHS since the Data Set Coding Notice of 2001. NHS Digital is considering changing the categories to reflect the 2021 Census but there this is not yet confirmed.

c) Leeds demographic data in our analysis is taken from the 2011 census. There have been changes to the demographics in Leeds since then (refer to Joint Strategic Assessment for updated information). The original planned release date for 2021 census-based LA estimates was March 2022, but the government's official statistics announcement is now provisionally given as late May 2022.

d) Average days waiting is based on those people currently on waiting lists, not completed waits. This is an area for further development.

4.2.9 Future data developments

In addition to the specific data requirements identified to support the KLOEs above, further planned analysis includes:

- Identification of areas of high inequity that may be masked when aggregating data across the whole trust
- Analysis of completed waits – the current data is mean time on waiting list of people currently on waiting list, not mean time of those who are no longer on waiting list
- Provision of health equity assessments for services to increase understanding of patient journeys in accessing services through referral, waiting and appointment outcome.
- Intersectionality of ethnicity/language and deprivation
- Statistical significance and confidence intervals
- Second snapshot data from before latest escalated period (November 2021) to support identification of change, with eventual move to trend analysis
- Analysis of referrals and waits by prevalence for different communities, linked to the Health and Care Hub Data prevalence data from GP audits, pending update of the Processing Agreement and a Data Sharing Agreement.

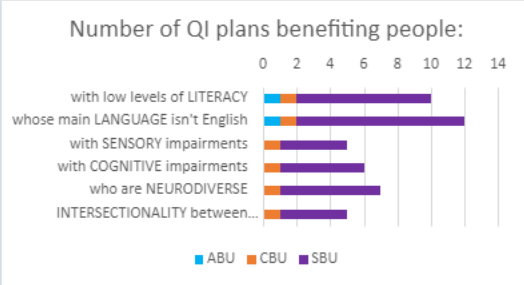
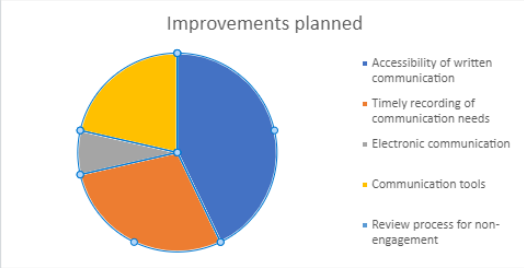
This analysis, along with that done by LTHT, is being shared as part of a Planned Care Board agenda item on applying Population Health Management approaches to waiting lists.

Appendix 5: strategy update

		Year 2 focus	Update (Dec 2022)	Planned work to March 2023
	Increase understanding of health equity in our services	We will improve the recording of diversity and inclusion data, embedding agreed approaches to equity analysis across datasets. We will review data that tells us about access, experience and outcomes of Communities of Interest. We will increase access to equity data and the skills to analyse and use this intelligence in addressing inequity. We will increase the meetings and reports where equity lenses on data are used.	• 19 reports equity reports now available, with lenses for deprivation, ethnicity, age interpreter requirements, LD and autism • Commitments agreed for using available data in all quality reports	• Alignment of data development with implementation of BI strategy and new PowerBI dashboard developments • Further analysis of multiple waiting lists and incident data • Analysis of people on multiple caseloads to inform winter planning • Updates to reports on communication template completion, and appointment outcomes by language and interpreter requirement to support evaluation of equity QI projects • Experiential training sessions on using equity data • Analysis of papers presented to committees and Board to understand the availability, nature and level of inclusion of equity data in reports, aligning this with our ‘curious questions’.

	Work in partnerships	Delivering our 3rd sector strategy, including health equity priorities. Supporting delivery of LCPs health equity projects and Synergi mental health projects. Engagement with THIG and WYH health equity programmes and communities of practice. Taking part in the EDS2 partner review and achievement of Sanctuary Health award with provider partners.	3rd sector funded projects with: • BID • Basis • Enhance Integrated care (primary care) projects: • Care homes • Woundcare hubs • Acute home visiting THIG Population Health Boards ICB health inequalities and communities of practice Synergi Migrant Health Board Palliative Care and End of Life EDI group	• Continue testing opportunities for coproduction with 3rd sector in NICE guidance assessments and engagement in EQIA review • Engagement in communication improvement projects with 3rd sector partners supporting - People with low levels of literacy - People whose main language isn't English - People with sensory impairments - People with cognitive impairments - People who are neurodiverse Embed connections with: • Enhance • Active waiting
	Develop tools and resources	We will develop and embed use of tools and resources to support leaders, staff, partners and communities to work together to identify and address inequity. This will include: Equity and Quality Impact Assessment process, Review Panel and EIA information sessions; Health Equity MS Team channel and intranet pages; Communities of Interest insight resources.	EQIA • Changes made following audit • Embedded in project management tools • Discussion tool to support early EIA consideration Expanding access to Basis and BID training Plenary and workshop delivered at Clinical conference; Cost of Living Crisis discussion held at Leaders' Network 34 LCH staff attended Health Literacy Awareness sessions in the last year	• Changes to incorporate EIA into QIA main documents following EQIA review • Ongoing work on No Bystanders • Promote Health Literacy Awareness 1 hour sessions delivered Library Services • Coordinated approach to next round of Health Equity fellowships – applications due 9 December

	Focus on equity in quality and safety	Analysis by ethnicity and deprivation to understand and act on inequity in mortality, pressure ulcers and other incidents, complaints and concerns. Consider equity in our proactive approaches to quality, including research, evidence-based guidance and outcomes. Develop an equity assessment process in the development of clinical policies and protocols.	• EQIA • Patient Engagement Champions • identification of Always Event methodology to address inequity • Identification of equity workstreams in each area of Clinical Governance and Patient Experience	• Incident equity breakdown (next priority parameters medication and MASD) • EIA in policies and SOPs • Review of Engagement Strategy to include focus on seldom-heard voices and equity analysis of complaints and concerns • Implementation of NICE guidance • Delivery of ICB funded health inequalities projects
	Address inequity through person-centred care	Support 100% Digital inclusion projects and share learning within LCH service delivery Support delivery of self-management activity that improves health equity Develop awareness and identify actions to address inequity through shared decision-making, health literacy and personalised care planning and support.	• LCH person-centred care group established • Accessible Information Standards • Easy-read and reading ease guidance • Better Conversations training • Digital inclusion resources	• Citywide focus on communication, coordination and compassion • Self-management - Active waiting - Patient Initiated Follow Up • Person-centred care priorities (shared decision making, What Matters to Me template) • SBU work on risk-taking in person-centred care with vulnerable populations

Different ways of working	Test different ways of working	Continue change work to address inequity in long-term conditions, mental health and frailty. Test having a consistent area of focus (communication) in QI projects across all services. Review learning from delivery to plan for year 3.	• 14 equity QI projects submitted across individual services, groups of services and whole BU focussed on addressing inequity that arises through communication  	• Interim update on progress and key learning – December 2022 • Online learning events with 3rd sector around 5 key groups/communities with additional communication needs and different types of changes planned in projects • Plan 'in person' celebration and learning event for March 2022
Sharing	Share successes and progress	Using change stories to share successes and learning and prompt further engagement with services and partners. Seeking out internal and external opportunities to share good practice and progress.	• Quality Account • Presentation of equity analysis of waiting list data at Planned Care Board • Making Stuff Better share and learn sessions with focus on addressing inequity	• Learning and impact of equity QI projects • EDS2 – planned partnership activity for 2022/3 • Making Stuff Better share and learn sessions with focus on addressing inequity

	Understand the difference we are making	Support citywide exploration of ways of measuring impact and progress on health equity, such as social value or social return on investment and population health. Use this knowledge to develop an evaluation framework which helps us to understand the impact we are having and make changes or take additional action where required.	• Developing citywide model for evaluating provider health equity strategies, linked to evaluation of ICB HI funded projects • Alignment of Healthy Leeds, Population Board and LCH equity outcomes	Test out and confirm pan-Leeds trust evaluation model, including: • Outcome and output measures • Citywide and LCH contributory measures Other evaluation work to include: • Social Value • Understanding cumulative impact of individual service QI projects with shared learning, spread and adoption

Leeds Community Healthcare NHS Trust

Trust Board meeting held in public: 2 December 2022

Agenda item number: 2022-23 (95)

Title: NHS England consultation on the Provider Licence

Category of paper: for consultation (response)

History: Not applicable

Responsible director: Chief Executive

Report author: Company Secretary

Executive summary (Purpose and main points)

NHS England is proposing changes to the Provider Licence to support effective system working & the delivery of high-quality sustainable care. The proposals to change the Provider Licence are subject to a statutory requirement to consult existing licence holders, the Secretary of State, Integrated Care Boards, & the Care Quality Commission & its Healthwatch England Committee.

NHS England is also interested to hear from NHS trusts who will be issued a licence following changes introduced by the 2022 Act, and from other bodies with an interest in the provision of NHS healthcare in England.

Feedback received by NHS England will be used to shape the final version of the Provider Licence.

NHS England has involved NHS Providers, of which we are a member organisation, in the drafting of the new licence. NHS Providers feedback is captured in appendix A for your reference.

There are numerous links in the three appendices (these may not work in the PDF documents attached). To access this information please copy this into your browser: https://www.engage.england.nhs.uk/consultation/changes-to-the-nhs-provider-licence/

Recommendations

Response to the consultation:

The Board should provide feedback on the changes to the provider Licence, which will be collated by the Company Secretary and circulated to all members of the Board prior to submission to NHS England (via online consultation webpage).

On the 1 November 2022, the West Yorkshire Integrated Care System (WY ICS) Executive Collaborative meeting discussed the NHS England Provider Licence consultation. It was agreed by the Executive Collaborative that a joint response would be provided from the WY ICS Mental Health, Learning Disabilities and Autism (MHLDA) Provider Collaborative, and one from the WY ICS Association of Acute Trusts on the consultation. A copy of LCH's feedback will be provided to the Programme Director, MHLDA for inclusion in the collaborative's response.

Consultation on the Provider Licence

1. Introduction

NHS England is proposing changes to the Provider Licence to support effective system working & the delivery of high-quality sustainable care. The Provider Licence sets out the conditions that healthcare providers must meet to help ensure that the health sector works for the benefit of patients, now and in the future.

All providers that deliver healthcare services for the NHS are required to hold a licence, unless exempt. The licence forms part of the oversight arrangements for NHS providers, serves as the legal mechanism for regulatory intervention, & underpins mandated support. The proposals to change the Provider Licence are subject to a statutory requirement to consult existing licence holders, the Secretary of State, Integrated Care Boards, & the Care Quality Commission & its Healthwatch England Committee.

Feedback received by NHS England will be used to shape the final version of the Provider Licence. The proposed changes are described in detail in statutory notice of consultation Part A. This is accompanied by a draft new provider licence (Part B) & an assessment of the anticipated impact of these changes (Part C). The consultation closes on the 9 December 2022, following which it is anticipated that new Provider Licences will be issued to all licence holders. The estimated timeline for issue will be communicated as part of the publication by NHS England on the consultation response. Existing licence arrangements will be maintained until the new licences take effect

2. Background to the NHS provider licence

The NHS provider licence was first introduced in 2013 and is held by all NHS foundation trusts, as well as independent sector providers unless exempt. A separate licence for NHS controlled providers was introduced in 2018. NHS trusts (ie non-foundation trusts) have been exempt until now, but recent statutory changes will require them to be licenced too.

The provider licence forms part of the oversight arrangements for NHS providers. The NHS Oversight Framework details the overall principles, responsibilities and key metrics for oversight, while the provider licence serves as the legal mechanism for any formal regulatory intervention and underpins mandated support for the most challenged providers.

3. The proposed changes to the licence

The consultation proposes four types of changes to the licence, aimed at:

(i) Supporting effective system working

(ii) Enhancing the oversight of key services provided by the independent sector

(iii) Addressing climate change

(iv) Technical amendments

These are described in more detail below.

(i) Supporting effective system working

New cooperation condition:

The proposal is for a new licence condition outlining expectations of how NHS trusts, foundation trusts and NHS controlled providers should work together across the newly formed integrated care systems to deliver on core system objectives. This includes planning, service improvement and delivery, delivery of system financial objectives and system workforce plans. The new cooperation condition is aligned with the revised duty on NHS bodies and local authorities to cooperate as set out in sections 72 and 82 of the NHS Act 2006 and with expectations around collaboration set out in the NHS Long Term Plan and the guidance on good governance and collaboration. As such, the terms “collaboration” and “cooperation” are used interchangeably.

NHSE does not propose to include independent providers within the scope of this condition, as it reflects expectations on statutory NHS bodies to co-operate. NHSE is, however, exploring aspects of the condition and associated guidance that are transferable to independent providers, and welcomes feedback on this as part of the consultation.

New condition on the triple aim:

The proposal is to reflect the triple aim and health inequalities through a new licence condition that mirrors the expectations set out in the 2022 act, for NHS trusts, foundation trusts and NHS controlled providers to consider the triple aim and health inequalities in their work. NHSE does not propose to include independent providers within the scope of this condition as the triple aim is defined for statutory NHS organisations under legislation.

New condition on digital obligations:

The proposal is to reflect digital obligations to enable system working and promote digital maturity through a new licence condition and a separate amendment to the governance conditions. These reflect expectations already set out in legislation and guidance. This condition would apply to NHS trusts, NHS foundation trusts and NHS

controlled providers. NHSE does not propose that it should apply to the independent sector. Independent providers have other legal obligations in place, and are not subject to the governance and working in systems conditions.

Integrated care condition:

The proposal is to reframe the integrated care condition as a positive obligation. The aim is to encourage providers to actively participate in service integration to improve the quality of health care services, provide place-based integrated care, and reduce inequalities of access and outcomes. The existing licence condition which NHSE is proposing to amend is phrased as a broadly defined prohibition to not act in ways which would undermine the potential of delivering integrated care. The proposed change is consistent with the shift in national focus. This proposed condition will apply to all license holders. However, independent providers will not be held to account for being unable to participate in any system roles where they may be precluded to do so by law or legitimate commercial considerations.

Expanding the patient choice condition:

The proposal is to reflect the importance of personalised care by expanding the patient choice condition. This is in line with existing guidance and should clarify expectations and provide consistent messaging to providers. This proposed condition will apply to all license holders.

Removing the competition condition:

The proposal is to remove the competition condition to reflect a shift in healthcare priorities from competition to collaboration and the removal of the former Monitor statutory functions relating to competition oversight, as NHSE does not have these functions. This proposed condition will apply to all license holders.

(ii) Enhancing the oversight of key services provided by the independent sector

Broadening the range of providers where continuity of services (CoS) conditions will apply. The proposal is to expand NHSE's oversight beyond the narrow definition of commissioner requested services (CRS), to providers which deliver services that are considered hard to replace.

Expanding the scope of continuity of services conditions to include quality governance standards:

The proposal is to expand the scope of CoS conditions to include quality governance standards. The aim is to enhance risk mitigation and cooperation with NHSE in the event that an independent sector provider is experiencing serious quality issues which threaten service delivery. Mechanisms already exist to address quality concerns in NHS trusts and foundation trusts.

(iii) Addressing climate change

This proposal reflects the requirements set out in the 2022 Health and Care Act relating to the contribution of NHS trusts and foundation trusts to tackling climate change and delivering net zero carbon emissions. NHSE also proposes that the adherence to any NHSE guidance on tackling climate change is part of good corporate governance and aligns with the governance requirements in the 2022/23 NHS Standard Contract, requiring boards to nominate a board-level net zero lead and deliver a green plan. This proposal is for NHS trusts, foundation trusts and NHS controlled providers only.

(iv) Technical amendments

Shifting the focus of the costing conditions:

The proposal is to modify the costing conditions and separate them from the other pricing conditions. This would reflect the wider role costing data plays in supporting integration and improvement as well as the pricing of NHS services.

Amending the pricing conditions to reflect changes to national policy:

The proposal is to amend the pricing conditions to reflect changes to national policy and pricing legislation by referencing the national payment scheme and removing the condition related to local modifications.

Streamlining reporting requirements:

The proposal is to streamline reporting requirements by removing requirements around self-certification for NHS trusts and foundation trusts, due to duplication with annual reporting requirements and to reduce regulatory burdens.

Applying conditions to NHS trusts and updating language to reflect the current statutory framework:

This proposal refers to updating language, in order to reflect the current statutory framework, including the change of Monitor to NHSE as the regulatory body for the provider licence and inserting references to NHS trusts.

Removing obsolete conditions:

The proposal refers to removing conditions, such as those setting out the payment of fees to NHS England, which have never been used by NHSE and there is no intention to use them in the future.

Amending the Fit and Proper Persons condition:

The proposal is to amend the Fit and Proper Persons condition in line with the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and as per the statutory consultation conducted in 2021. NHSE reports that consultation responses showed an overwhelming support for the proposal.

These technical amendments are proposed to apply to all licensees.

The consultation questions

The consultation includes a lot of questions asking respondents to what extent they agree or disagree with each of the proposed changes. For each of the proposed conditions applying to NHS trusts, foundation trusts and NHS controlled providers only, there is also a question asking whether there are elements which should also be extended to independent sector providers.

There are also several more general questions on: whether the NHS provider licence needs to be reviewed and updated; whether there are any other parts of the provider licence that should change; and whether NHSE should have the ability to determine who is a 'hard to replace' provider. If you would like to see the full list of questions, please contact the Company Secretary.

4. What the proposed changes means for Leeds Community Healthcare NHS Trust (LCH)

NHS trusts (i.e non-foundation) previously have not held a licence: NHS Trusts will become licence holders from April 2023 (subject to final regulations). The Trust has until now, operated under a 'shadow licence'.

Self-assessment and certification: The Trust will no longer be required to self-certify via an assessment and produce a Statement of Compliance (FT4). Instead, it is recognised that the Annual Report and Accounts produced by all NHS trusts is a more suitable method of reporting compliance. There may however be amendments made to the Annual Report template/requirements to include specific elements of the licence requirements within the annual report.

The new co-operation condition: these changes will enhance NHS England's ability to intervene and provide support where these requirements are not being met and so provide a more effective way to resolve these issues than alternative legal mechanisms, such as through judicial review.

Removing the competition condition: reflecting the shift in healthcare priorities from competition to collaboration, and the removal of NHS England's statutory duty in relation to competition oversight.

Please also see NHS Providers comment regarding compliance with digital obligations (appendix A)

Appendix A

NHS Providers view – provider licence consultation

We have worked closely with the NHS England team developing the draft provider licence and consultation proposals throughout the past year. This has included constructive conversations between us and the team, as well as dedicated engagement sessions with our members. It is encouraging that the consultation document incorporates much of our feedback.

Updates to the provider licence are overdue and we think the proposed changes are rightly aligned with changes to the statutory and operating environment, including the intention to apply it to trusts as well as foundation trusts for the first time.

In our discussions with NHSE, we have welcomed the intent of the cooperation condition. However, we would have preferred the use of a consistent terminology, rather than the interchangeable use of 'cooperation' and 'collaboration', as these terms could mean different things in different contexts. We understand, however, that this is due to both terms being used in legislation and/or guidance. We have welcomed the removal of the competition condition, which reflects the new the statutory framework.

We have flagged that the cost of complying with digital obligations could be challenging for providers. Providers should not be penalised for failing to implement these standards if they cannot afford the work needed, for example, to improve interoperability. The ability of providers to comply with these requirements would also be impacted by the delay in the planned digital maturity assessments for this autumn.

The intent to reframe the integrated care condition as a positive obligation to integrate service provision and reduce health inequalities is welcome. However, we have noted that there needs to be a good case for integration (i.e. benefits for local communities), rather than an assumption that it is always desirable for its own sake.

Due to the importance of the provider licence, it would have been more appropriate for this consultation to run for twelve weeks, instead of six, in line with the timelines for a full statutory consultation. We acknowledge, however, that the shorter duration is linked to NHSE's intention that the licence comes into force in time for the new financial year. We hope that this shorter consultation span does not hinder the ability of providers to contribute to it.

Classification: Official

Publication reference: PR1654

Provider licence consultation notice: Part A

27 October 2022

Please note: This statutory notice is made up of three documents:

Part A outlines the proposed modifications to the standard conditions of the NHS provider licence, the effect of the changes and reasons for the proposals. It starts on page 2.

Part B is the proposed NHS provider licence pending consultation response.

Part C contains the impact assessment

A six-week consultation period will be held from 28 October 2022 to 9 December 2022. Representations can be made to NHS England at LINK.

Contents

Part A of this statutory consultation notice published by NHS England under section 100 of the Health and Social Care Act 2012 (the 2012 Act) gives notice of proposed modifications to the standard conditions of the NHS provider licence, the effect of the changes and reasons for the proposals. It should be read in conjunction with the draft licence (part B) which is a supporting document. An impact assessment has been completed for these changes and can be found in part C. A six week consultation period will be held from 28 October 2022 to 9 December 2022. Representations can be made to NHS England at LINK.

1. Introduction

Background: The NHS provider licence

The NHS provider licence was first introduced in 2013 and is held by all NHS foundation trusts as well as independent sector providers unless exempt. NHS trusts are currently exempt, but recent statutory changes will require them to be licenced with a date to be confirmed post consultation, likely April 2023. A separate licence for NHS Controlled Providers was introduced in 2018.

The current licence consists of six sections, each containing high level conditions that providers must meet. The first four sections contain conditions that apply to all licence holders and cover general conditions, pricing, integrated care and patient choice and competition. Additional conditions then apply to providers of Commissioner Requested Services (CRS) to ensure they continue to provide services should they get into financial difficulty. Finally, specific governance conditions apply to NHS foundation trusts.

The provider licence forms part of the oversight arrangements for NHS providers, serves as the legal mechanism for regulatory intervention, and underpins mandated support at our most challenged providers. The NHS Oversight Framework details the overall principles, responsibilities, and ways of working for oversight, the key metrics and factors we consider when determining support needs and the circumstances in which we consider formal regulatory intervention may be necessary to address particular issues in NHS trusts and foundation trusts.

The provider licence and related statutory enforcement powers provide the legal mechanism for any formal regulatory intervention and underpins mandated support at our most challenged providers. The NHS Provider Enforcement Guidance provides guidance on how we intend to use the statutory licence enforcement

powers and applies with some modifications to how NHS England will use the powers. The oversight arrangements for independent providers of NHS services are set out separately in the Risk Assessment Framework and Reporting Manual for Independent Sector Providers of NHS Services and are similarly underpinned by the provider licence.

Why we are proposing changes to the provider licence

Much has changed since the licence was first introduced in 2013. In particular, the current licence reflects a very different statutory and operating environment based around economic regulation and competition rather than system working and collaboration between providers. Our proposed changes will bring the licence up to date to reflect current statutory and policy requirements and support providers to work effectively as part of integrated care systems.

In addition, changes brought in under the Health and Care Act 2022 ("2022 Act") mean that NHS trusts will no longer be exempt from holding a licence. While in recent years we have worked to align our approach to the oversight of NHS trusts and foundation trusts, including through operating a 'shadow' licence regime for NHS trusts, changes will need to be made to the licence before it can be issued to NHS trusts.

This consultation document should be read in conjunction with:

- our separate consultation on the Enforcement Guidance which sets out the processes NHS England will apply when using its licence enforcement powers due to launch this autumn.
- The current Risk Assessment Framework and reporting manual for independent sector providers of NHS services. This document will be updated and a consultation held later this fiscal year to reflect our new approach to continuity of service requirements.

To note, none of the proposals in this consultation change our overall approach to NHS provider oversight as set out in the NHS Oversight Framework 2022/23. As per the framework, NHS England remains committed to working constructively with systems and providers to agree necessary improvements without the need for licence enforcement wherever possible.

Overview of the proposed changes to the provider licence

We propose four categories of changes to the licence. These changes will support system working in the new statutory framework, enhance the oversight of key

services provided by the independent sector including our ability to address quality issues at independent providers of hard to replace services, reflect statutory requirements to address climate change and update technical/regulatory requirements.

1. Supporting system working

   - Reflecting expectations around collaboration and co-operation
     - through a new licence condition outlining expectations of how NHS trusts, foundation trusts and NHS Controlled Providers should work together across the newly formed Integrated Care Systems to deliver core system objectives. This includes planning, service delivery, service improvement, delivering system financial objectives and agreeing and delivering system workforce plans.
   - Reflecting the Triple aim and health inequalities
     - through a new licence condition that mirrors the expectations set out in the 2022 Act, for NHS trusts, foundation trusts and NHS Controlled Providers to consider the Triple Aim and health inequalities in their work
   - Reflecting digital obligations to enable system working and promote digital maturity
     - through a new licence condition and a separate amendment to the governance conditions. These reflect expectations already set out in legislation and guidance.
   - Reframing integrated care as a positive obligation to integrate service provision and reduce health inequalities
     - to encourage providers to actively participate in service integration to improve the quality of health care services, provide place-based integrated care, and reduce inequalities of access and outcomes.
   - Reflecting the importance of personalised care
     - by expanding the patient choice condition
   - Removing the competition condition
     - to reflect a shift in healthcare priorities from competition to collaboration and the fact that NHS England does not have statutory functions relating to competition oversight.

2. Enhancing the oversight of key services provided by the independent sector

   - Broadening the range of providers where continuity of services (CoS) conditions will apply to include hard to replace providers

- Expanding the scope of CoS conditions to include quality governance standards to enhance risk mitigation and co-operation with NHS England in the event that an independent sector provider is experiencing serious quality issues which threaten service delivery. Mechanisms already exist to address quality concerns in NHS trusts and foundation trusts.

3. Addressing climate change

- Tackling climate change and delivering Net Zero
  - by reflecting expectations set out in the 2022 Act for NHS trusts and foundation trusts and in guidance around net zero and climate change ambitions in the governance conditions.

4. Technical amendments

- Modifying costing conditions and separating them from the other pricing conditions
  - reflecting wider role understanding costs plays in supporting integration and improvement as well as the pricing NHS services.
- Amending the pricing conditions to reflect changes to national policy and pricing legislation
  - by referencing the National payment scheme and removing the condition related to local modifications
- Streamlining reporting requirements
  - by removing requirements around self-certification for NHS trusts and foundation trusts due to duplication with annual reporting requirements and to reduce regulatory burdens.
- Applying existing core conditions on all licensees and foundation trusts to NHS trusts and updating language to reflect the current statutory framework
  - including inserting references to NHS trusts and reflecting the change of Monitor to NHS England as the regulatory body for the provider licence.
- Removing obsolete conditions
  - including those setting out the payment of fees to NHS England.
- Amending the Fit and Proper Persons condition
  - in line with the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and as per the statutory consultation conducted in 2021.

These proposed changes have been co-developed and refined through early engagement with providers, system leaders and key representative groups.

The draft modified NHS Provider Licence reflecting these proposals are in Part B of this notice. To note, this merges what were previously two separate licences for providers of NHS services and for NHS controlled providers. NHS controlled providers are providers who are not NHS trusts or foundation trusts but are ultimately controlled by one or more NHS trust and/or foundation trust and required to hold a licence.

Responding to the consultation

The proposals to change the NHS provider licence are subject to a statutory requirement to consult existing licence holders, the Secretary of State, ICBs and CQC and its Healthwatch England Committee. In addition, we are keen to hear from NHS trusts and from other bodies with an interest in the provision of NHS healthcare in England. Those wishing to respond should complete the questionnaire.

The consultation ends on December 9, 2022.

The estimated timeline for finalising the modified licence, and the issuing of licences to new providers including NHS trusts, will be communicated as part of the consultation response. Existing arrangements will be maintained until such time as the modified licence takes effect, including the shadow licence approach currently used with NHS trusts.

Proposed amendments reflect existing expectations set out in legislation and national policy. We remain committed to a proportionate enforcement response and recognise that these proposed changes reflected in the statutory notice of consultation and the draft modified licence may require new systems and processes to be established.

Question for consultation

- Do you agree that the NHS provider licence needs to be reviewed and updated?

2. Supporting system working

Overview of changes

System working and collaboration between providers are key to delivering NHS objectives. The success of individual NHS trusts and foundation trusts will increasingly be judged against their contribution to the objectives of their integrated care systems, in addition to their existing duties to deliver safe, effective care, and effective use of resources.

Many of the changes we propose to the provider licence reflect these national expectations on how providers will work collaboratively within systems (including at place, and via provider collaboratives) to improve outcomes, tackle inequalities, ensure value for money, and support broader social and economic development.

2.1 Reflecting expectations around collaboration and co-operation

Proposals – conditions for NHS trusts and foundation trusts and NHS Controlled Providers only

To introduce a new condition on co-operation that reflects existing expectations on NHS trusts and foundation trusts to consistently co-operate with other NHS organisations/organisations that deliver NHS care, ICBs and Local Authorities for the purposes of:

- Developing and delivering system plans
- Delivering NHS services
- Improving NHS services

To reflect requirements on NHS trusts and foundation trusts to consistently co-operate with other NHS organisations/organisations that deliver NHS care and the ICBs they are partners of for the purposes of delivering system financial plans

To reflect expectations on NHS trusts and foundation trusts to consistently co-operate in the delivery of agreed system workforce plans.

Full proposed text in draft licence section 2: NHS trusts and foundation trusts working in systems WS1: Co-operation condition

About this proposal

We propose a new co-operation condition for NHS trusts and foundation trusts to clarify our expectations on NHS trusts and foundation trusts around collaborative working. This condition aligns with the revised duty on NHS bodies and local authorities to co-operate as set out in sections 72 and 82 of the NHS Act 2006 and with expectations around collaboration set out in the Long Term Plan and the *Guidance on good governance and collaboration*.

The use of the terms 'co-operation' in legislation and 'collaboration' in our Long Term Plan and guidance are synonymous. As such we use the terms collaboration and co-operation interchangeably.

We do not propose to include independent providers within the scope of this condition as the condition and associated guidance reflects expectations on statutory NHS bodies to co-operate. We are exploring aspects of the condition and associated guidance that are transferable to independent providers and welcome feedback on this as part of the consultation.

We also propose to place this requirement onto NHS controlled providers to be consistent with the requirements on their parent NHS trust and/or foundation trust.

Collaboration and co-operation to develop and deliver system plans and service improvements

We propose a new condition in the licence for NHS trusts, foundation trusts and NHS Controlled Providers to consistently co-operate with organisations providing NHS services, ICBs, and where relevant, local authorities, for the purposes of developing and delivering system plans, delivering NHS services, and driving through system improvements.

This condition reflects the core elements of collaboration outlined in the *Guidance on good governance and collaboration* which was consulted on earlier this year and which sits under the current licence. Feedback from the consultation was overwhelmingly positive: 90% agreed with aims of guidance and 80% agreed with characteristics/ expectations. All respondents were supportive of the three aims of collaboration.

Early engagement- including feedback on our guidance- suggests that stakeholders welcome the inclusion of an explicit licence condition signalling the importance of collaboration and co-operation for the NHS but raised concerns around the ways that this condition could be enforced. Foundation trusts (and NHS trusts once formally licensed) will already be required to have due regard to the published

guidance via current expectations set out in licence condition on governance arrangements[1].

We recognise that providers are working in different local contexts for collaboration, and as set out in the NHS Oversight Framework 2022/23 we are committed to working constructively with systems and providers to agree necessary improvements without the need for licence enforcement wherever possible. Further details on our expectations around good collaboration and how we will look to apply this guidance proportionately is described in the associated *Guidance.*

Co-operation for the delivery of system financial plans

We also propose to reflect expectations on NHS trusts, foundation trusts and NHS Controlled Providers to consistently co-operate in the delivery of agreed system financial plans. This reflects new statutory duties on ICBs and partner NHS trusts and foundation trusts to manage collective financial resources and deliver joint financial objectives in line with NHS England directions and financial requirements[2].

These financial considerations are underpinned by Guidance on the management of NHS resources by Integrated Care Boards and the 2022/23 financial planning guidance, under which NHS trusts and foundation trusts are expected to develop and agree system financial plans with their ICBs to collectively deliver a balanced financial position across the system. We believe it is important to set out these expectations explicitly in this proposed co-operation condition to ensure internal coherence across our policy and regulatory frameworks.

Reflecting this requirement in the licence makes clear the individual and collective accountability on NHS trusts and foundation trusts to contribute to delivering agreed system financial goals. In practice, it means that each provider will be expected, in each year, to deliver the financial position agreed with the ICB and with other system partners – even if that position represents a deficit but has been agreed as part of an overall system financial position.

[1] FT4 licence condition in the 2013 NHS provider licence. Guidance will be updated to refer to this new licence conditions once the modified licence has been confirmed.

[2] Foundation trusts are accountable to the ICB they are a partner of for contributing to achieving agreed system financial objectives. Under the 2022 Act, NHS England has the power to give financial directions to ICBs and NHS trusts, and to set limits on their use of revenue and capital resources in each financial year, but only to set financial directions over capital resource use for foundation trusts.

It creates mutual accountability between providers for delivering collective goals, while not holding any individual provider responsible for collective system underperformance.

This condition also reflects a clear expectation that each provider will not use more than their fair share of NHS resources, as allocated by and agreed with the ICB, which should reflect the relative need of the local population.

Co-operation for the delivery of system workforce plans

Providers are expected to contribute to system workforce plans, as outlined in the guidance on the ICS People Function and the operational planning guidance 22/23. These guidance documents outline expectations that systems prioritise investment in our workforce, new ways of working and to strengthen compassionate and inclusive cultures. We propose reinforcing these expectations for providers to contribute to these system workforce plans and the development of the "one workforce" through the new co-operation condition.

This condition therefore reflects the importance of workforce capacity assessment and planning for service continuity and the importance of joined-up system-level co-operation across people and workforce, service, and finances.

Questions for consultation

Changes to the licence condition set out in draft licence section 2: NHS trusts and foundation trusts and NHS controlled providers working in systems WS1: Co-operation condition

To what extent do you agree/disagree with the proposed new co-operation licence condition found in in the purposes of developing and delivering system plans, delivering NHS services and improving NHS services?

- Please explain your answer including any feedback on the wording of this condition

To what extent do you agree/disagree with the inclusion in this proposed licence condition of the requirement to consistently co-operate for the purpose of delivering system financial plans?

- Please explain your answer including any feedback on the wording of this condition

To what extent do you agree/disagree with the inclusion in this proposed licence condition of the requirement to consistently co-operate for the purpose of delivering system workforce plans?

- Please explain your answer including any feedback on the wording of this condition

Are there elements of this proposed co-operation condition that should be extended to independent sector providers?

- Please explain your answer

2.2 Reflecting the Triple Aim duty and having regard to health inequalities

Proposal – condition for NHS trusts and foundation trusts and NHS Controlled Providers only:

- To introduce a new condition in NHS trusts, FTs and NHS Controlled Providers to have regard to the Triple Aim and comply with their duty to consider the likely effects of their decisions on:
  a) the health and wellbeing of the people of England (including inequalities in that health and wellbeing)
  b) the quality of services provided or arranged by both themselves and other relevant bodies (including reducing inequalities in benefits from those services)
  c) the sustainable and efficient use of resources by both themselves and other relevant bodies
- For the licensee to have regard to guidance concerning the Triple Aim

Full proposed text in draft licence section 2: NHS trusts and foundation trusts working in systems WS2: Triple Aim condition

About this proposal

We are proposing to add a new condition for NHS trusts, foundation trusts and NHS Controlled Providers that requires them to have regard to and comply with the Triple Aim duty as set out in the 2022 Act. This requires NHS statutory bodies to have regard to the wider effects of their decisions on health and wellbeing of the population, quality of services, and efficient and sustainable use of resources,

including, in relation to health and wellbeing and quality of services, the effects on health inequalities.

The duty applies to NHS trusts and foundation trusts and means they should consider the effect of their decisions on other NHS bodies and the wider health system as well as their own organisation and services, and to do so through the lens of health inequalities as defined by the NHS England Core20PLUS5 approach.[3]

We also propose to place this requirement onto NHS controlled providers to be consistent with the requirements on their parent NHS trust and/or foundation trust.

Early engagement suggests that this condition will be welcomed by NHS trusts and foundation trusts for putting patients and health inequalities into the heart of decision making and for recognising the interrelation between better care, better health and sustainability, and the shared effort required to deliver on this.

We do not propose to include independent providers within the scope of the conditions as the Triple Aim is defined for statutory NHS organisations under legislation.

Questions for consultation

Changes to licence set out in draft licence section 2: NHS trusts and foundation trusts working in systems WS2: Triple Aim condition

To what extent do you agree/disagree with the proposed inclusion of the Triple Aim, as set out in the 2022 Act, in a new licence condition for NHS trusts and foundation trusts and NHS controlled providers?

- Please explain your answer including any feedback on the wording of this condition

Are there elements of this proposed Triple Aim condition that should be extended to independent sector providers?

- Please explain your answer

[3] The Core20PLUS5 approach aims to reduce inequalities within the most deprived 20% of the national population plus specific groups which experience deprivation and 5 clinical target groups who are at higher risk of experiencing health inequalities (maternity, severe mental illness, chronic respiratory disease, cancer and hypertension).

2.3 Reflecting digital obligations to enable system working and promote digital maturity

Proposal – conditions for NHS trusts and NHS foundation trusts and NHS Controlled Providers only

- To introduce a new condition on NHS trusts and foundation trusts to comply with information standards published under s250 of the Health and Social Care Act 2012 as they pertain to co-operation and the Triple Aim and to comply with required levels of digital maturity as set out in guidance published by NHS England
- To add additional requirements for the Licensee to have appropriate systems and processes in place to meet guidance on digital maturity

Full proposed text in draft licence:

- New condition on digital: section 2: NHS trusts and foundation trusts working in systems WS3: Digital condition
- Additional governance requirements:
  - section 4: NHS provider conditions NHS2: Governance arrangements Paragraph 3(b) (for NHS trusts/foundation trusts)
  - section 5: NHS Controlled Providers Conditions CP1 Paragraph 3(b) (for NHS controlled providers)

About this proposal

We propose two changes to the provider licence to reflect digital capability expectations that are necessary enablers of safe and effective system working and care delivery.

Information standards as published under s250 of the 2012 Act (as updated by the 2022 Act) reflect digital 'must-dos' essential for healthcare providers; non-compliance can have significant implications on patient care. A key example is interoperability, where failure to conform to the relevant information standards inhibits organisations' ability to provide seamless, safe, and effective care for patients.

Reflecting these legal obligations to comply with standards into the licence provides a signal on expectations around minimum standards and allows NHS England to support compliance and intervene where non-compliance persists in line with our

broader proportionate response. NHS England expects to publish supporting information and guidance to the information standards by April 2023.

Wider digital transformation and maturity is also key to delivering safe, effective and efficient care. We propose that adherence to digital maturity requirements, as set out in the *What Good Looks Like* guidance and planned digital maturity assessments, is part of good system working and corporate governance.

Important drivers for digital maturity are, for example, sharing of best practice and optimising use of digital functions as an enabler for efficient use of resources, but it also constitutes baseline capabilities that are critical to care delivery, such as having a functional Electronic Patient Record (EPR) and cybersecurity protection. We will also include our expectations of digital transformation as part of wider NHS oversight arrangements.

Early engagement raised concerns regarding the potential costs borne by providers to comply with digital expectations. It is important that organisations are able to prioritise resourcing of digital capabilities to support compliance with standards. NHS England is simplifying access to national digital funding in line with *Who Pays for What* and are launching support offers to help boards prioritise digital needs and make beneficial investments.

We also understand that compliance with some information standards requires provider and vendor co-operation, this will be taken into consideration by NHS England when considering support needs.

We propose to place this requirement onto NHS controlled providers via amendments to the controlled provider condition CP1 to be consistent with the requirements on their parent NHS trust and/or foundation trust.

We propose that this condition should not apply to the independent sector. Independent providers are not subject to the working in systems and governance conditions, and they already have other legal obligations with regards to the s250 standards.

Questions for consultation

Changes to the licence condition set out in section 2: NHS trusts and foundation trusts working in systems WS3: Digital condition

To what extent do you agree/disagree with a proposed new licence condition reflecting compliance with relevant digital information standards and digital maturity for the purposes of co-operation and meeting the Triple Aim?

- Please explain your answer including any feedback on the wording of this condition

To what extent do you agree/disagree with the proposed amendment to the NHS governance condition NHS2 and the NHS Controlled provider condition reflecting the need for systems and processes to meet digital maturity expectations?

- Please explain your answer including any feedback on the wording of this additional requirement

Are there elements of these proposed digital conditions that should be extended to independent sector providers?

- Please explain your answer

2.4 Reframing the integrated care condition as a positive obligation to integrate service provision and reduce health inequalities

Proposal – for all licensees

- To reframe the Integrated Care Condition as a positive obligation – the licensee shall act in the interests of the people who use health care services by ensuring that its provision of NHS services is integrated and enable co-operation with other providers of health care services with a view to:
  a) Improving the quality of health care services provided or the efficiency of their provision
  b) Reducing inequalities of access
  c) Reducing inequalities with respect to the outcomes achieved for them by the provision of those services

Full proposed text in draft licence section 1: Integrated Care 1C1: Provision of integrated care

About this proposal

We propose placing a positive obligation onto all licence holders including NHS trusts, foundation trusts, NHS Controlled Providers and independent providers to act in the interests of the patients through collaboration and integrated care to reduce inequalities and increase person-centred health and care. The existing licence condition which we are proposing to amend, is currently phrased as a broadly defined prohibition to not act in ways which would undermine the potential of delivering integrated care.

Our understanding of how to promote integrated care- and what integration looks like at place and system level- has increased over the past decade and has culminated in the creation of integrated care systems and guidance to support care at place and across systems, with national and regional support for system development. We also have clear guidance around health inequalities through NHS England's Core20PLUS5. We believe it is consistent with this shift in national focus and support to reframe our expectations around integrated care more positively.

This proposed condition will apply to all licensees. Independent providers will not be held to account for being unable to participate in any system roles where they may be precluded to do so by law or legitimate commercial considerations.

Questions for consultation

Changes to the licence set out in licence section 1: Integrated Care 1C1: Provision of integrated care

To what extent do you agree/disagree with the reframing of the Integrated Care condition as a positive obligation, on all licence holders?

- Please explain your answer, including any feedback on the wording of this condition

2.5 Reflecting personalised care in patient choice

Proposal – for all licensees

- To expand the patient choice condition into IC2: Personalised Care and Patient Choice through the addition of requirements for providers to support the implementation and delivery of personalised care by:
  - Having due regard to the guidance on personalised care and comply with legislation
  - Ensuring that people who use services are offered control to manage their own health and wellbeing to best meet their circumstances, needs and preferences, working in partnership with other services where required.
  - Retaining patient choice

Full proposed text in draft licence section 1: Integrated Care 1C2: Personalised Care and Patient Choice

About this proposal

We propose reflecting personalised care in the provider licence via additions to the existing patient choice condition.

Personalised care is increasingly important for ensuring that people have choices and control over the way their care is planned and delivered. As outlined in guidance, providers should be delivering on six interlinked components of personalised care:

- shared decision making
- personalised care and support planning
- choice, social prescribing
- supported self-management
- personal health budgets
- integrated personal budgets.

We believe that reflecting these in the provider licence will clarify expectations and provide consistent messaging to providers around expectations in this area.

Questions for consultation

Changes to the licence set out in licence condition 1: Integrated Care 1C2: Personalised Care and Patient Choice

To what extent do you agree/disagree with the expansion of the patient choice condition to include requirements around personalised care?

- Please explain your answer, including any feedback on the wording of this condition

2.6 Removing the competition condition

Proposal – for all licensees:

- To remove Choice and Competition Condition 2: Competition Oversight which states that the Licensee shall not:
  a) enter into or maintain any agreement or other arrangement which has the object or which has (or would be likely to have) the effect of preventing, restricting or distorting competition in the provision of health care services for the purposes of the NHS, or

  b) engage in any other conduct which has (or would be likely to have) the effect of preventing, restricting or distorting competition in the provision of health care services for the purposes of the NHS

About this proposal

We propose removing this condition from the licence to reflect the shift in healthcare priorities from competition to collaboration and that NHS England does not hold statutory responsibility for competition oversight. General competition law will continue to apply where relevant.

Questions for consultation

To what extent do you agree/disagree that the choice and competition condition 2: competition oversight should be removed from the provider licence?

- Please explain your answer

3. Enhancing the oversight of key services provided by the independent sector

3.1 Broadening the range of providers where Continuity of Services conditions will apply

Proposals:

- To amend General Condition 9 in the current licence to remove now redundant clauses related to creation of Commissioner Requested Services (CRS) for foundation trusts on 1 April 2013.
- To add a process for NHS England to determine Hard to Replace Providers and as such apply the Continuity of Service Conditions of the Licence to those providers.
- To amend Cos6 (Co-operation in the event of financial stress) and CoS7 (Availability of resources) to reference Hard to Replace Providers as well as providers of CRS

Full proposed text in draft licence section 3: General conditions G8: Application of section 5 (Continuity of service) and section 6: Continuity of services CoS6: Co-operation in the event of financial or quality stress and CoS7: availability of resources.

About this proposal

We are proposing to expand our oversight related to continuity of services beyond the narrow definition of Commissioner Requested Services (CRS), to providers who deliver services that are considered Hard to Replace. Extending oversight to this group will allow us to spot and intervene when the loss of a provider might result in a loss of service availability.

NHS England already holds broader powers for oversight over foundation trusts and NHS trusts via the trust governance conditions (formerly “Foundation Trust conditions”) therefore we anticipate that this proposal will predominantly impact independent providers.

Oversight of this policy will be based on existing mechanisms used for providers of CRS via the Risk Assessment Framework and Reporting Manual for Independent

Sector Providers of NHS Services. We propose that the requirements within Continuity of Service Condition 1 will continue to apply to CRS only.

Hard to Replace providers will be defined based on qualitative and quantitative measures. These are likely to include, but may not be limited to:

- The scale of service provision nationally, regionally;
- The market share of the provider;
- Likelihood of a rapid 'market response' to a provider failure
- Whether there are known fragilities or operating pressures in the sector in which the provider operates.

A list of providers subject to the CoS conditions will be published by NHS England and will be reviewed periodically and in response to market or service changes.

We have contacted the providers most likely to be impacted by this change to gather early feedback on these proposals. Potentially affected providers acknowledge the role they play nationally or regionally in delivering key services relied on by NHS patients. They have not raised notable concerns about increased oversight to date.

Questions for consultation

To what extent do you agree/disagree with the application of continuity of services conditions to Hard to Replace Providers and the modifications to licence conditions G8, CoS6 and CoS7

- Please explain your answer, including any feedback on the specific amendments to the related conditions

Do you agree that NHS England should have the ability to determine who is a Hard to Replace Provider?

- Please explain your answer

3.2 Expanding the scope of Continuity of Services conditions to include quality governance standards

Proposals:

- To introduce a requirement within CoS 3 for standards of Quality Governance which would reasonably be regarded as:
  - Suitable for a provider of Commissioner Requested Services
  - Suitable for a Hard to Replace Provider
  - Providing reasonable safeguards against the licensee being unable to deliver services due to 'quality stress'
- Within CoS6 introduce the concept of 'quality stress' as a quality equivalent to financial going concern risk, that creates a risk to the ongoing provision of services. Quality Stress may apply to specific services or all services'

Full proposed text in draft licence section 6: Continuity of services CoS3 Standards of corporate governance, financial management and quality governance and CoS6: Co-operation in the event of financial or quality stress

About this proposal

We propose introducing new requirements that would allow NHS England to take regulatory action over providers that are subject to the Continuity of Service Conditions (providers of CRS and, pending consultation, Hard to Replace Providers) where current system levers are not sufficient to address significant quality governance concerns.

This would be limited to situations where there is a risk to continuity of services and there is no alternative source of provision. This is in addition to the existing capability to take regulatory action over financial distress.

Quality governance in independent providers has historically been viewed as the responsibility of NEDs/trustees, directors and shareholders, who have a vested interest in the overall governance of a healthcare provider.

However, recent years have seen an increase in quality concerns in independent providers which threaten the survival of the entity or its ability to continue providing the services. Existing commissioning levers can drive some quality improvements, but these can be constrained by lack of alternative provider.

These proposals build on a range of quality oversight processes available, including commissioner contract monitoring and regional and national quality risk summits to consider more systemic quality concerns.

Currently some ad hoc support is available, such as via local Provider Collaboratives, but this relies on voluntary agreement with the independent providers concerned. Formal intervention is expected to represent a route of last resort where other courses of action have failed or are likely to.

Early engagement with impacted providers and relevant stakeholder groups are broadly supportive and understand the objectives of the changes. They have however raised concerns about duplication with the work of CQC, potential additional costs of oversight, and for non-profit providers the lack of access to NHS funded initiatives that support good quality care for patients.

We intend to work closely with CQC to reduce the burden of reporting by having a risk based approach that uses CQC intelligence.

Questions for consultation

To what extent do you agree/disagree with the proposed new requirements for quality governance for independent sector providers that are subject to the continuity of services conditions as drafted in licence condition 6 : Continuity of Services CoS3 and CoS6?

- Please explain your answer, including any feedback on the specific amendments to CoS 3 and CoS 6 conditions

4. Addressing climate change

4.1 Tackling climate change and delivering net zero

Proposal – for NHS trusts and foundation trusts and NHS Controlled Providers

- To add additional requirements to the trust governance condition (formerly FT4; CP1 for Controlled Providers) to ensure NHS trusts, foundation trusts and NHS Controlled Providers have regard to guidance on tackling climate change and delivering net zero emissions, and take all reasonable steps to minimise the adverse impact of climate change on health as outlined in the 2022 Act

Full proposed text in draft licence:

- section 4: NHS provider conditions NHS2: Governance arrangements Paragraph 3(b) (for NHS trusts and foundation trusts)
- section 5: NHS Controlled Provider condition CP1: Governance arrangements (for NHS-controlled providers)

About this proposal

This proposal reflects the requirements set out in the 2022 Act relating to the contribution of NHS trusts and foundation trusts to tackling climate change and delivering net zero emissions.

Transferring these requirements to the licence ensures coherence across our legislative, policy and regulatory frameworks, and consistency with associated messaging sent to the system surrounding the NHS' net zero ambitions. This provides formal regulatory status to the NHS' environmental responsibilities.

We propose that the adherence to guidance NHS England may publish on tackling climate change is part of good corporate governance and aligns with the governance requirements in the 2022/23 NHS Standard Contract, requiring boards to nominate a board-level net zero lead and deliver a green plan.

We also propose to place this requirement onto NHS controlled providers via amendments to the controlled provider condition CP1 to be consistent with the requirements on their parent NHS trust and/or foundation trust.

Questions for consultation

To what extent do you agree/disagree with this proposed addition of having regard to guidance on delivering net zero as a requirement of the governance condition 2 (previously FT4) and the NHS Controlled Provider condition 1?

- Please explain your answer including any feedback on the wording of this condition

Are there elements of this proposed condition that should be extended to independent sector providers?

- Please explain your answer

5. Technical amendments

5.1 Shifting the focus of the costing conditions to support integration and improvement

Proposal – for all licensees

- To update the expectations on all licence holders to record, submit and ensure completeness of costing data in line with the Approved Costing Guidance by:
  - Replacing pricing condition 1 with an updated costing condition which requires mandated providers (currently NHS trusts and foundation trusts in acute, mental health, ambulance, and community sectors) to record and submit costing mandated data consistent with the requirements of the Approved Costing Guidance.
  - Replacing pricing condition 2 with an updated costing condition which requires mandated providers to submit the mandated information outlined in Costing Condition 1 to NHS England.
  - Replacing pricing condition 3 with an updated costing condition which requires mandated providers to have processes in place to ensure the accuracy and completeness of costing and other relevant information collected and submitted to NHS England as per the Approved Costing Guidance

Full proposed text in Section 7: Costing of the draft provider licence

About these proposals

We propose to update the costing conditions and separate them from the other pricing conditions. This would reflect the wider role costing data plays in supporting integration and improvement as well as the pricing NHS services, with the aim of ensuring complete datasets to underpin decisions which can support the delivery of high-quality care for patients and of better value for the NHS.

The Approved Costing Guidance is currently mandated for NHS trusts and foundation trusts providing acute, ambulance, mental health and community services. Independent providers are encouraged to comply with the costing principles but are not currently required to submit costing data. The guidance notes that requirements may change in the future.

The proposed changes for conditions 1 and 2 are technical changes to refer to the Approved Costing Guidance. Proposed condition 3 is a substantial change that replaces the existing pricing condition 3. This amendment sets a formal responsibility onto mandated providers (as outlined in the guidance) to put in place processes to validate the accuracy and completeness of their coded and costed activity data. This would replace the existing Costing Assurance Programme (CAP). NHS England will support providers to meet these requirements via a suite of tools.

Questions for consultation

To what extent do you agree/disagree with the wording changes required to reposition pricing conditions 1 and 2 as the new costing conditions 1 and 2

- Please explain your answer including any feedback on the wording of this condition

To what extent do you agree/disagree with replacing pricing condition 3 with the new costing condition 3: assuring the accuracy of pricing and costing information

- Please explain your answer, including any feedback on the wording of this condition

5.2 Amending the pricing conditions to reflect changes to national policy

Proposals – for all licensees:

- To update the wording in the existing Pricing Condition 4 so that the licensee shall comply with the rules and apply the methods concerning charging for the provision of NHS services set out in the NHS Payment Scheme and renaming Pricing Condition 1
- To remove existing Pricing Condition 5 that requires constructive engagement with CCGs prior to appealing to Monitor for a local tariff modification

Full proposed text in section 8: Pricing of the draft provider licence

About this proposal

We propose replacing the existing Pricing Condition 4 which requires compliance with the national tariff, with a new expectation to comply with rules set out in the NHS Payment Scheme, reflected the new pricing provisions inserted into the Health

and Social Care Act 2012 by the 2022 Act. Those provisions are to come fully into force from April 2023. The NHS payment scheme will be a system of pricing rules, less focused on fixed prices than the national tariff, although prices will still be published.

We also propose removing pricing condition 5. The changes made by the 2022 Act remove the specific provision for local modifications, reflecting the move to systems working where concerns around capacity to provide services at price set in accordance with the national payment scheme should be resolved at system level. The former Monitor duties relating to local modifications will fall away once the relevant provisions of the 2022 Act are brought into force.

Questions for consultation

To what extent do you agree/disagree with the proposed wording change to Pricing Condition 4?

- Please explain your answer including any feedback on the wording of this condition

To what extent do you agree/disagree with the proposed removal of Pricing Condition 5 from the provider licence?

- Please explain your answer

5.3 Streamlining reporting requirements

Proposal – for all licensees

- To remove paragraphs 3 and 4 from the existing General Condition 6: Systems for compliance with licence conditions and related obligations
- To remove paragraph 8 from Foundation Trust Condition 4: Requirements for submit a Corporate Governance Statement and paragraph 8 from Controlled Provider Condition 1

About this proposal

We propose removing paragraphs 3 and 4 of General Condition 6 (G6), and paragraph 8 of Foundation Trust Condition 4 (FT4) to streamline reporting requirements and reduce burdens on providers. We also propose removing paragraph 8 from the Controlled Provider Licence condition 1 (CP1).

Paragraphs 3 and 4 of G6 require providers to submit and publish a certificate approved by Directors declaring that they have taken all necessary precautions to comply with the condition. This certificate must describe compliance in meeting expectations that providers have taken all reasonable precautions to comply with the conditions of the licence, the NHS Acts, and the NHS Constitution, and that licensees have established and implemented systems and processes to identify and guard against risks.

Similarly, Paragraph 8 of FT4 requires foundation trusts to submit a Corporate Governance Statement confirming compliance with the condition, anticipated compliance for the next financial year, and detailing risks to compliance and actions to mitigate such risks. This statement includes descriptions of how FT4 is met including applying systems, standards and principles of good corporate governance, having effective governance structures and systems in place, and monitoring and management of internal controls and risk.

Assessments of past compliance with FT4 is already captured in separate annual reporting processes and the Corporate Governance Statement is no longer collected by NHSE. The removal of this requirement would mean providers would no longer have to make statements on anticipated future compliance. Requirements for boards to routinely consider compliance via separate annual reporting processes remain, and evidence of compliance would continue to be considered as part of well-led assessments.

We have been told by the majority of providers we spoke with that this forward-looking assessment adds little value to their compliance processes, and that they would therefore support its removal- alongside that of G6 certificate- as a welcome reduction in duplication and regulatory burden. Some providers, however, noted they found the corporate governance statements beneficial in focusing organisational attention to compliance and governance processes. We are therefore keen to hear feedback from the sector on both proposals.

Independent providers are not bound by the same additional reporting requirements on compliance with the licence. An equivalent self-certification requirement is expected to be added to the Risk Assessment Framework and reporting manual for independent sector providers of NHS services to ensure independent providers continue reporting their compliance against G6. Amendments to the Risk Assessment Framework and reporting manual for independent sector providers of NHS services will be consulted on separately.

Questions for consultation

To what extent do you agree/disagree with the removal of paragraphs 3 and 4 from General Condition 6 of the existing licence?

- Please explain your answer- including any risks or benefits you see related to the removal of these requirements

To what extent do you agree with the proposed removal of Paragraph 8: requirements to submit a Corporate Governance Statement within FT4 for NHS trusts and foundation trusts (renamed NHS2 in proposed draft licence) and CP1 for NHS Controlled Providers?

- Please explain your answer- including any risks or benefits you see related to the removal of these requirements

5.4 Applying conditions to NHS trusts and updating language to reflect the current statutory framework

Proposal – for all licensees

- To apply relevant existing conditions which apply to all licensees to NHS trusts, including the general conditions, integrated care conditions, costing and pricing conditions and continuity of service conditions (if applicable)
- To extend the foundation trust conditions to NHS trusts excluding specific legislative requirements which relate only to foundation trusts. We propose to rename this section NHS governance conditions. (which we propose to rename as NHS governance conditions)
- To remove all references to Monitor or NHS Commissioning Board and replace them with 'NHS England'
- To amend references to commissioning to reflect the new role of Integrated Care Boards and of bodies which may hold delegated commissioning functions.

About this proposal

We propose extending all licence conditions currently held by foundation trusts to NHS trusts upon commencement of legislation which requires them to hold licences (expected to be April 2023). NHS trusts will therefore be licenced and held to all conditions that are applicable to all licensees, any changes to the licence proposed

during this consultation, as well as the foundation trust condition (renamed NHS governance conditions in the draft modified licence).

This will formalise our approach to equivalent oversight approaches towards NHS trusts and Foundation Trusts, and the 'shadow' licensing regime that currently exists for NHS trusts.

We also propose wording changes to bring the licence up to date with the 2022 Act which has:

- Abolished Monitor and the NHS Trust Development Authority and transferred many of their statutory functions into NHS England, and renamed the NHS Commissioning Board NHS England
- Established Integrated Care Boards and abolished Clinical Commissioning Groups, transferring CCG responsibilities to those Boards.

Questions for consultation

To what extent do you agree/disagree to apply all core conditions to NHS trusts (including the general conditions, integrated care conditions, costing and pricing conditions and continuity of service conditions, if applicable) and to extend the foundation trust conditions to NHS trusts?

- Please explain your answer

To what extent do you agree/disagree with these proposed wording changes to ensure the provider licence accurately reflects the names of the statutory NHS organisations?

- Please explain your answer

5.5 Removing obsolete conditions

Proposal – for all licensees

To remove conditions that have never been used and/or where we have no intention to use them in the future:

- General Condition 3 that requires licence holders to pay annual fees to Monitor
- Foundation Trust Condition that obliges a FT licence holder to pay a fee to Monitor in respect of registration and related costs
- Foundation Trust Condition 3 to provide information to a governors advisory panel as defined in the 2006 Act

About this proposal

These conditions have never been used and we have no intention to use them in the future. The FT governors advisory panel no longer exists.

Questions for consultation

To what extent do you agree/disagree with the proposal to remove General Condition 3 from the provider licence?

- Please explain your answer

To what extent do you agree/disagree with the proposal to remove Foundation Trust Condition 2 from the provider licence?

- Please explain your answer

To what extent do you agree/disagree with the proposal to remove Foundation Trust Condition 3 from the provider licence?

- Please explain your answer

5.6 Amending the Fit and Proper Persons condition

Proposal – for all licensees

- To accept the changes to licence condition G4 as per the consultation run by Monitor in 2021 to align the condition with regulation 5 of the Fit and Proper Persons Regulations which set out a Fit and Proper Persons test.

About this proposal

Licence holders as well as NHS trusts were invited to respond to a consultation in 2021 to modify condition G4 to align with the current provisions of the Fit and Proper Persons Requirements (FPPR) which were brought into force under the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.[4]

The responses demonstrated broad support for the proposal. During the period of consultation, from 22 February to 29 March 2021, there were 274 licence holders, of which only two objected. This represented 0.7% of all licence holders, which means the objection threshold was not met. The two licence holders who objected

[4] The consultation notice describes the proposed changes in detail.

held 3% of the share of supply in England. As such, the 'share of supply percentage' threshold was also not met.[5]

We propose proceeding with the previously consulted upon amendments to condition G4 (G3 in draft licence), however would like to provide the opportunity to licensees who were first granted a licence after March 2021 to provide comments on this change which we will consider alongside the initial consultation response noted above.

Questions for consultation

For licensees who received their provider licence after March 2021: Do you agree/disagree with the previously consulted upon technical amendment to modify condition G4 to align it with Regulation 5 of the Fit and Proper Persons Regulations?

- Please explain your answer

6. Other questions for consultation

Are there other parts of the provider licence, not discussed in this consultation, that you feel should change?

- Please explain your answer

[5] The objection and share of supply thresholds previously applied to licence modifications but have now been removed via the 2022 Act. These previously set the threshold where changes to the licence could be made without further consultation or reference to the Competition and Markets Authority for determination.

NHS England
Wellington House
133-155 Waterloo Road
London
SE1 8UG

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Provider licence consultation notice: Part B – NHS Provider Licence – for consultation

This document contains the proposed modified NHS Provider Licence for consultation

27 October 2022

Please note: This statutory notice is made up of three documents:

Part A outlines the proposed modifications to the standard conditions of the NHS provider licence, the effect of the changes and reasons for the proposals.

Part B is the proposed NHS provider licence pending consultation response and begins on page 3.

Part C contains the impact assessment.

A six week consultation period will be held from 28 October 2022 to 9 December 2022. Representations can be made to NHS England at LINK.

Contents

Section 1 – Integrated Care

IC1: Provision of Integrated care

(**Amended condition)**

1. The Licensee shall act in the interests of the people who use health care services by ensuring that its provision of health care services for the purposes of the NHS:
    i) is integrated with the provision of such services by others, and
    ii) is integrated with the provision of health-related services or social care services by others and
    iii) enables co-operation with other providers of health care services for the purposes of the NHS

    where this would achieve one or more of the objectives referred to in paragraph 2.
2. The objectives are:
    a. improving the quality of health care services provided for the purposes of the NHS (including the outcomes that are achieved from their provision) or the efficiency of their provision,
    b. reducing inequalities between persons with respect to their ability to access those services, and
    c. reducing inequalities between persons with respect to the outcomes achieved for them by the provision of those services.
3. The Licensee shall have regard to guidance as may be issued by NHS England from time to time for the purposes of paragraphs 1 and 2 of this Condition.
4. Nothing in this licence condition requires the licensee to share information with other providers of health care services for the purposes of the NHS if disclosure of the information would [materially] prejudice its commercial interests.

IC2: Personalised Care and Patient Choice

(Amended condition)

1. The Licensee shall support the implementation and delivery of personalised care by complying with legislation and having due regard to guidance on personalised care.
2. Subsequent to a person becoming a patient of the Licensee, and for as long the person remains a patient, the Licensee must ensure people who use their services are offered information, choice and control to manage their own health and well-being to best meet their circumstances, needs and preferences, working in partnership with other services where required.
3. Subsequent to a person becoming a patient of the Licensee, and for as long the person remains a patient, the Licensee shall ensure that at every point where that person has a choice of provider under the NHS Constitution or a choice of provider conferred locally by Commissioners, the person is notified of that choice and told where information about that choice can be found.
4. Information and advice about patient choice of provider made available by the Licensee shall not be misleading.
5. Without prejudice to paragraph 2, information and advice about patient choice of provider made available by the Licensee shall not unfairly favour one provider over another and shall be presented in a manner that, as far as reasonably practicable, assists patients in making well informed choices between providers of treatments or other health care services.
6. In the conduct of any activities, and in the provision of any material, for the purpose of promoting itself as a provider of health care services for the purposes of the NHS the Licensee shall not offer or give gifts, benefits in kind, or pecuniary or other advantages to clinicians, other health professionals, Commissioners or their administrative or other staff as inducements to refer patients or commission services.

Section 2 – Trusts Working in Systems

WS1: Cooperation

(New condition)

1. This condition shall apply if the Licensee is an NHS trust NHS foundation trust or NHS controlled provider of healthcare services for the purposes of the NHS.
2. The Licensee shall carry out its legal duties to co-operate with NHS bodies and with local authorities.

3. Without prejudice to the generality of paragraph 2, the Licensee shall:

a. consistently co-operate with:
   - other providers of NHS services; and
   - other NHS bodies, including any Integrated Care Board of which it is a partner;
     i) as necessary and appropriate for the purposes of developing and delivering system plan(s).
     ii) as necessary and appropriate for the purposes of delivering their individual or collective financial responsibilities including but not limited to contributing to the delivery of agreed system financial plans in each financial year
     iii) as necessary and appropriate for the purposes of delivering agreed people and workforce plans

b. consistently co-operate with:
   - other providers of NHS services;
   - other NHS bodies, including any Integrated Care Board of which it is a partner; and
   - any relevant local authority in England
     i) as necessary and appropriate for the purposes of delivering NHS services.
     ii) as necessary and appropriate for the purposes of improving NHS services.

4. The Licensee shall have regard to such guidance concerning co-operation as may be issued from time to time by either:

a. the Secretary of State for Health and Social Care; or
b. NHS England.

WS2: The Triple Aim

(New condition)

1. This condition shall apply if the Licensee is an NHS trust, NHS foundation trust or NHS controlled provider of healthcare services for the purposes of the NHS.
2. When making decisions in the exercise of its functions which relate to the provision of health care for the purposes of the NHS, the Licensee shall comply with its duty relating to the triple aim.
3. The Licensee shall have regard to the triple aim and to any guidance published by NHS England under section 13NB of the 2006 Act.
4. In this condition, "the triple aim" refers to the aim of achieving:
    a. better health and wellbeing of the people of England (including by reducing inequalities with respect to health and wellbeing)
    b. better quality of health care services for the purposes of the NHS (including by reducing inequalities with respect to the benefits obtained by individuals from those services)
    c. more sustainable and efficient use of resources by NHS bodies,

and "duty relating to the triple aim" means, in relation to an NHS trust, its duty under section 26A of the 2006 Act, and in relation to an NHS foundation trust, its duty under section 63A of the 2006 Act.

WS3: Digital Transformation
(New condition)

1. This condition shall apply if the Licensee is an NHS trust, NHS foundation trust or NHS controlled provider of healthcare services for the purposes of the NHS.
2. The Licensee shall comply with information standards published under section 250 of the 2012 Act where they pertain to one or more of the requirements set out in the cooperation condition (WS1) and the Triple Aim condition (WS2).

The Licensee shall comply with required levels of digital maturity as set out in guidance published by NHS England from time to time where they pertain to one or more of the requirements set out in the cooperation condition (WS1) and the Triple Aim condition (WS2).

Section 3 – General Conditions

G1: Provision of information
(Organisation names changed only)

1. The Licensee shall provide NHS England with such information, documents and reports (together 'information') as NHS England may require for any of the purposes set out in section 96(2) of the 2012 Act. This requirement is in addition to specific obligations set out elsewhere in the licence. If requested by NHS England, the Licensee shall prepare or procure information in order to comply with this condition.
2. Information shall be provided in such manner, in such form, and at such place and times as NHS England may require.
3. The Licensee shall take all reasonable steps to ensure that information is:
    a. in the case of information or a report, it is accurate, complete and not misleading;
    b. in the case of a document, it is a true copy of the document requested.
4. This Condition shall not require the Licensee to provide any information which it could not be compelled to produce or give in evidence in civil proceedings before a court because of legal professional privilege.

G2: Publication of information
(Organisation names changed only)

1. The Licensee shall comply with any instruction by NHS England, issued for any of the purposes set out in section 96(2) of the 2012 Act, to publish information about the health care services it provides for the purposes of the NHS. The Licensee shall publish the information in such manner as NHS England may instruct.
2. For the purposes of this Condition, “publish” includes making available to the public at large, to any section of the public or to particular individuals.

G3: Fit and proper persons as Governors and Directors (also applicable to those performing the functions of, or functions equivalent or similar to the functions of, a director)

(Updated condition)

1. The Licensee must ensure that a person may not become or continue as a Governor of the Licensee if that person is:
    a. a person who has been made bankrupt or whose estate has been sequestrated and (in either case) has not been discharged;
    b. a person in relation to whom a moratorium period under a debt relief order applies (under Part 7A of the Insolvency Act 1986);
    c. a person who has made a composition or arrangement with, or granted a trust deed for, that person's creditors and has not been discharged in respect of it;
    d. a person who within the preceding five years has been convicted in the British Islands of any offence if a sentence of imprisonment (whether suspended or not) for a period of not less than three months (without the option of a fine) was imposed on that person.

2. The Licensee must not appoint or have in place a person as a Director of the Licensee who is not fit and proper.

3. For the purposes of paragraph 2, a person is not fit and proper if that person is:
    a. an individual who does not satisfy all the requirements as set out in paragraph (3) and referenced in paragraph (4) of regulation 5 (fit and proper persons: directors) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (S.I. 2014/2936); or
    b. an organisation which is a body corporate, or a body corporate with a parent body corporate:
        i. where one or more of the Directors of the body corporate or of its parent body corporate is an individual who does not meet the requirements referred to in sub-paragraph (a);
        ii. in relation to which a voluntary arrangement is proposed, or has effect, under section 1 of the Insolvency Act 1986;

iii. which has a receiver (including an administrative receiver within the meaning of section 29(2) of the 1986 Act) appointed for the whole or any material part of its assets or undertaking;

iv. which has an administrator appointed to manage its affairs, business and property in accordance with Schedule B1 to the 1986 Act;

v. which passes any resolution for winding up;

vi. which becomes subject to an order of a Court for winding up; or

vii. the estate of which has been sequestrated under Part 1 of the Bankruptcy (Scotland) Act 1985.

3. In assessing whether a person satisfies the requirements referred to in paragraph 3(a), the Licensee must take into account any guidance published by the Care Quality Commission.

G4: NHS England guidance

(Organisation names changed only)

1. Without prejudice to specific obligations in other Conditions of this Licence, the Licensee shall at all times have regard to guidance issued by NHS England for any of the purposes set out in section 96(2) of the 2012 Act.
2. In any case where the Licensee decides not to follow the guidance referred to in paragraph 1 or guidance issued under any other Conditions of this licence, it shall inform NHS England of the reasons for that decision.

G5: Systems for compliance with licence conditions and related obligations (Amended condition)

1. The Licensee shall take all reasonable precautions against the risk of failure to comply with:

   a. the Conditions of this Licence,
   b. any requirements imposed on it under the NHS Acts, and
   c. the requirement to have regard to the NHS Constitution in providing health care services for the purposes of the NHS.

2. Without prejudice to the generality of paragraph 1, the steps that the Licensee must take pursuant to that paragraph shall include:

   a. the establishment and implementation of processes and systems to identify risks and guard against their occurrence; and
   b. regular review of whether those processes and systems have been implemented and of their effectiveness.

G6: Registration with the Care Quality Commission

(Organisation names changed only)

1. The Licensee shall at all times be registered with the Care Quality Commission in so far as is necessary in order to be able to lawfully provide health care services for the purposes of the NHS.
2. The Licensee shall notify NHS England promptly of:
    a. any application it may make to the Care Quality Commission for the cancellation of its registration by that Commission, or
    b. the cancellation by the Care Quality Commission for any reason of its registration by that Commission.
3. A notification given by the Licensee for the purposes of paragraph 2 shall:
    a. be made within 7 days of:
        i. the making of an application in the case of paragraph (a), or
        ii. becoming aware of the cancellation in the case of paragraph (b), and
    b. contain an explanation of the reasons (in so far as they are known to the Licensee) for:
        i. the making of an application in the case of paragraph (a), or
        ii. the cancellation in the case of paragraph (b).

G7: Patient eligibility and selection criteria

(No changes)

1. The Licensee shall:
    a. set transparent eligibility and selection criteria,
    b. apply those criteria in a transparent way to persons who, having a choice of persons from whom to receive health care services for the purposes of the NHS, choose to receive them from the Licensee, and
    c. publish those criteria in such a manner as will make them readily accessible by any persons who could reasonably be regarded as likely to have an interest in them.
2. “Eligibility and selection criteria” means criteria for determining:
    a. whether a person is eligible, or is to be selected, to receive health care services provided by the Licensee for the purposes of the NHS, and
    b. if the person is selected, the manner in which the services are provided to the person.

G8: Application of section 5 (Continuity of Service)

(Amended condition)

1. The Conditions in Section 5 shall apply:
    a. whenever the Licensee is subject to a contractual obligation to provide a service to a Commissioner which is contractually agreed to be a Commissioner Requested Service,
    b. whenever the Licensee is subject to a contractual obligation to deliver a service which is subsequently designated as a Commissioner Requested Service by virtue of the process set out in paragraph 2,
    c. where the circumstances set out in paragraph [6] apply (expiry of contract without renewal or extension)
    d. where the circumstances set out in paragraph [7] apply (instruction by NHS England that the Licensee must continue to deliver a service as a Commissioner Requested Service)
    e. whenever the Licensee is determined by NHS England to be a Hard to Replace Provider.
2. A service is designated as a Commissioner Requested Service if:
    a. it is a service which the Licensee is required to provide to a Commissioner under the terms of a contract which has been entered into between them, and
    b. the Commissioner has made a written request to the Licensee to provide that service as a Commissioner Requested Service, and either
    c. the Licensee has failed to respond in writing to that request by the expiry of the 28th day after it was made to the Licensee by the Commissioner, or
    d. the Commissioner, not earlier than the expiry of the [28th] day after making that request to the Licensee, has given to NHS England and to the Licensee a notice in accordance with paragraph 4, and NHS England, after giving the Licensee the opportunity to make representations, has issued an instruction in writing in accordance with paragraph 4.
3. A notice in accordance with this paragraph is a notice:
    a. in writing,
    b. stating that the Licensee has refused to agree to a request to provide a service as a Commissioner Requested Service, and

c. setting out the Commissioner's reasons for concluding that the Licensee is acting unreasonably in refusing to agree to that request to provide a service as a Commissioner Requested Service

4. An instruction in accordance with this paragraph is an instruction that the Licensee's refusal to provide a service as a Commissioner Requested Service in response to a request made under paragraph 2(b) is unreasonable.

5. The Licensee shall give NHS England not less than 28 days' notice of the expiry of any contractual obligation pursuant to which it is required to provide a Commissioner Requested Service to a Commissioner for which no extension or renewal has been agreed.

6. If any contractual obligation of a Licensee to provide a Commissioner Requested Service expires without extension or renewal having been agreed between the Licensee and the Commissioner who is a party to the contract, the Licensee shall continue to provide that service on the terms of the contract (save as agreed with that Commissioner), and the service shall continue to be a Commissioner Requested Service, for the period from the expiry of the contractual obligation until NHS England issues either:

a. an instruction of the sort referred to in paragraph 7, or
b. a notice in writing to the Licensee stating that it has decided not to issue such a instruction.

7. If, during the period of a contractual or post contractual obligation to provide a Commissioner Requested Service, NHS England issues to the Licensee an instruction in writing to continue providing that service for a period specified in the instruction, then for that period the service shall continue to be a Commissioner Requested Service.

8. A service shall cease to be a Commissioner Requested Service if:

a. all current Commissioners of that service as a Commissioner Requested Service agree in writing that there is no longer any need for the service to be a Commissioner Requested Service, and NHS England has issued a determination in writing that the service is no longer a Commissioner Requested Service, or
b. NHS England has issued a determination in writing that the service is no longer a Commissioner Requested Service; or

c. the contractual obligation pursuant to which the service is provided has expired and NHS England has issued a notice pursuant to paragraph 6(b) in relation to the service; or

d. the period specified in an instruction by NHS England of the sort referred to in paragraph 7 in relation to the service has expired.

9. The Licensee shall make available free of charge to any person who requests it a statement in writing setting out the description and quantity of services which it is under a contractual or other legally enforceable obligation to provide as Commissioner Requested Services.

10. Within 28 days of every occasion on which there is a change in the description or quantity of the services which the Licensee is under a contractual or other legally enforceable obligation to provide as Commissioner Requested Services, the Licensee shall provide to NHS England in writing a notice setting out the description and quantity of all the services it is obliged to provide as Commissioner Requested Services.

11. In this condition, a provider is a Hard to Replace Provider if it has been identified as such by NHS England based on criteria set out and managed through guidance published by NHS England and NHS England has issued a determination in writing.

12. A provider will cease to be a Hard to Replace provider if it no longer meets the criteria set out and managed through guidance published by NHS England and NHS England has issued a determination in writing that the provider is no longer a Hard to Replace Provider.

13. In this Condition “NHS contract” has the meaning given to that term in Section 9 of the 2006 Act.

Section 4 – Trust Conditions

NHS1: Information to update the register

(Renamed condition)

1. The obligations in the following paragraphs of this Condition apply if the Licensee is an NHS foundation trust, without prejudice to the generality of the other conditions in this Licence.

2. The Licensee shall make available to NHS England written and electronic copies of the following documents:

(a) the current version of Licensee's constitution;

(b) the Licensee's most recently published annual accounts and any report of the auditor on them, and

(c) the Licensee's most recently published annual report,

and for that purpose shall provide to NHS England written and electronic copies of any document establishing or amending its constitution within 28 days of being adopted and of the documents referred to in sub-paragraphs (b) and (c) within 28 days of being published.

3. Subject to paragraph 4, the Licensee shall provide to NHS England written and electronic copies of any document that is required by NHS England for the purpose of NHS foundation trust register within 28 days of the receipt of the original document by the Licensee.

4. The obligation in paragraph 3 shall not apply to:

(a) any document provided pursuant to paragraph 2;

(b) any document originating from NHS England; or

(c) any document required by law to be provided to NHS England by another person.

5. The Licensee shall comply with any instruction issued by NHS England concerning the format in which electronic copies of documents are to be made available or provided.

6. When submitting a document to NHS England for the purposes of this Condition, the Licensee shall provide to NHS England a short written statement describing the document and specifying its electronic format and advising NHS England that the

document is being sent for the purpose of updating the register of NHS foundation trusts maintained in accordance with section 39 of the 2006 Act.

NHS2: Governance arrangements

(Amended and renamed condition)

1. This Condition shall apply if the Licensee is an NHS trust or NHS foundation trust, without prejudice to the generality of the other conditions in this Licence.

2. The Licensee shall apply those principles, systems and standards of good corporate governance which reasonably would be regarded as appropriate for a provider of health care services to the NHS.

3. Without prejudice to the generality of paragraph 2 and to the generality of General Condition 5, the Licensee shall:

   a. have regard to such guidance on good corporate governance as may be issued by NHS England from time to time; and
   b. have regard to such guidance on tackling climate change and delivering net zero emissions as NHS England may publish from time to time, and take all reasonable steps to minimise the adverse impact of climate change on health
   c. have systems and processes in place to meet any guidance issued by NHS England on digital maturity
   d. comply with the following paragraphs of this Condition.

4. The Licensee shall establish and implement:

   a. effective board and committee structures;
   b. clear responsibilities for its Board, for committees reporting to the Board and for staff reporting to the Board and those committees; and
   c. clear reporting lines and accountabilities throughout its organisation.

5. The Licensee shall establish and effectively implement systems and/or processes:

   a. to ensure compliance with the Licensee's duty to operate efficiently, economically and effectively;
   b. for timely and effective scrutiny and oversight by the Board of the Licensee's operations;
   c. to ensure compliance with health care standards binding on the Licensee including but not restricted to standards specified by the Secretary of State, the Care Quality Commission, NHS England and statutory regulators of health care professions;

d. for effective financial decision-making, management and control (including but not restricted to appropriate systems and/or processes to ensure the Licensee's ability to continue as a going concern);
e. to obtain and disseminate accurate, comprehensive, timely and up to date information for Board and Committee decision-making;
f. to identify and manage (including but not restricted to manage through forward plans) material risks to compliance with the Conditions of its Licence;
g. to generate and monitor delivery of business plans (including any changes to such plans) and to receive internal and where appropriate external assurance on such plans and their delivery; and
h. to ensure compliance with all applicable legal requirements.

6. The systems and/or processes referred to in paragraph 5 should include but not be restricted to systems and/or processes to ensure:

a. that there is sufficient capability at Board level to provide effective organisational leadership on the quality of care provided;
b. that the Board's planning and decision-making processes take timely and appropriate account of quality of care considerations;
c. the collection of accurate, comprehensive, timely and up to date information on quality of care;
d. that the Board receives and takes into account accurate, comprehensive, timely and up to date information on quality of care;
e. that the Licensee including its Board actively engages on quality of care with patients, staff and other relevant stakeholders and takes into account as appropriate views and information from these sources; and
f. that there is clear accountability for quality of care throughout the Licensee's organisation including but not restricted to systems and/or processes for escalating and resolving quality issues including escalating them to the Board where appropriate.

7. The Licensee shall ensure the existence and effective operation of systems to ensure that it has in place personnel on the Board, reporting to the Board and within the rest of the Licensee's organisation who are sufficient in number and appropriately qualified to ensure compliance with the Conditions of this Licence.

Section 5 – NHS Controlled Providers Conditions

CP1: Governance arrangements for NHS-controlled providers

(Amended condition)

1. This condition shall apply if the Licensee is an NHS-controlled provider of healthcare services for the purposes of the NHS without prejudice to the generality of the other conditions in this Licence.

2. The Licensee shall apply those principles, systems and standards of good corporate governance which reasonably would be regarded as appropriate for a provider of health care services to the NHS.

3. Without prejudice to the generality of paragraph 2 and to the generality of General Condition 5, the Licensee shall:

   a. have regard to such guidance on good corporate governance as may be issued by NHS England from time to time; and
   b. have regard to such guidance on tackling climate change and delivering net zero emissions as NHS England may publish from time to time, and take all reasonable steps to minimise the adverse impact of climate change on health
   c. have systems and processes in place to meet any guidance issued by NHS England on digital maturity
   d. comply with the following paragraphs of this Condition.

4. The Licensee shall establish and implement:

   a. effective board and committee structures;
   b. clear responsibilities for its Board, for committees reporting to the Board and for staff reporting to the Board and those committees; and
   c. clear reporting lines and accountabilities throughout its organisation and to the NHS body by which it is controlled (as defined below).

5. The Licensee shall establish and effectively implement systems and/or processes:

   a. to operate efficiently, economically and effectively;

b. for timely and effective scrutiny and oversight by the Board of the Licensee's operations;
c. to ensure compliance with health care standards binding on the Licensee including but not restricted to standards specified by the Secretary of State, the Care Quality Commission, NHS England and statutory regulators of health care professions;
d. for effective financial decision-making, management and control (including but not restricted to appropriate systems and/or processes to ensure the Licensee's ability to continue as a going concern);
e. to obtain and disseminate accurate, comprehensive, timely and up to date information for Board and Committee decision-making;
f. to identify and manage (including but not restricted to manage through forward plans) material risks to compliance with the Conditions of its Licence;
g. to generate and monitor delivery of business plans (including any changes to such plans) and to receive internal and where appropriate external assurance on such plans and their delivery; and
h. to ensure compliance with all applicable legal requirements.

6. The systems and/or processes referred to in paragraph 5 should include but not be restricted to systems and/or processes to ensure:

a. that there is sufficient capability at Board level to provide effective organisational leadership on the quality of care provided;
b. that the Board's planning and decision-making processes take timely and appropriate account of quality of care considerations;
c. the collection of accurate, comprehensive, timely and up to date information on quality of care;
d. that the Board receives and takes into account accurate, comprehensive, timely and up to date information on quality of care;
e. that the Licensee including its Board actively engages on quality of care with patients, staff and other relevant stakeholders and takes into account as appropriate views and information from these sources; and

f. that there is clear accountability for quality of care throughout the Licensee's organisation including but not restricted to systems and/or processes for escalating and resolving quality issues including escalating them to the Board where appropriate.

7. The Licensee shall ensure the existence and effective operation of systems to ensure that it has in place personnel on the Board reporting to the Board and within the rest of the Licensee's organisation who are sufficient in number and appropriately qualified to ensure compliance with the Conditions of this Licence.

Section 6 – Continuity of Services

CoS 1: Continuing provision of Commissioner Requested services (Organisation names changed only)

1. The Licensee shall not cease to provide, or materially alter the specification or means of provision of, any Commissioner Requested Service otherwise than in accordance with the following paragraphs of this Condition.

2. If, during the period of a contractual or other legally enforceable obligation to provide a Commissioner Requested Service, or during any period when this condition applies by virtue of Condition G8(1)(b), NHS England issues to the Licensee a direction in writing to continue providing that service for a period specified in the direction, then the Licensee shall provide the service for that period in accordance with the direction.

3. The Licensee shall not materially alter the specification or means of provision of any Commissioner Requested Service except:

a. with the agreement in writing of all Commissioners to which the Licensee is required by a contractual or other legally enforceable obligation to provide the service as a Commissioner Requested Service; or

b. at any time when this condition applies by virtue of Condition G8(1)(b), with the agreement in writing of all Commissioners to which the Licensee provides, or may be requested to provide, the service as a Commissioner Requested Service; or

c. if required to do so by, or in accordance with the terms of its authorisation by, any body having responsibility pursuant to statute for regulating one or more aspects of the provision of health care services in England and which has been designated by NHS England for the purposes of this condition and of equivalent conditions in other licences granted under the 2012 Act.

4. If the specification or means of provision of a Commissioner Requested Service is altered as provided in paragraph 3 the Licensee, within [28] days of the alteration, shall give to NHS England notice in writing of the occurrence of the alteration with a summary of its nature.

5. For the purposes of this Condition an alteration to the specification or means of provision of any Commissioner Requested Service is material if it involves the delivery or provision of that service in a manner which differs from the manner specified and described in:

a. the contract in which it was first required to be provided to a Commissioner at or following the coming into effect of this Condition; or
b. if there has been an alteration pursuant to paragraph 3, the document in which it was specified on the coming into effect of that alteration; or
c. at any time when this Condition applies by virtue of Condition G8(1)(b), the contract, or NHS contract, by which it was required to be provided immediately before the commencement of this Licence or the Licensee's authorisation, as the case may be.

CoS 2: Restriction of the disposal of assets

(Organisation names changed only)

1. The Licensee shall establish, maintain and keep up to date, an asset register which complies with paragraphs 2 and 3 of this Condition ("the Asset Register")

2. The Asset Register shall list every relevant asset used by the Licensee for the provision of Commissioner Requested Services.

3. The Asset Register shall be established, maintained and kept up to date in a manner that reasonably would be regarded as both adequate and professional.

4. The obligations in paragraphs 5 to 8 shall apply to the Licensee if NHS England has given notice in writing to the Licensee that it is concerned about the ability of the Licensee to carry on as a going concern.

5. The Licensee shall not dispose of, or relinquish control over, any relevant asset except:

   a. with the consent in writing of NHS England, and
   b. in accordance with the paragraphs 6 to 8 of this Condition.

6. The Licensee shall provide NHS England with such information as NHS England may request relating to any proposal by the Licensee to dispose of, or relinquish control over, any relevant asset.

7. Where consent by NHS England for the purpose of paragraph 5(a) is subject to conditions, the Licensee shall comply with those conditions.

8. Paragraph 5(a) of this Condition shall not prevent the Licensee from disposing of, or relinquishing control over, any relevant asset where:

   a. NHS England has issued a general consent for the purposes of this Condition (whether or not subject to conditions) in relation to:
      i. transactions of a specified description; or
      ii. the disposal of or relinquishment of control over relevant assets of a specified description, and the transaction or the relevant assets are of a description to which the consent applies and the disposal, or relinquishment of control, is in accordance with any conditions to which the consent is subject; or
   b. the Licensee is required by the Care Quality Commission to dispose of a relevant asset.

9. In this Condition:

“disposal”	means any of the following: (a) a transfer, whether legal or equitable, of the whole or any part of an asset (whether or not for value) to a person other than the Licensee; or (b) a grant, whether legal or equitable, of a lease, licence, or loan of (or the grant of any other right of possession in relation to) that asset; or (c) the grant, whether legal or equitable, of any mortgage, charge, or other form of security over that asset; or (d) if the asset is an interest in land, any transaction or event that is capable under any enactment or rule of law of affecting the title to a registered interest in that land, on the assumption that the title is registered, and references to “dispose” are to be read accordingly;
“relevant asset”	means any item of property, including buildings, interests in land, equipment (including rights, licenses and consents relating to its use), without which the Licensee’s ability to meet its obligations to provide Commissioner Requested Services would reasonably be regarded as materially prejudiced;
“relinquishment of control”	includes entering into any agreement or arrangement under which control of the asset is not, or ceases to be, under the sole management of the Licensee, and “relinquish” and related expressions are to be read accordingly.

10. The Licensee shall have regard to such guidance as may be issued from time to time by NHS England regarding:

a. the manner in which asset registers should be established, maintained and updated, and
b. property, including buildings, interests in land, intellectual property rights and equipment, without which a licensee's ability to provide Commissioner Requested Services should be regarded as materially prejudiced.

CoS 3: Standards of corporate governance, financial management and quality governance

(Amended condition)

1. The Licensee shall at all times adopt and apply systems and standards of corporate governance, quality governance and of financial management which reasonably would be regarded as:
    a. suitable for a provider of the Commissioner Requested Services provided by the Licensee, and
    b. providing reasonable safeguards against the risk of the Licensee being unable to carry on as a going concern, and
    c. providing reasonable safeguards against the licensee being unable to deliver services due to quality stress.
2. In its determination of the systems and standards to adopt for the purpose of paragraph 1, and in the application of those systems and standards, the Licensee shall have regard to:
    a. such guidance as NHS England may issue from time to time concerning systems and standards of corporate governance, financial management and quality governance;
    b. the Licensee's ratings using the risk rating methodologies published by NHS England from time to time, and
    c. the desirability of that rating being not less than the level regarded by NHS England as acceptable under the provisions of that methodology.

CoS 4: Undertaking from the ultimate controller
(Organisation names and legislation changes only)

1. The Licensee shall procure from each company or other person which the Licensee knows or reasonably ought to know is at any time its ultimate controller, a legally enforceable undertaking in favour of the Licensee, in the form specified by NHS England, that the ultimate controller ("the Covenantor"):

a. will refrain for any action, and will procure that any person which is a subsidiary of, or which is controlled by, the Covenantor (other than the Licensee and its subsidiaries) will refrain from any action, which would be likely to cause the Licensee to be in contravention of any of its obligations under the NHS Acts or this Licence, and

b. will give to the Licensee, and will procure that any person which is a subsidiary of, or which is controlled by, the Covenantor (other than the Licensee and its subsidiaries) will give to the Licensee, all such information in its possession or control as may be necessary to enable the Licensee to comply fully with its obligations under this Licence to provide information to NHS England.

2. The Licensee shall obtain any undertaking required to be procured for the purpose of paragraph 1 within 7 days of a company or other person becoming an ultimate controller of the Licensee and shall ensure that any such undertaking remains in force for as long as the Covenantor remains the ultimate controller of the Licensee.

3. The Licensee shall:

a. deliver to NHS England a copy of each such undertaking within seven days of obtaining it;

b. inform NHS England immediately in writing if any Director, secretary or other officer of the Licensee becomes aware that any such undertaking has ceased to be legally enforceable or that its terms have been breached, and

c. comply with any request which may be made by NHS England to enforce any such undertaking.

4. For the purpose of this Condition, subject to paragraph 5, a person (whether an individual or a body corporate) is an ultimate controller of the Licensee if:

a. directly, or indirectly, the Licensee can be required to act in accordance with the instructions of that person acting alone or in concert with others, and
b. that person cannot be required to act in accordance with the instructions of another person acting alone or in concert with others.

5. A person is not an ultimate controller if they are:
    a. a health service body, within the meaning of section 9 of the 2006 Act;
    b. a Governor or Director of the Licensee and the Licensee is an NHS foundation trust;
    c. any Director of the Licensee who does not, alone or in association with others, have a controlling interest in the ownership of the Licensee and the Licensee is a body corporate; or
    d. a trustee of the Licensee and the Licensee is a charity.

CoS 5: Risk pool levy

(Organisation names changed only)

1. The Licensee shall pay to NHS England any sums required to be paid in consequence of any requirement imposed on providers under section 135(2) of the 2012 Act, including sums payable by way of levy imposed under section 139(1) and any interest payable under section 143(10), by the dates by which they are required to be paid.

2. In the event that no date has been clearly determined by which a sum referred to in paragraph 1 is required to be paid, that sum shall be paid within 28 days of being demanded in writing by NHS England.

CoS 6: Cooperation in the event of financial or quality stress

(Amended condition)

1. The obligations in paragraph 2 shall apply if NHS England has given notice in writing to the Licensee that it is concerned about:

   a. the ability of the Licensee to continue to provide commissioner requested services due to [quality stress], or

   b. the ability of a Hard to Replace Provider being able to continue to provide its NHS commissioned services due to [quality stress]

   c. the ability of the Licensee to carry on as a going concern.

2. When this paragraph applies the Licensee shall:

   a. provide such information as NHS England may direct to Commissioners and to such other persons as NHS England may direct;

   b. allow such persons as NHS England may appoint to enter premises owned or controlled by the Licensee and to inspect the premises and anything on them, and

   c. co-operate with such persons as NHS England may appoint to assist in the management of the Licensee's affairs, business and property.

CoS 7: Availability of resources

(Amended condition)

1. The Licensee shall at all times act in a manner calculated to secure that it has, or has access to, the Required Resources.

2. The Licensee shall not enter into any agreement or undertake any activity which creates a material risk that the Required Resources will not be available to the Licensee.

3. The Licensee, not later than two months from the end of each Financial Year, shall submit to NHS England a certificate as to the availability of the Required Resources for the period of 12 months commencing on the date of the certificate, in one of the following forms:

a. "After making enquiries the Directors of the Licensee have a reasonable expectation that the Licensee will have the Required Resources available to it after taking account distributions which might reasonably be expected to be declared or paid for the period of 12 months referred to in this certificate."

b. "After making enquiries the Directors of the Licensee have a reasonable expectation, subject to what is explained below, that the Licensee will have the Required Resources available to it after taking into account in particular (but without limitation) any distribution which might reasonably be expected to be declared or paid for the period of 12 months referred to in this certificate. However, they would like to draw attention to the following factors which may cast doubt on the ability of the Licensee to have access to the required resources".

c. "In the opinion of the Directors of the Licensee, the Licensee will not have the Required Resources available to it for the period of 12 months referred to in this certificate".

4. The Licensee shall submit to NHS England with that certificate a statement of the main factors which the Directors of the Licensee have taken into account in issuing that certificate.

5. The statement submitted to NHS England in accordance with paragraph 4 shall be approved by a resolution of the board of Directors of the Licensee and signed by a Director of the Licensee pursuant to that resolution.

6. The Licensee shall inform NHS England immediately if the Directors of the Licensee become aware of any circumstance that causes them to no longer have the reasonable expectation referred to in the most recent certificate given under paragraph 3.

7. The Licensee shall publish each certificate provided for in paragraph 3 in such a manner as will enable any person having an interest in it to have ready access to it.

8. In this Condition:

"distribution" includes the payment of dividends or similar payments on share capital and the payment of interest or similar payments on public dividend capital and the repayment of capital;

"Financial Year" means the period of twelve months over which the Licensee normally prepares its accounts;

"Required Resources" means such:

a. management resources including clinical leadership,
b. appropriate and accurate information pertinent to the governance of quality
c. financial resources and financial facilities,
d. personnel,
e. physical and other assets including rights, licences and consents relating to their use, and
f. subcontracts , and
g. working capital as reasonably would be regarded as sufficient for a Hard to Replace Provider and/or to enable the Licensee at all times to provide the Commissioner Requested Services.

Section 7 – Costing Conditions

C1: Submission of costing information

1. Whereby NHS England, and only in relation to periods from the date of that requirement, the Licensee shall:

   (a) obtain, record and maintain sufficient information about the costs which it expends in the course of providing services for the purposes of the NHS and other relevant information,

   (b) establish, maintain and apply such systems and methods for the obtaining, recording and maintaining of such information about those costs and other relevant information, as are necessary to enable it to comply with the following paragraphs of this Condition.

2. Licensee should record the cost and other relevant information required in this condition consistent with the guidance in NHS England's Approved Costing Guidance. The form of data collected, costed and submitted should be consistent with the technical guidance included in the Approved Costing Guidance (subject to any variations agreed and approved with NHS England) and submitted in line with the nationally set deadlines.

3. If the Licensee uses sub-contractors in the provision of health care services for the purposes of the NHS, to the extent that it is required to do so in writing by NHS England the Licensee shall procure that each of those sub-contractors:

   (a) obtains, records and maintains information about the costs which it expends in the course of providing services as sub-contractor to the Licensee, and establishes, maintains and applies systems and methods for the obtaining, recording and maintaining of that information, in a manner that complies with paragraphs 2 and 3 of this Condition, and

   (b) provides that information to NHS England in a timely manner.

4. Records required to be maintained by this Condition shall be kept for not less than six years.

5. In this Condition:

“the Approved Guidance”	means such guidance on the obtaining, recording and maintaining of information about costs and on the breaking down and allocation of costs published annually by NHS England.
“other relevant information”	means such information, which may include quality and outcomes data, as may be required by NHS England for the purpose of its functions under Chapter 4 (Pricing) in Part 3 of the 2012 Act and material costs funded through other public sector entities which impact on the accuracy of costing information.

C2: Provision of costing and costing related information

(Amended Condition)

1. Subject to paragraph 3, and without prejudice to the generality of Condition G1, the Licensee shall submit the mandated information required per Costing Condition 1 consistent with the approved costing guidance in the form, manner and the timetable as prescribed.

2. In furnishing information documents and reports pursuant to paragraph 1 the Licensee shall take all reasonable steps to ensure that:

   a. in the case of information (data) or a report, it is accurate, complete and not misleading;

   b. in the case of a document, it is a true copy of the document requested;

3. This Condition shall not require the Licensee to furnish any information, documents or reports which it could not be compelled to produce or give in evidence in civil proceedings before a court because of legal professional privilege.

C3: Assuring the accuracy of pricing and costing information (Amended Condition)

1. Providers are required to have processes in place to ensure itself of the accuracy and completeness of costing and other relevant information collected and submitted to NHS England is as per the Approved Costing Guidance.
2. This may include but is not limited to
    a. Regular assessments by the providers internal and/or external auditor
    b. specific work by NHS England or NHS England nominated representative on costing related issues and
    c. use of tools or other information or assessments of costing information produced by NHS England on costing and other relevant information.
    d. Evidence of the assurance process (including work by the internal or external auditor of the provider) should be maintained and submitted as and when requested by NHS England and may be subject to follow up by NHS England. NHS England reserves the right to undertake specific work at a provider where issues are identified which may be undertaken by a nominated representative.

Section 8 – Pricing Conditions

P1: Compliance with the NHS payment scheme
(Amended Condition)

1. Except as approved in writing by NHS England, the Licensee shall comply with the rules, and apply the methods, concerning charging for the provision of health care services for the purposes of the NHS contained in the NHS Payment Scheme published by NHS England in accordance with, section 116 of the 2012 Act, wherever applicable.

Section 9 – Interpretation and Definitions

Condition D1 – Interpretation and Definitions
(Amended condition)

1. In this Licence, except where the context requires otherwise, words or expressions set out in the left-hand column of the following table have the meaning set out next to them in the right hand column of the table.

the 2006 Act”	the National Health Service Act 2006 c.41;
“the 2008 Act”	the Health and Social Care Act 2008 c.14;
“the 2009 Act”	the Health Act 2009 c.21;
“the 2012 Act”	the Health and Social Care Act 2012 c.7;
“the 2022 Act”	The Health and Care Act 2022
“the Care Quality Commission”	the Care Quality Commission established under section 1 of the 2008 Act;
“Commissioner Requested Service”	a service of the sort described in paragraph 2 or 3 of condition G8 which has not ceased to be such a service in accordance with paragraph 9 of that condition;
“Commissioners”	NHS England and any integrated care board and includes any bodies exercising commissioning functions pursuant to a delegation from NHS England or an ICB.
“Director”	includes any person who, in any organisation, performs the functions of, or functions equivalent or similar to those of, a director of: (i) an NHS foundation trust, (ii) an NHS Trust or (iii) a company constituted under the Companies Act 2006;

“Governor”	a Governor of an NHS foundation trust
“Hard to replace provider”	has the meaning given in condition G8 of the licence
“integrated care board”	a body corporate established by NHS England by virtue of section 14Z25 of the 2006 Act;
“the NHS Acts”	the 2006 Act, the 2008 Act, the 2009 Act; the 2012 Act and the 2022 Act;
NHS Controlled provider	An organisation which is not an NHS trust or NHS foundation trust but is ultimately controlled by one or more NHS trusts and/or foundation trusts, where ‘control’ is defined on the basis of IFRS 10
“NHS England”	the body named as NHS England in section 1 of the 2022 Act
“NHS foundation trust”	a public benefit corporation established pursuant to section 30 of, and Schedule 7 to, the 2006 Act
“NHS Trust”	an NHS trust established under section 25 of the 2006 Act.
“Relevant bodies”	NHS England, Integrated care boards, NHS trusts and NHS foundation trusts in accordance with section 96(2B) of the 2012 Act.
“Trusts”	means NHS foundation trusts and NHS trusts.

2. Any reference in this Licence to a statutory body shall be taken, unless the contrary is indicated, to be a reference also to any successor to that body.

3. Unless the context requires otherwise, words or expressions which are defined in the NHS Acts shall have the same meaning for the purpose of this Licence as they have for the purpose of that Act.
4. Any reference in the Licence to any provision of a statute, statutory instrument or other regulation is a reference, unless the context requires otherwise, to that provision as currently amended.

Annex 1: Material changes to licence

Section of 2013 provider licence	Type of change	Explanation of change
G1: Provision of information	Retain	
G2: Publication of information	Retain	
G3: Payment of Fees to Monitor	Remove	Removed as NHS England does not intend to charge fees to licensees.
G4: Fit and Proper persons	Amend	Renamed condition G3 and rewritten to include changes consulted on in 2021.
G5: Monitor Guidance	Retain	Renamed condition G4.
G6: Systems for compliance with licence conditions and related obligations	Amend	Renamed condition G5. Removal of the requirement to provide a certificate of compliance as this information is captured elsewhere.
G7: Registration with the Care Quality Commission	Retain	Renamed condition G6.
G8: Patient Eligibility and selection criteria	Retain	Renamed condition G7.
G9: Application of CoS	Amend	Renamed condition G8. Amended to better reflect the current system for identifying a Commissioner Requested Service and adds a process for Hard to Replace Providers.
P1: Compliance with national payment scheme	Amend	Renamed condition C1 and updates to reflect new methods for identifying the cost of providing services using guidance.
P2: Provision of information	Amend	Renamed condition C2 and updates to reflect how providers will provide information laid out in C1.
P3 – Assurance report on submissions to Monitor	Amend	Renamed condition C3 and updates to reflect that providers must have processes in place to comply with conditions C1 and C2.
P4 – Compliance with the NHS payment scheme	Amend	Renamed condition P1. Updated to reflect that the national tariff has been replaced with the NHS Payment Scheme.

Section of 2013 provider licence	Type of change	Explanation of change
P5 – Constructive engagement regarding local tariff modifications	Remove	This condition is removed as it no longer reflects the current process for pricing.
C1: The rights of patients to make choices	Amend	Renamed condition IC2: Personalised care and amended to include new provisions for providing personalised care.
C2: Competition oversight	Remove	Removed to reflect shift to collaboration and legislation removing NHSEI's functions relating to competition.
IC1: Integrated care	Amend	Reframed to create a positive duty to participate in providing integrated care and personalised care.
CoS1: Continuing provision of CRS	Retain	
CoS2: Restriction on the disposal of assets	Retain	
CoS3: Standards of corporate governance, and financial management and quality governance	Amend	Amended to ensure safeguards are in place to ensure service delivery when there is quality stress.
CoS4: Undertaking from the ultimate controller	Retain	
CoS5: Risk pool levy	Retain	
CoS6: Cooperation in the event of financial or quality stress	Amend	Amended to ensure cooperation when there is quality stress.
CoS7: Availability of resources	Amend	Amended to include definitions for hard to replace services and to ensure that quality governance resources.
FT1: Information to update the register	Retain	
FT2 – Payment to Monitor of registration fees	Remove	Removed as NHS England does not charge fees to administer the licence.

Section of 2013 provider licence	Type of change	Explanation of change
FT3 – Provision of information to advisory panel	Remove	Removed as advisory panel never established, condition never used.
FT4 – Governance arrangements	Amend	Renamed condition NHS2. Amended to reflect the legal status of NHS Trusts and include reference to NHS climate goals, and digital maturity. Updated to remove corporate governance statement as this reduces unnecessary duplication.
CP1 – Governance arrangements	Amend	Amended to include reference to NHS climate goals, and digital maturity. Updated to remove corporate governance statement as this reduces unnecessary duplication.
New conditions		
WS 1– Cooperation	New	New condition to ensure that trusts and FTs cooperate with other providers and NHS bodies to develop system plans, deliver NHS services, improve NHS services, deliver financial objectives and workforce plans.
WS 2– Triple Aim	New	New condition that requires trusts and FTs give regard to the Triple Aim.
WS 3 – Digital Standards	New	New condition that requires trusts and FTs to comply with information standards and give regard to guidance on digital maturity.

NHS England
Wellington House
133-155 Waterloo Road
London
SE1 8UG

This publication can be made available in a number of alternative formats on request.

Trust Board Meeting held in public : 2 December 2022

Agenda item number: 2022-23 (96)

Title: Annual Workforce Equality & Diversity Report 2021/22

Category of paper: information and assurance
History: SMT

Responsible director: Director of Workforce, OD & System Development
Report author: E&D Facilitator (Workforce)

Executive summary

The Trust Board receives this annual update on progress made and future actions around equality and diversity in order that it can be assured that the requirements of the Equality Act 2010 Public Sector Equality Duties (PSED) and the NHS Standard Contract are being met.

The paper covers the period 1 November 2021 – 31 October 2022 highlights areas of achievement, which include.

- The Workforce Race Equality Standard (WRES) 2022/23 Action Plan (Ratified by Trust Board on 7 October 2022)
- The Workforce Disability Equality Standard (WDES) 2022/23 Action Plan (Ratified by Trust Board on 7 October 2022)
- The Gender Pay Gap Report (GPGR) as at 31 March 2021.

And highlights the changes to the reporting & governance of the Equality Delivery System 2022(EDS2022)

Recommendations

The Trust Board is recommended to:

- Note the progress made over the last 12 months and to confirm they are assured that the requirements of the Equality Act 2010 Public Sector Equality Duties (PSED) and the NHS Standard Contract are being met.

Annual Workforce Equality & Diversity Report

(1 November 2021 – 31 October 2022)

1. Introduction

1.1 This report outlines progress made over the last 12 months 1 November 2021 – 31 October 2022 in meeting the Public Sector Equality Duty (PSED) a requirement of the Equality Act 2010.

1.2 The PSED is a general duty set out in the Equality Act 2010, which applies to public bodies and others that carry out public functions. It ensures that public bodies consider the needs of all individuals in their day-to-day work in shaping policy, in delivering services, and in relation to their own employees.

1.3 The PSED has 3 aims, which requires public bodies such as LCH to have due regard to the need to:

- eliminate unlawful discrimination, harassment, victimisation, and any other conduct prohibited by the Equality Act 2010
- advance equality of opportunity between people who share a protected characteristic and people who do not share it
- foster good relations between people who share a protected characteristic and people who do not share it

1.4 The 9 protected characteristics covered by the Equality Act 2010 are:

- age
- disability
- gender reassignment
- marriage and civil partnership (but only in respect of eliminating unlawful discrimination)
- pregnancy and maternity
- race – this includes ethnic or national origins, colour, or nationality
- religion or belief – this includes lack of belief
- sex
- sexual orientation

1.5 Due regard for advancing equality involves:

- Removing or minimising disadvantages suffered by people due to their protected characteristics.
- Taking steps to meet the needs of people from protected groups where these are different from the needs of other people.
- Encouraging people from protected groups to participate in public life or in other activities where their participation is disproportionately low.

1.6 The PSED is supported by 2 specific duties which require public bodies to:

- publish information by 31 January each year, to show their compliance with the PSED
- set and publish equality objectives, at least every 4 years, two agreed equality objectives, These are contained within the Workforce Strategy 2021-2025.

  - *We are much more representative of our communities*

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

1.7 At the December 2015 Trust Board meeting, in order to meet statutory and contractual reporting requirements, it was agreed that an annual update would be provided at the December formal Board meeting containing progress on the equality objectives and NHS Equality Delivery System2 (EDS2) which meets the statutory and contractual reporting requirements.

1.8 This process (1.4) meets the requirement of the PSED to share progress with the public by the 31 January 2023

1.9 The Trust continues to aspire to be an inclusive employer and provider of services to every community it serves, the content of this report lays out the activity, achievements, and continuing challenges that the Trust faces to become a truly inclusive place to work.

2. Background

2.1 During the reporting period we continue to experience a degree of success in LCH with the introduction of initiatives such as Black, Asian, and Minority Ethnic (BAME) Reverse Mentoring and the BAME Allyship Programme. The resulting heightened understanding and acknowledgement of issues and experiences linked to diversity and inclusion is crucial and will continue to be a central plank of the Trust's Equality, Diversity & Inclusion (ED&I) programme.

2.2 The Workforce Strategy 2021-25 Inclusion theme contains two objectives, *we are much more representative of our communities* and *Disparities in employee experience have substantially reduced; with remaining disparity actively tackled,* the key to success is local ownership and action on the ED&I agenda from services and operational leaders

2.3 The Trust has and will continue to target action in core areas of recruitment, development and health and wellbeing, to improve both the representation levels and experiences in work of underrepresented groups. In particular we will continue to ensure that the voices and views of representatives from those groups are actively involved in the design and scrutiny of our ED&I programme of work; and seek to ensure the long-term sustainability of dedicated ED&I resource as part of our core business.

2.4 The Trust ED&I Forum as well as existing governance routes continue to play key roles in ensuring ownership and delivery of actions designed to meet the equality objectives.

3. Race

3.1 The Race Equality Network (REN) continues to grow in both membership and influence, the input from the REN has been invaluable during the reporting period.

3.2 Members of the REN staff network continue to be integral in the recruitment and selection process for senior manager appointments, demonstrating the Trust's commitment to the WRES and transparency in the recruitment and selection process. This has resulted in growing confidence by Black, Asian and Minority Ethnic (BAME) staff that LCH is committed to the WRES & BAME staff, through increased membership of the REN and positive verbal feedback from BAME colleagues to the network Chair.

3.3 The WRES 2021/22 performance was reviewed and the WRES 2022/23 action plan, co-produced with the REN and wider stakeholder engagement, and ratified at the Trust Board meeting on the 7 October 2022. You can cut and paste the links below into your browser to view the WRES Performance 2021/22 and WRES action plan 2022/23.
https://www.leedscommunityhealthcare.nhs.uk/seecmsfile/?id=4582
https://www.leedscommunityhealthcare.nhs.uk/seecmsfile/?id=4581

3.4 During the reporting period the Adult Business Unit (ABU) and the REN worked togethr together to facilitate "*Open conversations-Race equality in ABU*" agenda, this work grew across the organisation and was the driver for the call to action *#NoBystanders* summit which took place on the 13 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*)

Key Themes arising from the Summit.

- The event generated high energy and thoughtful debate – this topic is highly relevant to our LCH work
- Many participants described their own experiences of unacceptable behaviours
- Awareness of the support available and what happens to issues that get reported needs to be higher
- We need to engage targeted staff/groups/teams who are not already engaged in these conversations.
- Levels of cultural awareness, particularly in relation to race and ethnicity, are variable
- A No Bystanders approach, aligned with LCH Behaviours including, "Caring for One Another", should permeate the LCH culture and operating model, from the outset of employment and throughout
- Teams do not always challenge / debrief / support colleagues when unacceptable behaviours have occurred.

A number of actions were identified and were taken to the Trust EDI Forum on the 18 October 2022, work will continue to shape the actions to progress this agenda.

3.5 The Trust continues to make measureable progress in the overall representation of Black, Asian and Minority Ethnic (BAME) staff in LCH which has increased from 10.7% in October 2020 to 12.2% in October 2022. There is a number of actions, an example of which is the “Hyper Local Recruitment” initiative, in the WRES action plan 2022/23. This action has seen continued success, with 27 people in total recruited through campaigns in Q1 and Q2 into Domestic Assistant, Administration and Healthcare Support Worker posts.to continue to make progress towards the mid term census estimate of 19% BAME in the city of Leeds.

3.6 The Trust acknowledged that our current workforce did not represent the communities that we serve and made a commitment, to set aspirational goals to increase Black, Asian and Minority Ethnic (BAME) representation across all Agenda for Change grades to 14% by 2023 and 18% by 2028. This came into effect from April 2021, and is reported to the Business Committee, which is a sub committee of the Board. These figures will be reviewed once the ONS Census 21 data is made late November 2022.

3.6 The Trust continues to recognise that one of the avenues to start to change the culture of the organisaiton was through Allies. Allyship is about building relationships of trust, consistency, and accountability with marginalised individuals and/or groups of people. We are pleased to report that, the 3rd cohort of the LCH Black Asian and Minority Ethnic (BAME Allyship Programme), concluded on 5 January 2022 and Cohort 4 on the 7 September 2022. We are looking forward to Cohort 5 commencing on the 31 January 2023.

3.7 Being part of the Trust BME Allyship Programme is a continuous process in which someone with white privilege and power seeks to first learn about the experiences of BAME groups (as a whole), empathise with their challenges and build relationships with them, adding your voice to that of your other than White colleagues. The 12 week programme consists of 6 x facilitated sessions, with the opportunity for Allies to interact in between the sessions by way of “virtual” informal coffee/learning with BAME members of staff, to enhance their experience.

A delegates reflection on being part of the Allyship Programme

You look from your side, and I look from mine
We have different backgrounds, but see the same line

My train goes one way, and yours goes the other
Then, you have the idea we could catch one together

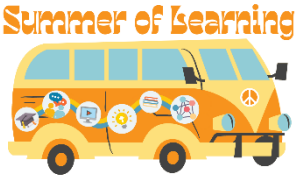
We meet on the bridge and look over the track
Together we realise, white or black

We are in the same station and can walk on both sides
As long as we see it through each other’s eyes
Anon

3.8 Delegates are provided with *tools and skills* to assist them become *influencers* for real racial equality in their teams, services and ultimately the Trust. To assist in providing support and continous learning, an Allies Forum has been established, facilitating the linking of each of the cohorts and so growing the Allies network and influence, current membership stands at 41.

3.9 The Trust BME Reverse Mentoring cohort 4 is currently being delivered, cohort 5 is due to comence in November 2022. To date 50 colleagues have taken part in the year long programme.

3.10 Througout July and August, as part of the "Summer of Learning" offer to staff the WRES performance data and 2022/23 action plan, details of the Reverse Mentorship and BME Allyship Programmes were presented to help raise awareness and understanding by Trust colleagues.



4. Disability

4.1 The current WDES 2019-22 performance was reviewed and the WDES action plan 2022/23, co-produced with the Staff Health & Wellbeing Engagement Group and wider stakeholder engagement, which was ratified at the Trust Board meeting on the 7 October 2021. You can cut and paste the links below into your browser to view the WDES Performance 2021/22 and WDES action plan 2022/23.
https://www.leedscommunityhealthcare.nhs.uk/seecmsfile/?id=4584
https://www.leedscommunityhealthcare.nhs.uk/seecmsfile/?id=4583

4.2 Overall, 5% of the Trusts workforce has declared a disability through the NHS Electronic Staff Record (ESR), this figure is above the NHS national average declaration rate of 3.5%. There is an electronic reminder on staff's individual ESR dashboard to requesting individuals to update their equality data and we continue working with staff with disabilities/long term conditions to improve engagement and ESR disability declaration rates.

4.3 The Trust WDES data shows that staff with a disability are less likely to enter formal capability process than those without a disability and are slightly more likely than non-disabled applicants to be shortlisted.

4.4 We continue our partnership with Purple to help deliver the Disability Confident Leaders actions to retain accreditation and assist us in becoming a truly inclusive employer.

Jon Drackett, Business Partnership Executive for Purple provided an interesting and informative presentation to the EDI forum at the meeting on the 18 October 2022 sharing good practice and valuable advice.

4.5 One of the asks from the Equality, Diversity and Inclusion Forum was to test the appetite for a staff network for staff who had a long- term condition or

disability. 39 staff have expressed an interest in exploring this further and an Inaugural meeting is scheduled for November 2022.

4.6 The Staff HWB Engagement Group continues to meet every 6 weeks, which includes input from the Trust Wellbeing Guardian, staff with disability/long term condition, General Manager, clinical input, trade union and HR and ODI representation. The members take an active and passionate role in developing and delivering on the HWB Action plan.
Some of the areas progressed during the last 12 months has included.

- Dyslexia awareness training – British Dyslexia Association commissioned to deliver training sessions for staff/managers to increase awareness of Dyslexia, what it is/is not, and what support is available. This training was set up to coincide with the National Dyslexia Week Awareness week, through promotional material on how LCH supports its staff
- Menopause Employer Pledge – LCH has signed up to this which signals the importance we take around this topic as an organisation and this commitment was included as part of the promotional material on World Menopause Day
- Macmillan Cancer coffee mornings were held at a couple of sites and monies raised for the charity
- Reviewed the Managing attendance policy through a disability lens – a small group, consisting of staff with a disability/LTC, trade union rep, manager and HR have drafted a policy with supporting toolkit and guidance. This is now ready for wider engagement and consultation prior to implementation.

The current Financial climate remains a challenge for many. The Trust continues to look at ways to support staff, which includes signposting staff to a range of financial wellbeing information, as well as enabling staff to stream/access up to 35% of their gross pay ahead of pay day through “Instantpay” and an extension of the temporary increase in mileage rates to support with the increase in fuel costs.

As an Anchor organisation, we took part in offering staff access to web-based financial support/awareness sessions which covered topics such as cooking on a budget, reduce energy bills, budget planning and money myths, to mention but a few.

5. Sexual orientation

5.1 Leeds Pride took place on the weekend of the 6/7th August 2022, and following an absence of three years, the Trust was well represented over the weekend. On the Sunday 74 members of staff, dressed in Trust T-shirts and 17 partners/children took part in two walking floats, in the Robert Payne Parade from Millennium Square to The Calls. This is a record number of Trust colleagues in a parade and an indication of how the Rainbow Ambassadors network has grown in membership and influence.

5.2 The Rainbow Badge initiative, started by Evalina Children's Hospital in London, has made a real impact on staff, as well as the children, young people, and families. It was set up to make a positive difference by showing that the wearer is part of an open, non-judgemental, and inclusive place for people that identify as LGBTQA+ as many young LGBTQA+ people say that they do not have an adult they can turn to or confide in.

"I love my badge and wear it with pride. I've had a conversation about my badge when travelling on the bus to do a home visit. An older man asked why there were rainbows for the NHS everywhere. I commented that the rainbow was to show support for LGBT+ patients and staff. We then had a long discussion how things have changed in society since he was a young man. It was an enriching discussion for both of us." Specialist Speech and Language Therapist.

5.3 The Rainbow Ambassadors network, with an active membership of 82, 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.

5.4 The Trust is part of the NHS Rainbow Badge Phase II initiative, an assessment model (Bronze, Silver, Gold) of organisations performance for LGBTQA+ staff and patients. During November 2022 we will receive in-depth feedback on our submission and grading, from the NHSE LGBT programme lead. It is anticipated that there will be a number of actions arising that we will take forward as the NHS Rainbow Badge initiative action plan. Continuing to demonstrate our ongoing commitment to reduce barriers to healthcare, experience and opportunity for LGBTQ+ people.

5.5 Organisational membership of the Stonewall Diversity Champions programme will be reviewed at a meeting of key stakeholders in November 2022 to provide SMT with a recommendation for consideration.

6. Gender

6.1 For a third year in succession, the Trust promoted the International Pronouns Day on the 21 October 2021. Knowing and using a person's correct pronouns fosters inclusion, makes people feel respected and valued, and affirms their gender identity

6.2 The Men's Health Forum continues to meet monthly providing peer to support to its members and contributes to Men's Health promotion events within the organisation, in particular, domestic violence, menopause, men's mental health and suicide awareness

6.3 In February 2021 The Nomination and Renumeration Committee approved both the Gender Pay Gap Report 2021 and the assurance statement ensuring that the Trust has met the reporting 30 March 2022 deadline for the uploading to the Gov.UK portal and publishing of the 2021 Trust Gender Pay & Bonus Pay data and narrative on the Trusts external website.

Public authority employers must use a snapshot date of 31 March. They must report and publish their gender pay gap information by 30 March of the

following year. If you wish to view further information about the Gender Pay Gap reporting requirements cut and past the link below into your browser.
https://www.gov.uk/government/collections/gender-pay-gap-reporting

6.4 The mean GPG increased from 9.8% to 11% (2021) in favour of males. The mean gender pay gap for the UK in March 2021 was 14.9% at which time approximately 3.7 million employees were on furlough under the Coronavirus Job Retention Scheme (CJRS).

6.5 There has been an increase in both the Mean (11%) and Median (5.6%) GPG which is due to the percentage increase of males in Quartiles 3 & 4.

6.6 The Gender Bonus Pay Gap (GBPG) (Mean) within the Trust increased from 10.7% in 2019 to 22.30% in 2020 and in 2021 increased to 29% favour of males. This figure is skewed due to operating two Local Clinical Excellence Award Schemes, colloquially known as the old and the new schemes. The former payment continues to be paid annually and is only reviewed every 5 years and the new/current scheme is applied for annually. During this reporting period, there has been an increase in consultant numbers. The GBPG (Median) remains at 0%.

6.7 You can view the Gender Pay Gap Assurance Statement by cutting and pasting the link below into your browser.

7. NHS Equality Delivery System2 – Equality Delivery System 2022

7.1 The Equality Delivery System (EDS) was first launched for the NHS in November 2011. In November 2012, Shared Intelligence published their report 'Evaluation of the equality delivery system for the NHS' which looked at how the EDS had been adopted across NHS organisations. Based on this evaluation and subsequent engagement with the NHS and key stakeholders, a refreshed EDS – known as EDS2 – was made available in November 2013.

7.2 A review of the EDS2 was undertaken to incorporate system changes and take account of the new system architecture. Through collaboration and co-production and considering the impact of COVID-19, the EDS has been updated and EDS 2022 is now available for live testing during 2022/23.

7.3 The main purpose of the EDS was, and remains, to help local NHS systems and organisations, in discussion with local partners and local populations, review and improve their performance for people with characteristics protected by the Equality Act 2010. By using the EDS 2022, NHS organisations can also be helped to deliver on the Public Sector Equality Duty.

7.4 EDS 2022 is aligned to NHS England's Long-Term Plan and its commitment to an inclusive NHS that is fair and accessible to all.

7.5 Following engagement with key stakeholders it has been designed to support local and regional NHS organisations to help them fully develop inclusive services in response to the NHS Long Term Plan, alongside local or place-

based partnerships of NHS and local authority commissioners, providers, and others; and ultimately Integrated Care Systems (ICSs).

7.6 Due to the impact of COVID-19 on Black, Asian, and Minority Ethnic community groups, and those with underlying and long-term conditions such as diabetes, the EDS now supports the outcomes of the Workforce Race Equality Standard (WRES) and Workforce Disability Equality Standard (WDES) by encouraging organisations understand the connection between those outcomes and the health and wellbeing of staff members. The EDS now supports organisations to look at the physical impact of discrimination, stress, and inequality, providing an opportunity for organisations to support a healthier and happier workforce, which will in turn increase the quality of care provided for patients and service users.

The EDS 2022 comprises of eleven outcomes spread across the three Domains, below:

1) Commissioned or provided services
2) Workforce health and well-being
3) Inclusive leadership.

The outcomes are evaluated, scored, and rated using available evidence and insight. It is the ratings that provide assurance or identify the need for improvement.

7.7 The EDS 2022 has been specifically designed to encourage the collection of better evidence or insight across the range of people with protected characteristics described in the Equality Act 2010, and so to help NHS organisations meet the Public Sector Equality Duty (PSED) and set equality objectives.

7.8 It is proposed that the collation of evidence for, and the delivery of, Domain 1 will sit with the Health Equity Lead but must be assisted by managers who sit within relevant service areas. Implementation of improvement actions for Domain 1 will normally sit with the leadership/management of the services of which the Domain 1 was applied to and be managed through Quality Committee.

7.9 It is proposed that the collation of the evidence for, and the delivery of, Domains 2 and 3 will sit with the EDI Team and will b be assisted by the Trust Board, SMT Business Unit Senior Leadership teams, Human Resources and Organisation Development teams.

7.10 Informed by the EDS2022 Technical Guidance, it is proposed that responsibility for the implementation of improvement actions for Domains 2 and 3 sit with the Human Resources, Organisational Development, and the Workforce Senior Leadership

7.11 Previously, EDS2 in Leeds has been conducted as a partnership approach with Leeds CCG, LYHT, LYPFT, LCHT. LCC and VCS organisations, unfortunately as a consequence of the impact of Covid and organisational restructures the 2021 triannual assessment of EDS2 Goals 3 (*Empowered, engaged, and well-supported staff*) & 4 (*Inclusive leadership at all levels*) could not take place.

7.12 The work agreed in 2018 to improve performance in EDS 2 Goals 3 and Goal 4 continue to be delivered as part of organisational WDES and WRES action plans.

7.13 EDS2022 was published on the NHS England website on the 16 August 2022 and shared with WYHCP ICB. You can view further information on EDS2022 and access the technical guidance by cutting and pasting the link below into your browser
https://www.england.nhs.uk/about/equality/equality-hub/patient-equalities-programme/equality-frameworks-and-information-standards/eds /

7.14 An initial meeting between the ICB EDI leads and provider EDI leads has taken place where there was an exploration of roles, responsibilities, and process to implement EDS2022 in the ICB. A second meeting is due to take place the 17 January 2022.

7.15 On the 27 October 2022 the ICB EDI lead for Leeds met with the Workforce EDI leads from LCHT, LYPFT and LTHT to agree a roadmap to the implementation of EDS2022 as NHS commissioner & provider organisations in Leeds. As the implementation of EDS2022 by February 2023 is not reasonable, nor practical, the decision was made, as agreed by NHSE and the EDI lead from the ICS, that the Leeds Trusts to propose to each Trust to publish the existing EDS2 Goals 3 & 4 assessments by 31 January 2023. A further meeting is due to be held on the18 November to agree a stakeholder engagement plan and a timeline for implementation of a new process to meet the requirements of the EDS2022 technical guidance.

7.16 It is proposed that the Trust reports on EDS2 Goals 3 & 4 as *Achieving*, together with the publication of the new EDS2022 domain 2 & 3 process on the Trust EDI internet page.

8. Next steps for 2022/23

8.1 Equality, Diversity, and Inclusion (EDI) continues to be a key priority for the Trust, the key workstreams listed below provide targeted action in core areas of recruitment, development and health and wellbeing, to achieve our equality objectives, to be *much more representative of our communities* and that *disparities in employee experience have substantially reduced; with any remaining disparity actively tackled* by 2025.

- Delivery of WDES, WRES and NHS Rainbow Badge Initiative, Disability Confident Leaders action plans.
- Meet the requirements of the Gender Pay Gap Report
- Implement the EDS 2022 process

8.2 The workstreams listed below will contribute to the delivery of the Workforce Strategy 2021-2025 equality objectives.

- We will continue to work alongside Leeds communities that are most under-represented through our work as part of Leeds One Workforce and our hyper recruitment initiative, to better understand and reduce

barriers to working in the Trust, particularly in leadership roles, through improvements to our recruitment and selection processes

- 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

- We will identify and tackle areas of the organisation with most disparity in employee experience, by protected characteristic, between those with and without particular protected characteristics, focusing on Race, Disability and Sexual Orientation; and working with those areas to develop targeted action plans to reduce those disparities

- We will continue to work with our existing and emergent Staff Groups, Forums and Networks to better understand and incorporate their lived experience and diverse employee needs into our organisational approaches and policies

- 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

- We will seek sustainable funding streams to maintain the Trust ED&I programme in order to achieve its stated objectives

9. Conclusion

9.1 A significant amount of work on the EDI agenda has taken place in the previous 12 months and the Trust has seen some positive achievements in increasing the representation of its workforce, its cultural programmes and strengthening of the staff's voice across a number of protected characteristics.

9.2 The coming 12 months offer an opportunity to further develop our EDI work and increasingly tackle disparities in experience within our workforce and continuing to increase representation.

10. Recommendations

The Trust Board is recommended to:

- Note the progress made over the last 12 months and to confirm they are assured that the requirements of the Equality Act 2010 Public Sector Equality Duties (PSED) and the NHS Standard Contract are being met.

Trust Board meeting held in public : 2 December 2022

Agenda item number: 2022-23 (97)

Title: Patient engagement strategy: next steps

Category of paper: for approval by board following recommendation from Quality Committee
History: Previously considered at Quality Committee on 25th September and 21st November 2022

Responsible director: Executive Director of Nursing and AHP
Report author: Assistant Director of AHP
Patient Engagement and Experience Lead

Executive summary (Purpose and main points)

This paper reviews the success of the current patient engagement strategy; explains what engagement has been undertaken to identify the way forward; proposes an alternative to a revised strategy and sets some principles and a timetable to develop a more responsive and sophisticated approach to patient engagement.

The current Engagement strategy was approved by the board in October 2019 and runs to the end of 2022. The current strategy has five main aims which have all made progress against all objectives with some work still ongoing. Extensive stakeholder engagement has been undertaken to evaluate this progress and identify next steps.

The overriding opinion from the stakeholder engagement is that we do not need a revised strategy instead moving to actions and creating the conditions/establishing an environment for patient engagement to be the culture of the organisation and services within it.

Further work to develop and co-produce the themes and principles identified into a small number of statements that staff can use to reflect on individual interactions and the organisation can use to hold ourselves and services to account needs to be undertaken. A high-level timeline to achieve this is detailed in the paper.

Recommendations

The Board is recommended to:

Approve the development of principles and the timeline based on the feedback received.

1. Introduction

1.1 This paper reviews the success of the current patient engagement strategy; explains what engagement has been undertaken to identify the way forward; proposes an alternative to a revised strategy and sets some principles and a timetable to develop a more responsive and sophisticated approach to patient engagement.

2 Situation

2.1 The current Engagement strategy was approved by the board in October 2019 and runs to the end of 2022. Priorities for delivery include creating a culture of engagement that recognises that everyone is an expert in themselves and create the leadership and systems to achieve our ambition to hear everyone's voice. The strategy was focused on ensuring that we had the foundations and infrastructure in place to create the conditions for patient engagement to flourish. There has been achievement against all of the objectives. However, it is acknowledged that not all objectives were achieved in totality. For the purpose of this proposal for a different approach, there is evidence in table 3.1 that the foundations and infrastructure are now in place to support a different approach to our engagement work.

2.2 Covid has taught us that it is possible to make changes faster and without the need for detailed strategies. The current strategy has become a disengaged document in part as a result of Covid that we report on at given intervals. This is because pre Covid progress was made but during Covid we did things differently and more quickly because we had to and the feedback is that a new strategy isn't helpful and now we are on a more stable footing again, it is felt a new approach is needed as described here. We now need to look at how the organisation moves to a full, embedded approach to patient engagement so that it is not an additional activity that certain people/posts lead or champion to a culture and the way we do things round here.

3 Background

3.1 The current strategy has six priorities for delivery. Progress against each of these has been shared with Quality committee at regular intervals and is summarised in the table below.

Priority	Objectives	What we have achieved
Culture of engagement	The people's voice drives our organisation	FFT, Individual service surveys, Business Unit live events, Youth Board, Key member of the citywide People's voices group, Parent/carer groups, Focus groups,
	We listen to people and learn from their experiences	FFT, Ongoing development of Always events, Engagement proforma, staff survey recommendations
	Engagement is everyone's responsibility	Engagement toolkit Engagement Champion staff roles
Working with others	Establish our approach to a people's network within the organisation	Links with Healthwatch Engaged in Big Leeds Chat Joined Tractivity (Citywide network) Working closely with the Communities of Interest network across the City

	Develop and sustain links with our partners across the city	Contribution and support of How does it feel to be me case studies Carers Leeds working group Carers Partnership member People's Voices Group membership Citywide network (Tractivity)
	Demonstrate a commitment to carers	Working carer clinics delivered for LCH staff Carers training for managers delivered Carer awareness training delivered Continued working partnership with Carers Leeds Increased Yellow card referrals to Carers Leeds from LCH Awarded Commitment to Carers membership
Leadership	The people's voice has influence throughout the organisation	Impacted by lockdown Membership of the People's Voice Group- working with partners to ensure the patient voice is at the heart of all we do Patient representation on interview panels/service redesign/reset and recovery has begun and this will continue to develop.
	Engagement will be role modelled and embedded across the organisation	Over 60 members of engagement champions network Engagement toolkit PET established and processes embedded
	We lead by example	Patient story opens every Trust Board meeting. Involvement in city wide patient engagement award Seen as a trusted partner in the city.
Listening to everyone's voice	Our services re accessible to all	Beginning to bring in equity data to reports AIS implemented across services; mandatory fields added to SystmOne Resources/toolkit published on MyLCH to support meeting accessibility.
	We learn from all experiences	Revised complaints policy and new team Links established with Citywide Communities of Interest Network
	We engage at every opportunity	New complaints policy is about local resolution Increased number of surveys across all Business Units Development of patient and carer groups
We are all experts	We use a strength based approach	Strong learning culture through the engagement champion network Patient champions/patient and carer groups across several different services (parent and carer group in CBU, Carer group in CNRS)
	Our staff have the skills knowledge and confidence to engage	Carers awareness training Membership Experience System training Engagement toolkit produced and utilised via MyLCH Engagement Champion network well established, with regular learning

		events and meetings and representation from across the organisation and services.
	We are all human	Duty of candour in all incidents We openly apologise when things have gone wrong (complaint process) For no/low harm incidents teams have a conversation with the patient/relatives and apologise where appropriate.
How we do what we do	Effective systems	Engagement toolkit Increased engagement in service change, Reset and Recovery
	We have a protected resource to support experience and engagement activities	Engagement champion roles exist within each service, however protected time to support their work is variable depending on service capacity. Engagement toolkit developed and published on MyLCH. A dedicated corporate engagement team to support services to develop and embed patient engagement.
	Resources	Engagement toolkit published on MyLCH and utilised AIS resources published on MyLCH Reimbursement for Involvement and engagement policy reviewed and updated.

3.2 The priorities for delivery were reviewed with stakeholders at an event in May 2022 where we asked those in attendance to evaluate how well LCH had done and what they thought had prevented us from progressing further. The summary outputs of this are included in appendix 1. We have also engaged with our engagement champions in services to get their thoughts. The summary outputs of this are available to the Board – please request from the Patient Engagement and Experience Lead.

3.3 The feedback shared during the stakeholder engagement event, along with our learning from our Covid response and ongoing priorities from the current strategy have been themed to identify principles for future engagement and are summarised below. They align well to the work Healthwatch have done and the three most important things they talk about for patient care and engagement that are; compassion, communication and co-ordination. These three things will also be considered in the development of the principles and action plan.

,

Theme/Proposed principles	**Feedback**
Person centred – individualised, led by people and groups rather than strategy and plans, holistic, focused on the strengths of	• Patients at the centre but honest communication about what's possible • Really listening and implementing • Engagement in the correct way; how it is listened to and what we do with it • Patients / service users are our partners • A simpler approach to involving and listening to people – make it easier for everyone

individuals and communities	
Accessible – physically, understandable, digital, translators, interpretation, AIS, use of language	• Keep it simple. • Opportunities to engage
Representative and equitable – helps address inequality, recognises inequality	• Ask culturally sensitive questions • If limited money is available, the disadvantaged should be prioritised.
Active – proactively supporting patients, taking action on feedback received, communication loops, transparency in what we can do.	• Make decisions; communicate; just do what you say you'll do • Better communication between services – genuinely 'joined up' • Actions to feedback and communication of this • Make decisions; communicate; just do what you say you'll do • Action and achievements • Needing this to be part of what we do, aligned with other priorities, rather than "something extra we have to be asking people" but not enforced/followed up
Facilitative – enabling, breaks down barriers, accessibility, trained staff	• Needs to be integrated into every contact, doesn't always need to be as formal surveys • No strategy: development of principles for how we hear and act on patient voice; patient engagement team then create conditions for this • That we don't need to discuss how to, because it's integral in all the work we do – it's just a given • A set of principles that underpin what everyone does •
Outcomes – makes a difference to people's lives	• Ensure any strategy has practical outcomes • Deliver what is promised; don't promise too much

3.4 The combined feedback also identified facilitators of good engagement as summarised in the table below.

Digital	• Engagement of staff needed; better support required to enable staff to action patient engagement responses; more responsiveness to basics (IT/SI/comms)
staff skill and awareness	• Engagement of staff needed; better support required to enable staff to action patient engagement responses; more responsiveness to basics (IT/SI/comms) • Look after your staff! Nothing will succeed without their support and enthusiasm. Keep it simple. • Better support for staff to make service improvements • Better support for staff to make service improvements. Better communication between services – genuinely 'joined up'

3.5 The overriding opinion from the stakeholder engagement is that we do not need a revised strategy. Instead, we should move to actions and creating the conditions for patient engagement to be the culture of the organisation and

services within it. Work now needs to continue to further develop and co-produce the themes and principles above into a small number of statements that staff can use to reflect on individual interactions and the organisation can use to hold ourselves and services to account.

3.4 The patient engagement team have had none of the three staff in post between July and the development of this report. Progress has therefore not been as rapid as was intended when we last engaged with our stakeholders. From October we will have recruited to all vacant posts, so an ambitious timetable of actions is proposed below.

4. Analysis/Actions

4.1 Our aspiration is that we develop a culture of patient engagement where the patient voice is present in all interventions, service developments and the development of organisational strategy.
Overwhelmingly the feedback we have heard is that we should develop a set of principles that support the development of a truly embedded engagement culture. To support this there was also encouragement to develop the facilitators of engagement. The themes for those principles are included in the information above. The principles must clearly articulate the benefits to the patients, the organisation and the wider community as well as defining outcomes of the work. Below is a proposed timetable for implementation.

Dec 2022 to March 2023	We will have worked with partners to co-produce a set of principles that we will consult with all services on implementing. Principles developed with stakeholders and service user groups through the engagement champions and 3rd sector taking account of inequality and diversity. Development of “how will I know” and “I” statements as a means of measuring success agreed with Quality Committee. The principles will be presented to Quality Committee for agreement in March 2023.
April to June 2023	Begin enabling teams to embed: engagement with services on how they are going to implement and what measures of success we will collect.
July to Sept 2023	Further roll out of principles in all interventions. First collection and reporting of examples, outcomes and progress to Quality Committee. Continued embedding of principles and further development of how to deliver and measure. Ongoing data collection and analysis.

Oct to Dec 2023	First 6 months reporting to Quality committee and Board ready for inclusion in the quality account. Review and further coproduction of how we engage with users on lessons from the first 6 months. Q3 reporting and analysis of findings.
Jan to March 2024	Q4 reporting and yearly review of data and findings. Improvement in engagement measures. Inclusion of review and actions in quality account.

5. Recommendations

5.1 The Board are asked to:

- Agree to sign off the last strategy recognising that ongoing work will be embedded in principles where appropriate.
- Approve the development of principles based on the feedback received.
- Agree the timeline as set out in the paper.

Appendix 1

Feedback from evaluation and next steps engagement workshop

Aim	How are we doing?	What stopped us?
Working with others	New partnerships Lack of funding Clinic closures No longer city wide	How we link with more patients Communication Covid Poor communication between Trusts Lack of funding and staff Jargon Assuming patient want in relation to levels of involvement Hearing critical response from partners
Listening to everyone's voice	Staff listening but what happens after Good partners Digital	Letters not simple How do we measure? Clarity on what is wanted Not sharing learning in and across organisations Engagement seen as a separate activity and not integral to all interactions Taking responsibility Not acting on what is known Not enough focus on responding Accessible to all e.g. LD/ND Defining engagement What level of engagement do patients want? Digital Responsiveness Addressing all needs.
Culture of engagement	Collecting but not acting Improved partnerships Listening but not acting	Fundamental understanding of engagement Patient knowledge Fear/anxiety/asking sensitive questions Not keeping simple Not enough focus on spread and adoption Level of engagement not considered in risk or incident investigation Representation of all communities Perceived as a nice to do Not understood or values Not prioritised by individual clinicians Needs built into roles.
All experts	Engagement champions network Joint communication	With Covid, as there time to train Motivation while catching up Impact of Covid and paused activity Pandemic, waits, and communication halted.
Leadership	Representation at quality and assurance could be better Voice in all reports could be stronger Rarely visible Don't understand patients response	Understanding, engagement, equity mutually supportive Not responding or including early enough in the change process Reason behind change not always clear Quality Assurance process is one way Ideas but no time to share or develop Online sharing Data base
How we do what we do	Friends and family's test Complaint process	Time Training and knowledge Attitude, sill, openness Inclusion in strategies Funding Staff Sharing compliment, data bases, staff on "to hard to do" list Not co-producing

Leeds Community Healthcare NHS Trust

Trust Board Meeting held in public: 2 December 2022

Agenda item number: 2022-23 (98)

Title: Review of standing orders and standing financial instructions

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Category of paper: for approval (to recommend to Board)
History: Audit Committee 14 October 2022

Responsible director: Executive Director of Finance & Resources
Report author: Company Secretary and Deputy Director of Finance & Resources

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Executive summary

The Trust has an established set of standing orders and standing financial instructions which also include a schedule of powers reserved to the Board and a scheme of delegation. Together, these provide a governance framework that enables the organisation to demonstrate it is well governed and meets the requirements of key corporate governance codes.

In order to ensure that the Board is discharging its role effectively it should regularly review the components of the standing orders and standing financial instructions and receive assurances that it is meeting the requirements contained within these documents.

This paper summarises a number of amendments and updates. Once approved, a fully updated version of the whole document will be made available electronically to Board members and more widely through the Trust's intranet and website.

The Audit Committee reviewed this paper at its meeting on 14 October 2022 and agreed to recommend that the Board should approve the proposed amendments.

Recommendations

The Board is recommended to:

- approve the updating of the standing orders and standing financial instructions in line with the summary of changes outlines in the attached paper.

1.0 Introduction

This report is to inform the Board of the review undertaken in updating the Trust's standing orders and standing financial instructions. This paper summarises recommended changes to be made in order to amend and update content and takes account of: Department of Health standard model documentation, national governance guidance, new regulations and legislation, changes in NHS organisational structure, changes in the Trust's structure and changes that the Trust's executive directors wish to introduce to better regulate good governance and management.

2.0 Background

NHS trusts are required to adopt standing orders and standing financial instructions and to establish a schedule of powers reserved to the Board and a scheme of delegation.

Under its terms of reference, the Audit Committee is required to review the adequacy of policies for ensuring compliance with the relevant regulatory, legal and code of conduct requirements.

Standing orders and standing financial instructions are essential foundations for the good governance of the Trust and set out:

- Mechanisms for how the Trust Board conducts its business
- Decision making powers delegated from the Board
- Expectations of the Trust as to the conduct of individuals entrusted with public resources
- Principles and procedures that direct financial conduct

3.0 Current position

The Trust's Board approved version 3.1 of the standing orders and standing financial instructions on 6 August 2021. A further minor amendment was agreed by the Board on 4 February 2022 (version 3.2).

The current standing orders and standing financial instructions are fully functional but there are a number of aspects that, on review, require updating to take account of: national governance guidance, new regulations and legislation, changes in NHS organisational structure, changes in the Trust's structure or changes those the Trust's directors wish to introduce to better regulate good governance and management.

The Audit Committee reviewed this paper at its meeting on 14 October 2022 and agreed to recommend that the Board should approve the proposed amendments

4.0 Proposed changes

The table shown at appendix 1 summarises the changes to be made in order to amend and update content. The revised version, if approved, will be numbered as version 3.3 and retained by the Company Secretary.

5.0 Impact

5.1 Resources

There are no resource consequences resulting from this paper and its proposals.

5.2 Risks

Failure to establish, implement and assure compliance with standing orders and standing financial instructions may impact on the Trust's decision making and assurance processes, and may adversely affect its reputation and CQC rating.

5.3 Regulatory and Legal

These changes to the standing orders and standing financial instructions ensure compliance with all applicable legislation and NHS regulations and guidance.

6.0 Next steps

Once approved, an electronic version of the full amended document will be made available to Board members and managers and staff. Use will be made of the Trust's intranet and website to publish the documents.

7.0 Recommendation

The Board is recommended to:

- approve the updating of the standing orders and standing financial instructions in line with the summary of changes outlines in the attached paper.

Leeds Community Healthcare NHS Trust
Summary of changes to standing orders and standing financial instructions

Section	Change
Section B: Standing orders	
Paragraph 3.17 (iv)	**Use of mechanical or electrical equipment for recording or transmission of meetings** Paragraph added: Board meetings may take place as in-person events, online events or hybrid (a meeting that is both in-person and online) with the prior agreement of the Chair. Participation by any of these means shall be deemed to constitute presence in person at the meeting. When Board meetings in Public that take place online, the details that are published must contain a meeting link for the public to access the meeting.
Paragraph 9.1	**Joint finance arrangements** Paragraph removed: ~~The Board may confirm contracts to purchase from a voluntary organisation or a local authority using its powers under Section 28A of the NHS Act 1977. The Board may confirm contracts to transfer money from the NHS to the voluntary sector or the health related functions of local authorities where such a transfer is to fund services to improve the health of the local population more effectively than equivalent expenditure on NHS services, using its powers under Section 28A of the NHS Act 1977, as amended by section 29 of the Health Act 1999.~~ Paragraph added (to replace the above): The following provisions are subject to applicable legislation and NHS England/Improvement guidance: Under section 28A of the 1977 NHS Act as amended by section 29 Health Act 1999, the Board may confirm contracts to purchase from a voluntary organisation or a local authority. The Board may confirm contracts to transfer money from the NHS to the voluntary sector or the health-related functions of local authorities where such a transfer is to fund services to improve the health of the local population more effectively than equivalent expenditure on NHS services
Section C: Schedule of Reservation and Scheme of Delegation	
SFI ref 21.3	Sentenced removed: ~~Lay down procedures for payments to local authorities and voluntary organisations made under the powers of Section 28A of the NHS Act~~ Replaced with: Lay down procedures for payments to local authorities and voluntary organisations made under the powers of Section 28A of the NHS Act 1977 as amended by Section 29 of the Health Act 1999

Section D: Standing Financial Instructions	
11.3.1 (b)	**Internal Audit** Sentence to be amended: An independent and objective service specifically to help line management improve the organisation's risk management control and governance arrangements Action: removal of the word "line"
17.5.1	**Formal competitive tendering** Sentence to be amended: The purchase of goods and services under an estimated value of £5,000 (excluding VAT) does not require formal competition. Action: amend to read £5,000 (including VAT)
17.5.1	**Formal competitive tendering** Sentence to be amended: Procurement between £5,000 and £30,000 The provision for the purchase of goods and services between an estimated value of £5,000 and £30,000 (excluding VAT) should be advertised electronically to ensure adequate competition. Replaced with: Procurement between £5,000 and £30,000 The provision for the purchase of goods and services with an estimated value of £5,000 to £30,000 (including VAT) should be advertised electronically to ensure adequate competition.
17.5.1	**Formal competitive tendering** Sentence to be amended: The Trust will adopt formal tendering procedures for all procurements in excess of an estimated value of £30,000 (and in some cases for lower value procurement which has been considered to be potentially complex or high risk). Replaced with: The Trust will adopt formal tendering procedures for all procurements in excess of an estimated value of £30,000 including VAT (and in some cases for lower value procurement which has been considered to be potentially complex or high risk).
17.5.3 (paragraph following section (m)	**Exceptions and instances where formal tendering need not be applied** Sentence to be amended: Where special arrangements referred to in (l) above or national arrangements referred to in (g) above (e.g. Crown Commercial

<table>
<tr><td></td><td>Service, NHS Supply Chain and North of England Commercial Procurement Collaborative) apply, then the relevant framework rules whether this involves running a mini-competition or allowing a direct award under the framework, non-competitive as well as competitive tendering procedures may be waived.

Amend to include: NHS Shared Business Services</td></tr>
<tr><td>17.6.1, 17.6.1.1 and 17.6.1.2</td><td>Use of electronic tendering
Remove references to “e-procurement” and replace with “e-tendering”</td></tr>
<tr><td>17.6.7</td><td>Tender reports
Sentence: The Audit Committee will receive a full list of contracts over £50,000 at least annually.

Replace with:
The Audit Committee will receive a full list of contracts over £30,000 (including VAT) at least annually.</td></tr>
<tr><td>17.7.1</td><td>General position on quotations
Sentence:
Quotations are required where formal tendering procedures are not adopted and where the intended expenditure or income exceeds or is reasonably expected to exceed £5,000 but not exceed £30,000.

Replace with:
Quotations are required where formal tendering procedures are not adopted and where the intended expenditure or income exceeds or is reasonably expected to exceed £5,000 but not exceed £30,000 inclusive of VAT.</td></tr>
<tr><td>17.8</td><td>Authorisation of tenders and competitive quotations
Clarification of limits:
Old limits:
<table>
<tr><td>Designated budget holders</td><td></td><td>Nil</td></tr>
<tr><td>Directors</td><td>up to</td><td>£100,000</td></tr>
<tr><td>Chief Executive</td><td>up to</td><td>£250,000</td></tr>
<tr><td>A group comprising the Chair or Vice Chair, Chief Executive and the Director of Finance [or one other Executive Director where the DoF is unavailable]</td><td>up to</td><td>£500,000</td></tr>
<tr><td>Trust Board</td><td>over</td><td>£500,000</td></tr>
</table>
Replaced with:
<table>
<tr><td>Designated budget holders</td><td colspan="3">No Authorisation</td></tr>
<tr><td>Directors</td><td></td><td>up to</td><td>£100,000</td></tr>
<tr><td>Chief Executive</td><td>Between £100,001</td><td>and</td><td>£250,000</td></tr>
<tr><td>A group comprising the Chair or Vice Chair, Chief Executive and the Director of Finance [or one other Executive Director where the DoF is unavailable]</td><td>Between £250,001</td><td>and</td><td>£500,000</td></tr>
<tr><td>Trust Board</td><td></td><td>over</td><td>£500,000</td></tr>
</table>
</td></tr>
</table>

17.12	**Personal and agency or temporary staff contracts** **Add the following paragraphs:** The NHS has set a cap on the rates that agencies can charge NHS Trusts for staff, and we can therefore only use agencies that are on the approved NHS frameworks, a full list, including agreed rates can be obtained from the Procurement Manager. Should a service need to agree a higher rate or use a provider that is not on a framework then they will need to speak to workforce to obtain the appropriate paperwork to escalate and obtain SMT approval. Management Consultants and Business Consultancy appointments must be approved by SMT and comply with the prevailing NHS England guidance. Currently consultancy appointments for individuals (or organisations) with a value of £50,000 including VAT require prior approval from the regional office of NHS England.
24.3.6	**Asset registers** Sentence: The value of each asset shall be indexed to current values in accordance with methods specified in the Capital Accounting Manual issued by the Department of Health and Social Care. Replaced with: The value of each non-current asset shall be reviewed to ensure compliance with IFRS 13 and in accordance with methods specified in the Capital Accounting Manual and the Group Accounting Manual issued by the Department of Health and Social Care.
27.1.1 (a)	**INFORMATION TECHNOLOGY** **Responsibilities of the Director of Finance** Section: Devise and implement any necessary procedures to ensure adequate (reasonable) protection of the Trust's data, programmes and computer hardware for which the Director is responsible from accidental or intentional disclosure to unauthorised persons, deletion or modification, theft or damage, having due regard for the Data Protection Act 2018. Replace with: Devise and implement any necessary procedures to ensure adequate (reasonable) protection of the Trust's data, programmes and computer hardware for which the Director is responsible from accidental or intentional disclosure to unauthorised persons, deletion or modification, theft or damage, having due regard for the General Data Protection Regulations.

Trust Board meeting held in Public: 2 December 2022

Agenda item number: 2022-23 (99)

Title: Revised terms of reference - West Yorkshire Mental Health, Learning Disability & Autism Collaborative Committees in Common

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Category of paper: for approval
History: West Yorkshire Mental Health, Learning Disability & Autism Collaborative Committees in Common 27 October 2022

Responsible director: Chair
Report author: Company Secretary

Executive summary (Purpose and main points)

This paper provides an overview of the changes agreed to the Mental Health, Learning Disability and Autism (MHLDA) Collaborative's terms of reference for the Committees in Common (CinC).

The agreed changes are:

- Updated language (1c) to reflect new formal West Yorkshire structures due to the formation of the West Yorkshire Integrated Care Board (ICB) and the continued importance of our five places.

- Reflection of the relationship to the wider West Yorkshire Mental Health, Learning Disability and Autism Partnership Board (1d and 3d).

- Clear wording regarding the role for the collaborative in delivery significant service change and transformation as developed as part of the ICB operating model (1e and 1f).

- Recognising the role of the overall ICB strategy comprising MHLDA as a component part rather than a separate strategy in its own right (3a).

- Removing prior references to 'Harrogate' as part of the collaborative and/or wider ICB (various)

- Adding the reference to the CinC agreeing and recommending the lead Chief Executive to represent the MHLDA sector at the ICB board (4b)

- Removing the need for an annual strategic meeting, with an expectation that the regular schedule of CinC meetings is sufficient to pick up this activity (5a)

- Amending the period of time to both review the Terms of Reference and rotate the chair of the CinC from one year to two years, reflecting a cycle of 8 rather than four meetings (5d and 9)

- Amending the meeting format to reflect the fact that the ordinary mode of operation for the CinC is now virtually to reduce the need for unnecessary travel, but that face-to-face meetings can be arranged at the request of the chair (5h)

- Removing the references to partnership 'check and confirm' sessions which no longer exist (8f)

- Added an updated diagram reflecting the CinC's relationship with the ICB, mirroring equivalent framing within the ICB Governance Handbook (Appendix 1)

Recommendations

The Board should approve the revised terms of reference.

West Yorkshire
Health and Care Partnership
Mental Health, Learning Disabilities & Autism

West Yorkshire Mental Health, Learning Disability & Autism Collaborative

Committees in Common (CinC) - TERMS OF REFERENCE

1. Scope

    a. The West Yorkshire Mental Health, Learning Disability & Autism Collaborative ('the Collaborative') is the collective governance vehicle for joint decision making, with delegated authority for the four NHS mental health, learning disability and autism provider Trusts in West Yorkshire.

    b. The Collaborative is one part of the wider West Yorkshire Health and Care Partnership, which is committed to putting combined efforts into tackling the long-term trends of ill-health. This includes specific ambitions to:

        i. Achieve a 10% reduction in the gap in life expectancy between people with mental health conditions, learning disabilities and/or autism and the rest of the population by 2024 (including a focus on early support for children and young people)

        ii. Reduce suicide by 10%

    c. The overall responsibility for delivery of these two ambitions rests with the whole Partnership. Commissioning of NHS provision within this ambition rests with the West Yorkshire Integrated Care Board (ICB), comprising five places (Bradford, Calderdale, Kirklees, Leeds and Wakefield) each with delegated responsibility from the ICB for local commissioning.

    d. Oversight of progress against the strategic ambitions and coordination of West Yorkshire wide activity to transform services, deliver improvement and meet national and system ambitions for the MHLDA population is discharged and governed by the system-wide Mental Health, Learning Disability and Autism Partnership Board which is comprised of providers and commissioners, covering the NHS, local authority, VCS and other partners.

    e. The Collaborative is the collective entity for significant service change and transformation at scale within MHLDA services in West Yorkshire by:

        i. Leading 'do once' and 'design once' priorities on behalf of partners
        ii. Taking responsibility for commissioning and provision of specialized services and some ICB commissioned services
        iii. Playing a critical leadership role in visibility of the MHLDA agenda across the Health and Care Partnership
        iv. Identifying and leading bespoke projects at the request of the ICB
        v. Supporting the establishment of strong place-based arrangements across the Trusts, VCSE, local authorities and primary care

    f. **The formal governance forum for collaboration between Collaborative partners is the Committees in Common which reports into the Board of**

each individual provider within the Partnership (BDCT, LCH, LYPFT, SWYPFT). It is overall responsible for supporting service transformation, integration and innovation and specifically, responsible for leading development of identified workstreams, improving service delivery to support the overall ambitions of the Collaborative and the wider Health and Care Partnership.

g. This Terms of Reference is approved through each individual provider Board.

h. Appendix 1 to the Terms of Reference describes this relationship in a diagram

2. Standing

a. Members shall only exercise functions and powers of a Party to the extent that they are permitted to ordinarily exercise such functions and powers under that Party's internal governance.

3. General Responsibilities of the Collaborative Committees in Common

a. Ensuring alignment of all parties to the WY ICB Strategy and particularly the components relating to Mental Health, Learning Disability and Autism, confirming the role of the Collaborative in delivery;

b. Providing overall strategic oversight and direction to the improvement of services within the Collaborative for people with a Mental Health condition, learning disability and/or autism; instigating the creation of collaborate work to support service improvement.

c. To emphasize the primacy of individual organisations' decision making ability and relationship with their local place, but also to set the expectation through individual boards and within operational teams that:

i. Where agreed through the CinC there will be service delivery, development work and clinical/operational relationships that require a 'WY first' viewpoint, rather than an individual organizational viewpoint.

ii. All partners within the collaborative take informed decisions in consultation with other collaborative partners and relevant stakeholders where there might be an impact on others' services.

iii. The CinC will consider and agree adoption of joint policies and procedures across all organizations that will benefit the work of the collaborative.

d. Working in partnership with the wider MHLDA Partnership Board to support identification of capacity and capability within identified workstreams, reviewing the key deliverables and ensuring adherence with required timescales and receiving appropriate assurance regarding process, progress and impact of workstreams

e. Reviewing and identifying the risks associated with the performance of any of the Parties in terms of the impact to the Collaborative or to the ambitions of the Partnership, recommending remedial and mitigating actions;

f. Receiving assurance that the risks associated with the Collaborative work programme are being identified, managed and mitigated;

g. Formulating, agreeing and implementing strategies for delivery of the Collaborative workplan;

h. Seeking to determine or resolve any matter referred to it by the Programme Team or any individual Party and any dispute in accordance with the MoU:

i. Considering the shape of the Programme Team, agreeing and reviewing the extent of the Collaborative's financial support for the team, against wider Partnership funding;

j. Reviewing and approving the Terms of Reference for the Committees in Common;

k. Reviewing and agreeing the deployment of any joint Collaborative budget, with reference to the deployment of Service Development Funding and ICB baselines; this includes collective approval of substantial capital funding decisions in accordance with the Risk and Gain Sharing Principles.

4. Members of the Collaborative Committees in Common

a. Each party will appoint their Chair and Chief Executive as Committees in Common Members and the parties will always maintain a Member on the Committees in Common.

b. All parties will agree and recommend a lead Chief Executive to represent the Collaborative as both the MHLDA Sector Lead on the ICB and to chair the WY MHLDA Partnership Board.

c. Deputies will be permitted to attend on the behalf of a Member. The deputy must be a voting board member of the respective Party and will be entitled to attend and be counted in the quorum at which the Member is not personally present.

d. Each Party will be considered as one entity within the Collaborative.

e. The Parties will ensure that, except for urgent or unavoidable reasons, their respective Committees in Common Member (or Deputy) attend and fully participate in the meetings of the Committees in Common.

5. Proceedings of the Collaborative Committees in Common

a. The Committees in Common will meet quarterly, or more frequently as required.

b. The Chair may call additional meetings as required. Other members may request the chair to call additional meetings by making individual representation, although the chair will make the final decision on whether to proceed.

c. The Committees in Common shall meet in private where appropriate in order to facilitate discussion and decision making on matters deemed commercially sensitive and by virtue of the confidential nature of the business to be transacted across the Members. It is agreed by the Parties that the necessary checks and balances on openness, transparency and candour continue to exist and apply by virtue of the Parties each acting within existing accountability arrangements of the Parties' respective organisations and the reporting arrangements of the Committees in Common into the Parties' Trust public Boards.

d. The Parties will select one of the Parties' Chairs to act as the Chair of the Committees in Common on a rotational basis for a period of two years. The Chair will ensure they are able to attend every meeting over that period. If in cases of urgent, unavoidable absence the Chair cannot attend, one of the other Parties' Chairs will be asked to step in.

e. The Committees in Common may regulate its proceedings as they see fit as set out in these Terms of Reference.

f. No decision will be taken at any meeting unless a quorum is present. A quorum will not be present unless every Party has at least one Member present (four members in total).

g. Members of all Parties will be required to declare any interests at the beginning of each meeting.

h. A meeting of the Committees in Common will ordinarily consist of a conference between the Members who are not all in one place, but each of whom is able directly or by telephonic or video communication to speak to each of the others, and to be heard by each of the others simultaneously. However, the chair may request that Committees in Common takes place face-to-face instead.

i. Each Member will have an equal say in discussions and will look to agree recommendations in line with the Principles of the Collaborative.

j. Any issues to be raised within individual Party board committees will be noted and listed for action, with a dedicated agenda item reserved for this purpose.

k. The Committees in Common will review the meeting effectiveness at the end of each meeting with a dedicated agenda item reserved for this purpose.

6. <u>Decision making within the Collaborative</u>

a. Each Member will comply with the existing accountability arrangements of their respective appointing organisation and will make decisions which are permitted under their organisation's Scheme of Delegation.

b. Recognising that some decisions may not be of obvious benefit to or impact directly upon all Parties, Members shall seek to pay due regard to the best interests of the wider population in investing in a sustainable system of healthcare across the service area in accordance with the Key Principles and ambitions of the Partnership when making decisions at Committees in Common meetings.

c. In respect of matters which require decisions where all Parties are affected the Parties will seek to make such decisions on the basis of all Members reaching an agreed consensus decision in common in accordance with the Key Principles.

d. In respect of the matters which require decisions where only some of the Parties are affected, then the Parties shall reference the Collaborative Gateway Decision Mechanism at Schedule 4 of the Memorandum of Understanding.

7. Attendance of third parties at the Committees in Common

a. The Committees in Common shall be entitled to invite any person to attend, such as advisors, experts by experience or Partnership leaders but not take part in making decisions at meeting of the Committees in Common. The Chair will agree final attendance lists for each meeting.

8. Administration for the Committees in Common

a. Meeting administration for the Committees in Common will be provided by the MHLDA Programme Team, maintaining the register of interests and the minutes of the meetings of the Committees in Common. Members are required to openly and proactively declare and manage any conflicts of interests.

b. The Chair will be responsible for finalizing agendas and minutes, based on the agreed workplan and in collaboration with the MHLDA Programme Team.

c. Where required by the agenda, governance leads from the Collaborative will be asked to attend and provide advice to the Committees in Common on decision making and due diligence.

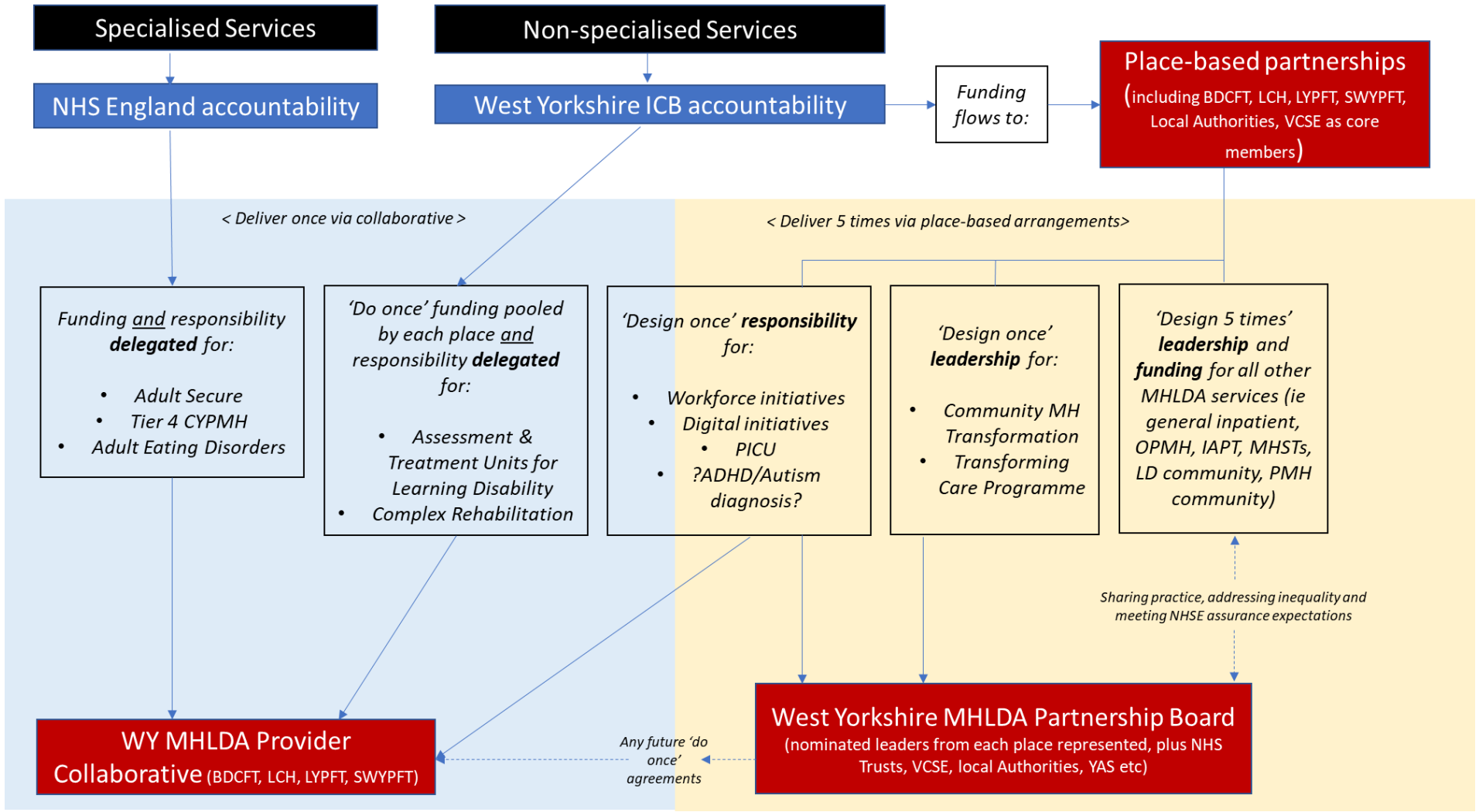
d. Papers for each meeting will be sent by the MHLDA Programme Team to Members no later than five working days prior to each meeting. By exception; and only with the agreement of the Chair, amendments to papers may be tabled before the meeting.

e. The minutes, and a summary report from the Programme Director will be circulated promptly to all Members and Trust governance leads as soon as reasonably practical for inclusion on the public agenda of each Parties' Board meeting. Any items not for public consumption will be marked as private in the minutes and be noted at Trust private boards but not circulated with the public papers.

9. Review

   a. The Committees in Common will review these Terms of Reference at least every two years.

10. **Appendix 1** – Decision making relationship between the Committees in Common and the wider Partnership



11.

Trust Board meeting held in public: 2 December 2022

Agenda item number: 2022-23 (100)

Title: Register of sealings August to November 2022

Category of paper: for information
History: N/A

Responsible director: Chief Executive
Report author: Company Secretary

Executive summary (Purpose and main points)

In line with the Trust's standing orders, the Chief Executive is required to maintain a register recording the use of the Trust's corporate seal.

The details of its recent use are contained within the attached copy of a section of the register**.**

In accordance with the Trust's standing orders, the seal has in each case been affixed in the presence of two senior officers duly authorised by the Chief Executive, and not also from the originating department, and has been attested by them.

Recommendations

The Board is to note the use of the corporate seal.

Register of affixing of corporate seal and signatories to legal documents

OCCASION	PARTIES INVOLVED	DOCUMENT APPROVED & SEAL ATTESTED BY	DATE
Refurbishment of Seacroft Clinic – contractor agreement	Code Building Solutions Ltd Leeds Community Healthcare	Chief Executive Executive Director of Operations Executive Director of Finance and Resources Company Secretary	24.08.2022
Deeds of warranty for Seacroft Clinic refurbishment work	Consultant Warranty between OFR Consultants Limited (Fire Engineers), LCH and CVL Consultant Warranty between FHPP Limited (Mechanical and Electrical Engineers), LCH and CVL Consultant Warranty between JNP Consulting Engineers Limited (Structural Engineers), LCH and Code Building Solutions Limited Consultant Warranty between Beaumont Brown Architects LLP, LCH and Code Building Solutions Limited	Chief Executive Executive Director of Operations	19.10.2022
Deeds of novation for Seacroft Clinic refurbishment work	Deed of Novation between CVL, Beaumont Brown Architects LLP, Code Building Solution and LCH Deed of Novation between CVL, JNP Consulting Engineers Limited, Code Building Solution and LCH	Chief Executive Executive Director of Operations	19.10.2022

UPLA: Lease for part of Armley Health Centre	Leeds Community Healthcare Community Health Partnerships Limited	Executive Medical Director Director of Workforce (JA)	25.11.2022

Leeds Community Healthcare NHS Trust

Trust Board Meeting held in public: 2 December 2022

Agenda item number: 2022-23 (101)

Title: Draft Annual General Meeting minutes (20 September 2022)

Category of paper: for approval
History:

Responsible director: Chief Executive
Report author: Board Administrator

Attendance

Present:	Brodie Clark CBE	Trust Chair
	Thea Stein	Chief Executive
	Professor Ian Lewis	Non-Executive Director
	Helen Thomson	Non-Executive Director
	Alison Lowe OBE	Non-Executive Director
	Bryan Machin	Executive Director of Finance and Resources
	Sam Prince	Executive Director of Operations
	Dr Ruth Burnett	Executive Medical Director
	Steph Lawrence MBE	Executive Director of Nursing and Allied Health Professionals
	Laura Smith	Director of Workforce, Organisational Development (OD) and System Development (LS)
In Attendance	Diane Allison	Company Secretary
Apologies:	Richard Gladman	Non-Executive Director
	Khalil Rehman	Non-Executive Director
	Rachel Booth	Associate Non-Executive Director
	Jenny Allen	Director of Workforce, Organisational Development (OD) and System Development (JA)
Minutes:	Liz Thornton	Board Administrator
Observers:		
Members of the Staff and public:	xx members of staff and members of public attended or joined the meeting on line	

Item 2022-23 (1)
Discussion points:
Welcome and introduction

The Trust Chair welcomed everyone to the Leeds Community Healthcare Annual General Meeting (AGM) for 2022. He made attendees aware that the event was being live streamed and would also be available on the Trust's website following the meeting. No objections were made to the recording of the event. The Trust Chair also advised that, as the Annual General Meeting was a formal meeting of the Leeds Community Healthcare NHS Trust Board, it would minuted in the same way as all Board meetings, the minutes would be published on the Trust's website in the papers for the Board meeting on 2 December 2022.

The Trust Chair began by referring to the pressures and challenges the Trust had faced over the last year and the unremitting focus on the delivery of its key high-level goals. Covid had continued to feature throughout the year and preoccupied everything. Its impact had been, and remained, extremely challenging. It had affected all the Trust's staff and at times and devastated communities. It had been dangerous, taken lives, created waiting lists and it had blocked up hospital systems. The Trust's high-level goals had remained forefront as had the efforts and commitment over the year towards ensuring the best and most effective delivery of:

- **Outstanding Care** to all.
- Of maintaining **a great and compassionate staff** with suitable caring and support systems in place.
- Of further developing enhanced, increased and successful **Partnership working** arrangements, and
- Of ensuring the **best and most productive use of resources**.

He said that the Trust had tackled every challenge with urgency and importance and under the most extreme of circumstances. The Trust had fully supported the reconfiguring of the NHS in contributing to the Integrated Care System, proactively engaging with partners to enable the formation of the Leeds Place agenda and supported wherever possible colleague providers as they tackled their own challenges.

Over and above the high-level goals, he said that three other features stood out during 2021-22:

- The partnership focus was stronger, more direct and a more part of the 'DNA' of the Trust. It was right that the Trust fully engaged and embraced voluntary and third sector colleagues; and worked closely with NHS Provider partners and that it adopted a City-wide view of what it could offer and deliver. There had been significant progress in this respect over the last year.
- The Trust had demonstrated outstanding quality on its operational management and contingency arrangements, adapted working arrangements listened and empowered frontline staff. But within that fast-paced dynamic, the Trust had also continued the drive for strategic improvement across a number of key areas; the Children's' Strategy; the Health Inequality Strategy; the Digital Strategy; the Workforce Strategy, the third Sector Strategy; the Engagement Strategy, and the Estates Strategy. Within these packages there was a continuing determination to improve and to develop and draw together the Trust's key ambitions to move forward.
- A focus on assurance over the past year. It was impossible to go through the massive packages of change and pressure without constantly referring back to assurance mechanisms. They were essential to ensure that the Trust was safe in everything it did and that within a year of change and challenge it never knowingly jeopardised the safety of the people of this community, nor the safety of its staff.

In conclusion he said that it had been an exhausting and turbulent year; but a creative and developmental year; it had been a year that the Trust owed so much to its staff at all levels and a year in which he had been proud to chair such a fine organisation.

Item: 2022-23 (2)
Discussion points
Chief Executive's presentation: reviewing 2021/22, and discussing the year ahead
The Chief Executive presented a review of the previous 12 months, another year of which she said that she had been enormously proud to have been part of Leeds Community Healthcare and part of Leeds.

The Trust's vision had always been to provide excellent care to all of the communities it served and she believed that it had continued to do so this year. She referred to the many services that the public did not see directly, but without the impact of their work the Trust could not function effectively. These were people who worked behind the scenes to keep the show on the road and were almost always admin staff. She said that there was a phrase that was banned in the Trust, "I am only admin" because no one is "only admin" they are some of the oil that keeps this machine working and they deserved thanks.

Despite significant pressure the Trust's recruitment service had risen to the challenge and was constantly working to think of and implement new ways of recruiting staff into the organisation. Working with others in training and development and the Director of Nursing and Allied Health Professionals, the Trust had recently welcomed the first cohort of international recruits.

New ways of working had developed requiring new IT systems, new reward systems, and ways of communicating. One outstanding example was the roll out of e-prescribing which had enabled the Trust to support shielding practitioners during the height of the pandemic in addition to improving care for patients to collect medicines or have them delivered from pharmacies closer to home and improved working with partners predominantly in primary care. She said that many trusts had not been able to achieve this.

The COVID vaccination programme leadership had transferred to the Trust under the continued personal leadership of Sam Prince, the Trust's Executive Director of Operations who had led the programme since its inception. The delivery of the programme had been and would continue to be challenging with the next COVID booster campaign alongside Flu vaccination about to start.

The Trust in partnership with others launched a new children's strategy. This work was taking place alongside the continuing delivery of high quality care in a range of children's services which have been under immense pressure; health visiting, school nursing, continuing care, the Child and Adolescent Mental Health Service (CAMHS), safeguarding service and those involved with supporting children at risk.

The Chief Executive said that one of the Trust's proudest achievements this year was the partnerships with third sector colleagues, taking forward the third sector strategy and bringing it to life in the Enhance Service, a service that works in partnership with the neighbourhood teams and comprises 14 different third sector. These organisations help support clients in their homes doing a wide range of tasks and acting as proxy family to older people in their own homes.

The integrated neighbourhood teams had continued their outstanding work. They were an essential part of keeping the most vulnerable Leeds residents safe and worked relentlessly and tirelessly supporting people in their own homes during the day and at night alongside the night services.

She thanked staff from other services that were themselves challenged with waiting lists and a rise in referrals who had volunteered to work alongside these teams during times of intense pressure.

She said that the Trust had kept Leeds moving through tough times. Working with others, a Transfer of Care hub had been established at Leeds Teaching Hospitals NHS Trust to discharge people out of hospital as quickly as possible and to the right place.

During the waves of Covid the Trust's Infection Prevention Control Team had continued to support staff calmly and compassionately, recently working alongside the Sexual Health Service to manage the extra challenges arising from Monkey Pox and the vaccine programme that is associated with that. She praised the Trust's Long Covid Service and the development of their rehabilitation booklet for patients which had been adopted and promoted by the World Health Organisation.

Staff have continued to be outstanding and work continued in a number of areas to make the Trust a place which was safe and where staff knew they could speak out and be heard.

She placed on record her thanks to every operational and clinical manager and leader in the organisation including the directors and board members who had worked to support all of the clinicians allowing them to be on the front line delivering high quality care.

She concluded by saying that because the Trust was at the heart of the city of Leeds it was from the community, it was part of the community, it worked in the community, it served the community and this this would continue in the coming year.

Item: 2022-23 (3)
Discussion points
Annual report and accounts 2021/22: explaining the finances

The Executive Director of Finance and Resources presented an overview of the Trust's accounts for 2021/22 and financial performance.

2021/22 was the second year that the Trust had operated under an emergency financial regime introduced to stabilise the NHS financially during COVID-19. The Trust was allocated revenue resources within which day to day expenditure was managed to effectively break-even. That resource was allocated through the West Yorkshire and Harrogate Integrated Care System and all the constituent organisations, NHS Trusts and Clinical Commissioning Groups worked together to make sure the System collectively managed the ongoing COVID-19 response and started to address the waiting lists that had built up. The three NHS trusts in Leeds and NHS Leeds CCG worked together in the same way.

During the financial year the Trust fully assessed its expenditure plans against the revenue income and assessed that it could meet all its financial commitments, begin to address waiting lists and support partner NHS organisations and Leeds City Council in their service obligations. The Trust was also able to invest significantly in launching the *Enhance Programme* with Leeds Older People's Forum, to test and develop partnership approaches that support safe and sustainable discharge from hospital into a secure home environment.

At no time during the year was a shortage of revenue resources a reason that the Trust was unable to deliver a value for money response to service need; the constraining factor was predominantly the unavailability of staff to fill vacancies.

At the end of the year the Trust recorded a £0.5m surplus. This outturn is specific to 2021/22, resulting from the NHS emergency financial regime. The support that the Trust provided to other organisations, the initiatives it was able to progress and the surplus result from the allocation of non-recurrent (or 'one-off') revenue resources and, unfortunately, the level of staff vacancies. Excluding non-recurrent income and expenditure the Trust does have an underlying recurrent deficit. However, at less than 1.5% of turnover and recognising the ongoing challenges of fully recruiting staff to the funded establishment, this is not of undue concern.

The capital resources allocated to the Trust for 2021/22 were £3.3m which was almost fully spent. The Trust was able to commence the total refurbishment of Seacroft Health Centre which will be completed in 2022/23. Continue significant investment in buildings to reduce backlog maintenance, ensure that they are safe environments for staff and patients with over £620,000 being invested

specifically in fire safety works across our estate. Investing in new and replacement clinical equipment and maintaining significant investment levels in information technology.

The Trust has an excellent track record of meeting its income and expenditure financial targets every year since its creation in 2011/12. Looking forward, whilst he was confident that the Trust would operate within allocated revenue and capital resources in 2022/23, the financial outlook for the NHS generally was challenging in terms of the indicative resources available, the current economic conditions and the high expectations that patients quite rightly have of the NHS generally and this Trust specifically.

In summary, he said that he had been proud to write about the Trust's financial performance and he hoped that this presentation reflected the critical importance of all Trust staff and managers in working to deliver the best possible care each year whilst meeting financial targets and he thanked them for doing so, particularly the Trust's Finance Team working under the excellent direction of the Deputy Director of Finance and Resources.

He concluded by saying that the Trust would continue to do as it has done throughout the challenges of COVID-19, striving to provide the best possible care for the communities it served whilst remaining within the financial resources available.

Item: 2022-23 (3)
Discussion points
Question and answer session
The Trust Chair opened this section of the meeting by inviting questions and comments. He said that Trust Board members were in attendance and would assist in answering questions.

There were no questions raised.

Pip Goff, Forum Central thanked Board Members for their presentations. She said that she *Welcomed and celebrated the strong sense of partnership working across the City which is benefitting patients and communities and putting health **equity** at the forefront of the agenda.*

Item:2022-23 (4)
Close of the 2021/22 Annual General Meeting
The Trust Chair thanked everyone for joining and closed the formal part of the meeting.

He asked the invited attendees to remain and listen to a joint presentation from Alexis Percival – Environmental and Sustainability Manager, at the Yorkshire Ambulance Service and Frank Swinton, Climate Change Lead, for West Yorkshire and Harrogate Health and Care Partnership on sustainability in the NHS.

Date, time, and venue of the Leeds Community Healthcare NHS Trust 2022/23 Annual General Meeting:
To be confirmed

Trust Board Meeting held in public: 2 December 2022

Agenda item number: 2022-23 (104)

Title: Mortality Report Quarter 2 2022-2023

Category of paper:	**For assurance**
History:	**Quality Committee 21 November 2022**

Responsible director:	**Executive Medical Director**
Report author:	**Deputy Medical Director**

Executive summary

Purpose of this report:

To provide the Committee with assurance regarding the Mortality figures and processes within LCH NHS Trust in Quarter 2 22-23.

Main points to note:

- Quality Assurance & Improvement (QAIG) Group have met regularly and are quorate. The last meeting was the 13th October 2022.
- The Adult Business Unit mortality review meetings combined with the Specialist Business Unit, and the Children's Business Unit Learning from Deaths meetings have taken place regularly and have been quorate throughout the quarter.

Adults & Specialist:

Overview:

- The overall number of deaths is reduced within Q2 (868) compared with Q1 (938) 22-23. ABU had 755 deaths and SBU 274 (161 registered in both services)
- Year to date (YTD) 44% of patients died at home compared with the baseline of 34% within 19-20. YTD is similar to the previous 2 years (47% 21-22 and 42% 20-21).
- SBU recorded 17 deaths (Q2) as incidents on DATIX. 14 were unexpected, 3 expected. No concerns regarding these deaths.
- ABU reported 4 unexpected deaths (Q2) on DATIX and no expected deaths. No concerns highlighted.

Trends/themes:

- Those NTs with larger caseloads had higher numbers of deaths.
- There was a reduction in deaths reported as unexpected (52 in Q2 compared with 92 in Q1, 67 in Q4 (21-22) and is moving towards normal reported values.
- The previously reported higher deaths within Seacroft NT are reducing towards normal levels in Q2.
- There were some DATIX raised demonstrating some issues obtaining supply of anticipatory medications.
- The challenge of capacity and demand has led to a theme regarding continuity in registered clinician within the NT/Night Team.
- Capacity challenges within the senior leadership impacted the ability to perform timely Level 2 mortality reviews.

Equity:

- There were no new trends for equity data within SBU or ABU.
- There remain significant numbers of deaths in areas with greater levels of deprivation.

- Achievement of Preferred Place of Death remains at 80% irrespective of IMD decile (remains stable since 2019)

Learning/Development:

- A Structured Judgement Review has been piloted within the NT for an unexpected death following shared learning of the mortality review process within LTHT. Business unit leads are reviewing how to embed the learning and process.
- Teams are working on the data quality (given the discrepancy between reported 'expected'/'unexpected' deaths and the overall number of deaths).
- Work is underway with primary care to enable better sharing of the cause of death for patients from primary care records/death certificates.
- There are increased number of palliative care leads within the NTs to improve EoLC for patients.

Children:

Overview:

- There were 12 child deaths within Q2 (significant increase to usual; 4 in Q1 22-23 and 2 in Q2 2021-22).
- The 12 deaths were all SUDIC/unexpected (4 trauma, 2 suicide, 2 co-sleeping, 2 acute medical illness and 2 remain unknown cause)
- The additional number of deaths within Q2 will impact timeliness of some mortality case reviews.
- SUDIC rota cover remains a risk and is reported on the risk register.
- Children's Mortality Group Meetings recognised the value of sharing learning from deaths including recognition of the LCH team's high quality care.
- An example of good practice was shared where a family had had a previous child bereavement and much of the same multidisciplinary team were able to be involved with the family. The family were thankful that they could build on the trusting relationships that had already been established and they did not need to re-tell their story.

Learning/Development:

- CBU leadership are working to manage the capacity within the team reviewing deaths given the recent increase.
- A review of the SOP for child deaths (including to ensure staff are supported after a patient's death) is almost complete.
- Following the death of a child with COVID and Down's syndrome, a review of the Learning Disability template to include the recording of (and prompting for) COVID vaccination is underway.
- Q2 Mortality Group meetings highlight 2 children's experiences that could have benefitted from additional MCA advice/support. Communication of this support is being reviewed within CBU.
- Information sharing processes within clinical systems are being reviewed following a case whereby the use of a Significant Information Form may have

enabled information to be shared between teams and additional support provided to the young person.

Learning Disability:

- All child deaths are reviewed in the CBU mortality meetings.
- Five adult deaths were reported in Q2 for people with a learning disability. This is similar to Q1 22-23 (4 deaths).
- Flags are now present on SystmOne to highlight patients with a learning disability or autism, pulled through from the primary care record.
- A field has yet to be added to DATIX to capture learning disability and autism but is planned and will result in the LD lead being notified of all deaths in this patient group and enable us to better identify deaths, incidents and themes for learning.
- The ICB feedback some learning from LeDeR (service improvement programme for learning from deaths in people with learning disability and autism). However, this process is not yet fully embedded and is under review.

Recommendations:

- Quality Committee is recommended to receive this assurance regarding Trust mortality processes during Q1 of 22-23
- Note the ongoing contribution to improving data quality within the Trust and city, and the continuous work to ensure surveillance and learning is optimal.

Appendix 1 – Circulated by Caroline McNamara

Joan's story

I wanted to share this - we have permission from the patient - and story with you as some of you have been involved.

As you may be aware this lady came to Leeds from Ireland a few months ago to visit, sadly became unwell while she was here and was subsequently diagnosed with advanced cancer. She remained in hospital for some time and then came 'home' to her daughter's under the care of Middleton NT. She had decided to remain here until she died, however recently said how much she would love to go home to Southern Ireland, not really expecting this would be possible. As some of you are aware Joan began exploring what would need to be in place for this happen, liaising with many of you to see what was possible and how any risks could be managed.

Thanks to a real team effort I'm delighted to share on behalf of Joan that, after a nine hour journey and windy ferry crossing, Bridget arrived back in Ireland yesterday to a wonderfully warm welcome from her neighbours, who came out late at night to cheer as she arrived and to find her family had decorated the house early for Christmas. She was from all accounts incredibly happy to be home!

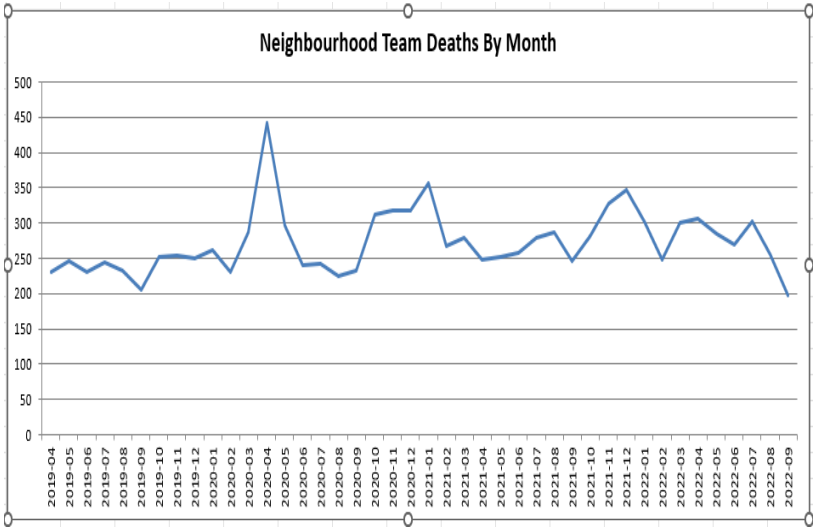
All of this was made possible through everyone's efforts:

- YAS agreed to provide transport
- CHC provided funding
- Our team trained the patient's daughters to administer medication if needed on route
- Carolyn provided medication guidance
- St Gemma's community team provided specialist palliative care support and advice
- Mike provided a medical discharge letter
- The local DN team was contacted to take over the care from Middleton NT
- Even IG were contacted for advice around sharing information
- There may be other people I have missed (I hope not) and things put in place to make this happen that I'm unaware of.

It has been a real joint effort and I would really like to acknowledge everyone involved going above and beyond to make this happen and Joan's central role in planning and coordinating this mammoth trip. Amazing team work – thank you

[Adult Mortality Report – QAIG], Q[2] 2022/23 July,August & September (2022)

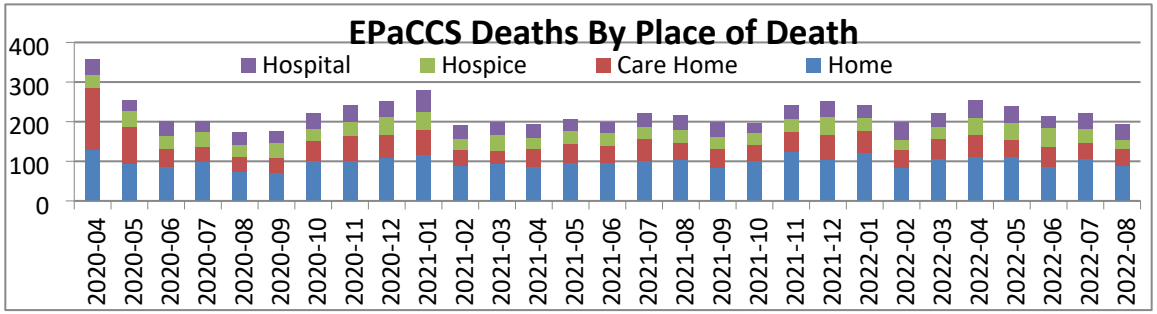
Quantitative data



Jul - Sep 22 Mortality Figures for NTs & Selected Specialist Services

Deaths	Jul-22	Aug-22	Sep-22	Q2
Total	335	292	241	**868**
NT	302	255	198	**755**
Specialist	98	90	86	**274**
Specialist not in NT	33	37	43	**113**
In NT & Specialist	65	53	43	**161**
Specialist Deaths in Multiple Units	14	7	9	**30**

Adult Data	Q4 21/22	Q1 22/23	Q2 22/23
Level 1	592	819	759
Level 2	143	230	146
Unexpected deaths	67	92	52
Expected deaths	462	477	312
Alliance CCB Beds	5	5	3
Virtual Ward deaths	5	5	4
LeDeR	5	0	5
Serious Mental Health	0	0	0



S1 Systems, processes & practices to keep people safe	S4 Medicines management	S5 Track record on safety	S6 lessons learned & improvements made	E1 Standards, legislation & evidence-based practice	E2 Outcomes of care & treatment	E3 Staff skills, knowledge & experience	R4 Listening & responding to concerns & complaints

[Adult Mortality Report – QAIG], Q[2] 2022/23 July,August & September (2022)

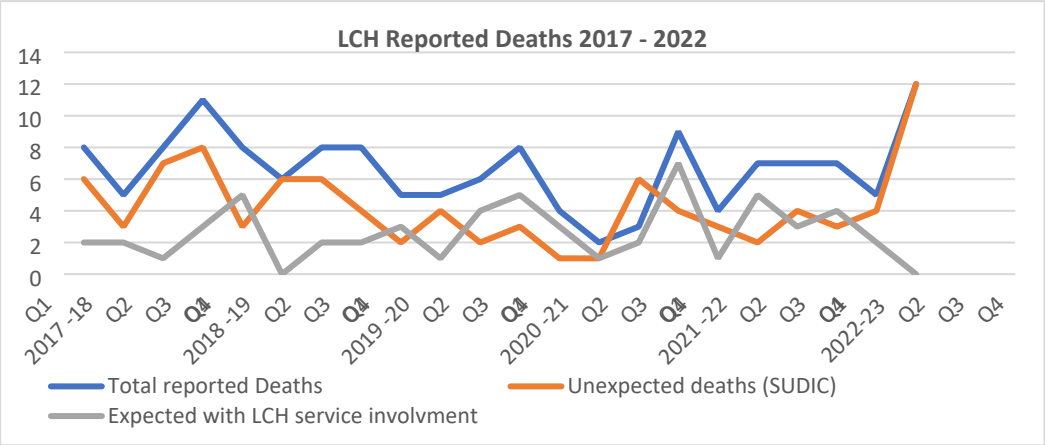
Narrative

Analysis: • Total Adult deaths in Q2 22/23 = 868 (Q1 938, Q4 = 906). There has been an overall 13% reduction, Adult Business Unit deaths Q2 22/23 = 755 (Q1 22/22 = 812) Specialist Business Unit deaths = 274 (Q1 22/22 =318) 113 deaths were in Specialist services only and 161 in both Neighbourhood and Specialist teams. • No reporting trends noted in specific teams this quarter other than slight increases in the number of deaths for those teams with associated higher caseload numbers. • 52 deaths were reported as unexpected (Q1 2022/23 92, 2021/22 Q4 67; Q3 100;). This reflects a significant reduction from recent quarters and is moving towards the usual reporting levels for adults. • 5 patients died who had a learning disability, similar trend to previous quarter (Q1 = 4) • Equity — No new trends noted for equity data for SBU or ABU this quarter. • ABU and SBU senior clinical leadership are exploring approaches to validate the discrepancy between recorded deaths and those where expected and unexpected deaths information is recorded.	**Themes** • Datix reports highlight some delays experienced in obtaining supply of anticipatory medications. • The impact on continuity of care by registered clinician due to NT and Night Team capacity and demand pressures.
Contributions to making stuff better • Test case structured judgement review (SJR) approach for a Neighbourhood Team unexpected death • The ABU Clinical Lead and the lead clinician for the Virtual Ward for Frailty attended a LTHT older persons mortality review meeting to observe the established SJR process. • There has been an increase in the number of NT Palliative Care Leads, who support the NTs with effective management of EoL Care • The Regional Anticipatory Medication Guidance is being reviewed and the LCH guidance is being updated to reflect this. • The provision of the new Syringe driver (Bodyguard) is being rolled out across the Neighbourhood Teams and will contribute to more effective delivery of anticipatory medications. The Bodyguard model has shown to have a higher level of reliability and linked to fewer medication incidents. • The mortality audit of SBU excluded services has been undertaken on a quarterly basis for 5 quarters and on no concerns have been noted. The Podiatry mortality audit plan will now continue on an annual basis. Date of next planned audit July 2023.	**Risks** • Capacity to undertake timely submitted Level 2 mortality reviews due to ongoing pressures with the Business Unit Leadership Teams • SBU when completing the audit finding the cause of death has proved to be difficult due to Primary Care restricting access to closed records. This is also a problem experienced by ABU clinicians. • Lack of commissioned within the community suction care in settings (low in number but problematic to resolve)

Mortality - children's Q2 2022/3 (Jul - Sep 2022)

AGENDA ITEM (3g)

Quantitative data



Quarter 2 22/23	Expected with LCH service involvement	Unexpected/ SUDIC	Total
July	0	6 + 1 delayed reporting	7
August	0	0	0
September	0	5	5
Total	**1**	**12**	**12**

Risks/issues

- There have been an unusually high number of child deaths during Q2, and there are currently 27 awaiting review. Work is underway to ensure this can be done in a timely manner, prioritising those with the greatest potential for learning and working in conjunction with our partners in the city.
- There is a limited number of Paediatricians and SUDIC Nurses covering the Service. A risk assessment has been completed and submitted to the Risk Manager and will be added to the risk register 10/10/2022
- There has been a delay in completion of the SOP due to the Quality Lead workload within the Governance Team
- There has been a delay in moving to Datix, due to the delayed SOP and ongoing improvement works within the wider Datix system
- Due to the new Mortality process, it has become apparent that the offer of support to staff following a child's death is not always as robust as required.

Narrative

There were 12 deaths in quarter 2, this is a significant increase from any previous quarters.

SUDIC

- 4-month-old baby died at home, co-sleeping. No immediate learning
- 23-month-old toddler died following a fall from a 7th storey building. No learning for LCH
- 16-year-old death by hanging – no LCH learning identified
- 5-year-old died as a result of a road traffic collision – No learning for LCH
- 15-year-old died in a motorcycle collision
- 8-month-old died in France, unknown cause – notification of death delayed by 3 months. No learning for LCH at present
- 4-month-old died in hospital as a result of multi organ failure. Awaiting outcome
- 3-week-old baby died at home, co-sleeping. No immediate learning.
- 1-year-old died as a result of a road traffic collision. No learning for LCH
- 16-year-old died of with significant medical conditions – Mitochondrial Disorder and Global Development Delay. No learning for LCH.
- 10-year-old died following a suspected murder / suicide. There will be a LSCP rapid review.
- 2-week-old baby died due to severe septic shock. No immediate learning.

Making Stuff Better

- The Significant incident form on S1 will be reviewed following a Safeguarding Practice Review
- To review the child death overview meeting frequency, propose a limited specified group to meet to discuss the children who have died in circumstances where there is limited LCH involvement.

S1 Systems, processes & practices to keep people safe	*S4 Medicines management*	*S5 Track record on safety*	*S6 lessons learned & improvements made*	*E1 Standards, legislation & evidence-based practice*	*E2 Outcomes of care & treatment*	*E3 Staff skills, knowledge & experience*	*R4 Listening & responding to concerns & complaints*

Trust Board meeting held in public: 2 December 2022

Agenda item number: 2022-23 (105)

Title: Quality Strategy Six Monthly Update Report – Year Two, first six months

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Category of paper: For information and assurance
History: None

Responsible director: Executive Director of Nursing and Allied Health Professionals
Report author: Head of Clinical Governance

Executive summary

Purpose of the report

The purpose of this report is to provide an update to the Quality Committee on the Leeds Community Healthcare NHS Trust (LCH) Quality Strategy.

The LCH Quality Strategy was approved by the Trust Board in July 2021. This report provides an update on the achievement of the priorities and includes progress for the first ten months of the Strategy.

Main points

Progress has been initiated in the implementation the Quality Strategy Priorities.

The Year One objectives for Priority One, **Learning**, Priorities Two and Four, the **Patient Safety Strategy** and **Working at PLACE across Leeds,** were completed in Year One

The Year One objective for Priority Three, **Focus on equity in quality and safety,** was not completed in Year One but is now assessed completed.

Work towards completion of the Year Two Priorities has been initiated.

The report includes the updates from May 2022 to November 2022 and includes examples to support the narrative.

Recommendations

Note the content of this report and the progress in the first six months of the Quality Strategy.

To approve the operational plan for years one to three as articulated in Appendix A.

Provide any assessed check and challenge to the progress and assessment of progress to date.

Quality Strategy – Six Month Update

1 Introduction

The Quality Strategy provides a framework for the next three years to achieve high quality care that is focussed on national and local drivers.

Board approved the three-year Strategy in July 2021. Six monthly updates are provided to Quality Committee and Board to share progress against the priorities. A change in the sequence of the report from January/July to May/November is reflected in the updates in the Appendices.

The focus of the update reports will relate to the year one to three stages during those given years, as articulated in the priority update below. However, work will be evidenced against future years where it has been completed. In addition to any continued work on the previous year's priorities. This report relates to the first half of year two.

2 Background

Leeds Community Healthcare NHS Trust (LCH) has a commitment to providing high quality care and reducing health inequalities within our communities. The Trust aims to innovate, build and standardise in order to deliver high quality, safe and effective care that provides patients, families and carers with the best patient experience.

The LCH Quality Strategy was developed from the key national and local drivers for high quality care. It was also developed with our staff and patients in mind. Engagement was completed in the development of the Strategy to understand what quality means to us, and how that can then be translated to underpin the national and local direction for high quality care.

The Quality Priorities were written to be achieved over the three years of the Strategy. Each associated priority statement builds on the previous statement for a cumulative annual review. However, work can be initiated on each of the statements to ensure a comprehensive approach to achieve of the Strategy.

3 Current position

Following feedback from Quality Committee at the last report examples of how the Quality Strategy Priorities are being completed has also been included with the narrative. The detailed update is included in Appendix A.

The Year One Priority Objectives for Priority One (Learning), Two (Patient Safety Strategy) and Four (Collaborative Governance at the Place of Leeds) were completed in Year One as planned. Evidence continues to be included as the Priorities remain relevant throughout the period of the Strategy.

The Year One Priority Objective for Priority Three (Equity in Quality and Safety) was not completed in Year One but is now assessed as completed. Evidence will continue to be included in future reporting to support robust completion of the full Strategy.

The Year Two Priority objectives have been initiated in full during the first six months of the second year of the Strategy and planning continues towards the Year Three Priority Objectives as detailed in Appendix A

4.0 Conclusion

The Year One Priorities of the Quality Strategy are assessed completed and work has started in full on the Year Two Priorities with planning towards the Year Three Priorities in place.

5.0 Recommendations

The Committee is recommended to:

Note the content of this report and the progress towards successfully implementation of the Quality Strategy.

Provide any assessed check and challenge to the progress and assessment of progress to date.

Appendix A - Our Quality Priorities for 2021 to 2024

	1. Learning: In LCH we are proud of our open, learning culture. When we identify learning, we share it, develop local action plans and ensure we are continually improving our services in response. Over the next three years we will strengthen our approach to learning to ensure it is even more effective and responsive and is utilised on a much wider scale to improve our services	
Year	**Priority Objective**	**Progress July 2021 to November 2022**
Year One	We will develop a repository of learning to secure the organisational memory.	**Year One January 2022:** A brand has been created and agreed at Quality Assurance and Improvement Group to identify learning. This is LCHLearns. A central location has been agreed for the repository within the Making Stuff Better intranet (Appendix B) that will be replicated on the Clinical Governance intranet page. The Library and the Communications Team are supporting the development of the page. The aim being that there will be an easily accessible resource, where staff know they can access organisational learning, and we will have a place to save our organisational memory of learning. **Year One May 2022:** Work continued with the Communications Team, the Library and the Clinical Governance Team and the intranet page is now live. **Completed.** **Year Two – November 2022:** Awareness raising of the LCHLearns intranet page continues, as learning resources like learning posters are developed they are shared via the MyLCH Today with a signpost to the intranet page.
Year Two	We will work to ensure that all learning within the organisation is known and effectively captured to be able to share across the organisation and with partners.	**Year One January 2022:** This has been initiated as existing learning and existing methods of sharing learning are being scoped. The evidence of learning has been requested, for example, learning newsletters from the Neighbourhood Teams, and will be recorded in the LCHLearns repository. **Year One May 2022:** A catalogue of learning posters, newsletters and other learning materials have been secured and uploaded to the LCHLearns intranet page.

	1. Learning: In LCH we are proud of our open, learning culture. When we identify learning, we share it, develop local action plans and ensure we are continually improving our services in response. Over the next three years we will strengthen our approach to learning to ensure it is even more effective and responsive and is utilised on a much wider scale to improve our services	
Year	**Priority Objective**	**Progress July 2021 to November 2022**
		Year Two – November 2022: New methodologies published by NHS England as part of the Patient Safety Strategy toolkit have been tested. Specifically, case review and After Action Reviews (further detail included in Priority Two). The learning and recommendations from the first case review have been shared directly with the Business Unit Clinical Lead for next steps as the learning was Business Unit wide. This approach will be reviewed to understand how to best achieve and implement service or Business Unit wide learning. Datix has been updated to capture the new After Action and virtual After Action reviews. Clinicians directly involved with the patients care where incidents have occurred will join the reviews to share the insight into the care delivered. Any learning will be completed within the meeting in addition to any wider actions being managed in the usual way via Datix. The first virtual AAR is planned for 7 November 2022 and the first in depth AAR is planned for 11 November with a further two scheduled.
Year Three	We will share and disseminate learning in a way that reaches the greatest number of colleagues, teams and partners in the timeliest way possible.	**Year One January 2022:** Assessment of how we will achieve this has been initiated with meeting with the Communications Team. There is consideration of external and internal sources of dissemination to reach a wider audience and to also evidence that LCH is a learning and caring organisation to our patients and users. **Year One May 2022:** A meeting is planned with the Quality Improvement Team to consider a quarterly QPD newsletter that would include key learning. Advice is being sought regarding how teams wish to be engaged with from the leads of the ABU Neighbourhood Transformation Project.

	1. Learning: In LCH we are proud of our open, learning culture. When we identify learning, we share it, develop local action plans and ensure we are continually improving our services in response. Over the next three years we will strengthen our approach to learning to ensure it is even more effective and responsive and is utilised on a much wider scale to improve our services	
Year	**Priority Objective**	**Progress July 2021 to November 2022**
		Year Two November 2022: Learning has continued to be shared through the Rapid Review meetings, as outcomes from further investigations, via the Business Unit reporting and dissemination and within local feedback mechanisms. Progress and planning towards the Year Three Priority slowed during the first half of year two due to reduced capacity within the Clinical Governance Team.
Years One to Three	We will develop and support methods to embed learning in practice and provide assurance that learning has been implemented and embedded where appropriate.	**Year One:** All Serious Incident and Internal Concise action plans completed from December 2021 will include a final audit action to ensure learning has been embedded at 3-6 months. The audit cycle will then support further evidence or address areas to strengthen where required. **Year Two:** Following early feedback from LCH's Internal Auditor who has audited how learning is being embedded, the Incident Management Policy will be updated to specify what level of incident learning should be shared where and how.

	2. Patient Safety Strategy: We have always had a strong approach to patient safety and investigation to ensure we use every opportunity to improve practice. We have started to align the way we manage patient safety incidents to the Patient Safety Strategy that was published in 2019. We have aligned this Priority to the continued implementation of the requirements of the National Patient Safety Strategy:	
Year	**Priority Objective**	**Progress July 2021 to November 2022**
Year One	We will investigate less and learn more with a focus on meaningful investigations that achieve insight and understanding of patient safety	**January 2022:** We have initiated and are embedding the ethos from the Patient Safety Strategy (PSS) to investigate less and learn more. LCH have adopted the themes from the PSS to only progress to serious incident investigation when there is learning to identify.

	2. Patient Safety Strategy: We have always had a strong approach to patient safety and investigation to ensure we use every opportunity to improve practice. We have started to align the way we manage patient safety incidents to the Patient Safety Strategy that was published in 2019. We have aligned this Priority to the continued implementation of the requirements of the National Patient Safety Strategy:	
Year	**Priority Objective**	**Progress July 2021 to November 2022**
	incidents to inform learning and improve practice.	The incident to serious incident process has been reviewed and key changes made to streamline the process. - The Rapid Review has been enhanced to encourage teams to provide as much information at the start of the process as possible, including the memory capture of colleagues involved. This has resulted in early learning and fewer incidents progressing to serious incident. - To ensure the investigations are reviewed by the right people at the right time, panel meetings have been introduced to set out the terms of reference for the investigation, to review progress at 25 days with a plan to introduce an action planning meeting that will ensure the actions do gain the most learning. We have implemented guidance on which of our unstageable pressure ulcers should progress to serious incident. This resulted from a review of previous investigations where unstageable pressure ulcers that were actually low harm had been reviewed as serious incidents. This change has been audited and an evidenced reduction shared with Quality Committee previously. We have adopted new ways of investigating and included incident walkthroughs and summary reports where this is felt to achieve the greatest learning. We are continuing to review additional methods of investigation and report out. **May 2022**: We have followed a programme of continual improvement in our rapid review process, this has included update of our Rapid Review Templates to ensure we have more information available initially to ensure the most appropriate decisions are made to support the most amount of learning.

	2. Patient Safety Strategy: We have always had a strong approach to patient safety and investigation to ensure we use every opportunity to improve practice. We have started to align the way we manage patient safety incidents to the Patient Safety Strategy that was published in 2019. We have aligned this Priority to the continued implementation of the requirements of the National Patient Safety Strategy:	
Year	**Priority Objective**	**Progress July 2021 to November 2022**
		A Task and Finish Group has been started to assess the incident review methods suggested by NHS England. A meeting is planned with HR to discuss the inclusion of Just Culture Framework in HR processes A remodel of Datix has been initiated to support more efficient and effective use of incident reporting that will include cross reference to the Patient Safety Strategy to ensure the new version meets the needs of LCH whilst aligning to the Strategy as much as possible. The National timescale for release of key information to implement the Patient Safety Strategy will delay full completion of this action by July 2022, however LCH has adopted the core principles of investigating less learning more. **Complete in principle, to continue to provide evidence.** **Year Two November 2022:** The Clinical Governance Team has supported teams to test different methodologies provided by NHS England within the Patient Safety Strategy toolkit for incident review and investigation. The aim is to use the most appropriate method to review a given incident. This has included a case review of an unexpected death. The case review method involves analysis of the stages of care, admission, ongoing care and discharge/end of life care, with a judgement of whether each phase of care was excellent, good, adequate, poor or very poor. The review lends to a systems approach and the learning identified in this specific review was Business Unit wide in relation to a difference between referral and triage criteria that led to misunderstanding, and subsequent delay, of when a patient should be visited.

	2. Patient Safety Strategy: We have always had a strong approach to patient safety and investigation to ensure we use every opportunity to improve practice. We have started to align the way we manage patient safety incidents to the Patient Safety Strategy that was published in 2019. We have aligned this Priority to the continued implementation of the requirements of the National Patient Safety Strategy:	
Year	**Priority Objective**	**Progress July 2021 to November 2022**
		The organisation has introduced the use of After Action Reviews (AAR) as an output from Rapid Review of incidents. The AAR is a methodology shared by NHS England. There are three AAR's pending in the Adult Business Unit, the Clinical Governance Team will lead the AAR for these teams. The process and outcomes will be evaluated for inclusion in LCH's Patient Safety Incident Response Plan which will be developed in the next 12-18 months as a requirement of the Patient Safety Strategy. The tools are included in Appendix B. A virtual rapid AAR has also been introduced from 7 November 2022. There is a dual purpose to these reviews. Pressure ulcer and falls incidents that are currently awaiting Rapid Review will be selected for a virtual AAR in place of a Rapid Review. The aim is to support timelier review of LCH's moderate harm and above incidents as there is currently a backlog of three to four months in the Rapid Review process. The second aim is to assess an alternative way of reviewing the incidents where we see similar learning with the intention of investigating less and learning more. There are dedicated steering groups and organisational improvement plans for pressure ulcers and falls where the learning themes are being overseen. The virtual AAR will ensure any new learning is identified but will also provide the organisation with the evidence required of how pressure ulcers and falls should be managed within the future Patient Safety Incident Response Plan. The virtual AAR will mitigate the organisations risk of being non concordant with the existing Serious Incident Framework 2015 by ensuring LCH is reviewing all moderate harm incidents to identify externally notifiable Serious Incidents.

	2. Patient Safety Strategy: We have always had a strong approach to patient safety and investigation to ensure we use every opportunity to improve practice. We have started to align the way we manage patient safety incidents to the Patient Safety Strategy that was published in 2019. We have aligned this Priority to the continued implementation of the requirements of the National Patient Safety Strategy:	
Year	**Priority Objective**	**Progress July 2021 to November 2022**
		The Patient Safety Incident Response Framework was published in September 2022, LCH has approved project management support to implement our associated Patient Safety Incident Response Plan.
Year One – Three	We will involve patients, and their family and carers where appropriate, in our investigations to ensure their experience of our care is understood and fully informs the investigation, learning and improvements.	**Year One January 2022:** LCH has an established approach to Duty of Candour that offers patients and families the opportunity to be involved in the review and investigation process of any incident. This approach is being strengthened and a patient leaflet has been produced to be shared when an incident is identified (Appendix C). This is also available in an easy read format and has been written in plain English. We have tested a process of greater involvement with a serious incident investigation and invited the patient's family to review draft and final copy serious incident reports. Their feedback was included into the final version to ensure a holistic review of the patient's care was evidenced in the report. The family kindly provided feedback on how the process had felt for LCH to adopt into future reviews. The national Patient Safety Strategy requires that we have Patient Safety Partners to inform and influence our approach to patient safety. We have Board approval to progress recruitment and are working with partners to understand how we ensure involvement is truly representative of our communities. **Year One May 2022:** The Patient Safety Partners Policy has been developed and will be shared with SMT to discuss the options for renumeration and contracting for the Partners. A potential Partner has been identified.

	2. Patient Safety Strategy: We have always had a strong approach to patient safety and investigation to ensure we use every opportunity to improve practice. We have started to align the way we manage patient safety incidents to the Patient Safety Strategy that was published in 2019. We have aligned this Priority to the continued implementation of the requirements of the National Patient Safety Strategy:	
Year	**Priority Objective**	**Progress July 2021 to November 2022**
		Year Two November 2022 The nationally required Patient Safety Partner policy is complete and pending review at policy group, once ratified recruitment of the role will progress. Recruitment should be initiated by the end of the calendar year.
Year One - Three	We will involve colleagues in our investigations to ensure their experience of care delivery is understood and fully informs the investigation, learning and improvements and ensure all colleagues are offered support.	**Year One** We are moving towards greater staff involvement in the investigations. To ensure our colleagues feel empowered to be involved in our investigations we have developed a staff involvement leaflet (Appendix D) that has been shared with teams. We have delivered training to our core Rapid Review panel to ensure the focus of our review is a Systems Thinking and Human Factors approach with an emphasis of Just Culture to reduce any risk of our colleagues' experiencing feelings of second victim. The aim is to shift the focus away from how a given individual provided care to understanding how the wider system impacted on that care delivery, evidence suggests this reaps the greatest learning. **Year Two November 2022** The intention of the After Action Review is for those clinicians who know the patient best to be included in the safety incident discussion. There is a continued focus on Just Culture within the incident reviews from Rapid Review to Serous Incident investigation. Training in planned for the Clinical Incident Management Practitioner Team on 9 November 2022 that will include Just Culture, systems and human factors approaches and reducing the risk of second victim scenarios in those involved in incidents.

	2. Patient Safety Strategy: We have always had a strong approach to patient safety and investigation to ensure we use every opportunity to improve practice. We have started to align the way we manage patient safety incidents to the Patient Safety Strategy that was published in 2019. We have aligned this Priority to the continued implementation of the requirements of the National Patient Safety Strategy:	
Year	**Priority Objective**	**Progress July 2021 to November 2022**
		Communication with teams is completed via the Quality Leads and via organisational communications, a draft of the next newsletter is attached in Appendix C.

	3. **Focus on equity in quality and safety:** In LCH, we recognise that there are unfair and avoidable differences in the health of different groups and communities, and have developed an overarching Health Equity Strategy to articulate our commitment to reducing those areas of inequity. We will ensure our Quality Strategy supports this work through a focus on health equity to reduce and address inequity.	
Year	**Priority Objective**	**Progress July 2021 to November 2022**
Year One	We will embed equity in proactive approaches to quality, including research, evidence-based guidance and outcomes	**Year One January 2022:** We have initiated conversations internally, with the People's Voice Group, and Forum Central to understand how we achieve equity of representation in our patient involvement and for our Patient Safety Partners. The implementation of the new combined Equity and Quality Impact Assessment process has been completed and is now in use. This included a series of dedicated equity training workshops to ensure our teams had appropriate competency to develop the equity element of the EQIA in addition to the overarching training for the process. The communication template update as part of the Accessible Information Standard implementation is live in SystmOne. This is mandatory and will enable us to understand, flag and share people's communication needs and put actions in place to address those needs. By doing this, we will improve access, experience and outcomes for people with additional communication needs. Other clinical systems will follow.

	3. **Focus on equity in quality and safety:** In LCH, we recognise that there are unfair and avoidable differences in the health of different groups and communities, and have developed an overarching Health Equity Strategy to articulate our commitment to reducing those areas of inequity. We will ensure our Quality Strategy supports this work through a focus on health equity to reduce and address inequity.	
Year	**Priority Objective**	**Progress July 2021 to November 2022**
		Concordance with the communication template will be measured via reporting in the Performance Information Portal. The Patient Experience Team are supporting services across the organisation to implement the Standards and consider easy read options and support communication in different languages. Our CAMHS Team have developed easy read literature to support their neuro-developmental assessments. There are resources available organisationally to support services develop accessible literature and posters and to support communication through interpretation services and resources. A visual action plan that is sent out after an appointment has been added to SystmOne and is now being used. Easy read clinical outcomes measures can now be found on the external website for use. **Year One May 2022**: The Clinical Governance Team Quality Leads are actively working with the Performance Team and the Health Equity Lead to introduce equity into the Business Unit Governance reports. **Year Two November 2022:** Equity Impact Assessment (EIA) – An equity, equality and diversity assessment has been incorporated into the policy, guideline, and procedure development process. There is a requirement to consider any health equity impact of the proposed policy/guideline/standard operating procedure within its development and

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Year	**Priority Objective**	**Progress July 2021 to November 2022**
		implementation, in addition to considering any negative or positive impact on protected characteristics. The Chaperone Policy has been the first to use the EIA. Feedback from the Author advised it prompted inclusion of specific guidance for people of different genders and those people whose gender differs to that assigned at birth. Equity and Quality Impact Assessments (EQIA) – the EQIA process ensures any change in practice is assessed to ensure there are either no negative impacts of the change on equity or quality of service provision, or any impacts are assessed and mitigated. The process continues to be embedded throughout the organisation. There is ongoing review the process to support continued improvement, this includes a six-monthly review of a sample of EQIAs to ensure the process is being followed. Learning from the last review related to ensuring the EQIA's are re presented for their planned review within the agreed timescale. Reviews of EQIA's are completed to assess any unknown and unintended impacts from the change. A change was made to the EQIA meeting agenda to support this process and review dates are agreed at panel by the Chair. EQIA was the subject of the quarter two QAIG workshop, initial feedback related to continued awareness raising and embedding of the process, including to consider a standardised approach to when an EQIA is required. The current process is a local pragmatic assessment with support from the Quality Lead if required. The EQIA tool should be used to screen the change and saved to evidence the initial assessment

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Year	**Priority Objective**	**Progress July 2021 to November 2022**
		should a full EQIA be assessed not required. A meeting is arranged to progress the output from the workshop. Audit – a Clinical Fellow role has been dedicated to review the organisations audit programme to ensure it is meaningful and effective. The colleague will include an equity lens in the review, further information will be included as the review progresses. National Institute of Clinical Excellence (NICE) – NICE Guidance is being reviewed in line with the Third Sector Strategy. 'Integrated health and social care for people experiencing homelessness', NG214 and 'Social work with adults experiencing complex needs', NG216, are being assessed by the service with third sector partners to consider whether LCH concordance and subsequent service provision can benefit from a joined up review. The guidance being piloted for the process relates to groups where there is a higher risk of health inequity. The outcome will be shared in the next report. **Completed and evidence will continue to be added.**
Year Two	We will review incidents and patient experience to understand any inequalities affecting communities or communities we are not hearing from and act to address these.	**Year One January 2022:** We have introduced a health equity section in the monthly Quality Lead Business Unit reports that are reported in to QAIG quarterly. We are currently using data extracted from Datix for ethnicity and age. The data gives an indication of equity but is not considered to be fully accurate due to the reporting mechanisms in Datix. We are working with the Business Intelligence Team to prepare a dataset that uses the Datix patient safety and feedback data together with SystmOne data and reports accurately by ethnicity, age, and locality.

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Year	**Priority Objective**	**Progress July 2021 to November 2022**
		Year Two November 2022: The Quality Leads and the Health Equity Lead continue to work with Business Intelligence (BI) to develop equity datasets for the quality measures. Due to the work involved to produce the equity datasets, they are being completed in stages by BI. The first patient safety incident equity dataset is now available and will be included in the November 2022 Quality Lead Business Unit reports. This includes equity data for **Pressure Ulcers, Falls and Access (to services)**. BI will provide the data monthly for review, it includes: Indices of Multiple Deprivation (IMD) Ethnicity Interpreter Requirements Age Learning Disability and Autism. The second equity dataset is being assessed currently to request from BI. Consideration will include patient safety incidents with the highest incidence and/or the most harm to ensure the most benefit can be gained from the data analysis. Review will also assess the inclusion of experience data, potentially concerns rather than complaints due to the low numbers of complaints received to enable data analysis. In the interim, equity in experience data is being included from the Datix module. This gives some insight into concerns and complaints with an equity lens but does not offer the robust dataset BI can produce that links Datix with SystmOne.

	3. **Focus on equity in quality and safety:** In LCH, we recognise that there are unfair and avoidable differences in the health of different groups and communities, and have developed an overarching Health Equity Strategy to articulate our commitment to reducing those areas of inequity. We will ensure our Quality Strategy supports this work through a focus on health equity to reduce and address inequity.	
Year	**Priority Objective**	**Progress July 2021 to November 2022**
		An example from practice includes where the Children's Community Nursing Team are developing a learning library of resources with support training following learning from a complaint. The parent of a child staying at Hannah House complained that their child's skin and hair had not been appropriately cared for as required for their ethnicity and culture.
Year Three	We will embed equity as part of our Quality Challenge+ Programme.	**Year One:** When the health equity patient safety incident and feedback data has been established, this can be included in the Quality Challenge information pack. Consideration will be given to how equity can be considered in a meaningful way in the Quality Challenge Plus process and planning. **Year Two November 2022:** Planning for the Year Three Priority continues. Dates have been agreed to update the Quality Challenge Plus programme with the new incident dataset and will include how this can include concordance with the Accessible Information Standard via the SystmOne Communication Template once this dataset is available.

	4. We will work across the PLACE of Leeds as a full partner to develop collaborative governance structures and priority programmes that support our ambitions for better, more integrated care in the city: As a key partner in the development of the local Integrated Care Partnership, LCH is part of the plan that focuses collaboration and partnership working. Patients and communities are at the centre of what we aim to achieve as a wider health economy across Leeds. By working together we will maximise the health and care outcomes for our populations	
Year	**Priority Objective**	**Progress July 2021 to November 2022**
Year One	We will work with partners in patient safety across the city to consider joint responses to patient safety initiatives and develop collaborative approaches to safe, effective care.	**January 2022:** A citywide Patient Safety Working Group has been established to share progress and ideas in the implementation of the national Strategy. The group aims to have a consistent approach to the delivery of the Strategy to ensure patients' experience of patient safety is seamless across the PLACE. Early discussions have taken place with the CCG to discuss the future of Datix and the Learning From Patient Safety Events (LFPSE) system at PLACE level. This element of the work will continue into Year Three and beyond due to the complexity of the requirement. **May 2022:** Discussions are to be escalated via the Integrated Care System to support a standardised approach including consideration of how the Patient Safety Partners are secured by organisations across the Place of Leeds. New pathways have been developed in partnership with secondary care to support reductions in incidents for discharge related falls, meatal tears and venous thromboembolism. **Complete in principle, to continue to provide evidence.** **Year Two November 2022:** The citywide Patient Safety Working Group is now chaired by the ICB and progress towards the Patient Safety Incident Framework and Plan is shared within the group by the Provider members.

	4. We will work across the PLACE of Leeds as a full partner to develop collaborative governance structures and priority programmes that support our ambitions for better, more integrated care in the city: As a key partner in the development of the local Integrated Care Partnership, LCH is part of the plan that focuses collaboration and partnership working. Patients and communities are at the centre of what we aim to achieve as a wider health economy across Leeds. By working together we will maximise the health and care outcomes for our populations	
Year	**Priority Objective**	**Progress July 2021 to November 2022**
Year Two	We will develop strategies to share learning across the city to maximise the impact of our quality improvement work and ensure our patients benefit from quality improvements and learning from across Leeds.	**Year One:** We have initiated discussion with the Communication Team and our Third Sector colleagues to understand how we best share learning externally, initial thoughts are via social media with our partners supporting a wider reach by retweet for example. **Year Two November 2022:** The Clinical Governance Team and Business Units have developed pathways across the city to implement learning and quality improvements. This includes continued work with the Leeds Teaching Hospitals Trust Urology Team to support improved discharge and after care for patients with catheters. This work has continued following the identification of an increase in meatal tears relating to a specific type of catheter, which has now been removed from the acute trust formulary. A new pathway has been developed following learning from an increase in incidents of upper arm Deep Vein Thrombosis (DVT) in patients with a central venous access device. The Community Intravenous Administration Service (CIVAS) have worked closely with Infectious Disease Consultants and Anaesthetists within Leeds Teaching Hospitals Trust to develop a standard pathway for suspected DVT. The pathway will support clinicians in the early identification and appropriate onward referral of patients who develop a DVT.
Year Three	We will ensure there is a focus on equity in our approach to patient experience, patient safety and clinical effectiveness.	As we progress priority three, we will consider how this objective can be evidenced.

Appendix B – Patient Safety Strategy Tested Methodologies

After Action Review Methodology

Introduction
After an incident a de-brief should be carried out within two weeks. The After Action Review (AAR) process is a structured approach to undertaking a de-brief and constructive way of identifying lessons identifed from the incident. The AAR process detailed below has been adapted from the national process to assist with the de-briefing of business continuity related incidents.
An AAR is constructed of four questions:
1. What was expected to happen?
2. What actually occurred?
3. Why was there a difference?
4. What can be learned?

AARs are usually conducted by a facilitator, who was not involved in the incident and usually ensures that there is:
- An open discussion held
- Everyone in the room participates
- Development of learning points

Time allowance
The time required to undertake an AAR can be 15 minutes to two hours long.

Planning an AAR
Once a facilitator has been identified, they should be provided with an overview of the incident prior to the AAR.
It is important that the correct amount of time has been allocated to the AAR and that a suitable venue is available to conduct the AAR in.

Conducting an AAR
There are a number of ground rules that all participants in the AAR should be aware of and agree to, prior to the start. These include:
- Leave hierarchy at the door
- Everyone should contribute and everyone's contribution should be respected
- The purpose of the AAR is to learn
- No blame, discussing any potential mistakes made should not lead to blame
- Everyone will have a different truth to share of the same event
- Contributions should be through what people know, feel and believe

 Respect time pressures but all must be fully present - no use of mobile phones
 Make no assumptions, be open and honest

The AAR discussion

What was expected to happen?

This question is asked to the group for their discussion. The following sub questions could be utilised (if suitable) to aide group discussion:

- Was there a planned response?
- What was the planned response?
- What was your personal expectation to happen in this type of incident
- What was the expected timeline?

What actually occurred?

This question is asked to the group for their discussion. The following sub questions could be utilised (if suitable) to aide group discussion:

- Each participant should describe - what they did, saw or experienced, during the incident.
- The participants should not be discussing what was good or bad at this stage.

Was there a difference?

This question is asked to the group for their discussion. The following sub questions could be utilised (if suitable) to aide group discussion:

- Was there a difference between what was expected and what actually happened?
- What were the good points and what didn't work so well?

What can be learned or identified?

This question is asked to the group for their discussion. The following sub questions could be utilised (if suitable) to aide group discussion:

- With the benefit of hindsight - what could have been done differently/better?
- Does anything need to be changed to improve future responses?

Closing the AAR

The key learning points should be summarised from the discussion held, focussing on what lessons have been identified.
Inform participants of what are the next steps i.e. report writing. If actions have arisen in the AAR, it is the responsibility of the AAR participants to take the actions forward and ensure they are brought into the existing reporting mechanisms within their organisation.

Sharing the Report

Once the report has been completed share it with members of the AAR and ask if the group are happy to share the lessons identified.
An example of a report template is shown below.

Case Review Methodology Template

Patient	**Name:**
	Date of Birth:
	NHS Number:
	Date of Death:
	Cause of Death:
	Relevant Past Medical History:
	Relevant medications:
Open referrals at the time of death:	
Additional relevant referrals open in the preceding 6 months:	
Admission and Initial care –first 72 hours	
Assessment of phase of care	
On-going care	
Assessment of phase of care	
Discharge care or End of life care (include Gold Standard Framework, DNACPR status, and preferred place of death)	
Assessment of phase of care	
Assessment of care overall	

1. Very poor care may have led to severe harm(s) or even death **2. Poor care may have caused moderate or minor harm(s) or led to patient/family distress** **3. Adequate care** **4. Good care** **5. Excellent care**	**Assessment and rationale:**
Recommendations	

Appendix C Newsletter

Attached separately as PDF.

Leeds Community Healthcare NHS Trust

Public Board workplan 2022-23
Version 7: 24 November 2022

Agenda item 2022-23 (106)

Topic	Frequency	Lead officer	7 October 2022	2 December 2022	3 February 2023	31 March 2023	26 May 2023	16/06/2023 End of year	4 August 2023	6 October 2023	8 December 2023
Preliminary business											
Minutes of previous meeting	every meeting	CS	X	X	X	X	X		X	X	X
Action log	every meeting	CS	X	X	X	X	X		X	X	X
Committee's assurance reports	every meeting	CELs	X	X	X	X	X		X	X	X
Patient story	every meeting	EDN&AHPS	X	X	X	X	X			X	X
Quality and delivery											
Chief Executive's report	every meeting	CE	X	X	X	X	X		X	X	X
Performance Brief	every meeting	EDFR	X	X	X	X	X		X	X	X
Performance brief:Measures for inclusion in the performance brief	Annual	EDFR				X					
Perfomance Brief: annual report	Annual	EDFR					X				
Significant risks and risk assurance report	every meeting	CS	X	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-		X -blue box		X -blue box
Staff survey	annual	DW				X					
Safe staffing report	2 x year	EDN&AHPS			X				X		
Seasonal resilience	annual	EDO	X							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				X -blue box		
Patient experience: complaints and concerns report	2 x year (Feb and August Annual report)	EDN&AHPS			X Blue Box Six monthly report				X Blue box Annual report		
Freedom to speak up report	2 x year (Feb and Aug)	CE			X				X Annual report		
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					
Trust priorities update	3x year February/May/Octobe	EDFR/EDN&AHPS	X		X		X			X	
Third Sector Strategy	2x year (February and August)	EDO			X -blue box				X -blue box		
Estate Strategy	2xyear (August and December)	EDFR	X Blue box - deferred	X Blue box item -deferred to February 2023	X - Blue box item				X Blue box item		X Blue box item
Digital Strategy	2x year (Mar and Oct)	EDFR	X Blue box - deferred	X Blue box - deferred to March 2023		X -blue box - need to check				X -blue box	
Business Development Strategy	2x year(March and October)	EDO	X -blue box deferred until Dec 2022	X -blue box deferred (no date)		X -blue box				X -blue box	
Business Intelligence Strategy	2x year First presented Feb 2022 and August	EDFR			X				X -blue box		
Learning and Developement Strategy	2x year (March and October)	EDN&AHPS	X -blue box			X -blue box				X -blue box	
Engagement Strategy	2xyear (March and October)	EDN&AHPS	X (revised approach to approve)- deferred	X (revised approach to approve)- deferred from October		X -blue box				X -blue box	X -blue box
Patient Safety Strategy	2xMarch/Ocotber	EDN&AHPS	X			X				X	
Health Equity Strategy	3 x year(March, August and December in 2022)	EMD		X		X			X		X
Children, Young People and Families Strategy	As required	EDN&AHPS									
Quality Strategy	2xyear May and December	EDN&AHPS		X - Blue box item			X - Blue box item				X - Blue box item
Workforce Strategy	2x year Feb and August	DW		X - Blue box item - deferrred February	X - Blue box item				X - Blue box item		X - Blue box item
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			
Annual accounts	annual	EDFR						X			
Letter of representation (ISA 260)	annual	EDFR						X			
Audit opinion	annual	EDFR						X			
Audit Committee annual report (part of corporate governance report)	annual	CS						X			
Standing orders/standing financial instructions review	annual	CS	X	X -deferred from October					X		
Annual governance statement (part of corporate governance report)	annual	CS						X			
Going concern statement (part of corporate governance report)	annual	EDFR				X					
NHS provider licence compliance	annual	CS						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	2xyear	EDFR		X - Blue box item -deferred February	X - Blue box item		X - Blue box item				X - Blue box item
Corporate governance update	as required	CS									
Reports											
WDES and WRES -annual report and action plan	annual	DW	X							X	
Equality and diversity - annual report combined with WDES and WRES from 2023	annual (Dec)	DW		X							
Sustainability report	2xyear (March and October)	EDO	X			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				X -blue box	
Infection prevention control annual report	annual	EDN&AHPS					X				

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**
CELs	**Committees' Executive Leads**
CS	**Company Secretary**

= received
= deferred to another meeting
= not required

Leeds Community Healthcare NHS Trust

Trust Board Meeting held in public : 2 December 2022

Agenda item number: 2022-23 (107a)

Title: Quality Committee minutes 26 September 2022 (time 0930 to 1230)

Category of paper: For noting

Attendance

Present:	Ruth Burnett	Executive Medical Director
	Alison Lowe (AL)	Non-Executive Director
	Ian Lewis (IL)	Non-Executive Director (Chair)
In Attendance:	Diane Allison	Company Secretary
	Stuart Murdoch	Deputy Medical Director
	Brodie Clark	Trust Chair
	Sheila Sorby	Assistant Director of Nursing and Clinical Governance *(Deputising for Executive Director of Nursing and AHPs)*
	Carolyn Nelson	Head of Medicines Management (Item 42)
	Gareth Burns	Programme Manager (Item 42)
Observing	Gemma Cannon	Clinical Service Manager, Neighbourhood Night Service Team
Apologies:	Helen Thomson (HT)	Non-Executive Director
	Steph Lawrence	Executive Director of Nursing and AHPs
	Thea Stein	Chief Executive
	Sam Prince	Executive Director of Operations
	Rachel Booth (RBo)	Non-Executive Director
Minutes:	Lisa Rollitt	PA to Executive Medical Director

Item: 2022-23 (40)

Discussion points:

(a) Welcome and introductions

The Chair welcomed members and attendees. Apologies were received from the Chief Executive, Executive Director of Nursing and Allied Health Professionals , Executive Director of Operations and two Non-Executive Directors (HT and RBo).

(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 25 July 2022

The public and private minutes of the meeting held on 25 July 2022 were reviewed and agreed as an accurate record.

The Committee Chair queried the inclusion of the Children's Services Backlogs and Waiting Times presentation from the meeting on 25 July 2022 as some queries had been received from a Non-Executive Director (RBo) outside of this meeting. The Company Secretary confirmed that this was an action from the previous meeting for the slides to accompany the minutes and as long as the slides remain with the minutes in the folder, there was no need to present them again.

It was agreed that the queries would be forwarded to the Executive Director of Operations and Executive Director of Nursing and AHPs, who had also given their apologies, for their response to the Non-Executive Director (RBo) outside of the meeting.

Action: Queries from Non-Executive Director (RBo) regarding the Children's Services Backlogs and Waiting Times presentation to be forwarded to the Executive Director of Operations and Executive Director of Nursing and AHPs for their response outside of this meeting.

Actionee: Minute taker

The Committee Chair referred to agenda item (30b): *QAIG key issues for escalation: Assurance report from business meeting on 14 July 2022* and asked if there was a timescale to hear back about the Paediatric Community Dental Service revised staffing model. The Executive Medical Director stated that she had met with the new senior dentist and her feedback about the service had been positive. It was agreed that an update would be provided to the Committee at the meeting in November 2022.

Action: Update on revised staffing model within the Paediatric Community Dental Service to be provided to the Committee at the 21 November 2022 meeting.

Actionee: Executive Medical Director

(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 (41)

Key issues

a) Current system pressures, infection rates, rising fuel prices and increased cost of living

It was noted that the Executive Director of Operations had sent a written update which had been shared with Committee members.

The Executive Medical Director focussed on the key headlines, advising that Covid-19 infection rates were better than had been projected for this time. It was noted that the system remained pressured, but stable with fewer escalations over the last two weeks, and some services had now deescalated their OPEL levels.

The Trust Chair informed the Committee that the Nomination and Remuneration Committee were having ongoing discussions around the cost of fuel and mileage rates and the Senior Management Team (SMT) were being kept up to date on any discussions/decisions.

b) QAIG key issues for escalation

The Assistant Director of Nursing and Clinical Governance updated the Committee on the QAIG workshop which had taken place in the previous week focussing on the Equality and Quality Impact Assessments (EQIAs) process. The workshop identified the benefit of the existing process across services, business units and the organisation, with positive feedback from key stakeholders. In order to further improve the process, a checklist would be developed to ensure EQIAs are received at the right time for the right activity with the right engagement every time. It was also intended that this would detail the process for escalating improvements / risks to appropriate groups / committees, including Quality Committee.

It was agreed that further information would be brought to the November 2022 Quality Committee meeting.

The Executive Medical Director stated that Non-Executive Director attendance at EQIA panels would be welcomed.

Action: Information about the escalation elements from the EQIA review panels to Quality Committee to be added to the next Clinical Governance Report.

Actionee: Executive Director of Nursing & AHPs

i. **Update on backlog of overdue incident reviews**
It was agreed that this item would be discussed under item (43b) Clinical Governance Report.

c) Cancelled and rescheduled visits: update

The Assistant Director of Nursing and Clinical Governance presented the report which provided an update of the most recent cancelled and rescheduled visit audit data which aimed to provide a better understanding of the number of cancelled and rescheduled Neighbourhood Team visits.

The audit focussed on reviewing if patients were receiving a telephone call prior to the rescheduling or cancelling of their care and it was identified that 7 patients out of a total of 230 who had their visit cancelled or rescheduled did not receive a telephone call. The Assistant Director of Nursing and Clinical Governance also stated that the audit investigated the rescheduled visits to clarify whether the same patients were being affected and was pleased to confirm that this was not the case. Of the cancelled visits (20) it was noted that none had resulted in patient safety incidents at the time of reporting. This would continue to be monitored, and any incidents arising which were thought to stem from rescheduled visits would be reported to the Committee.

The Trust Chair asked for an explanation for why there were 7 patients who did not receive a telephone call, stating that the tolerance for patients who do not receive a call should be zero. The Executive Medical Director agreed and stated that it was likely to be down to human factors, given that the system was complex with stretched capacity however, specific details would be included in future reports.

A Non-Executive Director (AL) asked about issues within the West Team. The Assistant Director of Nursing and clinical Governance stated that some leadership issues were being addressed and it was expected that improvements would be made.

The Committee Chair asked about considering giving an apology to patients who don't receive a call. The Assistant Director of Nursing and Clinical Governance stated that patients would have received a subsequent visit by the time the data was available, but this would be considered, where appropriate.

It was agreed that a further update would be provided at the Committee meeting in January 2023, with exception reporting in-between this time.

Action: Update to be provided to Quality Committee meeting in January 2023 with exception reporting to be provided in-between

Actionee: Executive Director of Nursing and AHPs

d) Leeds Sexual Health Service update
Please refer to private minutes

e) CAMHS patient record access update
Please refer to private minutes

2022-23 (42)

Service Spotlight: Implementation of e-prescribing

The Executive Medical Director introduced Carolyn Nelson, Head of Medicines Management and Gareth Burns, Programme Manager who presented the details of the progress made in implementing e-prescribing.

The Committee heard that 16 Trust services prescribed medication, with 400 prescribers across those services, and 10,000 FP10 prescriptions were written each year.

It was noted that the Covid-19 pandemic had affected the project, expediting some areas while slowing others.

The ICAN and Cardiac services were the first services to implement e-prescribing. The ICAN service was very successful in implementing e-prescribing by the summer of 2020. A small number of services had since implemented e-prescribing with others due to follow.

Examples of feedback from staff were shared and the Committee was pleased to hear that this had been very positive, as had the feedback from patients and carers who had also relayed their positive experiences to staff.

The Executive Medical Director spoke about the use of e-prescribing in Primary Care and its benefits. It was expected that the biggest level of patient feedback would be received when e-prescribing had been implemented in the CAMHS service.

In response to a query from the Trust Chair, the Committee heard that all practitioners had been positively receptive to the implementation of e-prescribing. It was noted that implementation was at 50% in terms of the number of services.

The Trust Chair also asked about evaluation of the benefits of the implementation to staff and patients. It was agreed that the project team would consider how this detail would be accurately captured and factored in when rolling out e-prescribing to other services.

The Committee Chair asked if there had been a reduction in medication related incidents with the introduction of e-prescribing. The Head of Medicines Management spoke about some of the features of e-prescribing which act as safety nets, for example allergy alerts. It was noted that the majority of medicine related incidents were from the administration of medicines, not prescribing, and therefore the implementation of e-prescribing was not likely to result in a reduction of such incidents.

The Executive Medical Director spoke about the potential benefits for implementation of e-prescribing within the city / system. The Head of Medicines Management also spoke about the national work which was ongoing to enable the electronic transfer of prescriptions and the intention to include all hospital outpatients onto the scheme.

The Committee were impressed with the presentation and the potential for wider integration of e-prescribing across the system.

2022-23 (43)

For discussion: Quality governance and safety

a) Performance Brief

The Assistant Director of Nursing and Clinical Governance presented the report, and the Committee noted its contents.

Under the Safe section, the Assistant Director of Nursing and Clinical Governance stated that the wording around the MRSA data was potentially misleading, and the correct information would be confirmed in the report to the Board

The Committee Chair referred to the Well Led section and commented on the improvement in sickness rates.

b) Clinical Governance report

The Assistant Director of Nursing and Clinical Governance presented the report and advised the Committee that additional capacity was being brought in for the leadership of quality walks to ensure these continued.

It was noted that a decision had been made to pause the plan to complete a deep dive into Seacroft Neighbourhood Team (NT) given that there had been no moderate or major harm in the last three months. The perfect week had been run from this NT in the previous month which had provided much assurance around the quality of care and how the team was working across the system. Feedback from staff had also been positive. The Committee supported the recommendation to defer the deep dive due to the improvements seen on the assurance that monitoring would continue.

The Trust Chair asked about the perfect week and asked how it was progressing. The Assistant Director of Nursing and Clinical Governance stated that there had been various actions identified in the development of pathways and protocols, giving examples from this experience.

The Assistant Director of Nursing and Clinical Governance spoke about the escalated position in the Adult Business Unit in relation to the backlog in the completion of incident Rapid Reviews, and a delay in the completion of Serious Incident and Internal Concise

actions. The Committee heard that this was an improved position from the previous month due to the additional support that had been introduced.

The Assistant Director of Nursing and Clinical Governance spoke about the risks associated with the backlog of incidents and considered ways of making learning from incidents more meaningful and more proportionate in line with the transition to the Patient Safety Incident Response Framework.

It was agreed that an update on progress would be presented at the next meeting.

Action: Update on progress in relation to the backlog in the completion of incident Rapid Reviews to be presented at the next Quality Committee meeting

Actionee: Executive Director of Nursing and AHPs

c) Risk Register

The Company Secretary presented the report and highlighted the three new risks, two escalated risks and the two de-escalated risks. It was noted that a potential risk was under review regarding the reduced offer in 0-19 Public Health Integrated Nursing service (PHINS) and the pausing of ante-natal contacts.

The Committee Chair referred to Risks 1112 (Looked After Children Health Offer) and 1116 (Special Inclusive Learning Centre School Vaccinations) and queried if the controls in place were not working, resulting in no change to the score. The Company Secretary agreed to investigate this and would feed back the findings to the Committee.

Action: Controls relating to risks 1112 and 1116 to be investigated to confirm if they are working. Findings to be fed back to the Quality Committee.

Actionee: Company Secretary

The Committee Chair spoke about Risk 1115 (Electronic Patient Record (Carenotes) Outage) and asked if the parents and young people had been contacted to explain the situation. The Executive Medical Director stated that as this was a national incident, the communications were being nationally controlled.

d) IPC BAF report

The Assistant Director of Nursing and Clinical Governance presented the report which 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. It was noted that changes had been made to the document to reflect the current position in relation to the Covid-19 pandemic as the Trust navigates towards business-as-usual dependant on local surveillance of Covid-19 figures.

The Assistant Director of Nursing and Clinical Governance stated that a more robust process was required around centrally held fit testing records for all staff requiring FFP3 and a paper was due to be presented to SMT to reflect the work on this.

2022-23 (44)

For discussion: Clinical Effectiveness

a) Patient Group Directions

The Committee received and ratified the Patient Group Directions.

b) Learning and Development strategy

The Assistant Director of Nursing and Clinical Governance presented the strategy and advised the Committee that its implementation had been impeded due to the need to refocus and reprioritise resources. Progress had been made however, in all the workstreams and a number of initiatives were underway.

The Trust Chair asked about risks where the development of the strategy had not been possible. The Assistant Director of Nursing and Clinical Governance stated that the exact figures were not currently available but assured the Committee that essential training had continued to be provided and a piece of work was underway to review the supervision process and how this linked to appraisals.

Action: Information about the risks associated with the areas of the strategy that had not been delivered and next steps to be presented in the next strategy update report (January 2023)

Actionee: Executive Director of Nursing and AHPs

2022-23 (45)

For discussion: Patient experience

a) Engagement strategy update

The Assistant Director of Nursing and Clinical Governance presented the paper and spoke about the recent public engagement event, where feedback received identified that there was not a need to significantly change the strategy, but to focus on making engagement everyone's business within the Trust.

Concerns were raised that there were many areas of the strategy which had not been delivered. It was agreed that the current Engagement Strategy required further work to be able to evidence that it was being delivered, and it was suggested that a benefits realisation section was included and a more robust means of monitoring progress of its implementation.

It was acknowledged that the item was due to be discussed at the next public board meeting and agreed that the Executive Director of Nursing and AHPs would need to be

involved in discussions to confirm how this would be presented and the recommended timeframe for this

Action: Additional information to be included in the report to be presented at the next Board meeting, and agreement on revised date for Board submission

Actionee: Executive Director of Nursing and AHPs

2022-23 (46) Committee Governance

a) Committee's BAF assurance activity report

The item was deferred to the Committee meeting in October 2022 as the paper required the involvement of the Executive Directors who were not present.

2022-23 (47) Policies and reports for approval or noting

a) Work plan

The Committee received the workplan.

b) Safeguarding Committee Terms of Reference

The Assistant Director of Nursing and Clinical Governance presented the updated Terms of Reference. The Committee approved the suggested amendments.

c) Items on workplan not on agenda

The following items were noted:

i. Quality, staffing and finance: triangulation (NTs)
ii. Internal audit reports – none to report
iii. Board members' service visits – none to report

2022-23 (48) Matters for the Board

Committee's assurance levels and additional comments

The Committee agreed that the assurance levels below with comments:

Risk 1.1 Limited assurance

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 – There were no items on the agenda that relate to this risk.

Risk 1.3 Reasonable assurance

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 Limited assurance

The Engagement Strategy provided limited assurance in terms of benefits realisation. **Risk 1.5 Reasonable assurance**
2022-23 (49)
Reflections on Committee meeting, including reflection on papers The Executive Medical Director commented that the meeting was a good example of how complex it could be to get a correct balance for Quality Committee for example, the balance in relation to the Leeds Sexual Health Service item and balance of early alerts and keeping the Committee informed at a time when the level of assurance required could not be given. It was agreed that there were frustrations where assurance was limited, however there had been good, honest conversations and challenges.
2021-22 (50)
Any other business There was no further business discussed.
Date and time of next meeting Monday 24 October 2022 9.30am – 12.30pm (Boardroom, Stockdale House / MS Teams)

Leeds Community Healthcare NHS Trust

Trust Board Meeting held in public : 2 December 2022

Agenda item number: 2022-23 (107a)

Title: Quality Committee minutes 24 October 2022 (time 0930 to 1230)

Category of paper: For noting

Attendance

Present:	Helen Thomson (HT)	Non-Executive Director (Chair)
	Steph Lawrence	Executive Director of Nursing and AHPs
	Thea Stein	Chief Executive
	Sam Prince	Executive Director of Operations
	Rachel Booth (RBo)	Non-Executive Director
	Alison Lowe (AL)	Non-Executive Director
	Ian Lewis (IL)	Non-Executive Director
In Attendance:	Stuart Murdoch	Deputy Medical Director
	Sheila Sorby	Assistant Director of Nursing and Clinical Governance
	Lucy Jackson	Public Health Lead /Consultant in Public Health (Item 54)
	Em Campbell	Health Equity Lead (item 54)
	Claire Gray-Sharpe	Head of Clinical Governance (Item 54)
Apologies:	Ruth Burnett	Executive Medical Director
	Diane Allison	Company Secretary
	Brodie Clark	Trust Chair
Minutes:	Lisa Rollitt	PA to Executive Medical Director

Item: 2022-23 (51)

Discussion points:

(a) Welcome and introductions

The Chair welcomed members and attendees. Apologies were received from the Executive Medical Director, Company Secretary and Trust Chair.

(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 26 September 2022

The minutes of the meeting held on 26 September 2022 were reviewed and agreed as an accurate record with the following amendment:

Item (43c) Risk Register: *The Committee Chair referred to Risks 1112 (Looked After Children Health Offer) and 1116 (Special Inclusive Learning Centre School Vaccinations) and queried if the controls in place were not working, as there was no difference between the original and current scores, despite the mitigations. The Company Secretary agreed to investigate this and would feed back the findings to the Committee.*

(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, with the exception of action *2022/23 (43c): Risk Register:* It was noted that the risks referred to had been de-escalated and this would be included in the next report. The action log would be updated to reflect the change in timescale.

2022-23 (51)

Key issues

a) Current system pressures, infection rates, rising fuel prices and increased cost of living

The Executive Director of Operations stated that infection rates were rising, and people were being encouraged to take up their Covid-19 and Flu vaccinations. In Leeds, it was reported that 22% of eligible people had received their Covid-19 vaccination. This continues to be monitored, as the uptake was lower than the previous year. It was suggested that a delay in provision of the flu vaccinations was a factor in this as some people preferred to have their Covid-19 and flu vaccinations at the same time.

It was reported that the system was extremely stressed and that the system pressure and challenges in patient flow contributing to delays with ambulance handovers and unprecedented numbers of people in Accident and Emergency departments awaiting beds.

In response to a query from a Non-Executive Director (IL) regarding a plan to address the gap in the number of hospital beds, the Executive Director of Operations stated that beds had been identified in a newly built care home and other care homes had been contacted to establish if they could provide discharge to assess beds. However, a concerted effort in the City was required to look at the throughput of patients and provision of community care in order to prevent admissions, and to be able to move no reason to reside patients out of acute settings.

The Executive Director of Nursing and AHPs spoke about the Clinical Executive in the City which meets as a system and had identified the need to address the inconsistency in assessment and determination of pathway.

The Executive Director of Operations outlined the progress made on transferring the wards currently provided by Villa Care at Wharfedale Hospital to LCH. The system had agreed that the two wards (48 beds) would transfer on 23 November 2022 leaving little time for transition planning. It was noted that the Executive Director of Operations and Executive Director of Nursing and AHPs had visited the wards earlier in the morning and were positive about what they had seen in terms of environment, cleanliness and friendliness of staff. Group meetings were taking place and would be followed by individual meetings over the next few weeks. The Executive Director of Operations would continue to work with the Integrated Care Board (ICB) and Villa Care on the contractual issues.

The Chief Executive spoke about the City's Poverty group, of which she was a member, which looked at the issues related to the cost of living. The Trust has agreed to the printing of a leaflet which provides staff and patients access to information and assistance and a thermometer for patients / staff to monitor room temperatures. It was noted of concern that there was a gap in the system for immediate emergency food, where staff had been buying food for patients and work was underway to find a solution for this issue.

The Committee Chair asked about the work with the third sector. The Chief Executive stated that although this was good, a lot of the organisations were also very stressed, with huge complexities, and the Trust was offering what it could to help.

b) QAIG key issues for escalation

The Executive Director of Nursing and AHPs presented the QAIG assurance report from the business meeting which had taken place on 13 October 2022, highlighting the

capacity issues to manage the increase in Sudden Unexpected Death in Childhood (SUDIC). It was noted that there had been a further spike in SUDICs reported in Q2.

A Non-Executive Director (IL) spoke about the difference between the Specialist Business Unit (SBU) who had managed to complete a higher number of clinical audits despite their volume of work, and the Adult and Children's Business Units (ABU / CBU). The Executive Director of Nursing and AHPs stated that this had been addressed at the QAIG meeting and work was underway to ensure that learning would be shared from the SBU as well as workstreams underway to ensure that all clinical audits were meaningful.

c) CIVAS: DVT incident trend and improvement actions: update on progress

The Executive Director of Nursing and AHPs presented the update which provided information on the introduction of a pathway, for clinicians to follow when caring for a patient with a Central Venous Access Device (CVAD) and incorporates signs and symptoms of both line infections and Deep Vein Thrombosis (DVT). The pathway was being used in services and its effectiveness would be audited. It was noted no further incidents of this nature had taken place since the introduction of this cross organisational pathway.

The update was positively received, noting that the pathway was ground-breaking and would be shared widely.

d) Update on progress in relation to the backlog in the completion of incident Rapid Reviews

The Assistant Director of Nursing and Clinical Governance spoke about the Patient Safety Incident Response Framework (PSIRF) which had been launched nationally and the programme of transition to implement this. The premise of the changes were about embedding a risk based proportionate way of reviewing patient safety incidents with the focus on learning and moving away from apportioning blame.

In the short term, it was proposed that the ABU would move to an early introduction of a virtual 'after action review' as a table top exercise, which would manage the backlog more quickly with a focus on learning and capturing themes. It was also proposed that this approach continued, with a random sample of rapid reviews being undertaken from each Neighbourhood Team whilst the PSIRF is implemented.

The Executive Director of Nursing and AHPs thanked the Assistant Director of Nursing and Clinical Governance and the team for their work. The Committee was informed that a new Incident Manager was now in place who had a clinical background, which would help with improving the current position. It was also noted that part of the Neighbourhood Team transformation project would embed incident management in the teams.

The Committee agreed that the item should remain on the Quality Committee agenda.

2022-23 (53)

For discussion: Quality governance and safety

Risk Register

The Chief Executive presented the register.

A Non-Executive Director (RBo) referred to Risk 1067: *Introduction of female children into the secure estate* and asked why there had been no consultation with the Trust. The Executive Director of Nursing and AHPs stated that His Majesty's Prison Service (HMPS) was not required to consult, however much learning had been identified following a review with NHS England and HMPS and it was agreed that consultation should be a requirement to understand the learning and risks.

The Non-Executive Director (RBo) also asked for more information about de-escalated Risk 994 *Waiting times for Community Dental Services.* It was agreed that this information would be obtained and shared at the next meeting.

Action: Further information on Risk 994 Waiting times for Community Dental Services to be obtained and shared at the next meeting.

Actionee: Executive Director of Nursing and AHPs

A Non-Executive Director (IL) queried why the register did not include the amended risk scores for the 2 risks challenged at the previous Committee meeting (Risks 1112 and 1116). It was confirmed that the risks had been de-escalated and this would be included in the next report.

2022-23 (54)

Workshop: Health Equity Strategy

The Health Equity workshop was delivered by Lucy Jackson, Public Health Consultant, Em Campbell, Health Equity Lead and Claire Gray-Sharpe, Head of Clinical Governance. The purpose of the workshop was to explore what an equity lens on each area of quality could look like and, from this, identify meaningful priorities for year 2 of the equity Quality objective and the Quality Strategy.

The Committee was provided with an update on the existing Equity workstreams across the Trust, noting the progress of equity metrics in areas including access, incidents, falls and pressure ulcers.

A lengthy discussion took place where it was agreed that Equity should be integral to all work and that it was essential to have service level Equity data more readily presented to support the right discussions, as well as Committee members considering the right questions around Equity to lead further improvements.

The Committee reflected on the balance of capacity and funding with integrating the delivery of Health Equity data, and it was agreed that this would be considered further, at both Trust and system level.

It was agreed that where Equity data was available, this would be included in reports to the Committee with immediate effect. It was also agreed that this should be the case for papers to all Trust Committees and the Board. Where the data was not yet available, it would be beneficial to explain this and acknowledge what progress was being made or what other insight was available.

2022-23 (55) Sub Group minutes

a) Quality Assurance and Improvement Group: 13/10/2022 Flash reports
The Committee received the flash reports.

b) Safeguarding Children's and Adult's Group minutes: 16/08/2022
The Executive Director of Nursing and AHPs highlighted the items for escalation to the Committee:

- Children Looked After Team update
- Update on recruitment to the SUDIC Team
- National Review of the deaths of Arthur Labinjo-Hughes and Star Hobson - understanding the learning for LCH
- Workshop on learning from safeguarding reviews
- Training levels better than expected due to current pressures

A Non-Executive Director (AL) queried whether the Independent Inquiry into Child Sexual Abuse (IICSA) report had been reviewed and if any implications had been identified, particularly the requirement for professionals to always report child abuse. The Executive Director of Nursing and AHPs stated that the report was under review and would be discussed at the Safeguarding Children's and Adult's Group, with any updates escalated to the Committee.

A Non-Executive Director (IL) referred to the increase in Child deaths, particularly those deaths due to co-sleeping and asked if there had been any implications from the changes to policies in the Health Visiting team. The Executive Director of Nursing and AHPs stated that the data had been reviewed and there was clear evidence that the families had received the compulsory visits and advice had been given.

c) Integrated Care Steering Group minutes: 19/05/2022, 19/07/2022 and 22/09/2022
The Executive Director of Nursing and AHPs stated that although progress with developing integration was slow, the right conversations were taking place and the co-chairing format was effective. The Chief Executive asked if there was enough representation from Primary Care at the meeting. The Executive Director of Nursing

and AHPs stated that this had improved, and further conversations were taking place to encourage integration with Primary Care.

2022-23 (56) Policies and reports for approval or noting

a) Items on workplan not on agenda

The following items were noted:

i. Committee's BAF assurance activity (deferred until November 2022)
ii. Committee's effectiveness and agenda composition review (deferred until January 2023)

2022-23 (57) Matters for the Board

Committee's assurance levels and additional comments

The Committee agreed that the overall assurance levels were reasonable with comments on the following risks:

Risk 1.1: CIVAS paper provided substantial assurance of patient safety improvements in the absence of a blueprint of best practice.

Risks 1.3, 1.4 and 1.5: The Health Equity workshop identified the need for further work to embed health equity in a meaningful way in all Trust activity.

2022-23 (58)

Reflections on Committee meeting, including reflection on papers

There were no comments made under the item.

2021-22 (59)

Any other business

The Chief Executive spoke about a piece of work to look at risk across the system and it was agreed that it was important for this work to be sighted by Committee. It was agreed that the Executive Director of Nursing and AHPs and Chief Executive would discuss how this could be included in the discussions at Quality Committee outside of this meeting.

Action: Consideration to be given to how the work to look at risk across the system will be communicated at Quality Committee

Actionee(s): Chief Executive and Executive Director of Nursing and AHPs

Date and time of next meeting

Monday 21 November 2022 9.30am – 12.30pm (MS Teams)

Leeds Community Healthcare NHS Trust

Business Committee Meeting
Microsoft Teams / Boardroom, Stockdale House
Wednesday 28 September 2022 (9.00 to 12.00 midday)

Present:	Richard Gladman (Chair)	Non-Executive Director (RG)
	Khalil Rehman (Deputy Chair)	Non-Executive Director (KR)
	Thea Stein	Chief Executive
	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
	Rebecca Todd	Emergency Planning Manager (for item 46)
	Peter Ainsworth	Operational Support Manager (for item 46)
	Harriet Jones	Sustainability and Environmental Manager (for 48c)
Apologies:	Helen Thomson	Non-Executive Director (HT)
Note Taker:	Ranjit Lall	PA to Executive Director of Finance & Resources

Item 2022/23 (45): 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 27 July 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 2021/22 (37): Third Sector Strategy update report
The Executive Director of Operations provided an update on the Third Sector workforce challenges. It was difficult to retain third sector staff as their contracts were often on a rolling 12 months rather than permanent. The Third Sector staff often didn't know until January whether there would be an extension to their contracts after the end of the current financial year. The Committee noted that some scoping work by the Integrated Care Board (ICB) was underway to review the Third Sector partners contracts for the city because of this issue.

The Third Sector funding was fixed and often the Third Sector partners were small organisations and having the impact of fuel prices and other increases could make the Third Sector employment less attractive. The Executive Director of Operations said she could provide updates and more information and conclusion on the analysis by ICB across Leeds at a future meeting.

The Director of Workforce (LS) offered her support. A brief update would be provided as part of the workshop at the next meeting in October 2022.

Item 2022/23 (01): Health and Safety Group update/escalations – Lone worker APP
The next JNCF meeting was to be held on 7 November 2022. The Executive Director of Finance and Resources and the Director of Workforce (LS) to liaise regarding attendance at the meeting.

Item 2022/23 (16): Estate Strategy progress update
- The target date for the new estate strategy was being discussed later in the meeting.
- Written update on progress relating to the Premises Assurance Model (PAM) was to be provided at the October 2022 meeting.

Item 2022/23 (18): Quality, staffing and finance triangulation neighbourhood report
The report was deferred because of the workforce issues, and demand and capacity planning. This report was on the agenda for discussion at the next Business Committee meeting in October 2022 and to provide a direction for the written paper.

Item 2022/23 (26a): Waiting lists
This outstanding action related to options for patients after the 18 week deadline. Following discussion at the July 2022 Committee meeting it was advised that the guidance letter giving choices to the 18 week target breach would not be offered at the moment. The Trust Chair was concerned about the risk to patients. The Executive Director of Operations advised the Committee that the risk was minimum. There was limited options as to where people would be referred to. She offered to do more scoping to see what the options were and to look into setting up a pathway.

The Committee Chair said that if the position was getting into more clinical risk, and for particular pathways, it would be good to pick that up at the Quality Committee.

Action:
The Committee Chair agreed to have a separate discussion on this with the Chair of the Quality Committee.

Item 2022/23 (46): Service focus

a) Emergency Preparedness, Resilience and Response (EPRR): Presentation
(Rebecca Todd)
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.

b) EPRR self-assessment report, Major Incident Plan
The NHS had a duty to protect and promote the health of the community and therefore it was essential that the Trust was involved in planning for and responding to any incident which may impact on the health of the community.

The Trust's emergency planning arrangements, including this Major Incident Plan (MIP), were embedded within local, regional and national emergency planning arrangements and within agreed framework to enable the Trust to respond to the impact of a major incident in its capacity as a provider of healthcare in Leeds.

This year the EPRR self-assessment process had returned to its pre-Covid format and the audit provided the Business Committee with the opportunity to review the assurance document/scores prior to further work being undertaken with NHS England to moderate the scores across the region.

The newly established Integrated Care Board was responsible for monitoring Leeds Community Healthcare's compliance with its contractual obligations in respect of Emergency Preparedness,

Resilience and Response and with relevant core standards, and they will lead the local assurance process as NHS system leads.

c) EPRR policy for review

The paper presented the Committee with an overview of this year's Annual Emergency Preparedness, Resilience and Response (EPRR) Core Standards Assurance return and supporting Action Plan in line with the recently published NHS Core Standards for EPRR Guidance (NHS England – July 2022).

The guidance reflected recent changes in the NHS landscape including the formation of the new Integrated Care Boards (ICB) and the revised Command and Control arrangements in line with the new NHS structure.

The paper also highlighted some of the winter planning initiatives that were being implemented / considered for this year. Taking assurance from the resilience workstreams that the Trust had put in place around business continuity and winter planning, and the continuing support to Leeds system-wide winter planning and transformation.

After a detailed discussion the following comments were noted:

A Non-Executive Director (KR) reflected on the continuous learning from the recent press coverage of the Grenfell Tower fire and whether that was something that will have a much more local context. It was noted that the national guidance would be provided to trusts and a local resilience forum will be the first place where that discussion will happen and would need careful review to establish the relevant areas for this organisation, picking up on work to incorporate it into the plans and making sure to be aware of any new responsibilities or play into the system regarding evacuation and shelter.

The Trust Chair thanked the Emergency Planning Manager for a comprehensive detailed presentation and noted her passion for the subject. He referred to the training requirements for the different levels in the organisation and asked if that could be managed within six month or twelve months which seemed quite fulsome. The Emergency Planning Manager responded to say that NHS England had agreed to roll out the training who run quite intensive number of courses to try to get people through. She said that all the Executive Directors had already completed the training at strategic level. Two refresher training packages were also available for the new on-call manual to make sure that people felt comfortable with their on-call duties and when working together.

In respond to a question from the Trust Chair about ICB's accountability, it was noted that there was a coordinating role for the ICB and their responsibilities. ICB and all the responders were moving to category one which changed some of the level of responsibility. The new training for commanders embeds working at those different levels, coordinating the system and linking closely and working with NHS England as well as part of all of the local EPRR leads across the city, not necessarily physically but also virtual which is valuable in providing that West Yorkshire consistency.

The Operational Support Manager added that he was content that the organisation was doing everything it could to cover all the bases and will continue. He felt that the future iterations of the assurance framework would have a much more of an emphasis on how Leeds works as a city rather than relying on West Yorkshire leads to take those responsibilities.

The Executive Director of Operations said that on the return for the new standards for this year there were four areas where the Trust was not compliant; training portfolios, and making sure everybody goes through the new training available for both first and second on-call managers. The second one is having 24/7 access to loggists, which had been discussed at a number of forums including Senior Management Team. Should there be an incident, one of the SMT members would take the incident manager role during the out of hours period and ask first on-call or any other person to take a note of the decisions. She said that it was sufficient to have daytime hours access to loggists and look at contingency arrangements for out of hours but that didn't make the trust compliant with the standards.

Further work was required on the information sharing agreements from ICS perspective and mutual aid agreements across West Yorkshire and Harrogate, therefore organisations were partially compliant for those.

The Executive Director of Operations said that those were the four areas she wanted to bring to the Committees attention.

The Committee agreed there should be an update after the winter period of progress with the training and on the development and forming of new governance. The Emergency Planning Manager was happy to provide an update in six months' time when the delivery of the EPRR annual report was due.

Action:
EPRR update and annual report was to be brought back to March/April 2023 meeting.

Outcome:
The Committee agreed they were substantially assured by the information presented and agreed that the Trust was currently 'substantially compliant' in light of recently released guidance and changes in local structure\governance to acknowledge the newly created Integrated Care Board. A further progress report will be provided to the Committee in 6 months.

The Committee agreed to recommend the Board approved the revisions to the policy and the amendments to the LCH Major Incident Plan, and that all governance arrangements reflect and are up to date.

Item (47): Organisational and system context

a) 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 Covid rates in Yorkshire and Humber were around 1.29% in line with England's rate of 1.3%. However, there was an increase in the number of admissions with Covid, an indication of the start of the next wave, as expected, in mid-October 2022 and then a further in January 2023. There was also a number of outbreaks in care homes, which had previously gone down to almost zero and the position this morning was 13 outbreaks.

A brief provided to the Quality Committee on Monday 24 September 2022 noted the system was quite stable. The Executive Director of Operations said that yesterday the city went into silver command because of the number of people at A&E and the inability to admit them due to the increase of Covid presentation and the number of people having 'no reason to reside' in hospital beds.

In terms of the neighbourhood teams, they have deescalated to OPEL 3. There was a bit of capacity available, particularly in virtual ward, and taking referrals for the right people.

Two services continued to report at OPEL 3E; Police Custody, particularly in Western North Yorkshire around staffing and the CAMHS service affected by the Care Notes outage.

The next phase of Covid vaccinations had now started, prioritising care homes and housebound patients with an expectation to complete by 23 October 2022. The vaccination programme for the general population over 50 had also opened up with a line of sight on vaccine supply to be able to vaccinate 72% of anyone who wanted the vaccination in those eligible groups. A vaccination tracker had also opened up for staff to book in for Covid and flu. The latest numbers recorded in the first 36 hours had over 700 members of staff within LCH who come forward to book their appointments.

b) **Care notes cyber-attack**
Please see private discussion.

Item 2022/23 (48): Strategy and planning

a) Estate Strategy update
The Committee received a verbal update on progress on some of the key building projects in pursuit of delivering the current Estate Strategy.

Planning for the new staff hub continued at pace. The Executive Director of Finance and Resources said that almost all the resource was in place and all negotiations with the potential landlord were virtually complete. All the data collection and needs should be sorted by the end of the week for consultation and discussion by end of next week.

The planning for the redevelopment of Burmantofts Health Centre was progressing, draft designs were in place and funding discussions were ongoing.

Otley Health Centre remained out of use. Killingbeck Court would remain open for the neighbourhood team over winter, whilst the council temporarily vacate their occupied space to save energy costs. In the meantime, the Council would be paid for keeping the site open whilst a long-term solution was sought.

The Executive Director of Finance and Resources said that in view of all these initiatives, a wider non-clinical estate project had been established, designed to modernise a more flexible arrangements for flexible space for all non-clinical estate across the portfolio, starting with Rothwell.

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. The Committee Chair said that a written version of the verbal update would be good to receive, and also helpful to see the Strategy setting out the estates position, making recommendations and taking forward those projects described.

The Committee members expressed an interest in attending a meeting of the Estates Strategy Implementation Board.

Outcome:
The refreshed Estates Strategy which will incorporate the new ways of flexible working with some recommendations and drafted in the new year.

b) Progress update on Premises Assurance Model (PAM)
The Committee was advised that the PAM update would be brought to the October 2022 meeting as there had been formatting issues that prevented the 2022/23 submission from being presented at the September meeting. The action summary and the action plan would be presented at the October 2022 meeting.

c) Sustainability update (Harriet Jones and Peter Ainsworth)
The Sustainability and Environmental Manager and the Operations Support Manager attended the Committee meeting to provide an update on the progress made and projects commenced since the approval of the Trust's Green Plan in March 2022.

The key headlines points were shared on screen by the Sustainability and Environmental Manager. She updated the Committee on progress since the Trust Board declared a climate emergency in November 2021.

Four carbon dense areas of the Trust had been identified: Procurement, Buildings and Estates, Travel, and Waste. The Sustainability Team had worked closely with high emitting departments to ensure that all internal stakeholders were aware of the Trust's sustainability agenda and were clear over the proposed projects and how the departments could collaborate.

The four areas identified helped to produce a specific priority roadmap for projects in the Green Plan and commenced on a journey to establish a strong baseline, referenced in the appendices circulated.

A carbon profile had concluded where the hot spots were identified, and the calculations were accredited by an external company which provided assurance that the data was sound. Colleagues in Business Intelligence team essentially created a progression and decreasing graph and a baseline showing how much carbon was needed to be reduced on an annual basis to reach the goal of net zero.

Incremental changes were being made and examples included: reducing the need for paper, single use plastics and harmful environmental chemical agents. A re-greening pilot project was underway at three Trust sites to allow lawns to grow naturally and encourage biodiversity and local wildlife.

The Sustainability and Environmental Manager said she wanted to encourage sustainability discussions with decisions being made, and now felt that real progress had been achieved, establishing a presence of sustainability across the Trust and staff empowerment to embrace the sustainability change, and creating a carbon champion network as well. She said she knew there were a lot more challenges to come and the Trust was in a good position to take them on.

The Director of Workforce (LS) said that the sustainability work read across a number of workforce portfolios, and having a huge impact across the business, for example business travel and how that interacts with staff benefits essentially through lease cars. She said she wanted to note with the Committee how easy the Sustainability and Environmental Manager makes this spread into everybody's portfolio and that was the root of the success in the Trust.

The Committee Chair reflected on the challenges to come in medium and later stages of this journey and said he would welcome the team coming back should there be difficulties ahead of targets. However, he said it had been a great start and it had made a very good impression across the organisation.

Outcome:
The Committee commended the Sustainability and Environmental Manager for the work achieved to date and the engagement with services and was looking forward to future updates when appropriate.

d) Tenders, Risks, new Commissioners (Leeds Office)
The Committee received a verbal update in terms of some of the tender development and progress.

Sexual Health: Negotiations were underway to agree a short-term extension with the Council for 15 months. A price was also being agreed. The Executive Director of Finance and Resources said that the administration service in Merrion House based at Wade House, next to the clinical delivery part of the Sexual Health service were moving into Merrion House (probably taking the space of Mindmate who were vacating to Kirkstall). This was better for the administrative team in Wade House who had been operating without any heating over the past 18 months.

The work was progressing, but not without cost implications and complexities in terms of IT, and landlord negotiations. The Executive Director of Finance and Resources said that it does provide a space to deliver an extension to the Sexual Health service for further 15 months.

PHINS 0-19 service: Similar situation as above in terms of having an extension to 2026/27. There was a significant financial gap to work through. The Executive Director of Finance and Resources said that the Council preferred to spend the same amount of money as they did in the previous five years, over the next 3 to 4 years. Work was underway to look at service remodelling and aiming to negotiate an acceptable price for the continuation of the services without going to tender under 2026/27.

Dental service: The Dental service was due to be re-tendered by NHS England for 2024. The Executive Director of Finance and Resources was unsure about the implications of new legislation around the processes, desire, needs and legal requirement to competitive tender services, or whether within West Yorkshire or a collaborative approach to dental.

School Immunisation service linking to Vaccination service:
Notice had been received from Commissioners that they did not wish to purchase the current service from the Trust after this academic school year. The Executive Director of Operations said that she had heard that the vaccination commissioned service for the Place would include school-age immunisations, including Covid, flu, monkeypox, etc. and as yet there wasn't a specification to determine that. In the background, a tender ready group was working on the model offer.

New ICB: Arrangements, particularly in Leeds in terms of the commissioning of Trust services and the whole interaction with Population and Health Boards. The Executive Director of Finance and Resources stressed that his assessment for next year was that the Population Health Boards would have little or no impact on the commissioning of our services for 2023/24. Conversations were happening across the city with finance directors about how the system would work interacting with providers in terms of commissioning. The output of the deliberations would be shared with the Business Committee and with Committees in other organisations.

The Executive Director of Finance and Resources said that ICB had prompted a good discussion about how the system was going to work, almost what the financial principles are, and working together collectively rather than being an individual organisation. He said should any of the papers be produced over the next three weeks it would be useful to have them at the next month's meeting.

The Committee Chair thanked the Executive Director of Finance and Resources for the update. The Company Secretary said that she would consult with the Executive Director of Finance and Resources and the Executive Director of Operations to bring the deferred business development strategy report to a future meeting. The Committee Chair said that it was important to schedule this sooner because of the broader discussion about future commissioning arrangements and tender opportunities. It was noted that the business development item would be considered after the Trust Board Strategy meeting on 19 October 2022.

Item 2022/23 (49): Change Management and Projects

Change Management top ten programmes update
The Committee received 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.

The Executive Director of Finance and Resources explained that the admin review was a major project but probably at the next deep dive into the admin review it would be the final closure report and in which case, there would become a space to add something new. Each project may form the basis of a deep dive agenda item, providing an opportunity for the Committee to be assured that each project was being well managed and would deliver its objectives.

SMT also considered the workstreams that were also listed as were important but not projects that required a deep dive that would generate some debate. The Executive Director of Finance and Resources said that lots of work was underway in the background and the reporting was already covered through existing Business Committee agenda items.

The Committee Chair said that it was good to see a strategic list of major programmes and would take assurance through either deep dives or knowing that there was other control arrangement in place for the Committee or other management projects. He said it was a sensible list and would be happy to take one or two projects per committee meeting throughout the year at an appropriate timing or when they are at an important stage or life cycle.

In his summary, the Committee Chair said that there was a little bit more thinking to do in terms of the format and reporting sequence, reviewing and prioritising. He said there were previously around 40 or so individual projects listed, and this would mean more manageable numbers for the Committee to seek assurance on.

Action: Head of Corporate Governance (October 2022)
Dates for project deep dives to be agreed and added to the Business Committee work plan.

Outcome:
The Committee gave its agreement that the list of priority projects should form the basis of a rolling programme of deep dive reviews.

Item 2022/23 (50): Performance Management

a) **Performance Brief and Domain reports**
The Executive Director of Finance and Resources introduced the report and said that 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 26 September 2022, particularly in terms of serious incidents and the nature of the incidents.

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.

In terms of the waiting lists, the Executive Director of Operations said that the ambition was to get back to standard response times and back on track. She said she was comfortable with asking for further funding, but the issue was with workforce. She was optimistic for the Paediatric Neuro Disability, where more consultants had just been appointed.

There were some long-term waiters transferred from the acute trust. No matter how quickly they would be seen within the community trust, they had already been waiting in the acute trust for too long before they were transferred. It was noted that they were not assessed as priority waits.

The Executive Director of Operations said that with the non-consultant led waits, to get to the point where 90% of people could be seen within 18 weeks was a great improvement and the Trust was performing better than many other trusts.

A Non-Executive Director (KR) asked about the pharmacy technicians support and whether that was going to be a sustainable funding regime going forward and if that would have an impact on the adult business unit. The Executive Director of Operations said that the Pharmacy Technicians were part of general staffing for neighbourhood teams who offer a great service and take some of the workload away from nursing staff. She continued to say that in terms of the funding there was a good skill-mix opportunity. The funding available could be used in a flexible way, bringing in the skills and not incurring any additional costs.

The Trust Chair reflected on the improving recruitment issue. The Director of Workforce (LS) said that there were some real successes in a number of new initiatives, like hyperlocal recruitment, making an impact on entry level positions and continuing to work on the smoothness of recruitment processes by removing any barriers to entry. The hyperlocal recruitment was something that would be continued to target and grow. Following the distribution of leaflets, there had been 102 expressions of interest from the local community in roles like apprenticeship programmes and having an impact on the unregistered workforce going forward and ultimately into registration.

The Committee noted the success of the internationally recruited nurses settling in and passing their OSCE exams and a potential aspiration to bring in a new cohort before the end of this financial year.

Outcome:
The Committee noted the Performance Brief reports for August 2022. There was a sense of assurance around tackling turnover and waiting lists. The October Business Committee meeting would explore the vacancy and establishment position in greater detail.

FINANCE
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.

A set of slides were shared with the Committee to provide headlines and draw attention to the financial position at month 5 (August) which showed a favourable position against the plan and the citywide position, formally each organisation was forecasting to hit its target.

The finance report described 290 vacancies in August 2022 including some of those for new services not yet recruited to. The Executive Director of Finance and Resources said that from a finance perspective he believed that the Trust would remain within the financial allocation for the year, with a worst case of £1m negative variant and probably as a best-case scenario could have a £2/3m positive variance. A result of trying to take into account the cost of the incentive payments during August 2022; for neighbourhood team, incentive payment to police custody and also taken into account the additional payments to CAMHS staff for the additional work that they are having to do in response to the Care Notes outage.

The pressure on the system and some of the mitigations that the acute trust has and the mitigations of paying £0.5m incentives over the next four or five months during a difficult winter, meant there was no financial flexibility in the Trust.

The Executive Director of Finance and Resources explained the underlying position reported for each organisation. The number he had put forward for the Trust was £14m underlying deficit, based on the fact that none of the income that was due from the Leeds Place of the ICB as a commissioner for services they had commissioned would flow to this organisation. The level of vacancies that the Trust had identified, even if the position improved meant that a £40m deficit would not be achievable. It would be significantly less than that because of the savings made from vacancies. The Committee Chair said that the workshop session at next month's meeting in October 2022 was about the vacancy position and about the realistic expectation for next year in terms of recruitment.

The Committee Chair thanked the Executive Director of Finance and Resources for his helpful update and for raising awareness of discussions across the city.

b) **Operational and non-clinical risk report**
The summary report detailed the changes to non-clinical risks on the risk register and noted two new risks that had been added to the risk register since the last report.

- **Risk 1115** Electronic Patient Record (Care Notes) Outage
- **Risk 1116** Special Inclusive Learning Centre School Vaccinations

The Committee Chair said that he had already discussed the mitigations of Care Notes outage with the Assistant Director of Business Intelligence.

The Executive Director of Operations assured the Committee that the school vaccinations risk was a short-term risk.

The Committee discussed the risk and challenge around the IT helpdesk situation. The risk score had recently been escalated again. The Executive Director of Finance and Resources said that as of Wednesday 21 October 2022, the two new starters in the IT helpdesk team declined the offer, they had a better offer somewhere else, and this remained a significant risk.

Outcome:
The Committee noted the recent revisions made to the Trust risk register and agreed the risks were being appropriately managed.

c) **Workforce Disability Equality Standard and Workforce Race Equality Standard annual reports 2021-22 and action plans (WDES/WRES)**

The report outlined WDES & WRES progress made over the last 12 months and sought support for the WDES & WRES action plans for 2022/23.

Progress had included: improvement in the overall representation of Black and Minority Ethnic (BME) staff in LCH, an increase in the relative likelihood of BME and Disabled staff appointed from shortlisting across all posts, an increase in the number of reasonable 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. This report would be presented at the October 2022 Trust Board meeting for approval.

A Non-Executive Director (KR) reflected on the two action plans and the disparities in an employee experience and also around bullying and harassment. He recommended that performance management processes were needed to provide more robust assurance and to strengthen the examples. Secondly, more could be done with talent management database. The Director of Workforce (LS) said they were helpful comments and suggested they met to look at the challenges in more detail as well as looking at the action plan to see where more KPIs could be created. She agreed to add some information to the Board paper about the discussion and recommendations.

The Trust Chair commented that there seemed to be lots of general targets which could be improved to make people more aware of and provide better knowledge.

The Committee Chair referred to the Equality, Diversity, and Inclusion Forum (ED&I) which had agreed some actions and targets and asked whether or not that had started to get traction. The Trust Chair added that at the 'LCH No Bystanders Summit' (13 September 2022) he was pleased to hear ideas, enthusiasm and the motivation and a dynamic feel at the event. The Director of Workforce (LS) said that the LCH No Bystanders Summit was a real platform for ongoing actions and again closely linked to the E&DI forum as well.

The Chief Executive said that the cultural changes needed were medium and long term and societal as well as local.

In response to the Trust Chair's query, the Director of Workforce (LS) said that the 2% increase in BME workforce was more than 60 people from a BME background who were now working for the Trust which was part of a slow and steady increasing trend.

The Committee Chair said that this was a good step forward for what will always be a challenging journey. The discussion would be reflected to the Trust Board.

Outcome:
The Committee recognised the improved position and recommended that there should be more robust actions and specific measurements for improvement.

Item 2022/23 (51): Matters for the Board and other Committees

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.

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

The Committee Chair would brief the Trust Board on the updates relating to:

- EPRR
- Care Notes issue
- Estates update
- Sustainability
- Performance Brief and Finance
- WDES and WRES

Item 2022/23 (52): Business Committee Governance

Future work plan
The Committee reviewed and noted the work plan and considered to reschedule the deferred items.

Deferred items from workplan
- Business Development Strategy update
- Neighbourhood team triangulation report
- Change management programmes (individual updates)
- Estates Strategy update

Item 2022/23 (53): Any other business

None discussed.

Leeds Community Healthcare NHS Trust

Business Committee Meeting
Microsoft Teams / Boardroom, Stockdale House
Wednesday 26 October 2022 (9.00 to 11.30 am)

Present:	Richard Gladman (Chair)	Non-Executive Director (RG)
	Khalil Rehman (Deputy Chair)	Non-Executive Director (KR)
	Helen Thomson	Non-Executive Director (HT)
	Thea Stein	Chief Executive (virtual attendance)
	Bryan Machin	Executive Director of Finance & Resources
	Sam Prince	Executive Director of Operations
Attendance:	Diane Allison	Company Secretary
	Ann Hobson	Assistant Director of Workforce (representing DoW)
	Debbie Gallon	Service Manager, ABU (in attendance for item 55b)
	Lucy Shuttleworth	Service Lead ((virtual attendance for item 59)
Apologies:	Jenny Allen	Director of Workforce (JA)
Note Taker:	Ranjit Lall	PA to Executive Director of Finance & Resources

Item 2022/23 (54): Welcome and introductions

The Committee Chair welcomed everyone to the meeting.

a) Apologies: 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 28 September 2022
The minutes of Public and Private meeting dated 28 September 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 2022/23 (01): Health and Safety Group update/escalations – Lone worker APP
The next JNCF meeting was being held on 9 November 2022. The Executive Director of Finance and Resources to provide an update at the next Committee meeting in November 2022.

Item 2022/23 (18): Quality, staffing and finance: triangulation Neighbourhood report
It was noted that a streamline approach was to be considered to the reports. The Executive Director of Operations said that there was multiple reporting to different places. She wanted to standardise reporting to Quality and Business Committee, including Commissioners. Further discussions were to be continued later in the meeting for information gathering and frequency.

Quality Committee action (transferred to Business Committee)
Protected characteristics and turnover
Details of the protected characteristics and turnover was noted in the quarterly workforce report.
Action closed.

Item 2022/23 (55): Workshop

a) Workforce Quarterly Report (Quarter 2)

The Assistant Director of Workforce (Ann Hobson) was welcomed to the meeting.

This was the quarter 2 workforce report on the work in progress with particular emphasis on resourcing set within the context of external factors, such as heightening inflation, a constrained labour market and various surges within Covid infections, as well as internal to manage current demand and continued challenges to the workforce.

Some improvements in capacity had been achieved during quarter 2, associated with lower turnover, a higher number of new starters, and a reduction in sickness absence. Hyper-local recruitment had seen a continued success. A reward review had been commissioned for consideration during quarter 3 to ensure the ongoing efficacy of any incentivisation approaches.

The Assistant Director of Workforce highlight key points as follows:

- There were some improvements in capacity in the last quarter. 34 new starters had joined the Trust in quarter one, having more staff joining than leaving.
- Initiatives undertaken and underway during quarter two helped reduce overall turnover to 13.9%. The breakdown of turnover by protected characteristics was noted in the report. This group represented a smaller proportion of the wider population and work was continuing to monitor these figures, and use them to inform the ongoing Equality, Diversity & Inclusion work at LCH.
- Turnover rate for Black and Minority Ethnic (BME) had decreased slightly over the first two quarter periods.
- The success of hyper-local recruitment of 27 people into domestic assistance, administration, and healthcare support worker posts. The ambition was to support the wider population to tackle poverty and reduce inequalities.
- The Trust continued to look at ways to support staff through a wide range of financial incentives.
- Improvements in both long-term and short-term sickness absence rates had been noted and efforts were continued to focus on ways to support staff. Sickness absence rates at the end of September 2022 were 6.4%, which was within the 2022 target threshold.
- As a result of the Equality, Diversity, and Inclusion forum one of the suggestions was to explore the possibility of the Trust's new Disability & Long-Term Conditions Network and over 40 staff had come forward. The inaugural meeting had been scheduled in November 2022.

A Non-Executive Director (KR) reflected on the financial incentive enhancements and agreements. The Assistant Director of Workforce said that there were various financial incentives available for staff who were under pressure and could access 'InstantPay' scheme, which was more widely used, allowing staff to track their earnings, as they worked and were able to transfer up to a maximum of 35% of their gross pay wages from shifts already worked, immediately into the bank account.

The InstantPay scheme had been piloted for Bank staff only in November 2021 for a few months at a cost to individual of £1.75 admin fee each time they streamed. At end of June 2022 the Senior Management Team agreed that it should be made available to all staff and the organisation picked up the £1.75 fee for all staff.

The Committee Chair referred to the long-term sickness absence position and the support provided. The Assistant Director of Workforce said that the HR business partners received regular reports and work closely with individual's line managers with the aim of supporting the employee and facilitate a return to work as soon as reasonably possible. There are still some individuals who are off work with Long Covid. Nationally, at the start of the pandemic the sickness absence criteria had been paused for anybody with Long Covid meant it didn't trigger to half pay. A few months ago, that had been revised meaning that Long Covid would be treated as normal sickness absence.

The Occupational Health (OH) provider for the Trust is also keen that staff on long-term sickness absence are referred to them as soon as possible. At the moment the policy states that any long-

term sickness absence is automatically referred to OH, normally within 2 weeks or earlier. The Committee Chair noted regular updates and information on wellbeing schemes but less on longer term-sickness and trends.

The Committee Chair asked about the review of the financial incentives and whether it was going to be considered alongside the overall financial sustainability. It was noted that an independent company was overseeing a review in terms of goals and achievements. The Chief Executive said that she wanted to keep as many services fully operational as possible and aimed to achieve this by a targeted approach to incentives for maximum benefit with the least financial impact.

Outcome:
The Committee noted the content of the report, providing a flavour of the work and progress underway to ensure that the Trust can enhance its capacity and support its workforce.

b) Workforce Workshop: Deep dive into the Neighbourhood Teams resourcing (Debbie Gallon)

The Executive Director of Operations introduced the Service Manager, who joined the adult business unit in a new role bringing in capacity and demand experience from other environments like the acute setting.

The Executive Director of Operations said that the presentation was based on a conversation with the Committee Chair a few months ago. He was keen to understand the daily position and challenges of the neighbourhood teams, having the right number of people in the right place and the assurance of meeting demands.

The presentation provided the context in which neighbourhood teams delivered care including that they made c1800 contacts per day (56,000/month), c650 referrals per week, and had a caseload of 7200-8000 patients. Finances did not constrain service delivery and there was a balance of funds overall. The services provided met people's needs at home, community settings, some clinic-based delivery, and aimed to maximise independence for patients.

Funded to utilised staffing levels were presented; this highlighted the numbers of vacancies particularly in healthcare assistant and nursing roles. The Committee explored the use of Bank staff and the benefits of having a flexible workforce. They were also advised of demand and capacity initiatives and improvements such as use of clinics, digital consultations, the Enhance Programme (Third Sector providing support), self-management, Active Recovery (social care referrals), and the Community Health and Wellbeing Service currently being piloted by the Armley team.

The Committee Chair asked about the vacancy levels and mitigations and whether some services had under or over deployment in place and what information was available for managers to understand the daily situation. He also asked whether there was any flexibility built in to deal with fluctuating demand or if the service preferred having flexible staff through a good Bank supply rather than permanent staff.

The Executive Director of Operations said that she would prefer a much more sustainable permanent employed workforce plus a Bank that allowed the service to respond to gaps. She said sometimes choices deterred people from work in a particular neighbourhood and therefore created gaps. She said one concern was the number of staff working a full-time job and then doing extra work through the Bank. The wider Bank provided different types of roles, for example, vaccination service, or people just working in the winter, or having more flexibility. The Committee Chair said that it was an interesting debate to be had in the future about flexibility and attracting permanent people.

The Executive Director of Operations said that the factors to consider when allocating caseloads depended on referrals, complexity, skill mix and choice. The diversity of the caseloads ranged in terms of ethnicity from 3% to 33% of people identified as BAME. Some teams were in very affluent areas and some very poor areas. In age range of clients, the caseload was different again.

The Executive Director of Operations said that there were lots of things to consider when allocating staff in terms of needs. One of the indicators on a daily basis was fast-track referrals received, effectively becomes a priority of the team when end-of-life care was required. The Service Manager added that one of the constant tensions on a daily basis was encouraging people in one neighbourhood team to work in another.

A Non-Executive Director (KR) noted the complexity in the neighbourhood teams and asked how that aligned itself with strategic planning and funding and resources and relating to discussions within the Leeds Place system within the next 12-18 months. The Executive Director of Operations responded that the strategic direction depends on the population health and understanding the needs of people living in each of the neighbourhood team areas and the services they are likely to need.

The Chief Executive said that there was a huge desire to develop community services at the moment. There were opportunities for more joined up working with social care, and utilising integrated care clinics meant better use of resources.

Outcome:
The Committee understood the challenges and the need for flexibility because of how the work fluctuated because of complexities of caseloads and varying demand.

Item (56): Committee workplan

a) Workplan review

The Committee reviewed the Committee's workplan to ensure the items it received remained relevant and the information provided within Committee papers was of sufficient quality and was received in a timely way.

The Committee was provided with a framework to support its review of the workplan including strategies, deferred items, timetable for major change programme updates, service focus items, workshops, and Care Quality Commission regulatory framework.

In terms of the strategies, the Committee noted the process for receiving regular updates, about draft strategies, initial stage, final draft and then implementation plan, and the recommendation of a final version to the Trust Board. There would be an annual implementation plan associated with each strategy and the Committee would receive regular updates on the delivery against that plan.

A Non-Executive Director (HT) advised the Committee that the Health Equity strategy had been reviewed at the Quality Committee meeting on Monday 24 October 2022. She said it was a useful exercise to map across the business aspect of it.

The Committee discussed the frequency of the Neighbourhood Teams triangulation report. The Committee Chair suggested this report was required less frequently. The Executive Director of Operations will consider the nature and frequency of this report.

The items to potentially add or remove from the Committee's workplan were considered, including estates management reports, capital works programmes, and a forward look at tenders and contracts. Horizon scanning to seek opportunities and agree the criteria and judge whether to proceed with upcoming tenders. The Committee Chair suggested that the estate management report should be a consolidation of many aspects of the estate.

The Executive Director of Finance and Resources agreed that the Committee needed to be aware of some of the operational details and associated risks regarding contracts and tenders. He said there were some risks to note with Sexual Health tender and the 0-19 services at the moment. These tenders had financial risks associated with them. The Executive Director of Finance and Resources agreed to discuss this further outside the meeting with the Executive Director of Operations and provide an update at the meeting in November 2022.

In terms of the waitlist and backlog reports, the Committee Chair said that a regular cycle of reporting could be received alongside the performance pack, utilising what was readily available in PIP.

The Chief Executive suggested that the Business Committee should receive information linked with the Integrated Care Board and Integrated Care Leeds Finance Sub-Committee.

The Company Secretary said that verbal updates or presentations in place of papers was happening fairly frequently. The Committee Chair said presentations should be received at least 24 hours before the meeting for Committee members to prepare questions to have a meaningful debate, and verbal updates should be avoided unless absolutely necessary.

A timetable for major change programmes was to be compiled. The business case for the Enhanced Programme had been scheduled for November 2022 meeting and the new staff hub programme update in January 2023.

The Company Secretary suggested alternating between the business units and corporate when agreeing the agenda for service focus items. She said there was a gap for the next few months and that it would be helpful to agree the service focus for November 2022 and January 2023. The Committee members were invited to suggest service focus topics. It was agreed that the Community Dental Service would be the service focus in November 2022.

Action
The Executive Director of Finance and Resources and Executive Director of Operations to discuss reporting on upcoming tenders and risks and provide an update at next month's meeting in November 2022.

Outcome:
The paper provided the Committee with a framework to support the review of the workplan. The Committee reviewed and responded to the recommendations made in each section of this report.

b) Workplan (for information)
The Committee reviewed and noted the work plan and considered the changes discussed as above.

Item (57): Organisational and system context

a) 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 the rates were steadily increasing, around 28%. One in thirty people had Covid and the highest incidents were in 50 to 69 age group. The prediction had changed to an anticipated peak in the infection rate in mid-November 2022. The uptake for both flu and Covid vaccination was anticipated to increase.

The Executive Director of Operations said that the vaccination rates were better than reported: 35% rather than 28%, as all the vaccination data had not been pulled through from the EMIS system into the national system.

b) **Update on Rehabilitation and D2A beds (***Please see Private Minutes*)

Item 2022/23 (58): Strategy and planning

Progress update on Premises Assurance Model (PAM)
The Committee was provided with a summary of the self-assessed standards against the 249 self-assessment questions relevant to the Trust. This confirmed that, overall, the Trust had a high level of compliance with the PAM standards but with a clear area of weakness related to the Trust's facilities management services. This had already been identified as weak and progress had been made in recent months.

The key headlines to note were that some of the 'inadequate' areas were for linen and catering, which currently involved one inpatient unit. These services were contracted out but needed risk assessing and making sure the policies were adhered to. The other inadequate areas were predominantly waste and recycling.

In order to deliver the action plan, work was continuing to develop a facilities management structure. A new interim facilitates manager was expected to be in post from end of December 2022, a case for change was being drafted, and then the Trust would begin the process of recruiting a permanent facilities manager.

The Committee Chair thanked the Executive Director of Finance and Resources for his summary and acknowledged all the work completed over the last few months and was looking forward to seeing the action plan worked through with the right leadership and right people to do that. The Executive Director of Finance and Resources said that his recommendation was to monitor the progress of the action plan quarterly and would be happy to provide an update in February 2023.

Action:
The Committee to receive an update on the PAM in February 2023.

Outcome:
The Committee reviewed the action plans including ownerships and proposed target completion dates.

Item 2022/23 (59): Change Management and Projects

Allocate e-Community project
The Committee Chair welcomed the Clinical Transformation Service Lead, to the meeting.

The Committee received a brief overview of e-Community digital allocation solution. The e-Community system was designed to personalise the care for patients. This project started in April 2022 with a team of people getting ready to implement the system by making changes to SystmOne. One of the key reasons for adopting this model was because of the volume of time spent by clinicians allocating work.

The work began with testing the interoperability integration with SystmOne and health roster and the e-Community all in one. An issue was identified early in the process in terms of the inoperative ability of having 13 units or teams. The issue was between the e-Community software and SystmOne. This was being worked through with the two software providers and testing of which would restart once a solution was agreed. The project team also engaged with the Chief Digital Officer at the ICB.

The e-Community provider had now employed a SystmOne expert, and the work was estimated to be deliverable within 4 weeks. In the meantime, the resource within the allocation team had been secured and once there was confirmation of sustainable inoperative across the 13 instances, a test to try out would be carried out.

The Committee Chair asked about capacity and demand planning in terms of flexibility or agility and the importance of it. The Executive Director of Operations responded to say that a lot of clinical time was wasted on allocation that could be for seeing patients and this automated everything including the forecast element for up to six weeks of capacity and demand across the variety of staff.

Once the system was fully operational, the benefits to be realised include saving 90 hours of allocation work per week and being able to produce a 6-week forecast. Other efficiencies include reducing the length and number of journeys staff would need to make, which would have a positive impact on the carbon footprint.

In respond to a Non-Executive Director (HT) asking about the clinical risk hazard log the Clinical Transformation Service Lead explained that a risk register capturing all project risks and testing

the system to make sure the technology was effective. A lot of human error was being removed, that caused considerable issues in teams every day. The e-Community system will pull data from health roster, annual leave, sickness absence, etc. equally to ensure the most appropriate staff member was allocated a task.

The Committee Chair thanked the Clinical Transformation Service Lead for providing an update on the progress made so far and suggested the Committee members could visit one of the hubs in operation and see a live situation.

Outcome:
The project team anticipate that e-Community will be rolled out to the two pilot teams by the end of March 2023. Once the pilot schemes are complete in Kippax and Middleton then the rollout would be a quick process than originally anticipated because of the work completed in the process.

Item 2022/23 (60): Performance Management

a) **Quarterly Finance Report (***Please see Private Minutes*)

b) **Operational and non-clinical risk report**
The summary report detailed the changes to non-clinical risks on the risk register and noted a new risk that had been added to the risk register since the last report.

- **Risk 1118** Ballot for Industrial Action (new risk added).
- **Risk 1067** Introduction of female children into the secure estate (risk has been escalated).
- **Risk 994** Waiting times for Community Dental Services (risk has been de-escalated).

Outcome:
The Committee noted the recent revisions made to the Trust risk register and agreed the risks were being appropriately managed.

Item 2022/23 (61): Matters for the Board and other Committees

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.

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

The Committee Chair would brief the Trust Board on the updates relating to:

- e-Community project and digital solutions
- Finance
- Workforce
- Premises Assurance Model – actions planned to remedy those inadequate
- Management of capacity in the Neighbourhood teams.

Item 2022/23 (62): Business Committee Governance

Deferred items
The Committee reviewed and noted the work plan and considered to reschedule the deferred items.

Item 2022/23 (63): Any other business

None discussed.

SCRUTINY BOARD (ADULTS,HEALTH & ACTIVE LIFESTYLES)

TUESDAY, 18TH OCTOBER, 2022

PRESENT: Councillor A Marshall-Katung in the Chair

Councillors C Anderson, S Burke, L Farley, J Gibson, N Harrington, C Hart-Brooke, M Iqbal, W Kidger, E Taylor and E Thomson

Co-opted Member present – Dr J. Beal

27 Appeals Against Refusal of Inspection of Documents

There were no appeals.

28 Exempt Information - Possible Exclusion of the Press and Public

There were no exempt items.

29 Late Items

There were no formal late items.

30 Declaration of Interests

No declarations of interest were made at the meeting.

31 Apologies for Absence and Notification of Substitutes

No apologies were received for the meeting.

32 Minutes - 20th September 2022

RESOLVED - That the minutes of the meeting held on 20 September 2022 be approved as an accurate record.

33 Local ICB Arrangements - Update

The Head of Democratic Services submitted a report which briefed the board on the latest position surrounding the local ICB arrangements, including reference to the West Yorkshire Integrated Care Board arrangements and the Leeds Place Based Governance arrangements – Leeds Health & Care Partnership. Following on from an update to the board last year, a watching brief was in place to maintain an overview of the evolving local ICB arrangements.

The following were in attendance for this item:

- Councillor Fiona Venner, Executive Member for Adult and Children's Social Care and Health Partnerships
- Councillor Salma Arif, Executive Member for Public Health and Active Lifestyles
- Victoria Eaton, Director of Public Health
- Tim Ryley, Place Based Lead for the Leeds Health & Care Partnership
- Rebecca Charlwood, Chair of the Leeds Committee of the West Yorkshire Integrated Care Board

The Executive Member for Adult and Children's Social Care and Health Partnerships briefly reminded the Board of the legislative changes set out in the Health and Care Act 2022 in relation to the establishment of new Integrated Care System (ICS) arrangements. Reference was made to the role of Integrated Care Boards (ICBs), which took on the commissioning responsibilities of Clinical Commissioning Groups from 1st July 2022, as well as being tasked with leading the integration of health and care services across their area. It was highlighted that the existing close partnership working approach had led to West Yorkshire being very well placed to transfer to the new ICS arrangements and that the valuable role played by local Health and Wellbeing Boards had also been particularly acknowledged by the West Yorkshire ICS.

The Place Based Lead for the Leeds Health & Care Partnership and the Chair of the Leeds Committee of the West Yorkshire Integrated Care Board also gave a brief introduction and highlighted the following points:

- As part of the new statutory ICS arrangements, there is a requirement to refresh the West Yorkshire ICS Partnership's Five Year Strategy by March 2023. Linked to this, it was noted that the West Yorkshire Joint Health Overview and Scrutiny Committee had received a report on the work being undertaken on the Strategy during its meeting on 8th September 2022. It was also noted that the Partnership is working closely with Place-Based Committees and local Health and Wellbeing Boards to ensure that the Strategy is developed collaboratively and to ensure collective ownership across the breadth of the partnership.

- The Leeds Committee of the West Yorkshire ICB had held its inaugural public meeting on 14th July 2022 and a further meeting on 22nd September. It was confirmed that all membership appointments had now been filled, with details of the membership representation set out within the report. It was acknowledged that the new arrangements have now led to greater partnership representation from the council and third sector and a distributed leadership model, as well as reinforcing patient and public opinion at the heart of decision making.

- It was also noted that the new arrangements help reinforce co-operation to locate the best options for service provision as previously the CCG had commissioned and bought services which lead to competition for contracts from the NHS, private and third sectors.

The following areas were also discussed during the Board's consideration of the report:

- *Review of the West Yorkshire ICS Constitution* – the Board was informed that the existing Constitution document would be reviewed by the West Yorkshire Integrated Care Board in the next 12 months.

- *Priority areas over the next 6 months* – with the expectation of the Scrutiny Board receiving a further update in March 2023, reference was made to 3 key areas of priority that the Board may wish to reflect on. These included improving access to general practice; addressing winter pressures linked to an ongoing review of the intermediate tier of care; and the commissioning of dentistry linked to the transfer of responsibility from NHS England to local ICBs by April 2023.

- Tackling health inequalities – the Board was pleased to note that this area of work remains a key priority for the West Yorkshire ICS and is also very much reflected as part of the Healthy Leeds Plan. It was suggested that it would be helpful to focus on the Healthy Leeds Plan as part of the Scrutiny Board's next update in March 2023.

- Managing future resource pressures – with an expectation that resources are likely to become more stretched linked to the existing cost of living crisis, particular importance was placed on ensuring that partners work collaboratively to ensure that resources are maximised effectively.

The Chair thanked everyone for their contributions and reminded Members that a further update is expected as part of the Board's March 2023 meeting.

RESOLVED – That the contents of the report, along with Members comments, be noted.

34 Leeds Health and Wellbeing Strategy Refresh - A strategy to 2030

The Chief Officer for Health Partnerships submitted a report which provided an update to the Scrutiny Board of the approach to the refresh of the Leeds Health and Wellbeing Strategy. Since 2012 it has been a statutory requirement to have a Health and Wellbeing Strategy and the view of the Scrutiny Board was now being sought with regards to the proposed refresh approach and priorities.

The following were in attendance for this item:

- Councillor Fiona Venner, Executive Member for Adult and Children's Social Care and Health Partnerships
- Councillor Salma Arif, Executive Member for Public Health and Active Lifestyles
- Victoria Eaton, Director of Public Health
- Tony Cooke, Chief Officer Health Partnerships
- Wasim Feroze, Strategy Partnership Development Manager, Leeds Health Partnerships Team

The Executive Member for Adult and Children's Social Care and Health Partnerships and the Executive Member for Public Health and Active Lifestyles provided context to the evolution of the Health and Wellbeing Strategy.

It was noted that the current strategy, dated between 2016 to 2021, had been extended to 2023 due to the Covid-19 pandemic. The refresh of the strategy now further aims to align a broad range of partners in the health and care system; cover wider determinants to improve public health; and link closely to the council's three pillars of the Best City Ambition.

The Chief Officer Health Partnerships and the Strategy Partnership Development Manager introduced the report and particularly referenced the refreshed 12 priorities set out within the report. These have been informed by a range of key public conversations, including the Big Leeds Chat, framed under three proposed headings of people, place and productivity which will aim to improve wider determinants of health for all. It was noted that the refresh approach is not a fundamental rewrite of the current Health and Wellbeing Strategy and acknowledges developments including the Covid-19 pandemic, rising inequality and cost of living issues. Furthermore, many features of the current strategy will remain familiar further strengthened to reflect the current context with key approaches informing the development of the refresh including through an equality, diversity and inclusion lens.

The following areas were also discussed during the Board's consideration of the report:

- *Hospital discharges* – the Board discussed existing challenges within the system that impact on the timeliness of patients being discharged from hospital, which are primarily linked to the need for patients to receive appropriate aftercare within the community. The Board acknowledged this as a particular area that it would like to continue monitoring.

- *The valuable role of carers* – the Board acknowledged the valuable role played by carers - both paid and unpaid carers – and was therefore pleased to note that the refreshed Strategy now includes a priority around carers. Linked to this, the Board recognised the importance of ensuring that the needs of carers are appropriately assessed and that they have access to support services, such as Carers Leeds.

In conclusion, the Chair thanked everyone for their contributions and suggested that the Board utilises its March 2023 meeting to consider the refreshed Leeds Health and Wellbeing Strategy prior to it being formally launched.

RESOLVED –

(a) That the contents of the report, along with Members comments, be noted.
(b) That the Scrutiny Board considers the refreshed Leeds Health and Wellbeing Strategy in March 2023, prior to it being formally launched.

35 Marmot City Progress Update

Last year the Adults, Health and Active Lifestyles Scrutiny Board had supported the proposal for Leeds to become a Marmot City to further build upon the existing commitments across all partners to reduce health inequalities and improve the health of the poorest the fastest. The Director for Public Health submitted a report to the Board which presented an update of progress regarding this work and the next steps.

The following were in attendance for this item:

- Councillor Fiona Venner, Executive Member for Adult and Children's Social Care and Health Partnerships
- Councillor Salma Arif, Executive Member for Public Health and Active Lifestyles
- Victoria Eaton, Director of Public Health
- Tony Cooke, Chief Officer Health Partnerships
- Tim Fielding, Deputy Director of Public Health

The Executive Member for Public Health and Active Lifestyles provided an overview of the ambition and progress for Leeds becoming a Marmot City. The Board was informed that whilst there is no additional funding linked to becoming a Marmot City, it is expected to add additional pace and focus to the current work to address health inequalities through a range of ways. It was highlighted that the model and details of the approach are still to be developed further in the coming months and that significant progress has been made to ensure there is capacity and leadership for this programme of work within Public Health.

The Deputy Director of Public Health also briefly introduced the report and particularly highlighted that one of the key principles of the Marmot City approach in Leeds is the strategic alignment with the key strategies of the city, namely the three pillars of the Best City Ambition and the Healthy Leeds Plan.

While the programme will work to address health inequalities across the breadth of the Marmot principles, the Board was informed that arising from the

earlier strategic discussions, the initial priorities will be focused around achieving the Best Start and on Housing.

The following areas were also discussed during the Board's consideration of the report:

- It was noted that the original Marmot approach was established in response to the 2008 financial crisis which resonates with the current economic situation. However, in view of existing financial pressures the Board acknowledged the need to explore creative ways to maximise existing resources effectively.

- The Board recognised that the 8 policy areas that underpin the Marmot approach are vast and potentially extend beyond the Council's own power of influence, thereby reinforcing the need for close partnership working across the city.

- The Board discussed the importance of developing effective methods of ongoing evaluation and measures of success.

- While acknowledging that no formal or informal consultation and engagement has taken place with Leeds residents, the Board learned that engagement discussions have been held with a wide range of internal stakeholders and a number of external partners to continue to inform the development of the approach. Moving forward, there will be engagement with Community Committee Health Champions to identify the opportunities to coordinate their work with the Marmot City approach.

Board Members praised officers for their work and detail in the report and were enthusiastic to progress to the next stages of becoming a Marmot City.

RESOLVED – That the contents of the report, along with Members comments, be noted.

36 Work Schedule

The Head of Democratic Services submitted a report that presented the latest version of the Board's work schedule for the remainder of the municipal year. Also appended to the report for information were the minutes of the Executive Board meeting held on 21st September 2022 and the minutes of the West Yorkshire Joint Health Overview and Scrutiny Committee meeting held on 8th September 2022.

In introducing the report, the Principal Scrutiny Adviser highlighted the following:

- That an additional meeting of the Scrutiny Board had now been arranged for Tuesday 8th November 2022 at 2 pm to consider the issue of dentistry.

- That the Board's planned meeting on 22nd November 2022 now included an item on Leeds Health and Care System Resilience and Winter Planning.

- That only one working group meeting would now be held to consider the 2023/24 budget proposals. This will be held in December.

- That a further update on the Leeds Health and Wellbeing Strategy Refresh is to be scheduled for the Board's March 2023 meeting following the Board's earlier discussions.

RESOLVED – That the work schedule be updated to reflect the above updates.

37 Date and Time of Next Meeting

RESOLVED - Tuesday, 8 November 2022 at 2:00 pm (pre-meeting at 1:45 pm)

(The meeting concluded at 3:50 pm)