Bundle Public Board Meeting 3 February 2023

Agenda

Final Agenda Public_Board_Meeting_3 February_2023.docx

108 09:00 - Welcome, introductions and apologies:

109 Declarations of interest

110 Questions from members of the public

Minutes adoption for approval

111 09:10 - Minutes of previous meeting and matters arising:

111.a Minutes of the meetings held on 2 December 2022

Item 111a draft Public Board minutes 2 December 2022.docx

111.b Actions' log

Item 111b Public Board Actions log 3 February 2023.doc

112 09:15 - Patient's story: Jamie's Digital story

113 09:35 - Chief Executive's report

Item 113i CEO report 3 Feb 2023.docx

Item 113ii CEO report Appendix A Youth Board update.pdf

Item 113iii CEO report Appendix B Communications Report.pdf

114 09:45 - Resilience and System Flow

Item 114 - Resilience and System Flow.docx

115 09:55 - Committee Chairs' Assurance Reports:

115.a Audit Committee: 16 December 2022

Item 115a AC Chairs assurance report Dec 2022 V2.docx

115.b Charitable Funds: 7 December 2022

Item 115b Charitable funds Committee Chair Assurance Report December 2022.docx

115.c Nominations and Remuneration Committee: 13 December 2022

Item 115c Nom and Rem Committee December 2022 and January 2023 - Chair Assurance report V1.0.docx

115.d Quality Committee: 23 January 2023

Item 115d QC Chairs assurance report Jan 2023.docx

115.e Business Committee: 25 January 2023

Item 115e Chairs assurance report BC January 2023 Public.docx

115.f Committee membership proposed amendments

116 10:15 - Performance brief and domain reports: December 2022

Item 116i Performance brief cover paper.docx

Item 116ii Performance Brief - December 2022 v1.4.docx

117 10:25 - Significant Risks and Board Assurance Framework (BAF) Summary Report

Item 117 Significant risks and risk assurance report Feb 2023.docx

118 10:40 - Children, Young People and Families Strategy update - reviewed by Business Committee January 2023

Item 118 CYPF strategy Update January 2023.docx

119 10:50 - Freedom to Speak Up Guardian Report (John Walsh presenting)

Item 119 Freedom to Speak Up Guardian Report Feb 2023 (1) (1).docx

120 11:00 - Safe Staffing Report – reviewed by Quality Committee and Business Committee January 2023

Item 120 Safe staffing report Jan 2023.docx

121 11:10 - Patient Experience: Complaints, Concerns and Feedback Report - reviewed by Quality Committee January 2023

Item 121 Patient Experience Six Month report.docx

122 11:20 - Trust Board Priorities 2022-23 – update report

Item 122 Board_Trust Priorities Q3 Exception Report 2022-23 Final.docx

123 11:30 - Third Sector Strategy update- reviewed by Business Committee January 2023

Item 123i 3rd Sector Strategy Update - January 2023.docx

Item 123ii 3rd sector Plan on a page - Jan 23.pptx

124 11:40 - Health and Safety Policy (PL2820) – for approval

Item 124i Cover sheet Health and Safety Policy review Feb 2023.docx

Item 124ii Health and Safety Policy Feb 2023.docx

125 11:45 - Gender Pay Gap Report – for approval –reviewed by Nominations and Remuneration Committee January 2023

Item 125i GPGR 2022 report 3 Feb 2023.docx

Item 125ii GDPR Appendices A Assurance Statement GPGR22.docx

126 11:55 - Any other business and questions on Blue Box items

127 12:00 - Close of the public section of the Board

128 Mortality report quarter 3 – reviewed by Quality Committee January 2023

Item 128i Mortality Q3 22.23.docx

Item 128ii Appendix 1 Adult Mortality Q3 22 23 Final.docx

Item 128iii Appendix 2 Child Mortality Q3 22 23 Final (1).docx

129 Research and Development Strategy update -reviewed by Quality Committee January 2023

Item 129i Research and Development Strategy update.docx

Item 129ii Research and Development Appendix 1 Milestones Jan23 update.pdf

Item 129iii Research and Development Appendix 2 Development Session May22.pdf

130 Approved minutes and briefing notes for noting: Blue Box

130.a Audit Committee: October 2022

Item 130a Approved Audit Committee minutes 14 October 2022 public.docx

130.b Quality Committee: November 2022

Item 130b Approved Quality Committee minutes 21 November 2022.docx

130.c Business Committee: November 2022

Item 130c Approved Business Commitee Minutes 23 November 2022.docx

130.d Scrutiny Board :Adults, Health and Active Lifestyles: November 2022

Item 130d Scrutiny board Minutes - 22nd November 2022.pdf

131 Board workplan

Item 131 Public Board workplan 2022-23 v9 25 01 23.pdf

Leeds Community Healthcare NHS Trust

Agenda Trust Board Meeting Held In Public
Venue:Boardroom 4th Floor Stockdale House

Date 3 February 2023
Time 9:00 – 12noon
Chair Brodie Clark CBE, Trust Chair

AGENDA			Paper
2022-22 108	9.00	**Welcome, introductions and apologies** *(Trust Chair)* James Kelman, Advanced Practitioner, Leeds Community Healthcare NHS Trust (Shadowing the Execuitve Director of Nursing and Allied Health Professionals) Apologies: Alison Lowe OBE – Non-Executive Director	
2022-23 109		**Declarations of interest** *(Trust Chair)*	**N**
2022-23 110		**Questions from members of the public**	**N**
2022-23 111	9.10	**Minutes of previous meeting and matters arising** *(Trust Chair)* *For approval*	
111.a		Minutes of the meetings held on 2 December 2022	**Y**
111.b		Actions' log	**Y**
2022-23 112	9.15	**Patient story – Jamie's Story (Video)** *(Steph Lawrence)*	**N**
QUALITY AND DELIVERY			
2022-23 113	9.35	**Chief Executive's Report** *(Thea Stein)*	**Y**
2022-23 114	9.45	**Resilience and system flow** *(Sam Prince)*	**Y**
2022-23 115	9:55	**Committee Chairs' Assurance Reports:**	
115a		Audit Committee: 16 December 2022 *(Khalil Rehman)* • Board to approve External Audit contract extention	**Y**
115b		Charitible Funds: 7 December 2022 *(Alison Lowe)*	**Y**
115c		Nominations and Remuneration Committee: 13 December 2022 and 17 January 2023 *(Brodie Clark)*	**Y**
115d		Quality Committee: 2021 – 23 January 2023 *(Helen Thomson)*	**Y**
115e		Business Committee: 25 January 2023 *(Richard Gladman)*	**Y**
115f		Committee membership proposed amendments *(Brodie Clark)*	**N**
2022-23 116	10.15	**Performance Brief: December 2022** *(Bryan Machin)*	**Y**
2022-23 117	10.25	**Significant risks and Board Assurance Framework (BAF) Report** *(Thea Stein)*	**Y**

BREAK			
2022-23 118	10.40	**Children, Young People and Families Strategy update -** *reviewed by Business Committee January 2023* *(Sam Prince)*	**Y**
2022-23 119	10.50	**Freedom to Speak Up Guardian Report** *(John Walsh presenting)*	**Y**
2022-23 120	11.00	**Safe Staffing Report** – *reviewed by Quality Committee and Business Committee January 2023* *(Steph Lawrence)*	**Y**
2022-23 121	11.10	**Patient Experience: Complaints, Concerns and Feedback Report** - *reviewed by Quality Committee January 2023* *(Steph Lawrence)*	**Y**
2022-23 122	11.20	**Trust Board Priorities 2022-23 – update report** *(Bryan Machin/Steph Lawence)*	**Y**
2022-23 123	11.30	**Third Sector Strategy update**- reviewed by Business Committee *January 2023*	
APPROVAL/SIGN OFF			
2022-23 124	11.40	**Health and Safety Policy (PL2820) – for approval** *(Thea Stein)*	**Y**
2022-23 125	11.45	**Gender Pay Gap Report – for approval –***reviewed by Nominations and Remuneration Committee January 2023*	**Y**
CLOSE			
2022-23 126	11:55	**Any other business and questions on Blue Box items** (Trust Chair)	**N**
2022-23 127	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)		
2022-23 128	**Mortality report quarter 3** – reviewed by Quality Committee January 2023	**Y**
2022-23 129	**Research and Development Strategy *update*** *-reviewed by Quality Committee January 2023*	**Y**
2022-23 130	**Committee minutes – for noting** a) Audit Committee – October 2022 b) Quality Committee – November 2022 c) Business Committee –November 2022 d) Scrutiny Board (Adults,Health & Active Lifestyles) – November 2022	**Y**
2022-23 131	**Board Workplan**	**Y**

Leeds Community Healthcare NHS Trust

Trust Board Meeting held in public: 3 February 2023

Agenda item number: 2022-23 (111a)

Title: Draft Trust Board meeting minutes 2 December 2022

Category of paper: for approval
History: N/A

Responsible director: Chief Executive
Report author: N/A

Draft

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
	Alison Lowe OBE (AL)	Non-Executive Director
	Khalil Rehman (KR)	Non-Executive Director
	Bryan Machin	Executive Director of Finance and Resources
	Sam Prince	Executive Director of Operations
	Steph Lawrence MBE	Executive Director of Nursing and Allied Health Professionals (AHPs)
	Dr Ruth Burnett	Executive Medical Director Executive Medical Director
	Jenny Allen	Director of Workforce, Organisational Development and System Development (JA)
Apologies:	Laura Smith	Director of Workforce, Organisational Development and System Development (LS)
In attendance:	Rachel Booth (RB)	Associate Non-Executive Director
	Diane Allison	Company Secretary
	Sue Lawrenson	Clinical Head of Service for Dietetics and Weight Management Specialist (for Item 87)
	Louise Kirkland	Operational Head of Service (for Item 87)
Minutes:	Liz Thornton	Board Administrator
Observers:	Em Campbell	Health Equity Lead, Leeds Community Healthcare NHS Trust
	Sarah Seagar	Neighbourhood Physiotherapy Lead, Leeds Community Healthcare NHS Trust
	Gavin Morris	Virgin Media/02
Members of the public:	None present	

Item 2022-23 (83)

Discussion points:

Welcome introduction, apologies and preliminary business

The Chair of Leeds Community Healthcare opened the Trust Board meeting. He welcomed observers and other members of staff from the Trust who were attending to support the patient story item.

Apologies

Apologies were received and accepted from Laura Smith, Director of Workforce, Organisational Development and System Development.

Item 2022-23 (84)

Trust Chair's introductory remarks

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

He thanked the Executive Team for continuing to demonstrate its strength through challenging times. Staff had also been brilliant and the Trust should constantly, at all levels, seek ways of recognising and rewarding their unstinting efforts.

Three key issues remained constant and more critical than ever.

The voices of our staff: must be heard and they must be at the centre of the forward journey. The staff survey will offer some measure of how staff feel. The constant changes within the Trust, must be introduced with clarity and where possible, with consensus; concerns must be addressed; maintained, and refreshed alongside the positive staff support arrangements which have been well received.

The quality of our work must never waver. the quality walks programme is moving forward effectively, reports incorporating the views of NEDs should be regularly reported to the Board.

We should remain very close to the views; the opinions and the advice we get from the communities that we serve. the engagement strategy approach presented to the Board today goes some way to progressing that. To truly reduce the health inequalities across the community; to effectively progress a community healthy living ambition; to learn from the successful approaches of the community vaccination programme, the Trust must do more. The Trust holds an important key to the community health and welfare agenda.

Finally, he said that the agenda for the Board meeting today was about getting up to speed, signing off and supporting the developments that had been put in place to support the city flow, a stocktake on particular key strategies and also about recognising the achievements of staff; teams, and an outstanding top team.

Item 2022-23 (85)

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 (86)

Discussion points:

a) Minutes of the last meeting: 7 October 2022

The minutes were reviewed and agreed as an accurate record of the meeting.

b) Actions' log 7 October 2022

2022-23 (67): Formal report on system flow – paper presented to this meeting. **Action closed.**

2022-23 (75): Workforce Disability Equality Standard and Workforce Race Equality Standard annual reports 2021-22 **–** both published reports reflected the comments made by the Board on 7 October 2022. **Action closed.**

Item 2022-23 (87)

Discussion points

Patient story: Linda's

The story was presented to the Trust Board as a video with supplementary information provided by members of the Trust's Dietetic Service.

Linda was referred to the Adult Dietetic Team by her GP in July 2022 with a number of complex medical problems. Linda also suffers from the anxiety disorder agoraphobia, has not left her home for several years and members of the Dietetic Team visit her at home. She is cared for by her partner.

The referral was expedited by her GP and Linda was prioritised for a dietetic appointment due to her poor nutritional state, poor food intake due to tiredness and she was suffering diarrhoea and weight loss. A recent hospital admission had resulted in a diagnosis of pancreatic insufficiency and she was prescribed medication to replace pancreatic enzymes.

Linda said that the Dietetic Team was able to support her in a holistic way which meant that her dietary intake, cognitive abilities and overall feeling of anxiety had gradually improved as a result of their visits to her home.

The Trust Chair said this was a powerful story which emphasised the importance of a holistic approach to care was important for patients with a range of complex needs. He asked what other outside agencies were involved in Linda's care.

The Clinical Head of Service said that this was primarily her GP. She had accessed support for her mental health in the past but was not receiving any active support currently.

The Board discussed current pressures on the service. Currently the Team received about 300 referrals per month. 30-40% of patients were seen at least initially in their own home. This helped staff to assess the patient more effectively and patients felt more comfortable in their home environment. Subsequent appointments could be over the telephone or Zoom if appropriate. Typically contact would be made around six times per year.

Associate Non-Executive Director (RB) asked about the skill mix of staff in the Team and whether they were struggling to recruit staff with skills to manage the holistic approach to care.

The Clinical Head of Service said that recruitment was a challenge for the service and the skill mix of staff would be reviewed over the coming months.

The Trust Chair asked what more the Trust could do to support the Service.

The Clinical Head of Service said that raising the profile of dietary issue across all services in the Trust would be a good starting point. So that every member of staff thought about how a patient's nutrition and dietary habits impacted on their health journey and speed of recovery.

The Trust Chair asked for his thanks to be passed onto Linda for allowing her compelling video story to be shared with the Board and for members of the Trust's Dietetic Team for attending the Board meeting.

Item 2022-23 (88a)

Discussion points:

Chief Executive's report

The Chief Executive presented her report which focussed on:

- The Trust's 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)

The Executive Director of Operations reported that Phase 1 of the move of the CAMHS Service to SytemOne went live on 30 November 2022. The Board acknowledged the fantastic work done by staff to enable this to happen.

Non-Executive Director (RG) said that it was important for the Trust to take stock and reflect on lessons learnt which would help to manage any outages which occurred in future.

The Director of Workforce, Organisational Development and System Development (JA) provided an update on the staff survey. The survey closed on 25 November 2022 and it had been a record year in terms of the response rate. The Trust would receive some Trust level results by the end of December 2022 and more specific service and team results from February 2023 onwards.

The Executive Director of Nursing and AHPs provided a brief verbal update on planned industrial action. The Trust had recently been notified by the Royal College of Nursing (RCN) that sufficient staff who are members had voted to take strike action on 15 and 20 December 2022. Measures were being taken to ensure that services and the quality of patient care were not compromised, in particular to ensure that services which involved emergency and critical care are not affected. Further discussions would take place with the RCN shortly. She was confident that the Trust would be able to manage services over the two strike days.

Non-Executive Director (HT) asked if Yorkshire Ambulance Service NHS Trust would be involved in the 15 and 20 December 2022 action.

The Executive Director of Nursing and AHPs said that there was no definite information of this as yet but if they were, it was likely to be Patient Transport Services.

The Executive Director of Finance and Resources reported that Module 3 of the UK Covid 19 Public Inquiry had been launched and all NHS trusts had been invited to respond to some general narrative questions by mid-December 2022.

The Board agreed that it was appropriate for the Trust to provide a response and this could be completed by the Senior Management Team and signed off by the Chief Executive and Chair.

The Director of Workforce, Organisational Development and System Development (JA) highlighted the success so far with hyper local recruitment. It is being used most recently in Otley to support recruitment to the Trust's newest service at Wharfedale Hospital, yielding interest so far from 38 potential Health Care Assistants and 14 registered nurses. Eight candidates have already been successfully appointed with more interviews ongoing throughout December 2022.

Outcome: the Board

- received and noted the Chief Executive's report.

Item 2022-23 Item 88(bi, ii and iii)

Discussion points:

Wharfedale Hospital Rehabilitation Beds

The Executive Director of Operations introduced the reports.

Following the termination of Villa Care's contract, the Trust had agreed to deliver a rehabilitation/discharge to assess function at Wharfedale Hospital from 23 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. Currently 22 beds out of 30 available within the current financial envelope were occupied.

Appendix one to the paper contained the high-level project initiation document. A separate risk log was included at Appendix 2. This highlighted the main risks and how the Trust was mitigating them.

Non-Executive Director (IL) asked about the expected impact on patient flow.

The Executive Director of Operations said that the aim was to achieve a quicker discharge for most patients within one month if possible.

Non-Executive Director (KR) observed that the Quality Committee should receive information about the qualitative impact of the transfer of service by way of patient feedback.

Outcome: the Board

- agreed that the work done so far and progress made was excellent The paper provided assurance that the mobilisation had been robust to ensure the safe transfer of the service.

Item 2022-23 (89)

Discussion points:

Seasonal resilience and system floor

The Executive Director of Operations presented the formal report. She began by providing a brief verbal update on the current position in relation to system pressures in Leeds:

- Overall, the systems in the city were reported as being at Opel 3 level.
- On Monday the attenders at the Acute Hospitals Accident and Emergency Department were at a record high.
- Due to the number of inpatients classified as 'no right to reside' the system was congested.

The Executive Director of Operations said that improving system flow remained 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 2022, this paper provided an update on the initiatives led by the Trust to support the system and increase community capacity.

Non-Executive Director (IL) referred to the work by Newton Europe on how intermediate care services could be redesigned to meet the needs of the people in the city. He observed that redesigning services would require significant funding and staff resourcing implications.

The Director of Workforce, Organisational Development and System Development (JA) agreed that this would be a challenge but she hoped there would be more opportunities for the unregistered workforce in future. Discussions on funding were ongoing with partners across the City.

Outcome: the Board:

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

Item 2022-23 (90)

Discussion points:

Assurance reports from sub-committees

a) – Audit Committee 14 October 2022

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

- **Cyber security:** the Committee received a report on digital layers of defences: internally, externally and nationally. Discussed disaster recovery controls and the systems owned by third parties.
- **Security management:** the Trust's Security and Safety Lead presented the annual report and advised the Committee on security management structure and process in place in the Trust.

The Board noted that the strategic risk allocated to the Committee had been assigned a **Limited** level of assurance.

b) – Quality Committee – 24 October 2022 and 21 November 2022
The reports were presented by the Chair of the Committee, Non-Executive Director (HT), the key issues discussed were highlighted, namely:

- **CIVAS update:** the Committee received an update on the implementation of the new pathway with secondary care partners following a cluster of incidents.
- **E-Community (Allocate):** the Committee was provided with an update on the project.

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

c) – Business Committee – 26 October 2022 and 23 November 2022
The reports were presented by Non-Executive Director (RG), and the key issues discussed were highlighted, namely:

- **Community Dental Service:** the Committee received an update on the challenges around demand and capacity, staff resources and vacancies and the current budget.
- **Enhance Programme:** the Programme Manager from Leeds Older People's Forum presented the committee with information about the Enhance Programme which was jointly funded by the Trust and Leeds City Council during 2022/23.

e) - Mental Health, Learning Disability and Autism Committee- in-Common 27 October 2022
The report was noted.

The Board noted that the majority of the risks allocated to the Committee had been assigned a **reasonable** level of assurance with the exception of the risk associated with security of It Infrastructure which had been assigned a **limited** assurance level.

Outcome: the Board

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

Item 2022-23 (91)

Discussion points:
Performance Brief: October 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.

There were no questions related to the performance pack.
Outcome: the Board:

- noted the levels of performance in October 2022.

Item 2022-23 (92)

Discussion points:
Significant risks and Board Assurance Framework (BAF) summary report
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 Board noted changes to the risk register as follows:

- No new risks scoring 15+ had been added to the register.
- Two risks scoring 15 or above had been de- escalated:
  - Looked After Children Health Offer
  - Waiting times for the Community Dental Service

Non-Executive Director (KR) observed that it would be interesting to see what initiatives had been put in place for the Community Dental Service to improve waiting times.

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.

- noted the assurance levels for strategic risks assigned to the Board's committees.

Item 2022-23 (93)

Discussion points:

Guardian of Safe Working Hours (GSWH) – Quarter 2 report 2022-23

The Executive Medical Director presented the report in the absence of the GSWH. The report sought to provide the Board with assurance that trainee doctors and dentists working within the Trust were working safely and, in a manner, consistent with the Junior Doctors Contract 2016 Terms and Conditions of Service.

The report covered the current plan and progress to address the Community Adolescent Mental Health Services (CAMHS) ST historic rota compliance and payment issues and identified the need for robust human resources/medical staffing support to manage the junior doctor contract, rota assurance and work schedule, the need for junior doctor trainee representation on the Local Negotiating Committee and the missed educational opportunities for community paediatric junior doctors.

Outcome: the Board

- Supported the GSWH with the on-going work related to CAMHS ST historical rota compliance and payment issues
- Noted that work had been started to look into a 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.
- Noted 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.
- Noted the progress made with regards to Community paediatric junior doctors training and plans to find long term sustainable solution.

Item 2022-23 (94)

Discussion points:

Health Equity Update

The Executive Medical Director presented the report which provided an update on progress to deliver the strategy with a particular focus on the key findings of the equity analysis of waiting lists as required in 2022-23 Planning Guidance around inclusive recovery.

The Board noted the 'Curious Questions' developed to support the identification of inequity in care and to then monitor the impact of actions to address this.

An example of this in action was the use of equity lenses on falls data for the Falls Steering Group and deep dive into falls at the Quality Assurance and Improvement Group (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.

The report described the requirements of the new EDS22 framework, which includes what must be achieved for equity of patient care and for diverse and inclusive workforces. It was agreed that each committee would consider its role in complying with the requirements.

Non-Executive Director (KR) welcomed the update report as a good summary of the work so far and highlighted the importance of gathering patient feedback at a service level.

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

Outcome: the Board:

- Noted the mandated requirements from NHS Planning Guidance and Equality Delivery System (EDS).
- Agreed to 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 in the report.

Item 2022-23 (95)

Discussion points:

NHS provider licence compliance consultation

The Company Secretary presented the paper. NHS England was 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, and the Care Quality Commission and 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.

Outcome: the Board:

- Agreed with the feedback already provided by NHS Providers and would reiterate this 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.

Item 2022-23 (96)

Discussion points:

Equality and Diversity Annual Report 2021-22

The Board received the annual update on progress made and future actions around equality and diversity to receive assured that the requirements of the Equality Act 2010 Public Sector Equality Duties (PSED) and the NHS Standard Contract are being met.

The paper covered the period 1 November 2021 – 31 October 2022 and highlighted areas of achievement, which included:

- 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
- Highlights the changes to the reporting & governance of the Equality Delivery System 2022(EDS2022)

Non-Executive Director (AL) raised a number of queries which would be followed up outside the meeting. These included specific measures of success for recruitment targets, and the impact of change for allyship programmes.

It was agreed that these were important points and progress to achieving them would be identified for the next Board meeting.

Action: Outcomes from the follow up discussion about success for recruitment targets and the impact of change for allyship programmes to be reported to the next Board meeting on 3 February 2023.

Responsible officers: Director of Workforce (JA).

Outcome: the Board:

- Noted the progress made over the last 12 months and to confirmed it was assured that the requirements of the Equality Act 2010 Public Sector Equality Duties (PSED) and the NHS Standard Contract are being met.

Item 2022-23 (97)

Discussion points:

The Executive Director of Nursing and AHPs presented the paper which reviewed the success of the current patient engagement strategy; explained what engagement had been undertaken and identified the way forward; proposes an alternative to a revised strategy and sets out some principles and a timetable to develop a more responsive and sophisticated approach to patient engagement.

The Quality Committee would receive the set of principles in March 2022 for review, and the Board would receive details following this.

Outcome: the Board

- approved the development of principles and the timeline based on the feedback received.

Item 2022-23 (98)

Discussion points:

Review of standing orders and standing financial instructions

The Executive Director of Finance and Resources presented the paper which summarised a number of amendments and updates. Once approved, a fully updated version of the whole document would be made available electronically to Board members and more widely through the Trust's intranet and website.

The Audit Committee had reviewed this paper at its meeting on 14 October 2022 and agreed to recommend that the Board should approve the proposed amendments.

Outcome: the Board

- approved the updating of the standing orders and standing financial instructions in line with the summary of changes outlined in the paper.

Item 2022-23 (99)

Discussion points:

West Yorkshire Mental Health, Learning Disability and Autism Collaborative – revised terms of reference

The Company Secretary presented the paper which provided an overview of the changes agreed the mental health, Learning Disability and Autism Collaborative terms of reference.

Non-Executive Director (HT) asked whether there was an overall structure diagram for the Integrated Care Board that provided details of where decisions were being made. The Company Secretary advised that this had been raised at the Governance Network meeting, as well as how assurance mechanisms, reporting and communications would work. and had been advised that this was being progressed. The Company Secretary would update the Board on this work when she received further information.

Outcome: the Board

- approved the changes to the terms of reference.

Item 2022-23 (100)

Discussion points:

Register of seals

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

Outcome: the Board

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

Item 2022-23 (101)

Discussion points:

Annual General Meeting minutes – 20 September 2022

Outcome: the Board

- approved the minutes as presented without amendment.

Item 2022-23 (102)

Discussion points:

Any other business and close

The Trust Chair referred Board members to the additional Blue Box items (104 – 107) on the agenda and the papers which had been circulated to support those items. He explained that the Blue Box was for items already discussed at a committee in full and where any concerns are escalated via the Chairs' assurance reports.

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

Item 2022-23 (103)

The Trust Chair closed the meeting at 12.00noon

Date and time of next meeting
Friday 3 February 2022 9.00am-12.00 noon

Additional items (Blue Box)	
2022-23 104	**Mortality Report – Quarter 2 2022-23 – reviewed by Quality Committee November 2022** *(Ruth Burnett)*
2022-23 105	**Quality Strategy update - reviewed by Quality Committee November 2022** *(Steph Lawrence)*
2022-23 106	**Board workplan for noting**
2022-23 107	**Approved minutes and briefing notes for noting – all approved by the respective committees:** *(Brodie Clark)*
107a	Quality Committee: 26 September 2022 and 24 October 2022
107b	Business Committee: 28 September 2022 and 26 October 2022
107c	Scrutiny Board (Adults, Health and Active Lifestyles) 18 October 2022

AGENDA ITEM 2022-23 (111b)

Leeds Community Healthcare NHS Trust
Trust Board meeting (held in public) actions' log: 3 February 2023

Agenda Item Number	Action Agreed	Lead	Timescale	Status
2 December 2022				
2022-23 (96)	**Equality and Diversity Annual Report 2021-22:** Outcomes from the follow up discussion about success for recruitment targets and the impact of change for allyship programmes to be reported to the next Board meeting on 3 February 2023.	Director of Workforce	3 February 2023	Verbal update 3 February 2023

Actions on log completed since last Board meeting on 2 December 2022	
Actions not due for completion before 3 February 2022: progressing to timescale	
Actions not due for completion before 3 February 2023: agreed timescales and/or requirements are at risk or have been delayed	
Actions outstanding at 3 February 2023; not having met agreed timescales and/or requirements	

Leeds Community Healthcare NHS Trust

Trust Board meeting held in public: 3 February 2023

Agenda item number: 2022-23 (113i)

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:

- Seacroft Clinic reopening
- Prime Minister's visit to Rutland Lodge
- Flu/Covid staff vaccination programme update
- Project to evaluate long COVID services

Appendix A: Youth Board update

Appendix B: Media report

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. Seacroft Clinic reopening

On Tuesday 3 January 2023, Seacroft Clinic reopened its doors following a year of major renovations led by the Estates Team (Community Ventures Ltd). At the opening ceremony, Executive Director of Operations Sam Prince, welcomed staff, patients and services back to the building alongside Councillor Abigail Marshall Katung, Chair of Scrutiny Board (Adults, Health and Active Lifestyles). The refurbishments have made facilities much better for both patients and staff and are designed to meet growing demands of the local area. Accessibility is at the forefront of the new clinic, with a new mobility friendly entrance off the car park and disability access lift inside. It also has twelve new clinical rooms, and 25 hot desks for flexible working, making it easier for clinical care teams to work out in the community and return to base.

3. Prime Minister's visit to Rutland Lodge

The Prime Minister, Rishi Sunak and the Minister for Care, Helen Whately visited the Meanwood Neighbourhood Team and the MSK Team at Rutland Lodge on 9 January 2023. This provided an opportunity to showcase the amazing intermediate care work that goes on in community services every day, helping to keep people out of hospital and expediting early discharge.

The Prime Minister made an announcement at the visit that the government would make available up to £200 million of additional funding to immediately buy short-term care placements to allow people to be discharged safely from hospitals into the community where they will receive the care they need to recover before returning to their homes. This initiative is currently being implemented in Leeds.

He also announced that Leeds Health and Care Partnership would be one of six national 'Discharge Frontrunners' and would lead the way in exploring new long-term initiatives to free up hospital beds. The Partnership was chosen as a pilot site to test out some early thinking around what intermediate care could look like in the future. The focus is on both the back door of the hospital (discharge) and on admissions avoidance work.

This new programme will trial long term solutions to issues that result in patients staying in hospital longer than necessary. For example, looking to improve how health teams in the hospital work with those providing community services such as rehabilitation, which will mean better support locally for patients who need support after a hospital stay.

4. Flu/Covid staff vaccination programme update

The staff Flu and Covid vaccination programme continues; these are the vaccination rates as of 20 January 2023: The team have done really well to hit these figures at a time when rates have dropped across the NHS.

	FLU	COVID
DRS AHP's	76.6% 67.8%	66.6% 63.6%
Nurse	67.4%	58.0%
Support to clinical	53.0%	43.2%
Not Frontline	58.2%	53.3%
Overall Frontline Uptake	62.4%	54.0%

5. Project to evaluate long COVID services

NHS England has asked the Trust to be part of a project to evaluate the outcomes of Long Covid services in the country. This work will inform future funding for the services for next year.
The project will be undertaken by a team led by Dr Manoj Sivan, Associate Professor and NHS Consultant in Rehabilitation Medicine at the University of Leeds and Leeds long COVID service in Leeds Community Healthcare NHS Trust.

In this evaluation, NHS England is seeking to understand:

- Whether there is improvement in patients attending post-COVID services and to assess change in the severity of the condition from admission to discharge from the service, using patient-reported outcome measures.
- The extent of symptom burden and functional disability in individuals accessing care in NHS-funded post-COVID services, using patient-reported outcome measures

6. Staff Survey

The Trust has now received the initial headlines and results from the 2022 National NHS Staff Survey carried out in LCH during between 3 October– 25 November 2022. We had a record response rate as compared with previous years with 58.3% of staff responding to the survey. Results are under embargo at present; restricted

to internal use and conversations only which have now commenced. The exact date on which the embargo is lifted is yet to be confirmed but anticipated to be early-mid March 2023 following which a paper will be presented to and discussed at Public Board.

7. Engaging with our staff

Members of the Senior Management Team and NEDS 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 (DoN) she may well be working a shift with them – for the rest of us this will be joining a meeting or shadowing staff. Alison Lowe joined our Steph Laurence (DoN) for a quality walk with the Night Nursing Service.

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 Wharfedale wards rapid mobilisation group, the Opel Community Hub at Cookridge, the Triage Hub at Rutland Lodge, and visited Hannah House. The Chair, Brodie Clark CBE visited the Dental Clinic at the Reginald Centre, Seacroft Neighbourhood Team, the Respiratory Team at Chapeltown Health Centre, the North-West Recovery Hub at Yeadon, and attended the Dental Team meeting at the St Georges Centre, Middleton.

8. New Deputy Director of Finance

We welcomed our new Deputy Director of Finance, Yasmin Ahmed, at the start of January 2023. Yasmin brings a wealth of experience from a wide range of senior roles in West Yorkshire and across the country, including the last twelve years as a deputy director of finance within various NHS providers and commissioners.
We are pleased that Cherrine Hawkins, who wished to step down from the full-time deputy director of finance role, has been appointed to the role of Head of Financial Planning, Income and Costing, working 3 days a week.

9. Chief Clinical Information Officer appointed

In line with the Board agreement to prioritise the digital agenda, a new standalone post of Chief Clinical Information Officer (CCIO) has been created and recruited to. This was previously incorporated within a Deputy Medical Director portfolio. The successful candidate, Geraint Jones, started in post in January 2023, initially 0.5FTE, reporting to the Executive Medical Director and working closely with the Assistant Director of Business Intelligence. Geraint is a critical care physiotherapist and outreach practitioner who has held the post of Digital Clinical Lead at Buckinghamshire Healthcare NHS Trust since 2018 and brings a wealth of experience to the role.

Appendix A

CBU Involvement Update – January 2023

Author: Chris Lake, Involvement Lead

Parent and Carer group

I have established a parent and carer group and the group has a membership of 18 parents and carers. The group have taken part in five consultation projects so far and their children have also taken part in a project where they picked their favourite poster for the new Children`s charter that is being developed across all health and social care services in Leeds.

I have also designed a document to record the group`s feedback and this can be kept by services as a record of the groups involvement in developing their service or taking part in a project.

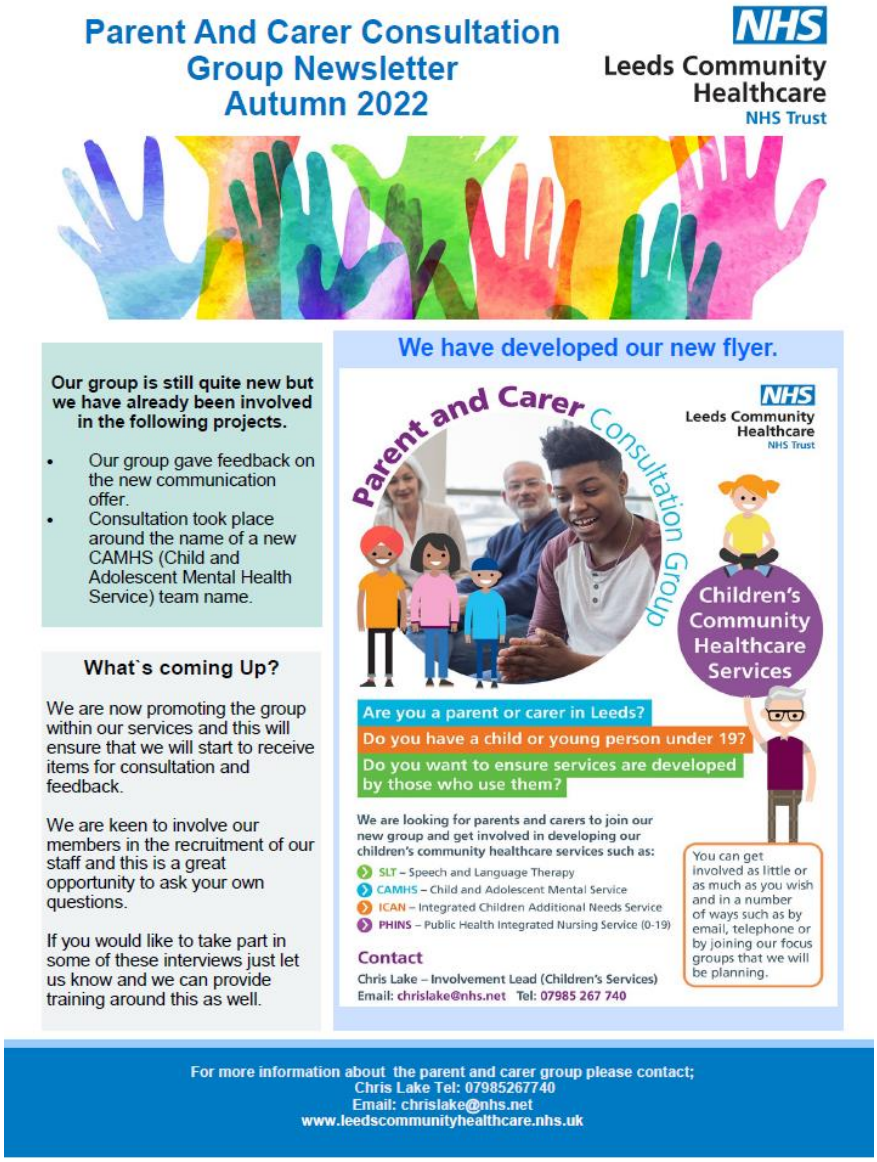
Initially the group was a “readers” type group where items are emailed etc to the group, however the group is now starting to evolve and we met virtually in December 2022. At this meeting the group discussed how they would like the group to evolve and all said that they would like the opportunity to meet each month as this would ensure that this is more personal. They explained that they like the idea of the “readers” type group but also liked the flexibility of attending a meeting as well.

The group felt that an informal monthly meeting will work well and will plan to do this on the first Monday of each month. All explained that as parents / carers of children with additional needs flexibility around being involved was so important and they liked the informal approach that we have adopted

I have also developed a parent and carer group newsletter which will include details of projects and consultation that the group takes part in. The newsletter will be distributed to the group`s members, Children`s Business Unit and our third sector links.

The group is still quite new and I hope that it will work like the Youth Board providing consultation, feedback and become fully embedded within the Children`s Business Unit.

Parent / carer group newsletter.



Youth Board

The Youth Board currently has a membership of 39 young people and we continue to meet monthly and this is virtually. Meeting virtually works well however I am finding that when we have our virtual meetings some of our group use the text box facility to take part and not all young people have their cameras switched on. My plan is to move towards a mix of face-to-face meetings and virtual ones as face to face allows for better discussions and is a little more personal.

The face-to-face meetings will take place in the school and college holidays and these are also useful for our group to meet new people and gain confidence etc.

All young people now receive a record of achievement every 12 weeks and this gives details of projects, consultation and meetings that they have taken part in. The amount of volunteering hours will also be collated and recorded on these as well.

Our group continue to provide consultation, give feedback and get involved in projects across our children`s healthcare services.

Just recently we have taken part in.

- Planning and taking part in the Children`s Business Unit celebration event.
- Various consultation projects.
- Planning and developing clinical shadowing.
- Staff recruitment interviews.
- Planning CMT (Children`s Management Team) meeting take over.
- Raised money by holding a raffle at the CBU celebration event to purchase audio players and story cards for Hannah House.

Maddison, Saleem and Caitlin planning Head of Service – CAMHS recruitment interviews.

Amarah and Saleem talking at the CBU celebration event.

We are planning to hold our first Youth Board general meeting in April 2023 where we will review our terms of reference, celebrate our achievements and plan the year ahead. We will also use this opportunity to issue the completed record of achievements to our Youth Board members.

This will take place in the school holidays and will be at Stockdale House or the John Lewis Community Hub.

The Youth Board is advertised on the Be Collective and Doing Good Leeds volunteering websites ensuring that young people from across Leeds can apply to

join the group. In addition to this it is promoted via social media, within Children`s Business Unit and via our third sector links as well. We also work closely with hard-to-reach groups such as Leeds GATE (Gipsy and Traveller Exchange) and attend their youth group on a regular basis.

Be collective website.

Clinical Shadowing

We are exploring how this may work and hoping to trial this within ICAN early this year.

Some Trust`s already do this and some of these have been contacted to discuss how this works and to explore what needs to be in place for this to happen within Leeds Community Healthcare. Young people from the Youth Board attended a meeting recently to discuss what young people would need to have in place to ensure that they are well prepared, safe and enjoy the experience.

Children, Young People and family's strategy

Young people from the Youth Board were involved in developing and launching the strategy in 2022 and will be involved in reviewing the strategic objectives set within the strategy.

The first review will take place in February 2023 where members of the Youth Board will be taking over the weekly children`s management team meeting. At this meeting those responsible for developing objectives will have the opportunity to present an update of the progress of their objectives at this meeting.

LCH Trust Communications Report

Social and Online Media

Facebook 2
Insights 2
Top Facebook posts 2
Twitter - @LCHNHSTrust 3
Analytics 3
Top Tweets 3
LCH Website 4
Analytics 4
Most viewed webpages 4
Media Summary 5
Graphic Design 8
List of graphic design jobs completed this month 8

Facebook

Insights

	This month
Page likes	4.9k
Followers	5,309
New likes	48
Page reach	28,210
Number of posts	61
Post Engagement	7,055
Post reach	14,733

Top Facebook posts

1. Our Staff and patients at Rutland Lodge in #Meanwood had the ear of Rishi Sunak and Helen Whately MP today. They spoke to people at the MSK clinic and Neighbourhood team colleagues to discuss the importance of community, social care and future plans.
   More: https://www.leedscommunityhealthcare.nhs.uk/.../up-to.../ **reached 9,368 people and had 2,917 likes, comments, link clicks and shares.**

2. Flu can be horrible for young children, and they can also spread it to those more vulnerable. You can find out more information here: https://www.nhs.uk/condit.../vaccinations/child-flu-vaccine/ **reached 2,447 people and had 269 likes, comments, link clicks and shares.**

3. If your general practice team is closed during the festive period, visit NHS 111 online or call for any urgent health concerns. https://111.nhs.uk/ **reached 2,314 people and had 7 likes, comments, link clicks and shares.**

Twitter - @LCHNHSTrust

Analytics

	This month	Last month
Followers	10145	10,104
Profile visits	3,882	3058
Mentions	3,185	184
Impressions	30.5k	26.4k
Tweets	26	83

Top Tweets

1. The most popular tweet from our account which had **11,322 impressions and 382 total engagements** was…
    - "Our Staff and patients at Rutland Lodge in #Meanwood had the ear of @RishiSunak and @Helen_Whately today. They spoke to people at the MSK clinic and Neighbourhood team colleagues to discuss the importance of community, social care and future plans. More: leedscommunityhealthcare.nhs.uk/our-news/up-to… pic.twitter.com/CNeIfrLvQZ"

2. The top media tweet below **had 3,415 impressions and 136 total engagements.**
    - "Today Seacroft Clinic reopened! @SamlizprinceSam Executive Director of Operations welcomed patients and services back to the building alongside Councillor @abigailmashall Chair of Scrutiny Board, and Pat Oxley, patient who attended the clinic. pic.twitter.com/MMdXnow9Te"

3. The most popular tweet which we were mentioned in below was tweeted by @helen_whately and had **2,407 engagements**

    - "Today we announced up to £250 million to speed up discharge from hospitals and reduce pressure on the NHS.

      Delighted to visit @LCHNHSTrust with @RishiSunak to hear how they're reducing the time people spend in hospitals through virtual wards & community healthcare. pic.twitter.com/vWVNCbhkTW"

LCH Website

Analytics

	This month	Last month
Users	24,126	26,175
Average visit length	1m 42s	1m 47s
Sessions	33,643	36,744
Page views	68,109	74,790
New users	20,545	22,221

Most viewed webpages

1. Homepage: **6,126**
2. Leeds Mental Wellbeing Service (Home): **5,810**
3. Leeds Mental Wellbeing Service – Refer yourself: **4,110**
4. Our services (A-Z): **2,420**
5. Child Speech and Language Therapy Toolkit: **2,152**
6. Neighbourhood Teams: **2,121**
7. Leeds Mental Wellbeing Service – what we offer: **1,496**
8. Join our team: **1,437**
9. Join our team – vacancies: **1,426**
10. Contact us – our locations: **1,406**

Media Summary

Date	Headline / Theme	Media coverage type	Media coverage tone
4/1/23	Seacroft Clinic in **Leeds** reopens with ribbon cutting ceremony after year of major renovations	Online	Positive
9/1/23	Healthcare at home model can help relieve NHS pressures, says Sunak | The Independent	Online	Positive
9/1/23	Healthcare at home model can help relieve NHS pressures, says Sunak | Evening Standard	Online	Positive
9/1/23	Sam Prince, Executive Director of Operations, and Victoria Tate, Community Matron	Radio news bulletin (Heart)	Positive
9/1/23	Thea Stein, Chief Executive on The World Tonight, BBC Sounds	Radio interview	Positive
9/1/23	Healthcare at home model can help relieve NHS pressures, says Sunak | The Argus	Online	Positive
9/1/23	Prime Minister Rishi Sunak visits Leeds healthcare centre Rutland Lodge - addressing train strikes and NHS | Yorkshire Evening Post	Online	Neutral
9/1/23	Healthcare at home model can help relieve NHS pressures, says Sunak (aol.co.uk)	Online	Positive
9/1/23	Rishi Sunak visits Leeds healthcare centre as talks with union leaders held - Leeds Live (leeds-live.co.uk)	Online	Positive
9/1/23	Rishi Sunak says healthcare at home rather than hospitals could ease NHS pressure (yahoo.com)	Online	Positive
9/1/23	Rishi Sunak says healthcare at home could	Online	Positive

	help NHS | The Northern Echo		
9/1/23	Rishi Sunak says healthcare at home could help NHS | Impartial Reporter	Online	Positive
9/1/23	Healthcare at home model can help relieve NHS pressures, says Sunak | Express & Star (expressandstar.com)	Online	Positive
9/1/23	Healthcare at home model can help relieve NHS pressures, says Sunak - Jersey Evening Post	Online	Positive
9/1/23	Rishi Sunak says healthcare at home could help NHS | York Press	Online	Positive
9/1/23	Rishi Sunak says healthcare at home could help NHS | Eastern Daily Press (edp24.co.uk)	Online	Positive
9/1/23	Healthcare at home model can help relieve NHS pressures, says Sunak | Fakenham & Wells Times (fakenhamtimes.co.uk)	Online	Positive
9/1/23	Rishi Sunak says healthcare at home could help NHS | Glasgow Times	Online	Positive
9/1/23	Healthcare at home model can help relieve NHS pressures, says Sunak | The National	Online	Positive
9/1/23	Healthcare at home model can help relieve NHS pressures, says Sunak | Enfield Independent	Online	Positive
10/1/23	Rishi Sunak says healthcare at home could help NHS | Wandsworth Times (wandsworthguardian.co.uk)	Online	Positive
10/1/23	Rishi Sunak says healthcare at home could help NHS | Hereford Times	Online	Positive
10/1/23	Rishi Sunak says healthcare at home could help NHS | HeraldScotland	Online	Positive
9/1/23	Sam Prince, Executive	Radio news	Positive

	Director of Operations, and Victoria Tate, Community Matron	bulletin (Capital)	
17/1/23	Long COVID Rehab Program Shows "Impressive" Results – SciTech Daily	Online	Positive
17/1/23	Pacing Improves Long-term COVID Fatigue, A New Study Finds - **Health** Thoroughfare	Online	Neutral

Chart 1 – showing the overall tone of media coverage this month

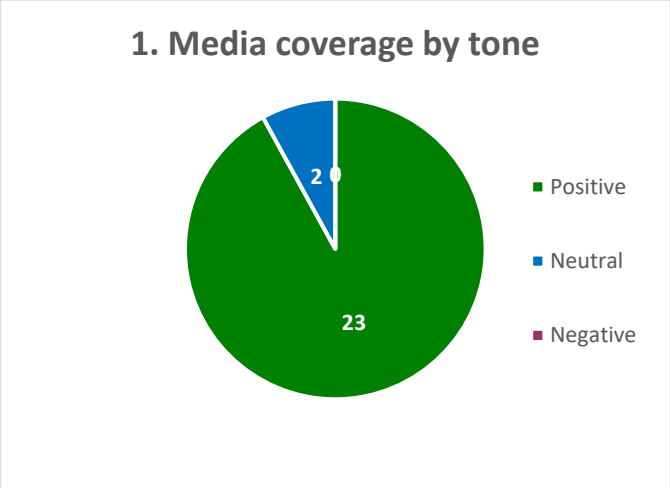
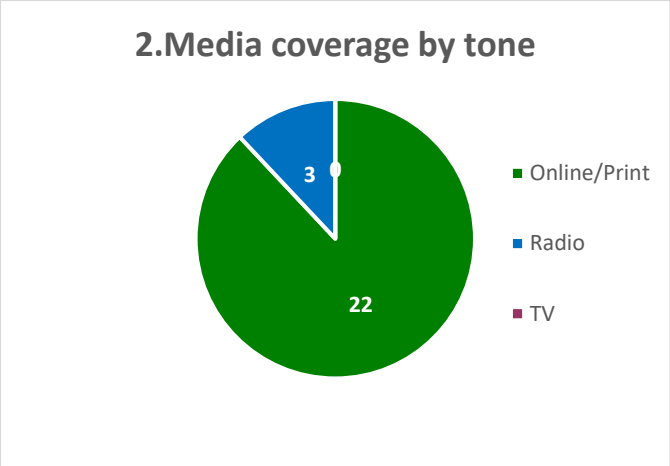
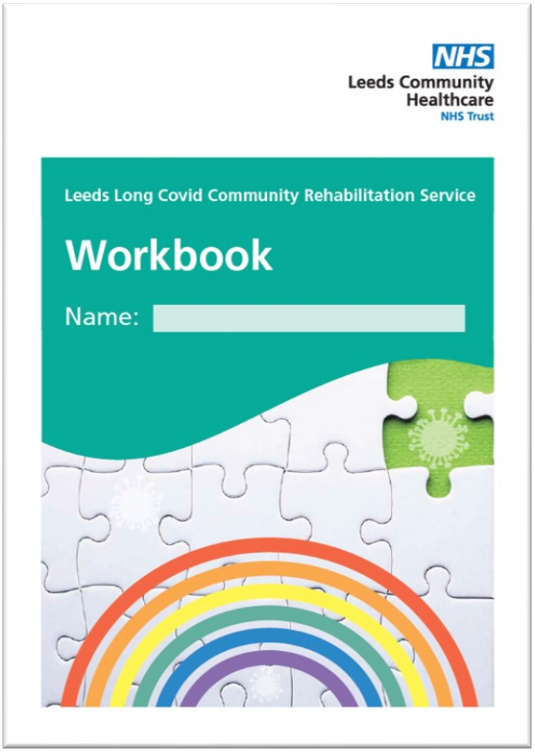


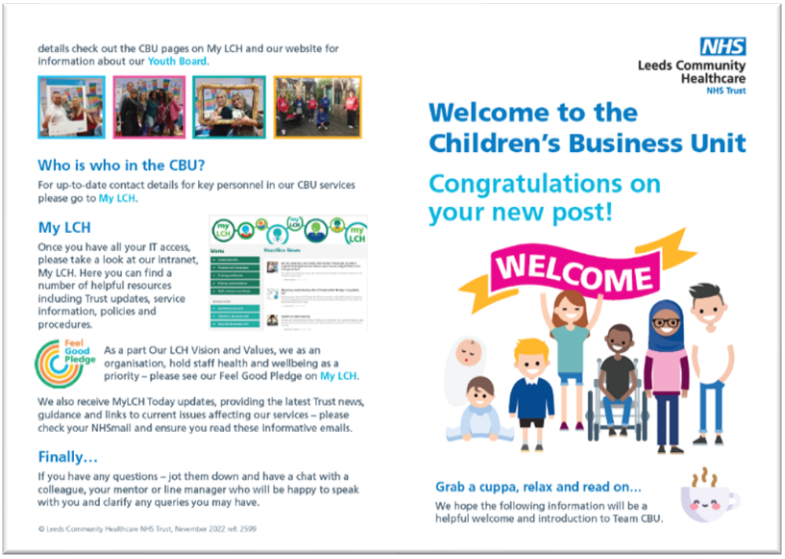
Chart 2 – showing the media coverage types this month



Graphic Design

Examples of graphic design work that have been created this month.





List of graphic design jobs completed this month

1. CBU induction booklet
2. Long Covid workbook
3. Cardiac rehabilitation nurse specialist leaflet
4. LEEDS Programme workbook
5. Police custody recruitment banner
6. Wound assessment framework
7. How to prevent a fall leaflet care home
8. How to Prevent or Manage a Fall leaflet
9. Childhood flu bid structure chart
10. Queen's Nurse Team LCH newsletter issue
11. FFT poster, flyer, card for vaccination service and MindMate SPA
12. Office move campaign - various items
13. Long Covid fatigue workbook
14. Police custody recruitment posters
15. Apprenticeship leaflet and promotional items
16. If not Covid it might be flu poster for care homes
17. Wound cleansing guide
18. Appraisal form rebrand

19. DVT leaflet
20. Safeguarding System One Significant Events Node poster
21. WYOI Adel Beck pull up banner
22. ABU Clinical Supervision poster
23. LCH falls and bone health pathway
24. Podiatry recruitment poster
25. Critical shift incentive scheme branding
26. Admin celebration event 2023
27. Clinical audit road map
28. Trauma informed staff support model

Trust Board Meeting held in public: 3 February 2023

Agenda item number: 2022-23 (114)

Title: Resilience and System Flow

Category of paper: Information
History: N/A

Responsible director: Executive Director of Operations

Report author: Executive Director of Operations

Executive summary

Improving patient experience, enabling people to receive care at home, reducing attendance at Emergency Departments and admissions to hospital and improving system flow remain the priorities for the Leeds health and social care system.

This paper provides an update on the involvement of Leeds Community Healthcare NHS Trust in initiatives to support the system and meet those priorities

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 including self-management and Enhance
- Note the expansion of the urgent community response and the introduction of the permanent Level 2 Falls Service
- Note the early work on the development of a care coordination hub

RESILIENCE AND SYSTEM FLOW ISSUES

1 INTRODUCTION

Improving patient experience, enabling people to receive care at home, reducing attendance at Emergency Departments and admissions to hospital and improving system flow remain the priorities for the Leeds health and social care system.

This paper provides an update on the involvement of Leeds Community Healthcare NHS Trust in initiatives to support the system and meet those priorities

2 CONTEXT

The Christmas and New Year period was a hugely challenging time for the Leeds system, a position reflected throughout the country. Existing pressure in hospital and community services, combined with a surge in flu and Covid infections and the bank holiday season made for huge challenges for all health and social care services.

Within the hospital the total numbers of people with “No reason to reside” has stabilised and lost bed days in December were at their lowest position since February 2022.

Services in LCH worked extremely hard to minimise delays out of hospital; this was made more challenging by inconsistent flow from referring services. There was a particular surge in referrals for Fast Track response immediately following the Bank Holidays and it is credit to the services for continuing to focus on providing the best possible experience for our patients/service users.

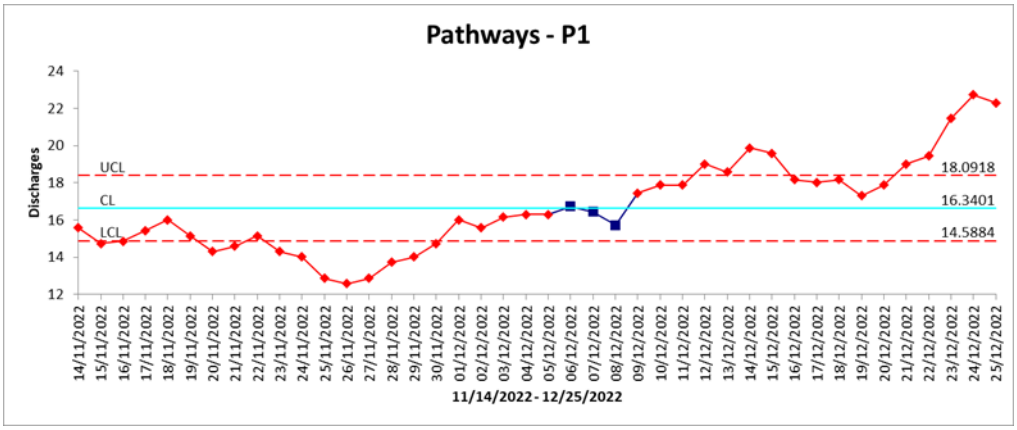
LCH continues expand services to avoid admission and improve patient flow.

3 LCH CONTRIBUTION TO THE SYSTEM FLOW PLAN

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

The Leeds ToC was initially established in December 2021 and the leadership of the service was transferred to LCH in April 2022. Whilst the team works across all pathways, a careful eye is kept on discharges via pathway 1 as these services are generally provided by LCH or Leeds City Council (reablement) in people’s homes.

Chart 1 shows the rolling 7 day average of patients with no reason to reside discharged on pathway 1 (ie patients requiring some support such as reablement, nursing, therapy etc to go home) over the past six weeks (to 21/12/22. This presents a pleasing picture of an increase in daily discharges on this pathway.



Work continues in the ToC to improve decision making (eg use of trusted assessors), timely allocation to the correct agencies when specialist input is required and the roll-out of delegated duties to non-social work staff.

Additional Capacity in Community Services

3.2.1 Self-management

The service continues to build caseloads and promote self-management across the Neighbourhood Teams. All Self-Management Facilitators (SMF) now rotate into the hospital with an aim to have two SMFs in each site each day.

The Health Hub in the West of the city is now operating and the team is also trialling the first Health Hub in the North of the city with the aim to have this as a permanent fixture after a 4-week review.

As a snapshot of effectiveness in November team were able to discharge 85 individuals and consequently save 1162 Neighbourhood Team visits

3.2.2 Enhance

Feedback from Enhance at the end of December suggests there has been a big increase in referrals but definitive figures have yet to be shared.

Leeds Older People's Forum, that coordinates the work on LCH's behalf has been informed of the Trust's intention to continue the contract in 2023/24. Work is ongoing to plan for year 2 with a workshop planned for late February. The aim is to prioritise efforts to increase referrals, ensure greater coverage (both geographically and demographically) and to improve data capture.

An evaluation of the service has also been commissioned and this work will commence in the new financial year.

3.2.3 Recovery Hub @Wharfedale

The Recovery Hub is now working well and has opened 27 beds. The contract value will provide for 30 beds and when safe staffing levels can be assured the

remaining 3 beds will be opened. Flow in and out of the beds is good and turnover between 1-3 each day. The Steering Group continues to meet on a weekly basis and the work is tightly managed through a mobilisation plan with regular highlight reports. The key priorities for the current period are:

- Workforce – ongoing work relating to the transfer of staff from the previous provider, support to staff members with visa renewal, training and development and ensuring the appropriate leadership/supervision structures are in place
- Information Technology/Electronic Patient Record/SystmOne – Ongoing work looking at documentation (paper and S1) and what is required to ensure safe recording/reporting.
- Contract developments with both commissioners and suppliers
- Estates and facilities

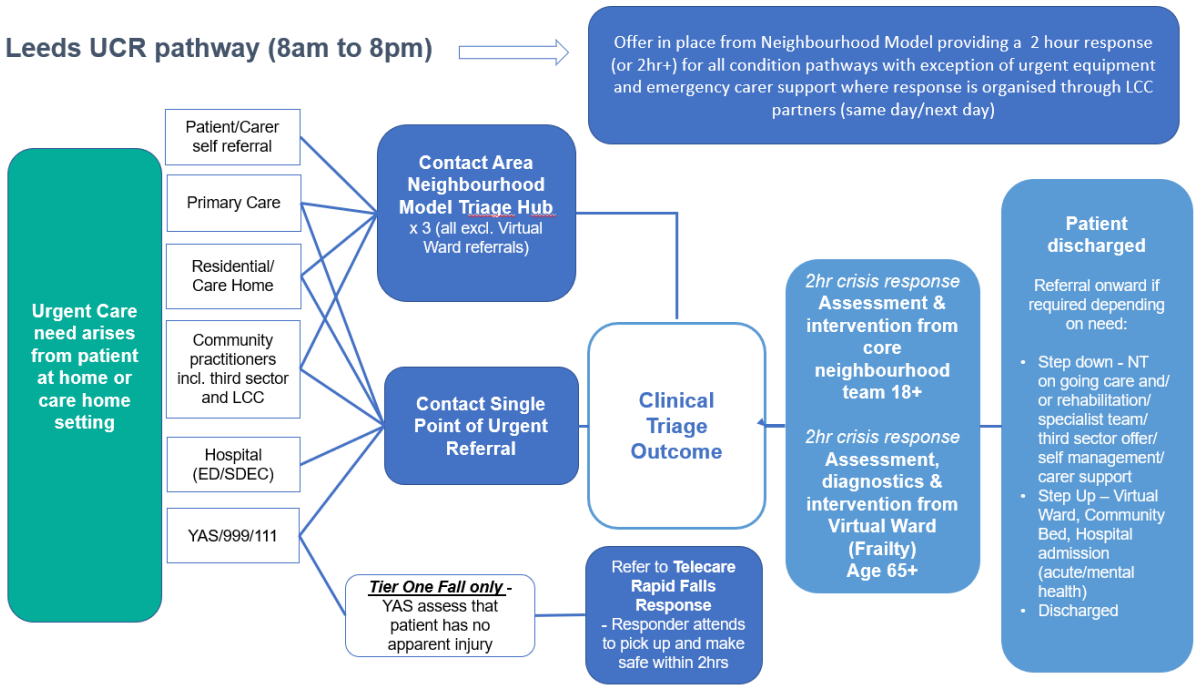
4. ENHANCED COMMUNITY RESPONSE

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

4.1 2-hour Crisis Response

The Leeds Urgent Community Response Model has developed over the last two years:



Until October 2022 LCH was performing well against the 2-hour target. However a huge increase in referrals in the last two months of the calendar year was accompanied by a deterioration in response times.

2 Hour Response Rate

Service	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22
Neighbourhood Team (Incl. Virtual Ward Frailty)	73%	82%	76%	77%	79%	73%	77%	63%	57%
Virtual Ward Frailty	56%	72%	68%	73%	76%	83%	73%	71%	63%
NT (Incl VWF & Nights)	74%	83%	79%	79%	79%	78%	84%	70%	66%

Total Number of 2 Hour Referrals By Month

Service	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22
Neighbourhood Team (Incl. Virtual Ward Frailty)	332	328	310	327	366	280	254	716	673
Virtual Ward Frailty	77	69	61	49	77	66	74	46	43
NT (Incl VWF & Nights)	373	438	720	726	748	558	602	1084	1135

As can be seen by the data the majority of urgent community responses are delivered by the core neighbourhood teams. The referral triggers the response and refinement work is needed to ensure that only crisis responses are included in the dataset. An action plan is in place to validate the November/December data.

It should also be noted that the service provides an urgent response between 8pm and 8am but this data does not flow into the dataset

The workplan for 2023/24 was discussed with over 40 system partners at a workshop in January and key priorities include:

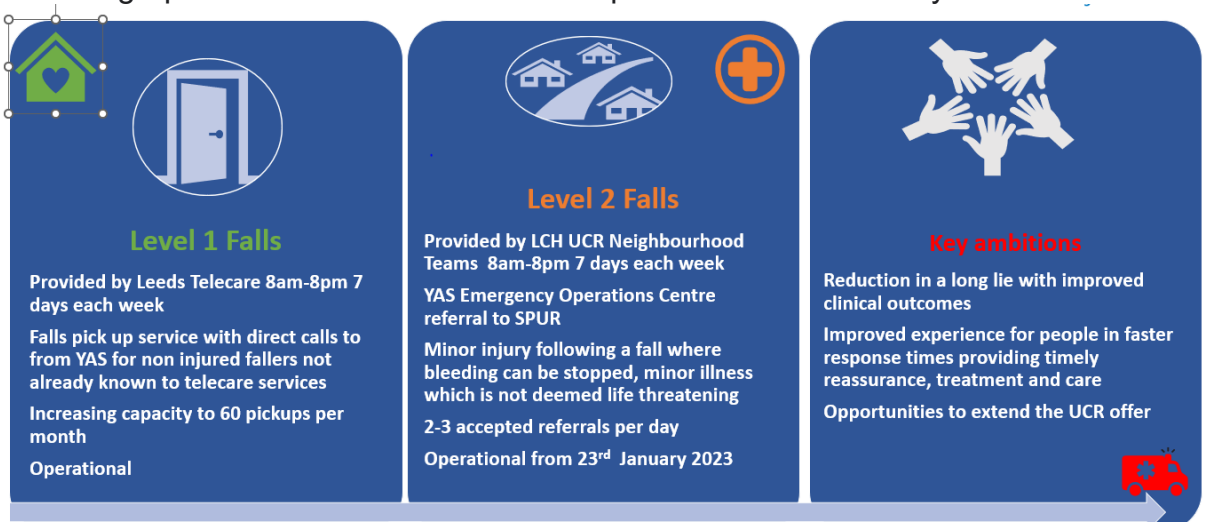
- **Ensuring we are delivering to minimum 70% standard and flowing required data to CSDS –** data quality improvement at service level, data flow for reablement 2 day data and scope NT– 2-day intermediate care response to agree plans for set up
- **Developing richness in our local data set and visibility of this to services and the system** to understand the offer over and above activity and performance – ability to make focussed and impactful improvements in a challenging environment. What types of care? Appropriateness or referral and assessment of responsiveness across wider same day timeframe? Who are we delivering care to (health equity)?
- **Understanding of required workforce capacity (key professional skills and competencies)** to deliver UCR demand 8am to 8pm where we anecdotally know the Neighbourhood Team could provide more care to more people e.g. pathway from 111/999
- Associated more targeted **workforce strategy and plan**
- **People understanding the offer** – increasing understanding of the offer, noting this needs to be in a way that matches service capacity to meet any increased demand
- **Describing and reporting on 24hour pathway** – showing the offer in place that is commissioned out of hours
- **Consistent all age offer–** perceived gap in advanced care practitioner provision for under 65s and ability to deliver hospital avoidance for growing population of complex patients under 65 where step up to virtual ward is not in place

- **Integrated clinical assessment and triage** for all UCR demand at front door in triage hubs; what are the opportunities through care coordination hub?
- **Targeted focus on urgent response for unpaid carer breakdown and urgent equipment response e.g.** Embed carer emergency support scheme into Telecare
- **Continued focus on what's required to enable opening up of** community pathway to reablement – through Active Recovery Programme

4.2 Falls Service

Recent NHSE guidance (Going Further for Winter, October 2022) 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

The infographic shows what is available to patients in the Leeds system:



4.3 Care coordination hub vision

Through the Same Day Response Care Delivery Board, the Leeds Health and Care Partnership has developed a shared ambition to increase the number of patients who access the 'right' unplanned same day care first time.

A programme of work has been launched to introduce a single point of access bringing together PCAL (primary care access line) and SPUR (single point of urgent referral) to create one gateway to access a range of alternatives to Emergency Department attendance and acute hospital admission.

This supports our commitment to work with Yorkshire Ambulance Service (YAS) to develop 'push' and 'pull' models that route more people through to urgent community response (UCR) pathways.

The intended result is to reduce the number of ambulances dispatched in our system and reduce the number of conveyances to the emergency department (ED).

In the next period the system will test:

- YAS to 'push' level 1 and 2 falls to UCR via SPUR from 23/1/23
- Agree date for other UCR conditions to be 'pushed' via YAS
- Agree process for additional clinician support for YAS clinical triage to test 'push' and 'pull' opportunities
- Agree process for creation of single gateway

5 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 including self-management and Enhance
- Note the expansion of the urgent community response and the introduction of the permanent Level 2 Fall service
- Note the early work on the development of a care coordination hub

Leeds Community Healthcare NHS Trust

Trust Board Meeting held in public: 3 February 2023

Agenda item number: 2022-23 (115a)

Title: Audit Committee Chair's Assurance 16 December 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)

The work on the 2022/23 internal audit plan was progressing but there had been some slippage. The Cyber Security audit had been moved to Quarter 4. Two audits may be deferred to next year: Records Management, Sustainability (environment). Five audit reports had been issued in draft: Data Quality, Leadership Programme, Safeguarding Adults – Self Neglect, Board Assurance Framework, Improving NHS Financial Sustainability.

The Committee discussed the outcome of the Data Quality audit, which had received limited assurance. Whilst the audit had only included two services, concern was expressed about the wider implications and the reliability of the information being received at Committee and Board level. A detailed action plan had been agreed and a repeat audit would be done in 2023/24, which would include other services. The Committee requested that Senior Management Team develops a proposed approach to improve data quality processes across the Trust.

The Committee discussed the recommendations from the Board Assurance Framework internal audit report, which had received a significant assurance opinion. As part of the Board Assurance Framework audit, it was agreed that Audit Yorkshire would incorporate some advisory benchmarking work. This was to focus on the number and type of strategic risks at a sample of other community trust organisations. The findings were that a total of 8 strategic risks is the most frequently occurring number. Our trust has more strategic risks than most organisations included in the exercise; we currently have 21. It is suggested that when the Board next reviews its strategic risks (March 2023), the benchmarking information is taken into consideration, with a view to merging and reducing the number of strategic risks.

External Auditor's

The Audit Manager said Mazars was about to start their planning work for the 2022/23 audit year. They planned to conclude this in the new year and expected to present their Audit Strategy Memorandum to the March 2023 Audit Committee meeting. There had been recent changes to the audit team, but the Committee was advised this would not affect the audit planning work as there had been a robust handover.

The Committee members, acting in their capacity as the Board's Auditor Appointment Panel, reviewed a proposal to extend Mazars contract to provide External Audit services by a further two years, which was the maximum allowed under the contract, at an additional cost of £16.2k inclusive of VAT per annum. The Committee agreed to recommend to the Board that it approves the contract extension.

Losses and Special Payments

Included in the Losses and Special Payments Report was £11,535 for damages and legal fees in respect of a legal claim from a member of staff. In accordance with the Trust's Standing Orders and Standing Financial Instructions, the Board should approve special payments above £10,000. The Audit Committee recommends that the Board ratifies this payment. The Executive Director of Finance and Resources will provide more detail of this legal claim at the Board meeting.

Non-current assets valuation report

A paper was presented that set out the Trust's approach to the valuation of its land and building noncurrent assets for 2022/23 annual accounts. In November 2022 the Trust took advice from the District Valuers Office: building costs were increasing significantly and the current forecast for the end of March would mean an increase in the value of the non-current assets of 9.74%. The Executive Director of Finance and Resources advised the Committee that he has decided that a revaluation exercise will be undertaken to give a value of the Trust's non-current assets as at 31 December 2022.

EDS22: including health equity in Audit Committee's work

The Committee discussed the requirements of the Equality Delivery System (EDS), which is a system that helps NHS organisations improve the services they provide for their local communities and provide better working environments, free of discrimination, for those who work in the NHS, while meeting the requirements of the Equality Act 2010. The Committee agreed that this should be embedded in the audit process and audits for 2023/24 should include a health equity lens in the scope and criteria where appropriate. The Deputy Head of Internal Audit was asked to include details of this in the 2023/24 draft audit plan which would be presented to the Committee at its next meeting.

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 agreed that the December 2023 agenda had not included sources of assurance for this strategic risk therefore a level of assurance could not be determined on this occasion.

Leeds Community Healthcare NHS Trust

Trust Board meeting held in Public: 3 February 2023

Agenda item number: 2022-23 (115b)

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

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

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

Executive summary (Purpose and main points)

This paper identifies the key issues for the Board from the Charitable Funds Committee held on 7 December 2022.

Recommendations

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

Charitable Funds Chairs Assurance report

1 Introduction

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

2 Background

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

3 Current position/main body of the report

Charitable development updates

There were no updates at this meeting as the meeting with Leeds Cares is not until late January 2023.

Finance Report

The Finance Report was discussed and a discussion around the psychological support currently ongoing in the Trust and supported from charitable funds. This was a specific donation from NHS charities together. The Executive Director of Nursing agreed to bring a report on this to the March committee. The committee accepted the finance report as a true and accurate record.

Annual Report & Accounts 2021/22

The committee received this following recommendation from Audit Committee and agreed to sign these off.

Letter of Representation

The Committee received the Letter of Representation and the Committee approved the letter for signing by the Trust Chair.

4 Impact:

4.1 Quality

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

4.2 Resources

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

4.3 Risk and assurance

As above in relation to the potential financial risk.

5 Next steps

N/A

6 Recommendations

The Board is recommended to:
Receive this report.

Leeds Community Healthcare NHS Trust

Trust Board Meeting held in public: 3 February 2023

Agenda item number: 2022-23 (115c)

Title: Nominations and Remuneration Committee – 13 December 2022 and 17 January 2023: Chair Assurance Report

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Category of paper: for assurance
History: n/a

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

Executive summary (Purpose and main points)

This paper identifies the key issues for the Board arising from the Nominations and Remuneration Committee meeting held on 13 December 2022 and the subsequent Extraordinary Nominations and Remuneration Committee meeting held on 17 January 2023.

It indicates the level of assurance based on the evidence received by the Committee.

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

Items discussed:

Formal note of decisions made virtually since the last meeting

The Committee formally noted that since its last meeting the Director of Workforce had sought agreement, and Committee members had approved, the following:

- A 0.5% additional pay award for eligible Very Senior Managers
- The implementation of the new rate of the Real Living Wage
- An extension to the temporary mileage uplift until the end of January 2023
- An extension for the pay incentives scheme to the end of December 2022

Medical and Dental Remuneration

The Committee considered the following 3 papers linked to Medical & Dental Remuneration; noting in particular the correlations between the recommendations presented for approval and recommendations made by national bodies including the Doctors and Dentists Remuneration Body (DDRB) and NHS England.

1. **Updated salary scale for General Practitioners at Leeds Community Healthcare NHS Trust (LCH)**

The Committee approved the implementation of LCH's local GP scale on a permanent basis, where appointment is based on role content as well as candidate skills and experience. Further, the Committee prospectively approved that the appropriate annual DDRB recommendations regarding medical & dental staff, once accepted nationally, are implemented for GPs employed in LCH on this local salary scale

2. **2022/23 pay award application for Forensic Medical Examiners (FMEs)**

The Committee agreed the 2022/23 national pay award uplift of 4.5% for the Forensic Medical Examiner roles within LCH, with a retrospective implementation date of 1 April 2022.

3. **Payment for additional non-contractual clinical work**

The Committee considered a range of options for the payment of medical and dental staff undertaking additional non-contractual work. It was agreed by the Committee that the recommended rates would be adopted, bringing LCH into alignment with a neighbouring Trust and ensuring that clear rates were in place for non-contractual work. The Committee noted the work underway with dental representatives to ensure correct application of the approved rates.

Review of recognition and rewards

The Committee received a report commissioned to review the Trust's Reward offer. The report was recognised as a good and helpful piece of work. The Committee agreed that a longer term piece of work and stakeholder engagement on should take place to consider the LCH reward offer in light of the review's recommendations.

Quarter 4 incentives scheme

The Committee approved a proposal for a revised incentives scheme for use during Quarter Four (January to March 2023). The revised scheme includes a critical shift incentive of 25% of basic pay per critical shift; and a critical shift block bonus of £250 for undertaking a minimum of eight critical shifts between 1 January and 31 March 2023.

Temporary Local Adjustments to Mileage Rates:

The Committee considered in detail the direction that the Trust would take in response to current fuel and motoring costs and in the context of an expected national decision. It was agreed by the Committee that the current temporary increase of 10p on lease car rates and Agenda for Change rates would be maintained during January 2023, pending a further, extraordinary meeting of the Committee to be held in mid January for a more detailed discussion.

In its Extraordinary Meeting held on 17 January 2023, the Committee undertook detailed discussion and noted the revised national Agenda for Change mileage reimbursement rates that had been implemented nationally since December's meeting.

The Committee approved the adoption of the revised national Agenda for Change mileage reimbursement rates for eligible journeys from 1 February 2023; and agreed to revert to the Government Advisory Rates for lease car drivers from 1 February 2023.

The Director of Finance and Resources subsequently noted and agreed with the Committee Chair that, due to payroll implementation issues together with an earlier clear commitment to staff, the 10p per mile enhancement would be maintained until 31st January

Clinical Excellence Awards Update

The Committee accepted recommendations for the proposed timeline and eligible consultant list for the 2022/23 Employer Based Clinical Excellence Awards; and also accepted the recommendations for the process and proposed timeline for the review of 'Old Scheme' awards.

Gender Pay Gap Report:

In the Extraordinary Meeting held on 17 January the Director of Workforce introduced the paper to inform the Committee of the Trust's Gender Pay Gap and Gender Bonus Pay Gap on 31 March 2022, prior to submission to the Trust Board on 3 February 2023 and subsequent external publication by 30 March 2023. The paper outlined a positive improvement in the reduction of both Gaps in the past year, with the Gender Pay Bonus Gap now in favour of females.

The Committee noted the Gender Pay Gap and Gender Bonus Pay Gap figures and analysis; and agreed both the Gender Pay Gap improvement actions and the wording of the external publication statement, which will be posted on the Trust website by 30 March 2023.

Recommendations

The Board is recommended to note this information.

Leeds Community Healthcare NHS Trust

Trust Board Meeting held in public: 3 February 2023

Agenda item number: 2022-23 (115d)

Title: Quality Committee Chair's Assurance Report 23 January 2023

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 23 January 2023, 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
Committee heard of a slight easing of system pressures with; 1 in 35 people positive with Covid in the community; a reduction to 1 outbreak in Neighbourhood Teams and a reducing number of people in hospital beds both with Covid and flu.
Strike action continues across various unions and therefore disciplines. LCH strike meetings continue weekly to remain prepared for both strikes directly affecting LCH and those that affect the wider system.

QAIG feedback
Committee reflected that the report was very detailed and provided a wealth of information, but its' density made it difficult to discern the importance and relevance of some of the issues discussed and hence more problematical to determine assurance. The Committee welcomed the conversations and plan for the next deep dive to explore the effectiveness of QAIG and review the terms of reference.

Update around the processes to address the CBU waiting lists
Committee were updated in relation to previous concerns around 4 CBU waiting lists. Children's audiology now has consultant led clinics being delivered in 98% of cases; Children's Speech and Language Team are seeing 90% within 18 weeks and these responses continue to be monitored. Progress within the Child Development Centres is positive with the numbers of long waiters reducing (approx. 40 children). However currently only 22% seen within 18 weeks and therefore continues to be monitored against recovery plans.
Paediatric neurodisability clinics remain a concern with continued long waits due to an increase in referral rates and the current patient pathway which requires all referrals to be screened. New consultants are in post and conversations with commissioners regarding how to rationalise the pathway and increase capacity are being undertaken. Whilst assurance was unable to be provided in relation to the waiting list reduction at this time, assurance was provided by the Executive Director of Operations that the team are in touch with individuals on the waiting list. Future updates of waiting list numbers will be incorporated into the Performance report with a more detailed update requested for Spring 2023.
It was noted that CAMHS waiting lists were not available due to the Advance outage however this will be resolved shortly due to the transition to SystmOne.

Leeds Sexual Health Service update
In addition to the circulated update a verbal report of observed behaviour changes in the service was noted. It was agreed that a quality walk was to take place in the next few months with NED attendance and a further update would be provided to Committee following this.

Cancelled and rescheduled visits update
Progress towards an improving position was acknowledged by Committee with evidence of fewer visits being cancelled / rescheduled. There were 4 occasions where telephone calls were not made and work is ongoing with individuals and teams towards the aim of all patients receiving a phone call. A further update was agreed for May 2023.

Learning Disability spotlight

The Learning Disability Lead provided Committee with the Trust's progress over the past 2 years against the 4 Learning Disability standards. Cases shared showcased personalised care. Staff involved with providing care to people with a learning disability are now receiving supervision through the LCH specialist role. The Trust has improved data recording of people with a learning disability. Many services have developed easy read material. Whilst it was acknowledged that there was still much to do, Committee recognised the scale of improvements to date and the drive to continue to progress and make work around learning disabilities even better was evident.

Performance Brief and Domain reports
An increase in incidents in the West Neighbourhood Teams was noted and is being monitored. The 33% reduction in outstanding reviews of moderate and major harms was also recognised and progress continues because of the revised rapid review process.
An error was noted in the data for falls and medicines incidents, reading as 0, and will be corrected for Board papers.
A conversation took place regarding the recording of telephone calls for training purposes as allegations of being spoken to rudely is a theme from complaints. The Trust are looking at implementation of this in specific services as themes arise.
Committee were made aware of a change in recording of supervision in CBU which may impact on figures for the next performance brief. It is anticipated this will take 2-3 months of data to resolve followed by an anticipated overall improvement in the recording of compliance with supervision.

Safe Staffing report
Committee heard of the bespoke recruitment strategies for police custody and WYOI commencing with an open day in February 2023.
Whilst 0-19 service gaps are reflective of the national shortage, creative approaches to skill mix within the team continue. Conversations are taking place with the council regarding the significant financial gap in funding for the final 4 years of the existing contract.
Following the success of the recruitment leaflet drops for Wharfedale that has brought in a number of Health Care Workers and two Registered Nurses the ABU are taking a local recruitment and leaflet drop approach in areas carrying the greatest vacancies.
Committee accepted the paper however recognised the need to consider how to articulate safety in future reports given a 10-15% reduction of staff across the business.

Clinical Governance report (including Quality Walk quarterly update)
Report received and contents noted. Committee were pleased to see the additional detail of outcomes from quality walks.

Quality Account (first draft)
Committee were asked for feedback on the first draft which is focussed on rebuilding back better, incorporating core indicators and how the Trust has met priorities for last year. It was suggested to include a summary of how the Trust has contributed to the NHS / system response i.e. virtual ward, hospital admission, Wharfedale mobilisation, integrated wound clinics etc. in the upfront section alongside the detail regarding the Long Covid response.

Risk Register report
Committee were informed of the 1 new risk regarding police custody staffing levels which had already been discussed within safe staffing. The decreased risk regarding the CAMHS Electronic Patient Record outage was noted as records are in the process of being transferred to SystmOne and therefore data is now available in one place. The Executive Medical Director is to provide clarity to Committee regarding the trend of Information Governance incidents.

Board members' service visits
The report was well received and an agreement was made to ensure feedback from non-quality walk visits reaches Committee through this report.

Trust Priorities for 2023/24

Proposed changes following feedback from QAIG were shared and agreed by Committee ahead of Business Committee and Board next week.

Mortality report (Quarter 3)
Committee heard of the 4 deaths that have also progressed to Serious Incident investigation across SBU and ABU. Equity analysis has, as expected, raised new curiosity for further exploration and analysis moving forwards regarding deaths in areas of deprivation and specific ethnic groups. It is hoped a health equity fellow role will be introduced to work with this data. SUDIC deaths noted to be increased over the year and continued this quarter. Committee noted and supported the ongoing work to streamline the mortality review process and this will be progressed as a pilot to ensure the Trust continue to receive required assurance.

Patient Group Directions
Three PGDs were presented and approved and Committee noted the further 2 national PGDs already approved for use in the Trust.

Research and Development strategy update
Committee were asked to note the work Carolyn Nelson has undertaken to support the direction of research whilst there have been gaps in the research team. The proposed new structure has been implemented and it was shared how this is anticipated to enable greater progress against the key asks of and from the Trust.

Internal audit reports: Data Quality
This report raised the question of the reliability of the data seen across the Trust. Work is evolving on how the data is defined and owned. Assurance was provided that local service data within SystmOne was reliable and that there is some work to do with data sourced from outside of SystmOne. SMT are reviewing and agreed to bring a proposal back to Business Committee.

Patient experience report: complaints, concerns and feedback
This 6 monthly report noted an increase in complaints in Nov 2022 however this remains below pre-pandemic complaint levels and numbers and trends are being monitored.

Committee's effectiveness & agenda composition review
The proposal within the report was agreed. Committee were clear this required a co-ordinated approach to the alternative assurance opportunities to ensure this provided a space to explore areas of concern together and feedback.

Sub-groups effectiveness review and terms of reference report: Safeguarding Committee
The presented Terms of Reference were approved by Committee.

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) • QAIG Assurance report • Clinical Governance report • Risk register report • Mortality Report • Safe staffing report • Data Quality internal audit • Patient Experience Report (complaints, claims and feedback)	Reasonable assurance	The internal audit report on data quality provided limited assurance only and there is a plan to return a proposal to Business Committee. Committee agreed hearing the further plans around the plans for the QAIG deep dive provided reassurance to ensure this sub-group continues to provide required levels of assurance
Risk 1.2 The risk that there are insufficient **clinical governance arrangements in place for new care models**	**9 High**	• Mortality report • Update around the processes to address the CBU waiting lists	Reasonable assurance	It was agreed that substantial assurance was provided through the mortality report. There were several areas of assurance noted in the CBU waiting list updates as there had been significant progress. However assurance remained limited in relation to the paediatric neurodiversity but assurance in other areas
RISK 1.3 The risk that the Trust does not maintain **and continue to improve service quality**	**8**	• System pressures update • Performance Brief (safe) • QAIG Assurance report	Reasonable assurance	Committee agreed hearing the further plans around the plans for the QAIG deep

	High	• Clinical Governance report • Safeguarding Children's and Adult's Group: minutes • Risk register report • Board service visits reports • Service spotlight: Learning Disability • Research and Development Strategy • Update around the processes to address the CBU waiting lists • Further update on the Leeds Sexual Health Service situation • Cancelled and rescheduled visits: update		dive provided reassurance to ensure this sub-group continues to provide required levels of assurance
RISK 1.4 The risk that the Trust does not **engage with patients and the public effectively**	**12** **V High**	• Performance Brief (caring) • QAIG Assurance report • Patient Experience Report (complaints, claims and feedback) • Clinical Governance report (service visits)	Reasonable assurance	As above in relation to QAIG
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**	• System pressures update • Performance Brief • Clinical Governance report • Risk register report • Update around the processes to address the CBU waiting lists • Data Quality internal audit • Cancelled and rescheduled visits: update	Reasonable assurance	As above in relation to QAIG

Trust Board meeting held in Public: 3 February 2023

Agenda item number: 2022-23 (115e)

Title: Business Committee Chair's assurance report 25 January 2023

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 25 January 2025 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 and system challenges. An updated picture will be provided at the Board meeting.

Focus: Health Equity
The Health Equity Lead and the Public Health Lead /Consultant in Public Health attended the Committee meeting to discuss how the Business Committee could incorporate health equity information into its workplan and individual agenda items. Examples of opportunities to do this were provided and the Committee suggested other items that could include a health equity lens. The Committee accepted that in some cases the data was complex and reaching conclusions and making improvements could be challenging, however it was important that health equity work should be included in the mainstream of the Trust's work.

Strategy updates:

Children, Young People and Families' Strategy (see Board paper)
The Committee was provided with an update on the progress made against the objectives as outlined in the Children, Young People and Families Strategy 2022-25. The Committee heard how the developmental work was being completed alongside the services' other responsibilities and work pressures meant that not all objectives were able to be progressed within timescales. There had been some notable successes including: the setting up a Parent Forum, increasing the diversity and representation on the Youth Board, and implementing 'A Fair Day's Work' to allow service managers to predict and plan care activities. The Committee recommended that further updates should include whether the deliverables were achieving the aims of the strategy. Further information will be provided at Board, including a presentation on the achievements.

Third Sector Strategy (see Board paper)
The Committee received an update on progress and were advised that the Third Sector Strategy Steering Group has a focus on understanding key challenges facing LCH and Third Sector partners and the potential to address those challenges through partnership working bilaterally and with system partners. Through those discussions two new workstreams were added to the Year 2 implementation plan: Enabling Third Sector access to patient care records and supporting Third Sector growth and sustainability. The Committee was advised that the 15 March 2023 Board workshop would include a discussion on working with the Third Sector.

Procurement Strategy
There continued to be issues with the supplies service, which is provided by a neighbouring trust. Staff turnover within that trust had impacted on the service being delivered to Leeds Community Healthcare. The Committee was advised that a restructure of the service was in progress and recruitment was ongoing.

RECONNECT Service business case
A national roll out of RECONNECT has commenced to help reduce health inequalities within the lives of those service users leaving the local prison establishments through the provision of community support for a six-month period post release and up to three months pre-release. As part of this roll out, Leeds Community Healthcare has been invited to run this service by NHSE within the Hull & Humber locality as part of Liaison and Diversion (L&D) Humberside. The Committee reviewed the proposal, considered any risks and noted that the service had no concerns regarding mobilisation. The Committee approved this expansion of the Liaison and Diversion Service.

White Rose Staff Hub
The Business Committee was provided with an update on progress, costs, programme dates and risks associated with the required exit from Stockdale House due to the termination of the lease (8 October 2023) and the acquisition and opening of the new Leeds Community Healthcare Trust staff hub at White Rose Business Park, Leeds. The Committee was advised that timescales for delivery were challenging and has very little contingency for slippage. It was anticipated that the Full Business Case would be ready for consideration by the Board in April 2023. Due to timing of Board meetings, it was envisaged that the urgent decisions provisions in the Standing Orders will be required. The Committee asked about any changes to the specifications that may affect the fit-out costs and were advised that the final fit out costs had not yet been received, however the Trust was reusing furniture from Stockdale House and the staff hub would carefully specified to support collaborative working and provide value for money.

Health and Safety Compliance update
The Committee received an update on the developments and effectiveness of the Trust's health and safety management system. Progress with the ambitious health and safety action plan for 2022 had not been as hoped and reasons were identified. The update identified areas of concern include progress with the audit programme, the provision of information, instruction, training and supervision related to work activities, and the completion and regular review of risk assessments.

To help drive improvement, a case for change has been agreed in principle by the Senior Management Team to bring the Risk and Safety Team and the Facilities function together as a department under one senior manager, and to increase the resource to match the demand. Within this proposal there is additional security resource to support clinicians facing violence and aggression, and a rationalisation of health and safety roles which will increase the focus on training and audit in order to support legal compliance and help to improve the Trust's safety culture.

Internal audit reports
Three internal audit reports were reviewed by the Committee: Data Quality (limited assurance), Improving NHS Financial Sustainability (overall opinion score not required), and the Trust's Leadership Programme (significant assurance). The Committee agreed that data quality roles and responsibilities within the Trust needed to be defined. Senior Management Team would consider this further as part of the agreed actions from the audit. Progress with the actions would be reported to Audit Committee.

Recommendation:

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

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The Business Committee provides the following levels of assurance to the Board on these strategic risks	Risk score (current)	Agenda items reviewed	Overall level of assurance provided that the strategic risk is being managed (or not)	Additional comments
Risk 2.1 The risk that the Trust does not deliver on its **major change programmes**	**9 High**	• New staff hub (White Rose)	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 • Internal audit reports: Data quality • Children's Strategy update 2022-25	Reasonable	
RISK 2.3 The risk that the Trust is not **improving productivity, efficiency and value for money**	**9 High**	• Performance Brief • Quarterly Finance Report	Reasonable	The finance report provided assurance that the Trust will achieve financial balance this year, however there are concerns for future years.
RISK 2.5 The risk that the Trust does not deliver on its agreed **income and expenditure** position	**6 Moderate**	• Performance Brief (Finance) • Quarterly Finance Report • School Immunisations bid • Internal audits Improving Finance Sustainability • Procurement Strategy update • Liaison and Diversion (L&D) RECONNECT Service	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**	• Internal audit: data quality • TPP SystmOne re-contracting	Reasonable	
RISK 2.8 The risk that **waiting times** for appointments are not	**12 V High**	• System pressures update • Performance Brief		

reduced		• Internal audit: Data Quality • Managing waiting list and backlog report of the gynaecology service referral situation • Health Equity presentation	Reasonable	
RISK 3.1 **The risk that** the Trust does not have **suitable and sufficient staff capacity and capability** and is it maintaining a low level of **sickness absence**	**16 Extreme**	• Performance Brief (turnover and stability) • System pressures update • Risk register • Safe staffing report • Third Sector Strategy report • Children's Strategy	Reasonable	
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) • Internal audit reports: Leadership	Reasonable	The internal audit on Leadership provided significant assurance and the recommendations and actions will lead to further improvement.
RISK 3.4 The risk that the Trust does not develop and embed a suitable **health and safety management system**	**12 V High**	• Health and Safety compliance report • Performance Brief (staff RIDDOR incidents) • Performance Brief (statutory mandatory H&S training compliance)	Limited	Limited assurance was provided about the Trust's overall level of progress in embedding the health and safety management system and improving the health and safety culture.
RISK 3.5 The risk that the Trust is not maintaining **business continuity** in the event of significant disruption	**12 V High**	• Performance Brief • 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 register • Third Sector Strategy report	Reasonable	

Leeds Community Healthcare NHS Trust

Trust Board Meeting held in public: 3 February 2023

Agenda item number: 2022-23 (116i)

Title: Performance Brief December 2022 and Quarter 3

Category of paper: for assurance
History: Quality Committee – 23 January 2023
Business Committee – 25 January 2023

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 44 moderate harm and 8 major harm incidents reported
- There were 84 incidents reviewed in Rapid Review Meetings, of which six were escalated to a Serious Incident (SI)
- There were 16 Central Alert System (CAS) notifications in the period. Of those, one remains open under Infection Prevention and Control (IPC) review, a further one alert remains open from October pending IPC confirmation that it can be closed. Nether alert has a national timescale for completion.
- There are eight open Inquests which have been notified to Leeds Community Healthcare (LCH) in 2022/23

Caring

- There were 1048 Friends and Family Test (FFT) responses in November and December 2022. 94.4 % respondents rated their care as good or very good, this is an 0.9% increase in satisfaction from the previous reporting period
- There were 17 complaints received in November and December 2022, a decrease of 15 (47%) from the last reporting period (32)
- There were 105 concerns received in November and December 2022, a decrease from the last reporting period (134)
- There were 131 compliments received in November and December 2022, which is comparable to the last reporting period (134)

Effective

- The Trust is currently within the timescales set under Policy PL326 Dissemination, Implementation and Monitoring of NICE Guidance of completion within two years of publication.
- Clinical audit capacity in both clinical and corporate teams has impacted the completion and return of completed audits. Quality Committee received a more detailed paper in Nov 22 detailing the status of the audit program to date for the year and the mitigations to ensure appropriate prioritisation of resource
- The number of SUDIC (Sudden Unexpected Deaths in Children) seen during Q3 was higher than expected (17), a further rise compared to Q2 (12) which was unexpectedly high and is placing considerable pressure on the resources and teams required. In comparison to Q2 over 50% of these were expected deaths. Of these 17 cases, 4 were on active LCH caseloads. One of these is being reviewed as a Serious Incident.

Responsive

- Consultant-led RTT waits continue to be below target, falling to 64.4% in December 2022
- Non-reportable waiting times have fallen to 85.9%

- DM01 performance has fallen slightly to 47.0%
- LMWS continues to see patients in line with 6-week and 18-week targets, and improvements are visible in 2-week screening targets
- CAMHS measures have not been reported due to the ongoing outage of Carenotes

Well-led

- December's data continues to reflect a challenging work environment for our staff.
- Turnover is stable but we continue to work on retention overall as well as specifically leavers within the first year of employment.
- Long term sickness absence remains a concern with a plethora of work to support staff and managers to keep people well and at work.
- Appraisal rates and statutory and mandatory training show little variance from last month but appraisals in particular remain below target.

Recommendations

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

Performance Brief – December 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 (Key Performance Indicators) agreed before the commencement of the fiscal 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 – 23rd January 2022
- Business Committee – 25th January 2022
- Trust Board – 1st February 2022

Recommendations

Committees and the Board are recommended to:

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

Main Issues for Consideration

Safe

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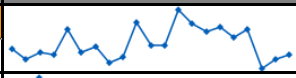
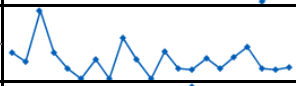
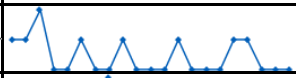
- Appraisal rates and statutory and mandatory training show little variance from last month but appraisals in particular remain below target.

Safe – December 2022 / Quarter 3

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

Leeds Community Healthcare NHS Trust

Data

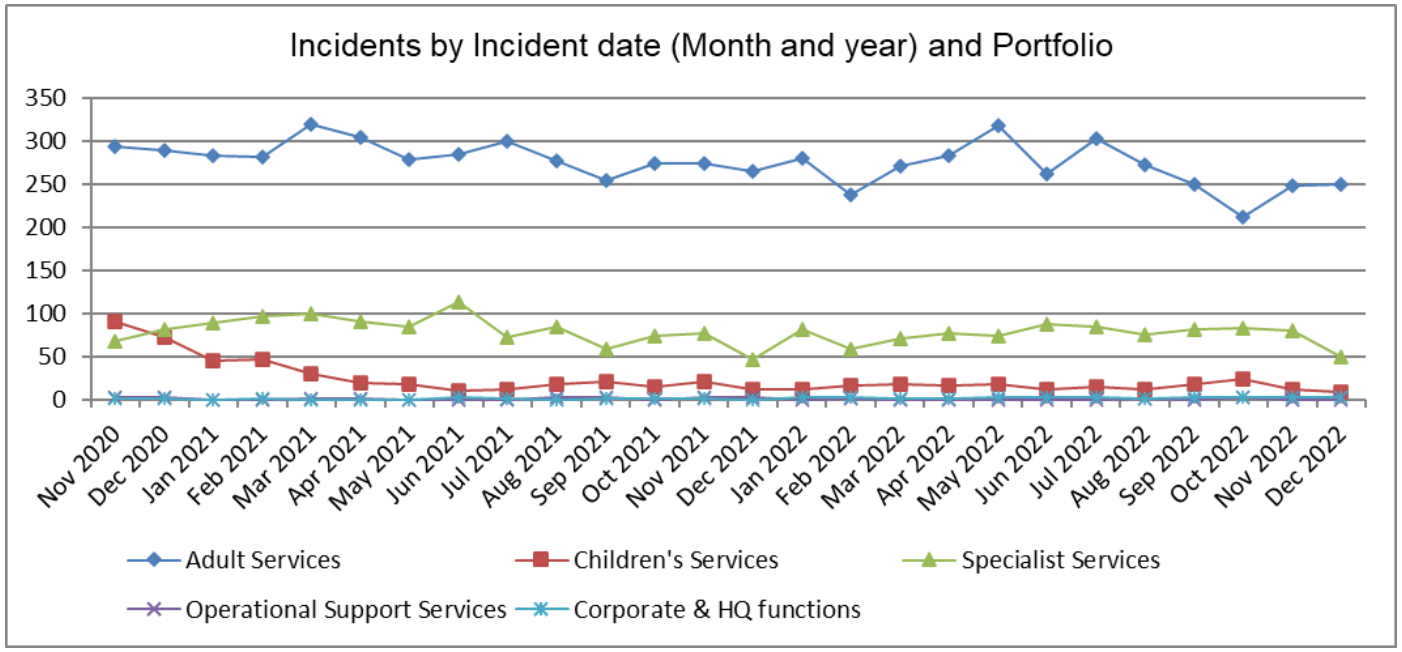
Safe - people are protected from abuse and avoidable harm	Responsible Director	Target	Financial Year	Q1	Q2	Oct	Nov	Dec	Q3	YTD	Time Series (from Apr-21)
Patient Safety Incidents reported as Harmful (per 1K contacts)	SL	1.42 to 2.09	2022/23	2.26	2.14	1.68	1.80	1.86	1.77	2.06	
			2021/22	1.87	1.96	1.96	1.75	1.83	1.84	1.89	
Serious Incidents (per 1K contacts)	SL	0 to 0.1	2022/23	0.01	0.02	0.01	0*	0*	0*	0*	
			2021/22	0.04	0.01	0.02	0.00	0.04	0.02	0.02	
Validated number of Patients with Avoidable Category 3 Pressure Ulcers	SL	8 per year	2022/23	2	1*	0*	0*	0*	0*	3*	
			2021/22	0	1	0	0	1	1	2	
Validated number of Patients with Avoidable Category 4 Pressure Ulcers	SL	0	2022/23	0	0*	0*	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*	0*	0*	0*	3*	
			2021/22	4	1	0	0	1	1	6	
Number of Falls Causing Harm	SL	No Target	2022/23	147	127	22	22	35	79	353	
			2021/22	138	132	39	59	38	136	406	
Number of Medication Errors Causing Harm	SL	No Target	2022/23	16	13	6	3	10	19	48	
			2021/22	15	8	4	5	3	12	35	
Number of teams who have completed Medicines Code Assurance Check 1st April 2019 versus total number of expected returns	RB	100% by year end	2022/23	68%	77%				81%	68%	
			2021/22								
CAS Alerts Outstanding**	*SL*	0	2022/23	0	0	6	3	2	2	2	
			2021/22	0	0	0	0	0	0	0	

** Reported by exception

** These numbers are subject to revision pending completion of investigations*

Narrative

There were 650 LCH Patient Safety Incidents recorded in Datix during the reporting period, this compares to 665 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 data included in this report is accurate as of the 03/01/2022.



The Adult Business Unit (ABU) reported 497 (76%) incidents from 461 (69.3%) at the last report, this is a 6.7% increase in reporting of Patient Safety Incidents. The general reduction of no harm/minimal harm incidents noted in September/October has not continued and reporting has generally increased for this reporting period, there were 382 reported in September/October compared to 430 in November/December. The data at next report will be reviewed should the current reporting trend continue as the number of incidents reported since July/August is potentially highlighting a sustained reduction.

Moderate and major harm incidents for ABU have decreased to 43 from 61 in the last reporting period. There has been a focus in ABU on prioritising the timely review of moderate and major harm incidents from holding to being reviewed within Datix. This includes data validation to ensure accuracy of reporting including degree of harm which may have contributed to this decrease. This will be reviewed and reported in the next period for any continued trend.

Children's Business Unit (CBU) reported 21 (3%) incidents compared to 37 (5.6%) in the last Performance Brief. This may highlight a potential return to reporting norms or indicate a spike in September/October due to positive reporting influenced by targeted service discussions. Reporting numbers will continue to be monitored.

Specialist Business Unit (SBU) reported 128 (20%) incidents compared to 159 (23.9%) in the last period. On review the November data is within usual range however in December there were considerably less incidents reported, the same trend was noted in December 2021, and this will be monitored by the Clinical Governance Team.

The remaining 1% were reported for the Corporate and HQ Portfolio and consisted of three medication incidents for the Covid Core Team and one for IPC for a Methicillin - Resistant Staphylococcus Aureus (MRSA) Bacteraemia. On further review of the MRSA incident this was not attributable to LCH Care, Datix was amended at the time of writing the report to reflect this.

Table 1 - 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	181	25	5	383
Aug 2022	148	162	26	6	342
Sep 2022	123	174	30	8	335
Oct 2022	143	134	25	6	308
Nov 2022	138	167	18	3	326
Dec 2022	128	133	26	5	292
Total	1593	2069	352	65	4079

*The table above does not include deaths.

Moderate Harm Incidents by Exception

There were 44 moderate harm incidents reported in November/December 2022 from 55 in September/October. The incidence of moderate harm last period was 8.55% compared to 7.11% this period, this may be lower due to a reduction in the overall incidents reported and will continue to be monitored.

Summary of Major Harm Incidents

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

Table 2 - Major Harm Incidents

Category	Number
Pressure Ulcer Category Four	1
Implementation of Care	1
Falls	6

The Pressure Ulcer reported for Woodsley Neighbourhood Team is deterioration of a previously reported Deep Tissue Injury (DTI) which evolved to a Category Four Pressure Ulcer to the Right Hip. This incident has been discussed at Rapid Review Meeting and concluded as no lapses in care with good practice noted in relation to managing safeguarding concerns.

The Implementation of Care incident relates to a delay in the provision of end-of-life care. Further information is required to confirm the severity of harm caused to the patient. An update will be provided in the next Performance Brief narrative for January/February.

Of the Falls, one for Wetherby Neighbourhood Team has been assessed at Virtual Review Meeting as no further action required with non-contributory learning. The learning related to the completion of postural blood pressure, Falls Management templates and escalation to a GP when an Osteoporosis risk for a patient is identified. These learning points are captured on the LCH Falls Improvement Plan with actions ongoing.

The remaining five Falls incidents are all pending Virtual Review Meetings which are scheduled for February and will be updated at the next report. All five are for patients residing in the West of the city with Armley Neighbourhood Team recording three incidents, one of which was a patient on the Virtual Frailty Ward, and Woodsley and Yeadon Neighbourhood Teams each recording one.

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/Virtual Rapid Review Meeting Outcomes for November/December 2022

On the 07/11/2022 a new process to review moderate and major harm incidents commenced for incidents reported by ABU Neighbourhood Teams. This is a risk based, proportionate approach to proactively manage the backlog and sustain timely reviews of Patient Safety Incidents during the current transition to the Patient Safety Incident Response Framework (PSIRF). The new methodology has been aligned with the After-Action Review from the national Patient Safety Strategy toolkit.

One Incident per quarter per Neighbourhood Team for Falls, Pressure Ulcers and Meatal Tears of moderate or major harm is selected by the Patient Safety Team at random. These incidents will follow the previously established process, with the completion of a Rapid Review Report to be discussed at the Review Meeting. The remaining moderate and major harm incidents for Falls, Category Three and Unstageable Pressure Ulcers and Meatal Tears within ABU Neighbourhood Teams will include a Virtual Rapid Review of Datix and SystmOne records during the meeting to gather information and conclude an outcome in the absence of a Report.

All remaining incidents for ABU will continue to require completion of a Rapid Review Report including Category Four Pressure Ulcers and the process remains unchanged for Children's and Specialist Business Unit.

For this report and subsequent reports, the data will therefore reflect how many incidents have been to Rapid Review Meeting or Virtual Rapid Review Meeting including the outcome.

There were 84 moderate/major harm incidents reviewed in this reporting period. Of these, 37 incidents had the completion of a Rapid Review Report, and 47 incidents were reviewed under the newly implemented Virtual Rapid Review process.

Rapid Reviews

Twenty (54%) incidents required no further action on review and three (8%) did not require any further investigation, but non - contributory learning was identified.

Three (8%) incidents required additional information to be brought back for a follow up review, one did not have any lapses in care after follow up and two are pending the second meeting.

Three (8%) incidents were rejected as identified that they were not reportable wounds and one (3%) was removed from process as was not a reviewable incident and amended to minimal harm.

One (3%) incident requires completion of an After Action Review which is a structured approach to undertaking a de-brief and constructive way of identifying lessons identified from the incident.

Five (16%) were reported as Serious Incidents and StEIS reported, one of which has two incidents linked for the same patient including a Fall and subsequent Unexpected Death.

Virtual Rapid Reviews

Thirty-Three (71%) incidents required no further action and four (9%) did not require any further investigation, but non-contributory learning was identified.

One (2%) required a follow up Virtual Review Meeting and two (4%) required more information via Datix, these are all pending.

Three (6%) incidents require completion of a Rapid Review Report following virtual review and two (4%) have been removed from process as not reviewable incidents.

One (2%) incident requires completion of an After Action Review and one (2%) was logged as a Serious Incident and StEIS reported.

Serious Incident Investigations November/December 2022

Six incidents reviewed at the Rapid Review/Virtual Rapid Review Meeting or remotely 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.

Table 3 – Overview of Serious Incidents by Category

ID	Incident date	Category	Rapid Review Date	Date added to STEIS
84822	14/07/2022	Unexpected Death	02/11/2022	04/11/2022
84445	26/08/2022	Pressure Ulcer – Unstageable	16/11/2022	16/11/2022
84779	12/09/2022	Pressure Ulcer- Category Four	24/11/2022	28/11/2022
85894	31/10/2022	Unexpected Death	05/12/2022	05/12/2022
86232	14/11/2022	Unexpected Death- Custody	18/11/2022	21/11/2022
86796	08/12/2022	Sudden Unexpected Death in Infancy and Childhood (SUDIC)	12/12/2022	13/12/2022

An overview of the Serious Incidents is provided below in the Business Unit specific section.

National Reporting Compliance

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

LCH was compliant with the Duty of Candour Regulation and four of the letters were sent within 10 working days.

There were no contact details available for the remaining two so there was a delay in the Duty of Candour letter being sent however, all reasonable attempts were made to obtain this information.

ID 84822 -the letter was sent on day 13 to the Next of Kin via the Coroner who held their contact details, contact has since been made with the family to ensure they are involved in the investigation process.

ID 86232 – the letter was sent on day 18 following a face-to-face meeting requested by the Next of Kin to discuss the Serious Incident Investigation.

Update from September and October Reporting

ID 85431- which progressed to a Serious Incident Investigation following Rapid Review Meeting at the end of October was StEIS reported within the required 48-hour timescale. The Duty of Candour letter for this incident was sent on Day 11, this was due to human error in the recording of dates and absence of staff completing the conversation/letter. The Clinical Governance Team will continue to raise the awareness and importance of meeting the 10-day timescale.

Central Alert System (CAS) Notifications

There were 16 Central Alert System (CAS) notifications during this period. Of those, one alert remains open, this is under review by Infection Prevention and Control in relation to infectious diseases in Asylum Seekers. A further one alert remains open from October relating to an Ebola outbreak in Sudan and Uganda and is pending IPC confirmation that it can be closed. Neither alert has a national timescale for completion.

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. The process for reporting data on CAS Alerts has recently been amended, and this change has been backdated for all Q3. This change will allow improved visibility of trends in performance going forward

Inquest

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

Table 4 – Inquests recorded in Datix

Case	Date Trust notified	Summary	Current position	Learning
7871	10/05/2022	Children's Business Unit Sudden and Unexpected Death in Infancy and Childhood (SUDIC).	Inquest hearing has been held and awaiting a copy of the record of inquest hearing.	Awaiting copy of the record of Inquest

7874	24/08/2022	Adult Business Unit Meanwood Neighbourhood Team	Four Witness Statements and an overview statement have been provided to the coroner. There is no date at present for the Inquest Hearing. There is a Serious Incident Investigation currently in progress.	Ongoing
7868	23/02/2022	Children's Business Unit 0-19 Service	A Witness Statement has been provided to the coroner as requested. There is no date at present for Inquest hearing	Ongoing
7857	20/10/2021	Adult Business Unit Seacroft Neighbourhood Team	Three Witness Statements have been provided to the coroner, as requested. Inquest hearing scheduled.	Ongoing
7848	18/2/2020	Specialist Business Unit Police Custody Suites.	Two Witness Statements have been provided to the coroner as requested. 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
7879	01/12/2022	Corporate Business Unit New Care Models	A Witness Statement and records of meetings has been requested by the coroner.	Ongoing
7847	08/12/2022	Adult Business Unit Holt Park Neighbourhood Team	A witness statement was provided to the coroner as requested. and	Ongoing

			There is no date set at present for Inquest hearing	
7877	21/11/2022	Adult Business Unit Kippax Neighbourhood Team	Witness statements have been requested by the coroner. There is no date set at present for Inquest hearing	Ongoing

Business Unit Updates by Exception

Adult Business Unit (ABU)

September/October 2022 updates

There were seven major harm incidents reported in September/October 2022 which have now been reviewed.

Seacroft Neighbourhood Team

ID 85812 – This was a potential delay in assessing a patient with signs of infection who was later admitted to hospital in Seacroft Neighbourhood Team. This was discussed at Virtual Rapid Review Meeting on 11/11/2022 and concluded no contributory lapses in care, although some lapses require an action to share learning they were not thought to have changed the outcome for this patient's admission to hospital.

ID 84769 – This was a fall resulting in a C-Spine Fracture, the patient later died of aspirational pneumonia. The outcome of Virtual Rapid Review Meeting concluded no contributory lapses in care with identified learning in relation to a potential missed opportunity to complete a falls Tier 2 risk assessment due to the fragility of the patient. However, the review noted it was reported he was mobile at the time. There was also learning regarding identifying deterioration in nutritional and hydration status and ensuring support is offered to patients.

ID 85243 – This was a fall with a fracture of the Greater Trochanter. The outcome of the Virtual Rapid Review Meeting concluded no lapses in care and no further action required.

Holt Park Neighbourhood Team

ID 85363 – This was a fall with a Left Distal Tibial fracture and Left Distal Femoral fracture. The Virtual Rapid Review concluded no contributory lapses in care with learning identified. The learning is in relation to the Tier 1 falls assessment to review whether the option of 'N/A' needs removing and to review the current Tier 2 Falls training to include discussion around non-mobile patients, the Falls Team will follow up these actions.

ID 85287 – This was a fall resulting in a Left Fractured Neck of Femur. The outcome of Rapid Review Discussion was no contributory lapses in care with learning related to the completion of Falls Risk Management Template as per guidance and to incident report all falls as per Policy.

Pudsey Neighbourhood Team

ID 85065 – This was a fall resulting in a Right Fractured Neck of Femur. More information was required at the first Rapid Review Meeting and the second Meeting concluded no contributing lapses in care with identified learning that there needs to be clear documentation of why lying and standing Blood Pressure is not taken and a plan to follow up.

Middleton Neighbourhood Team

ID 84997 – This was a fall resulting in a displaced Sub-capital fracture of the Left Neck of Femur. The Rapid Review Meeting concluded that more information was required to understand if the team followed up the outcome from the GP regarding the postural drop in blood pressure, whether the patients weight loss was reviewed and if their balance was assessed. Once gathered the incident will be brought to a second review meeting and an update provided in the next performance brief.

November/December 2022

A theme has been noted in November and December 2022 for the major harm incidents as six of the eight are for the West Neighbourhood Teams. This has previously been identified as a theme for the Woodsley Neighbourhood Team as part of the Aggregated Falls Performance and Assurance report, however on review of these incidents which occurred between February and July 2022 no further action was required, and evidence of good proactive care was identified.

An update will be provided in the next Performance Brief on the outcomes of the six major harm incidents for this period as they are yet to be reviewed.

Incident date	Total
July 2022	2
August 2022	2
September 2022	2
October 2022	16
November 2022	21
December 2022	22
January 2023	2
Total	67

Table 5 - Rapid Review Templates Due: At the time of writing the report there are currently 67 incidents meeting the moderate / major harm criteria for completion of a Virtual Rapid Review/ Rapid Review from 101 at the last report. The oldest incident dates to July 2022 and the tables below outline the incident dates and total for each month. Of the 67, 36 incidents have been scheduled for a review meeting date by the Patient Safety Team throughout January and February 14 require the completion of a Rapid Review Report and the remaining incidents are pending scheduling.

The Virtual Rapid Review initiative for ABU Neighbourhood Teams where the incidents are dynamically reviewed by the panel live in the meeting commenced in November 2022. The aim of this was to address the current backlog of Rapid Reviews in ABU and to test the process for potential inclusion in the organisations Patient Safety Incident Response Plan that is required from the national Patient Safety Strategy. A review of this month's data has demonstrated a positive impact with a 33.6% reduction of outstanding moderate/major harm incidents requiring review in this reporting period when compared to the September/October 2022 data. However, it should be noted that the reporting of moderate and major harm incidents across ABU is lower at 43 incidents for this period compared to 61 in September/October.

Wharfedale Recovery Hub

There is extensive work ongoing with the Units at Wharfedale including monthly meetings which have been set up with the Clinical Governance Team. All CAS notifications have been shared and work is underway to provide assurance that standards are met.

The Clinical Governance Team are currently in the process of organising Datix/Incident Management training for staff at Wharfedale and in the meantime are providing feedback on incidents reported via Datix communications.

Children's Business Unit (CBU)

There were 21 LCH Patient Safety Incidents reported in November / December, this is a 50% decrease from 42 in September / October 2022. However, at the stage of reporting for Performance Brief last period the CBU incidents were recorded as 37 for September and October's data, which increased to 42 as incidents have been reviewed and progressed.

Following Quarter Two Quality Assurance and Improvement Group (QAIG) there were targeted discussions with services regarding incident reporting which may be reflective of the increase seen in September/October. There continues to be ongoing work within the Business Unit to increase the awareness of incident reporting and this continues to be monitored via the CBU Governance report.

Table 6 – CBU Patient Safety Incidents by Harm level

	No injury sustained	Minimal Harm	Moderate Harm	Major Harm	SUDIC	Total
Sep 2022	13	4	0	1	0	18
Oct 2022	18	5	1	0	0	24
Nov 2022	8	4	0	0	0	12
Dec 2022	7	1	0	0	1	9
Total	46	14	1	1	1	63

September/October 2022 updates

There were two moderate harm incidents reported in September/October 2022 which have now been reviewed.

ID 85263 – A child with a known history of Osteopenia and fractures due to condition, and being non weight bearing, sustained a fracture to the Left Femur. The Rapid Review Meeting took place on the 21/11/2022 and concluded no lapses in care with some ongoing work around care plans.

ID 84779 – A child with a Category Three Pressure Ulcer which has since deteriorated to a Category Four under the care of LCH, this has been updated to a major harm incident. Remote review of the Rapid Review Report was completed by the Children's Business Unit Quality Lead and the Assistant Director of Nursing and Clinical Governance. There was a lack of evidence of identification and mitigation of the child's individual specific risks, with potential to prevent further deterioration of the ulcer. The case has been referred for a Serious Incident Investigation. The learning will be shared on completion of the review.

November/December 2022

ID 86796- A SUDIC incident was reported in December 2022 for a child's death. The initial timeline was reviewed by the Director and Associate Director of Nursing and declared a Serious Incident outside of the usual Rapid Review Process, the 25 day meeting for this incident is scheduled for 21/01/2023 to review the first draft of the report. A further update regarding progress will be provided in the next reporting period.

Specialist Business Unit (SBU)

September/October 2022 updates

There was one major harm incident reported in September/October 2022 which has now been reviewed.

ID 85420- This is an incident reported in Community Neurology for device related pressure to the right hand caused by a hand splint.

The outcome from Rapid Review Meeting concluded that there were no lapses in care from an LCH perspective and concerns regarding other providers have been actioned appropriately by Adult Social Care.

A leaflet has been completed in relation to splint advice, and the learning from this incident, and similar themes, will be shared at the quarter three Patient Safety Summit.

November/December 2022

There have been two incidents for SBU which have been reported as Serious Incidents and investigations are currently being completed.

ID 85894- This is an unexpected death for a patient referred to Leeds Mental Wellbeing Service. The case was reviewed at Rapid Review Meeting on 5/12/2022 and concluded as a Serious Incident Investigation.

The report will be completed as a Multi Partner review to include Leeds Community Healthcare- Primary Care Mental Health Team, Leeds and York Partnership Foundation Trust- Community Mental Health Team, Primary Care Network-General Practice, Forward Leeds- Five Ways and Leeds Teaching Hospital Trust- Accident and Emergency.

ID 86232- This is an unexpected death in Police Custody which was discussed at Rapid Review Meeting on 18/12/2022.

It was agreed this incident was appropriate for further investigation as a Serious Incident to explore internal processes, policies, and service practice around opiate withdrawal.

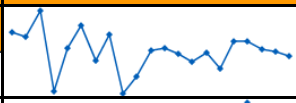
The 25-day meeting is booked for 09/01/2022 and 45-day meeting on 08/02/2022.

Caring – December 2022 / Quarter 3

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

NHS Leeds Community Healthcare NHS Trust

Data

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-21)
Percentage of Respondents Reporting a "Very Good" or "Good" Experience in Community Care (FFT)	SL	>=95%	2022/23	92.2%	93.0%	93.3%	93.0%	92.6%	92.7%	92.6%	
			2021/22	95.7%	92.1%	92.0%	95.2%	87.9%	91.3%	93.3%	
Total Number of Formal Complaints Received	SL	No Target	2022/23	29	43	16	6	11	33	105	
			2021/22	18	26	5	9	8	22	66	

Narrative

Friends and Family Test (FFT)

In November and December 2022, there were 1048 responses to the FFT, an increase of 264 responses from the last report. 94.4% (994 out of 1048 respondents) of community patients/service users reported their experience as good or very good.

Service Specific Surveys

In addition to the FFT, some services have developed 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 CAMHS Medication Survey

The survey was developed to be completed by young people and parents to help provide a reduction in waiting times for medication by listening to what parents/young people think would help with this. There have been six responses, half of the respondents stated they would be happy to attend an online focus group to discuss this further. Non-online options to provide feedback are also being considered to ensure the process is equitable. Comments from this survey included:

“There needs to be a plan - and this plan needs to be shared with parents on the waiting list. Sending out generic letters is really impersonal and offers no assurance as to what is being done to address the issue.”

“Children and Families waiting longer than 12 weeks is not appropriate and some people have been waiting in excess of a year. There needs to be more clinics to address the back log and then a reset, so no one is Waiting above 12 weeks maximum.”

These comments have been shared with the service to address.

Tier 3 Weight Management Service

The service has amended the FFT used for the service to offer more specific feedback to each part of the service. Since the adapted FFT was made live, the service has been able to act on feedback including a "You said We did" poster. Feedback received included what has gone well:

"Amazing team, helpful, caring overall lovely people thank you for everything would recommend anyone about joining"

And what could be improved:

"I don't feel the service does nearly enough to tackle the mental health aspects of weight management".

The feedback showed that more mental health support was needed within the service, and they have now recruited to a mental health nurse post to provide screening and further support as needed. The service is also developing a stress management group to offer practical coping skills throughout the patient's weight loss journey.

There were 7 new surveys added to the Membership Experience System in November and December 2022 all of which are in the Specialist Business Unit.

Long Covid Rehab Service

Leeds Long Covid Community Rehabilitation Service have developed two groups to help patients living with the psychological challenges of Long Covid. A survey/ evaluation form has been created to help develop the groups by looking at what has worked well/what hasn't worked as well for patients. The service will then be able to use this information to develop the group further.

Virtual Upper Limb

The ArMA (Arm Activity Measure) is being used as a quality measure for the Virtual Upper Limb Group being trialled by the Community Stroke Rehabilitation team. The questionnaire will provide a measure of a patient's difficulties experienced at the start and end of a four-week online course; helping to identify the value of interventions and activities used in the sessions. The service will be sending a link to patients at the start and the end of the groups.

The Leeds Vaccination Service FFT

A Standard FFT and Easy Read survey has been produced for the service working alongside both service staff and Lisa Smith Learning Disability Lead to ensure accessibility standards are followed.

Complaints, Concerns and Claims

Seventeen complaints were received in November and December 2022, a decrease of 15 (47%) from the last reporting period. All new complaints received were for LCH and 24 complaints remain open for Leeds Community Healthcare NHS Trust (LCH). 94% (16/17) of complaints were acknowledged within three working days.

One complaint was acknowledged in 13 days; this was due to the email from the complainant going into an incorrect inbox which was not regularly monitored in the Patient Experience Team and this not being noticed until 13 days after it had been received. The complainant was contacted immediately and was understanding of the error. The PET mailbox concerned is now being checked regularly by the team.

In November and December 2022, 33 complaints were closed.

Sixteen out of thirty-three complaint responses met the internal Trust target of 40 working days. Seventeen complaints exceeded 40 days; for all of these complaints, apologies were given to the complainants and deadline dates were renegotiated with their agreement. There have been delays in complaint investigations due to reduced capacity in services in addition to a team change within the Patient Experience Team. A review of the processes is being completed to support both the Patient Experience Team and operational teams. The risk of the capacity of services to complete complaint investigations has been escalated via Business Unit Quality Leads and is being reviewed. All 33 closed complaints were responded to within 180 days which is the statutory requirement.

Eighteen out of thirty-three 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 six-monthly Patient Experience Report to Quality Committee. Key learning in November and December for services who closed complaints was:

- The importance of determining as soon as possible with the family/complainant if they wish the issues raised to be managed as a concern or complaint.
- When developing template letters or other written communication to involve users in their development to help improve how messages are shared with users, carers, and their families.
- The importance of all staff using Trust Information governance procedures when sending emails to users, carers and their families.

There were 105 concerns received in November and December 2022, a significant decrease from the last reporting period (147). The services with the highest number of concerns received are Leeds Sexual Health Services (LSH) and CAMHS with 13 concerns each, however this has reduced from 22 for LSH. The Neighbourhood teams have also received 13 concerns. These concerns continue to largely relate to difficulties in contacting the service, communication and waiting times.

There were 131 compliments received in November and December 2022, which is consistent with compliments received in the last reporting period (134). The highest number of compliments were received by the Neighbourhood teams (27), the Community teams (29) (Falls team-16, Cancer Support Service-1, Community Urology-10, and Feeding Team-1), and Health Case Management (19).

Claims

The current claim caseload is 15 open claims and 14 potential claims. All are being managed according to current policy.

One new potential claim has been received in November-December; this relates to a claim for personal injuries and losses sustained by a member of staff 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 on 10 January 2023 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.

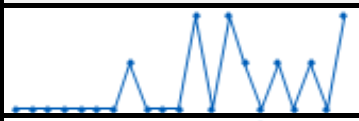
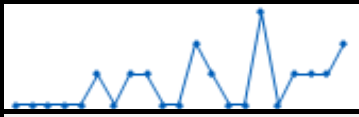
Concerns will be considered as part of the next stage of Business Intelligence reporting for health equity data.

Effective – December 2022 / Quarter 3

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

Data

Effective - people's care, treatment and support achieves good outcomes, promotes a good quality of life and is based on the best available evidence	Responsible Director	Target	Financial Year	Q1	Q2	Q3	YTD	Time Series (from Apr-21)
Number of NICE guidelines with full compliance versus number of guidelines published in 2019/20 applicable to LCH	RB	100% by year end	2022/23	95%	95%	98%	95%	
			2021/22		81%	81%	81%	
Number of NICE guidelines with full compliance versus number of guidelines published in 2020/21 applicable to LCH	RB	No Target	2022/23	95%	95%	100%	95%	
			2021/22		90%	96%	90%	
Number of Unexpected Deaths in Bed Bases**	RB	No Target	2022/23	3	1	3	7	
			2021/22	0	0	1	1	
Number of Sudden Unexpected Deaths in Infants and Children on the LCH Caseload**	RB	No Target	2022/23	1	4	4	9	
			2021/22	0	1	2	3	
NCAPOP audits: number started year to date versus number applicable to LCH	RB	100% by year end	2022/23	100%	100%	100%	100%	
			2021/22	100%	100%	100%	100%	
Priority 2 audits: number completed year to date versus number expected to be completed in 2021/22	RB	100% by year end	2022/23	0%	8%	34%	34%	
			2021/22	100%	100%	100%	100%	
Total number of audits completed in quarter	RB	No Target	2022/23	3	5	1	9	
			2021/22					

Narrative

NICE

For 2021/22 there were 37 assessed for action, the organisation is fully compliant with 24 and there are 13 open NICE Guidance's.

For 2022/23 there are 30 assessed as relevant so far, the organisation is compliant with five and 25 remain open.

Leeds Community Healthcare NHS Trust is currently within the timescales set under Policy PL326 Dissemination, Implementation and Monitoring of NICE Guidance of completion within two years of publication.

Data for core indicators

Number of NICE guidelines with full compliance versus number of guidelines published in 2019/20 applicable to LCH (expressed as a %).

- 97.6% fully compliant (represents 41 of 42).
- 2.4% previously agreed non-compliance by Quality Committee (represents one).

Number of NICE guidelines with full compliance versus number of guidelines published in 2020/21 applicable to LCH (expressed as a %).

- 100% full compliance (represents 22 of 22).

Clinical Audit

There has been a delay in the returns of audit paperwork and updates due to reduced capacity within the operational teams/services. Additionally reduced capacity in Clinical Effectiveness Team (CET) has led to less follow up of the audit paperwork and updates. More staff have been recruited within CET to support with following up on the audit updates. To improve and streamline the audit registration process and adherence to the policy the registration form is being revised for 2023/24.

Services are aware of the need to prioritise essential audits linked to Key Performance Indicators, mandatory audits, national audits and incidents. The Quality Leads continue to work alongside services to ensure services are supported to complete priority audits.

There were 13 (10.1%) abandoned audits that were added to the audit programme in error; these are not clinical audits and are held and reported on elsewhere and guidance is being provided to services. One (0.78%) audit was postponed as the audit leader has now left the service.

There was a pause in audit training during 2022/23, the Clinical Effectiveness Team (CET) are exploring options to restart the audit training programme with the first training session starting mid-January.

Unexpected Deaths in Community Care Beds

A total of 3 unexpected deaths were recorded in CCBs during Q3. Two of these deaths have already been reviewed in the Adult Mortality Review meeting and the 3rd is due for review in the February meeting. All were deaths from natural causes due deteriorating severely frail patients. No concerning or learning quality improvement themes

have been identified from these deaths and the deaths were not associated with a clinical incident. The number of deaths occurring within Quarter 3 are within the expected range.

Sudden and Unexpected Deaths in Children

There have been 4 reported SUDIC cases during the reporting period:

- 2 children with complex health needs – no immediate LCH learning
- 1 young person where there is a Serious Incident investigation in process within LCH alongside the SUDIC process.
- 1 child with Step A. UK Health Security Agency were notified. No LCH learning identified.

However, it should be noted that these numbers represent only those deaths on an “active” LCH Caseload, and so forms a sub-section of the total number of SUDIC cases supported by the SUDIC team in LCH.

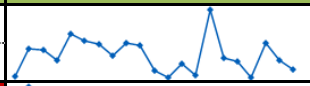
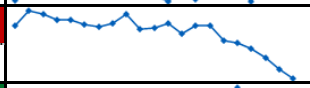
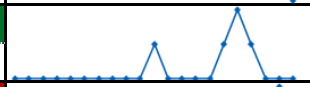
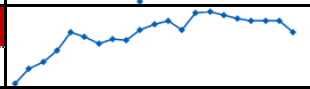
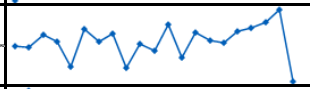
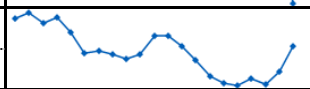
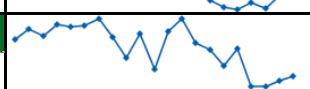
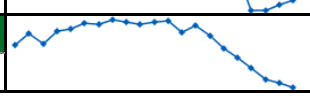
A total of 17 cases were reported to the SUDIC team during Q3, which is an increase from 12 during Q2 and 4 during Q1. This represents the highest levels of demand within the team for a substantial amount of time. Further details are provided within Q3 Mortality papers.

Responsive – December 2022 / Quarter 3

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

NHS Leeds Community Healthcare NHS Trust

Data

Responsive - services are tailored to meet the needs of individual people and are delivered in a way to ensure flexibility, choice and continuity of care	Responsible Director	Target	Financial Year	Q1	Q2	Oct	Nov	Dec	Q3	YTD	Time Series (from Apr-21)
Percentage of patient contacts where an ethnicity code is present in the record	SP	No Target	2022/23	95.9%	95.7%	96.0%	95.8%	95.7%	95.8%	95.8%	
			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%	67.7%	64.4%	64.4%	64.4%	
			2021/22	87.3%	83.6%	82.8%	84.2%	87.2%	87.2%	87.2%	
Number of patients waiting more than 52 Weeks (Consultant-Led)	SP	0	2022/23	0	2	0	0	0	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%	57.8%	47.0%	47.0%	47.0%	
			2021/22	43.7%	38.8%	45.2%	49.4%	44.7%	44.7%	44.7%	
% Patients waiting under 18 weeks (non reportable)	SP	>=95%	2022/23	90.6%	88.4%	88.6%	88.5%	85.9%	85.9%	85.9%	
			2021/22	79.0%	84.7%	83.3%	84.2%	84.1%	84.1%	84.1%	
LMWS – Access Target; Local Measure (including PCMH)	SP	24456 by year end	2022/23	7,581	8,031	2,867	3,065	1,917	7,849	23,461	
			2021/22	7,611	7,472	2,553	2,684	2,148	7,385	22,468	
IAPT - Percentage of people receiving first screening appointment within 2 weeks of referral	SP	No Target	2022/23	51.6%	40.9%	40.1%	46.6%	59.4%	47.0%	46.3%	
			2021/22	73.8%	65.3%	57.1%	55.2%	52.8%	55.2%	65.1%	
IAPT - Percentage of people referred should begin treatment within 18 weeks of referral	SP	>=95%	2022/23	99.6%	98.8%	98.4%	98.5%	98.6%	98.5%	99.0%	
			2021/22	99.6%	99.8%	100.0%	99.6%	99.1%	99.6%	99.7%	
IAPT - Percentage of people referred should begin treatment within 6 weeks of referral	SP	>=75%	2022/23	92.5%	84.3%	77.8%	76.7%	75.2%	76.6%	84.2%	
			2021/22	89.6%	93.5%	94.7%	95.9%	95.1%	95.2%	92.5%	

Narrative

Consultant-led RTT Pathways

Performance against the 18-week Referral to Treat (RTT) standard remains below expectations, with 64.4% of patients waiting less than 18 weeks at the end of December (target 92%). This represents a further downturn in the numbers since October 2022 (71.7%). Performance against this standard has steadily declined for the last 8 months.

This pattern continues to be driven by the Paediatric Neuro-Disability (PND) service, the Community Gynae Service and the Children's Paediatric Clinics. A more detail report of all these services is provided within Appendix 2.

There have been no breaches of the 52-week standard during the reporting period.

Non-Consultant led Pathways

Waiting times for non-Consultant pathways has declined during December with 85.9% of patients waiting less than 18 weeks at the end of December 2022, down from 88.5% in November 2022. Performance remains below the local target of 95%. Much of this change has occurred within the Muscular-Skeletal (MSK) Service, which has seen a change in profile within their waiting list during December.

Although the total waiting list size for this service has decreased substantially during Q3, the percentage of patients waiting more than 18 weeks has increased, particularly during December 2022. This has been due to capacity gaps and sickness, higher than usual rates of high priority cases, and also by a gap in admin support which left some processes temporarily incomplete and led to delays in booking patients. Admin gaps have now been closed and processes completed, but this has had an impact on overall waiting list performance.

Diagnostic Pathways (DM01)

Performance against the DM01 6-week standard for diagnostics had improved substantially in November 2022, reaching 57.8% from 50.9% in October, but has since deteriorated to 47.0% at the end of October 2022. Performance remains below the target of 99%. However, the service has worked hard to ensure that all follow up backlogs are clear, with no review patients are overdue with their appointment dates. The service has now fully completed it's planned restructure of it's clinic structure, leading to a better alignment of appointment length, staff grade and staff numbers to the various levels of complexity within the demand profile. This new structure should lead to a maximised clinical capacity.

Improving Access to Psychological Therapies

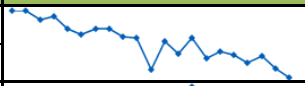
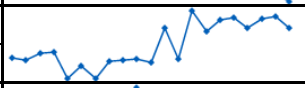
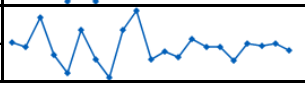
LMWS continues to meet its primary access targets, and screening performance within 2 weeks has shown substantial improvement in Q3, following focussed efforts from the service. The team improved performance to 59.4% in December compared to 40.1% in October 2022. However, the the percentage of patients seen within 6 weeks of referral continues its downward trend, falling to 75.2% in December 2022, from 77.8% in October 2022. Performance remains only slightly above the target of 75%.

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 (from NT Triangulation Report)

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-21)
Neighbourhood Team Face to Face Contacts	SP	No Target	2022/23	154,093	151,225	50,389	48,284	46,762	145,435	450,753	
			2021/22	171,906	165,458	54,868	54,913	53,473	163,254	500,618	
Neighbourhood Team Referrals (SystmOne only)	SP	No Target	2022/23	7,326	7,660	2,585	2,607	2,494	7,686	22,672	
			2021/22	6,650	6,424	2,013	2,181	2,190	6,384	19,458	
Neighbourhood Team Productivity (Contacts per Utilised WTE per Week)	SP	No Target	2022/23	71.4	71.2	23.9	24.0	23.7	71.6	214.2	
			2021/22	72.9	70.9	23.3	22.6	24.5	70.5	214.3	

Neighbourhood Teams have continued to experience higher than usual levels of referrals, with a consistently high volume of referrals over the last 8 months. This higher level has amount to an average increase of 15.3% per month. It should also be noted that face-to-face contacts have declined during Q3, but despite this, productivity has remained consistent. This suggests that the team has endure lower staffing levels during the quarter. Some of the reduction in face-to-face activity comes from the result of plans by the leadership team in the Business Unit to reduce caseload numbers and increase the number of the virtual contacts within the teams. However, high levels of sickness (higher than 8% in Q3), due to COVID absences as well as long term sickness, have slowed the roll out and implementation of key initiatives.

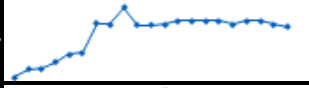
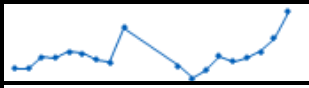
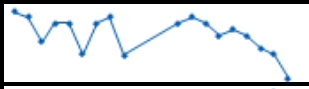
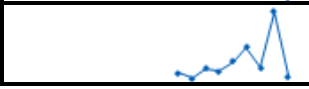
Well-Led – December 2022 / Quarter 3

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

Data

Well Led - leadership, management and governance of the organisation assures the delivery of high-quality person-centred care, supports learning and innovation, and promotes an open and fair culture	Responsible Director	Target	Forecast	Financial Year	Q1	Q2	Oct	Nov	Dec	Q3	YTD	Time Series (from Apr-21)
Staff Turnover	LS/JA	<=14.5%	●	2022/23	14.4%	13.9%	13.4%	13.5%	13.7%	13.7%	13.7%	
				2021/22	11.7%	13.5%	14.3%	14.2%	14.2%	14.2%	14.2%	
Reduce the number of staff leaving the organisation within 12 months	LS/JA	<=20.0%	●	2022/23	18.4%	17.2%	16.4%	15.2%	16.5%	16.5%	16.5%	
				2021/22	18.8%	19.9%	21.4%	22.0%	21.9%	21.9%	21.9%	
Short term sickness absence rate (%)	LS/JA	<=3.0%	●	2022/23	2.1%	1.8%	2.2%	2.3%	2.8%	2.8%	2.8%	
				2021/22	1.4%	1.8%	2.7%	2.0%	2.5%	2.5%	2.5%	
Long term sickness absence rate (%)	LS/JA	<=3.5%	●	2022/23	5.2%	4.6%	4.9%	5.0%	5.1%	5.1%	5.1%	
				2021/22	3.7%	4.9%	4.7%	5.2%	5.3%	5.3%	5.3%	
Total sickness absence rate (Monthly) (%)	LS/JA	<=6.5%	●	2022/23	7.3%	6.4%	7.1%	7.3%	7.9%	7.9%	7.9%	
				2021/22	5.1%	6.7%	7.4%	7.2%	7.8%	7.8%	7.8%	
AfC Staff Appraisal Rate	LS/JA	>=90%	●	2022/23	76.7%	75.3%	75.5%	74.4%	72.0%	72.0%	72.0%	
				2021/22	72.9%	70.6%	72.1%	74.8%	74.8%	74.8%	74.8%	
Statutory and Mandatory Training Compliance	LS/JA	>=90%	●	2022/23	85.6%	85.4%	86.3%	86.4%	86.4%	86.4%	86.4%	
				2021/22	89.2%	88.6%	88.1%	87.7%	87.2%	87.2%	87.2%	

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-21)
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	0	0	1	6	
			2021/22	5	1	0	2	0	2	8	
WRES indicator 1 - Percentage of BME staff in Bands 8-9, VSM	LS/JA	No Target	2022/23	7.8%	7.8%	7.8%	7.6%	7.5%	7.5%	7.5%	
			2021/22	5.5%	6.3%	7.7%	7.6%	8.4%	8.4%	8.4%	
Total agency cap (£k)	BM	No Target	2022/23	1053	928	357	317	333	1007	2988	
			2021/22	690	705	309	313	316	938	2333	
Percentage Spend on Temporary Staff	BM	No Target	2022/23	6.3%	5.1%	5.6%	6.2%	5.7%	5.7%	5.7%	
			2021/22	5.6%	4.2%	5.1%	5.4%	5.2%	5.2%	5.2%	
Neigbourhood Team Vacancies, Sickness & Maternity WTE	SP	No Target	2022/23	316	349	122	134	156	412	1077	
			2021/22	333	359	115	113	142	371	1063	
Neighbourhood Team Percentage of Funded Posts Utilised	SP	No Target	2022/23			84.0%	83.0%	79.2%			
			2021/22			88.0%	89.0%	82.9%			
Starters / leavers net movement	SP	>=0 in favour of starters	2022/23	-8	34	3	61	-6	58	84	
			2021/22								

Narrative

Sickness absence

Whilst the overall sickness absence rate of 7.9% for December remains above target, this has remained at or below absence levels for the previous year, from August. We are seeing high levels of Covid, flu and respiratory illnesses, which is causing significant pressure across all business areas. The vaccination programme has been widely promoted and encouraged throughout the organisation to mitigate the impact.

Long-term sickness absence

Long-term sickness absence remains a concern in that all areas of the Trust remain above the 3.5% target. Anxiety/stress/depression/other psychiatric illnesses remain the highest reason for long term absence. 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 necessary plans are in place. Leaders Network Live took place in December and continued the theme of health and well-being with several

workshop sessions supporting this topic, for example prioritising space for reflective listening (Schwartz Rounds) was an important topic and discussion for managers.

Short-term sickness absence

The good news is that for nine consecutive months the overall short term absence rate has been below the organisational target of 3%. The adult business unit has seen a spike in short term absences in December. The main reason for absence is due to Infectious disease and Gastrointestinal problems.

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 who has launched "Take a Breath" reiterating the message about the importance of taking breaks, making time for 1:1s, having a cup of tea together and appraisals. The message and importance of these practices, even when operational pressure might be high has remained high profile over the last weeks and months.

Turnover

The overall Staff turnover since April 2022 has been at or below the 14.5% target. Of concern is SBU which continues to have the highest turnover rate. Exit interview data is being analysed to understand the reasons why staff are leaving and HR and ODI are working closely with managers to actively support complex services across the Business Unit to look at ways to retain staff and reduce the number of leavers.

Across the Trust we have approx. 300 WTE vacancies, and therefore Resourcing and how we can maximise our capacity remains a key priority and area of focus alongside focussed work on retention.

Some of the work in progress to support staff retention:

- ED & I – Following the No Bystanders event in September 2022, and discussion at Octobers ED & I Forum, work continues to support staff and ensure momentum on this important work. The objective is to reduce peoples experience of abuse, harassment or discrimination and contribute towards a reduction in people experiencing these behaviours but if they do, they feel confident and supported to take action – to call it out, to tackle it, to report it and to give support around it
- Analysis and identification of "hotspot" areas has been undertaken and work is ongoing within Business Units to identify areas of good retention practice
- A review of induction and onboarding is underway; acknowledging that the first months of employment are crucial to employee retention. A new starter survey is being trialled which asks about experience of onboarding and induction. The results of this will be used to support further improvements.
- 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

Reduce the number of staff leaving the organisation within 12 months

The number of staff leaving the organisation within 12 months has remained below target since April and we have seen a positive difference in comparison from 2021 v 2022. During the last quarter the average rate was 16% comparted to 21.7% for the same period last year. Administrative and Clerical staff has the highest number of leavers across the Trust followed by Nursing and Midwifery Registered staff. Unfortunately, the most prevalent reason that has been selected for leaving is "unknown".

At the end of Q3, the LCH "Time to Hire" figure has reduced from an average of 75 working days to 63 working days in this quarter. The recruitment team have made several changes to processes which have created efficiencies and are working with HRBPs, managers and candidates to further reduce time to hire. There are drop-in sessions planned and offered across 2023 for managers who don't recruit often or need further support to help understand the recruitment process and importance of this work in attracting talent. The end-to-end recruitment process has been mapped out with a clear outline of managers, applicants and the recruitment team's responsibility at each stage. This will be shared more widely within Q4 to support understanding of the process.

It is hoped that this work will directly impact on the turnover in staff with less than 12 months' service due to the correlation between staffs' experience during recruitment and the first key months of induction and decisions taken to leave in the first year of employment.

WRES (Workforce Race Equality Standard)

Overall BME representation in the workforce continues to trend well although as always there is much more work to do and as set out in our WRES action plan. It is anticipated that the trend will continue as we implement training for a group of staff from across the Trust to support Recruitment Managers in providing diverse recruitment panels for the recruitment of Band 7 and above, vacancies.

Appraisal

Appraisal compliance continues to be below target, at 72%. The Appraisal Review Project led by Joanne Corey and Rich Cooper (ODI team) has now gained SMT sign off. From April 23 this project will introduce a new employee led approach, revised forms, refreshed training and Appraisal Hub. We have also gained approval for the introduction of an 'appraisal season' (between April – August) which will allow for targeted communication and support for teams and services. Our overall aims for the project are to boost compliance by avoiding winter pressures, re-energise staff around appraisal and personal development and make it easier for everyone to have a meaningful appraisal conversation.

Statutory and Mandatory Training (MaST)

MaST continues to be static performing around –3% of the 90% KPI. Work has progressed with the new statutory requirement around Learning Disabilities and Autism (Oliver McGowan training) as outlined in the Health Care Act of 2022. This new requirement is due to go live by the end of January 2023.

To boost overall compliance and free up clinician's time we have introduced new eLearning modules for Mental Capacity Act and Pressure Ulcer Prevention, both will allow staff to gain competencies through comprehensive eLearning modules, rather than attending 2–3-hour virtual events.

Since November, we have been working with the Operational Lead (Lindsey Cawood) at the Wharfedale Recovery Hub to devise a bespoke training plan for all staff across the full suite of MaST subjects. This work was complex due to the unique requirements of the wards, shift patterns, and supporting IT infrastructure and the need for training to take place at Wharfedale. The training plan is now in place, it will allow all staff to be compliant and competent across all requirements by the end of May 2023.

Neighbourhood Team Indicators (from NT Triangulation Report)

The Neighbourhood Teams have experience significant capacity pressures during Q3, driven by sickness and vacancies, reaching the highest levels in the last two years during December 2022 (156 WTE). The Teams have also recorded the lowest level of utilised posts since April 2021, falling to 79.3% in December 2022 following a downward trend for 8 months.

The Business Unit are anticipating a mixed position in the next few months:

- Morale low in several staff groups
- Staff working significant additional hours
- Recruitment challenges across all teams
- High levels of sickness in some teams e.g., Nights
- Gaps in local leadership and senior clinicians (due to vacancies and sickness) having an impact in NTs
- Continued gaps in volunteer driver posts
- Capacity and demand pressures as well as sickness is impacting on student nurses' working patterns (visits and rota management)
- Some gaps in administration roles

The Leadership Team is planning a range of ongoing responses, including:

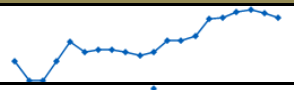
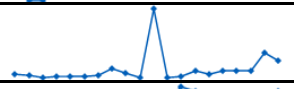
- All three triage hubs went life on 01/11/2022
- Continued focus on the priorities within the Stabilisation plan and NMTP workstreams
- Workforce plan and focused areas of recruitment using winter money (therapy, night sitters, self-management)
- Continued expansion of international recruitment
- Regular calls out for support from within ABU teams and externally from other BUs
- Volunteer driver issue is an improving situation as following comms around the requirements, some drivers have come forward. Demand however expected to increase with new recruitment of international staff in the coming months.
- Plans on how to manage and support students better and how they can be more proactive in planning their learning discussed at clusters and NCA team meetings
- Working with Admin Service Managers for admin solutions

Finance – December 2022 / Quarter 3

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

Leeds Community Healthcare NHS Trust

Data

Finance	Responsible Director	Target	Financial Year	Q1	Q2	Oct	Nov	Dec	Q3	YTD	Time Series (from Apr-21)
Net surplus (+)/Deficit (-) (£m) - YTD	BM	0.8	2022/23	0.3	1.6	1.7	1.5	1.3	1.3	1.3	
Capital expenditure in comparison to plan (£k)	BM	2906	2022/23	261	534	236	824	587	1647	2442	
CIP delivery (£k)	BM	2280	2022/23	762	753	253	252	260	765	2280	

Narrative

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

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

The underlying position has significant financial risk as 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. In 2022/23 vacancy levels will mitigate this risk.

The biggest risk to achievement of the 2022/23 target surplus is the uncertainty of the cost of ongoing cost of pay incentives in the final quarter to fill essential shifts. However, a reasonable provision has been made in the forecast for that cost.

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

The Trust has agreed a notional income level with the ICB in Leeds for the costs of taking over the running of the Wharfedale Rehabilitaion wards. This does not impact on the Trusts financial performance in 2022/23. Agreement on the income for 2023/24 will be required as part of overall agreements of contract income levels with the ICB.

Income & Expenditure (I&E) Summary

At the end of December, the Trust is reporting an overall surplus of £1.3m, favourable to plan by £0.5m. This is being driven by underspending on pay due to the number of vacancies, offset by the underachievement of income.

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

Income

NHS contract income positions have been updated earlier in the year to include 2.4% tariff uplift on NHS contracts. In October 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 addition 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 payment of £12.9m and there is £3.6m of non-recurrent covid income from the ICB. This is a risk to the organisation's underlying position. In addition, the pay award settlement for this does not fully meet the additional 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 22/23 contract. The part year cost of these developments is being offset by the level of vacancies and the non-recurrent covid income. Meetings have progressed with the Leeds Place on the 23/24 contract and the position is improving. An update will be provided to the Business Committee in February as part of the development of the 23/24 Annual Plan.

Contract income is adverse to plan mainly due to contract penalties for the 0-19 children's service (£0.4m YTD £0.6m Forecast), Police Custody service (£0.2m YTD £0.3m Forecast) and underachievement against plan of the covid vaccination variable income (£0.3m YTD £0.3m Forecast).

Non-clinical income is adverse to plan year to date by £3.6m and the year-end forecast is adverse by £4.9m This is due to service development funding 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 to date total £104.9m, £7m less than had been planned and is driven by the number of vacancies.

There are 307.7 **vacancies** as at the end of December 2022.

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 £3.2m for 2022/23. The forecast expenditure is £4.2m; the Trust is prioritising safe staffing levels over the 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 £1.1m underspent at the end of December 2022. 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 December these are being delivered in full.

Capital Expenditure

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

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

At the end of December, the Trust has spent £2.4m against a plan of £2.6m. The Seacroft scheme completed in January.

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 £46m in the bank at the end of December 2022.

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 four of the measures at the end of December 2022. In the month of December performance was 94% which is below the 95% target on invoice count, however the value exceeded the target at 99.4%. 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 finance tables

Table 1 Income & Expenditure Summary	December Plan WTE	December Actual Contract WTE	YTD Plan £k	YTD Actual £k	YTD Variance £k	Annual Plan £k	Forecast Outturn £k	This Month Variance £k	Forecast Variance Last Month £k
Income									
Contract Income			(143,524)	(142,585)	940	(191,669)	(190,510)	1,160	1,204
Other Income			(14,174)	(10,585)	3,588	(18,882)	(14,080)	4,802	4,864
Total Income			***(157,698)***	***(153,170)***	***4,528***	***(210,551)***	***(204,590)***	***5,961***	***6,068***
Expenditure									
Pay	3,244.4	2,936.7	111,909	104,901	(7,009)	149,488	140,425	(9,063)	(8,959)
Non pay including reserves & non recurrent			37,164	39,846	2,682	49,564	53,825	4,261	3,977
Total Expenditure	***3,244.4***	***2,936.7***	***149,073***	***144,747***	(4,327)	***199,051***	***194,250***	***(4,802)***	***(4,982)***
EBITDA	**3,244.4**	**2,936.7**	**(8,625)**	**(8,423)**	**201**	**(11,500)**	**(10,340)**	**1,160**	**1,086**
Depreciation			6,856	6,635	(221)	9,142	8,907	(235)	(235)
Public Dividend Capital			630	497	(134)	840	602	(238)	(238)
Profit/Loss on Asset Disp			0	1	1	0	1	1	0
Impairment			0	0	0	0	0	0	0
Interest Payable			448	453	4	598	596	(2)	(2)
Interest Received			(90)	(495)	(405)	(120)	(806)	(686)	(611)
Retained Net Surplus	**3,244.4**	**2,936.7**	**(780)**	**(1,333)**	**(553)**	**(1,040)**	**(1,040)**	**(0)**	**(0)**

Table 2 Month on Month Pay Costs by Category	April £k	May £k	June £k	July £k	August £k	September £k	October £k	November £k	December £k	Actuals £k
Directly employed staff	10,167	10,302	10,104	10,230	10,153	13,276	10,789	10,640	10,755	96,417
Seconded staff costs	271	276	273	301	291	313	305	293	293	2,615
Bank staff	355	291	301	254	258	417	300	372	332	2,881
Agency staff	352	307	394	255	311	362	357	317	334	2,988
Total Pay Costs	**11,145**	**11,176**	**11,071**	**11,039**	**11,013**	**14,368**	**11,751**	**11,622**	**11,715**	**104,901**

Table 3 Year to Date Non Pay Costs by Category	Annual Plan £k	YTD Actual £k	YTD Variance £k	Last Month YTD Variance £k
Drugs	635	741	106	95
Clinical Supplies & Services	19,153	17,888	(1,266)	(1,062)
General Supplies & Services	4,596	4,368	(228)	(137)
Establishment Expenses	5,359	5,056	(303)	(223)
Premises	6,240	5,576	(664)	(562)
Other Non Pay	873	2,176	1,303	1,050
Total Non Pay Costs	**36,857**	**35,805**	**(1,052)**	**(839)**

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	332	332	0	500	500	0	0%
Covid Cover	225	225	0	300	300	0	0%
Travel	375	375	0	500	500	0	0%
Vacancy Factor	470	470	0	500	500	0	0%
Non Pay Inflation	414	414	0	600	600	0	0%
IT Kit	214	214	0	300	300	0	0%
Un-identified CIP agreed by SMT	250	250	0	330	330	0	0%
Total Efficiency Savings Delivery	**2,280**	**2,280**	**0**	**3,030**	**3,030**	**0**	**0%**

Table 5 Capital Scheme	YTD Plan £k	YTD Actual £k	YTD Variance £k	Annual Plan £k	Forecast Outturn £k	Forecast Variance £k
Estate Maintenance	150	398	248	528	622	94
Seacroft Estate	1,925	1,277	(648)	2,000	2,300	300
Clinical Equipment	50	63	13	350	150	(200)
IT Equipment	250	527	277	844	650	(194)
National Cyber Security	10	0	(10)	12	0	(12)
e Rostering & e Jobs	56	57	1	56	56	0
Sub-Total Capital Expenditure	***2,441***	***2,322***	***(119)***	***3,790***	***3,778***	***(12)***
Lease Cars IFRS 16	160	118	(42)	205	160	(45)
Property Leases IFRS 16	0	0	0	154	154	0
Sub-Total Finance Lease Expenditure	***160***	***118***	***(42)***	***359***	***314***	***(45)***
Total Capital Expenditure	**2,601**	**2,440**	**(161)**	**4,149**	**4,092**	**(57)**
In Year Budget Plan Changes	305	0	(305)	0	0	0
Total Capital Expenditure Reported to NHSE	**2,906**	**2,440**	**(466)**	**4,149**	**4,092**	**(57)**

Table 6 Statement of Financial Position	Plan 31/12/2022 £m	Actual 31/12/2022 £m	Variance 31/12/2022 £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	33.9	33.2	(0.8)	*32.2*	34.5	34.2	(0.3)
Intangible Assets	0.1	0.1	0.0	*0.2*	0.1	0.1	0.0
Right of Use Assets	61.5	61.3	(0.1)	*66.5*	60.9	59.6	(1.3)
Trade and Other Receivables	0.0	0.0	0.0	*0.0*	0.0	0.0	0.0
Total Non Current Assets	**95.5**	**94.7**	**(0.9)**	***98.9***	**95.5**	**93.9**	**(1.6)**
Current Assets							
Trade and Other Receivables	7.7	10.1	2.4	*6.6*	7.4	11.9	4.5
Cash and Cash Equivalents	36.5	46.0	9.5	*39.5*	36.2	39.8	3.6
Total Current Assets	**44.2**	**56.1**	**11.9**	***46.1***	**43.7**	**51.7**	**8.1**
TOTAL ASSETS	**139.7**	**150.7**	**11.0**	***145.0***	**139.2**	**145.6**	**6.5**
Current Liabilities							
Trade and Other Payables	(17.1)	(27.3)	(10.2)	*(18.2)*	(16.7)	(24.1)	(7.4)
Borrowings	(6.7)	(5.0)	1.7	*(6.5)*	(6.8)	(6.6)	0.3
Provisions	(0.2)	(0.6)	(0.4)	*(0.4)*	(0.2)	(0.6)	(0.4)
Total Current Liabilities	**(24.0)**	**(32.9)**	**(8.9)**	***(25.2)***	**(23.8)**	**(31.3)**	**(7.5)**
Net Current Assets/(Liabilities)	**20.2**	**23.2**	**2.9**	***20.9***	**19.9**	**20.5**	**0.6**
TOTAL ASSETS LESS CURRENT LIABILI	**115.8**	**117.9**	**2.1**	***119.9***	**115.4**	**114.4**	**(1.0)**
Non Current Borrowings	(54.9)	(56.4)	(1.5)	*(59.8)*	(54.3)	(53.2)	1.1
Non Current Provisions	0.0	(0.0)	(0.0)	*(0.0)*	0.0	(0.0)	(0.0)
Total Non Current Liabilities	**(54.9)**	**(56.5)**	**(1.5)**	***(59.8)***	**(54.3)**	**(53.3)**	**1.0**
TOTAL ASSETS LESS LIABILITIES	**60.9**	**61.4**	**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	27.4	27.9	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	**60.9**	**61.4**	**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	99%	95%	G

Appendix 2 – Backlogs and Waiting Lists

Service	Waiting List Size - Dec 2022	Waiting List Size - Jun 22	Change	Current Performance	Plan
Child Development Centres (CDC)	570	531	+39	22%	The service continues to offer consistent levels of activity, including within CCA pathways, but a growth in referrals remains the primary driver of the longest waiting times. recruitment to the Consultant Paediatrician posts is now complete.
Children's Audiology	713	953	-240	47% (within 6-week target)	Progress in improving the waiting time for families has remained static with limited improvement during 2022 but planned changes to clinic structure have now been completed. This should lead to improved throughput in clinics.
Children's Speech & Language Therapy	1170	1377	-207	90%	No Plan required - but requires monitoring
Paediatric Neuro Disability Clinics	898	736	+162	25%	The service continues to offer consistent levels of activity but is continuing to undertake capacity and demand analysis to describe current gaps. The service has written to all patients to communicate about waiting time expectations
Community Gynaecology	240	557	-317	10%	The service continues to provide timely access to patients once referrals are transferred from LTHT and has reducing the overall waiting list size considerably during Q3. However ongoing issues remain with timely transfers from LTHT. A separate report has been provided to the Business Committee on this situation.
Community SLT (Speech & Swallowing)	759	544	+215	47%	The service continues to prioritise the most urgent patients. All Category 1 & 2 patients have been seen within required time frames. The service is using some locums to try and support screening and triage, and to see patients in care homes on the routine dysphagia waiting list, but demand for urgent cases continues to outstrip capacity to see routine cases
Community Stroke Team	325	324	+1	68%	Total referrals are high but have been in line with usual limits. However, the number of P1 referrals have significantly increased, and this has resulted in an increase in wait time for P2 and P3 patients. The service is currently looking at these criteria. Psychology currently only seeing C1 referrals across stroke and CNRS. Discussion with ICB on resource allocated to the service. OT recruitment issues, the service is considering apprenticeships.
Covid-19 Rehabilitation	212	336	-124	86%	This service has been making strong progress, although remains below target. Much of this backlog relates to the time required for the service to reach full establishment from initial launch.
MSK	6323	7909	-1586	92%	No Plan required - but requires monitoring
Podiatry	2197	4054	-1857	92%	No Plan required - but requires monitoring

Appendix 3 – Measures with Financial Sanctions

Measures with Financial incentives/Sanctions	Responsible Director	Threshold	Financial Year	Q1	Q2	Q3	YTD	Potential Financial Impact
LMWS - Number of people from Black, Asian and Minority Ethnic (BAME) groups entering IAPT treatment (access)	SP	TBC	2022/23	15.5%	12.9%	1405.0%	15.5%	
LMWS - Number and % of people from BAME groups who have accessed IAPT treatment moving to recovery	SP	TBC	2022/23	35.0%	33.2%	30.5%	35.0%	
LMWS - % of older people (65+) entering IAPT treatment (access)	SP	TBC	2022/23	2.3%	2.2%	1.9%	2.3%	
LMWS - Number and % of older people (65+) who have accessed IAPT treatment moving to recovery	SP	TBC	2022/23	65.2%	48.2%	50.8%	65.2%	
T3WM - Percentage of patients currently waiting under 18 weeks	SP	>=92%	2022/23	99.1%	94.2%	96.1%	96.1%	
0-19 - % of infants who had a face to face newborn visit within 14 days of birth.	SP	>=87%	2022/23	85%	90%	88%	88%	
0-19 - % of 6-8 week reviews completed within 12 weeks of birth.	SP	>=83%	2022/23	91%	90%	89%	90%	
0-19 - % of 12 month reviews completed within 12 months.	SP	>=80%	2022/23	82%	79%	84%	82%	
0-19 - Number of PBB Programmes commenced	SP	0	2022/23	21	23	24	21	0.25% of contract value (annual)
0-19 - Number of HENRY Programmes commenced	SP	0	2022/23	21	19	14	21	0.25% of contract value (annual)
0-19 - Percentage of actual staff in post against funded establishment	SP	>=95%	2022/23	86.0%	86.5%	89.0%	86.0%	
0-19 - % of 0-19 staff (excluding SPA) co-located in Children's Centres	SP	0.425	2022/23	0.0%	0.0%	0.0%	0.0%	
PolCust - % of calls attended within 60 minutes	SP	>=95%	2022/23	88.8%	86.5%	83.2%	86.2%	0.50% deduction from monthly invoice
PolCust - Provision of a full rota	SP	>=90%	2022/23	95.7%	89.3%	92.7%	92.5%	£350 deduction per missed shift

Public Board Meeting held in public: 3 February 2023

Agenda item number: 2022-23 (117)

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

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Category of paper: for assurance
History: Senior Management Team 21 January 2023

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.

Board Assurance Framework
The Board Assurance Framework (BAF) summary at Appendix A gives an indication of the current assurance level for each strategic risk, based on sources of assurance received and evaluated by the committees. This informs the Board about the likelihood of delivery on its strategic objectives, as do the risk register themes.

Levels of assurance have been provided to the Board for 14 out of the 21 strategic (BAF) risks during November 2022, all of which received reasonable assurance (see appendix A).

Risk themes
The strongest theme found across the whole risk register is staff capacity, the second strongest theme is related to patient safety. There is also a theme concerning compliance with procedures, standards and legislation.

Risk movement
There are no risks on the Trust risk register that has a score of 15 or more (extreme).

There are a total of 13 risks scoring 12 (very high), one of which has been added to the Trust risk register since the last report:

- **Risk 1128** Reduced staffing levels in the Health Care Provision Service - Police Custody

Recommendations

The Board is recommended to**:**

- For new and escalated risks, consider whether Board is assured that planned mitigating actions will reduce the risk
- Seek additional assurance, if required, against Board Assurance Framework BAF strategic risks that are linked to the risk themes identified in this report

1 Introduction

1.1 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. It describes and analyses all risk movement, the risk profile, themes and risk activity.

1.2 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).

1.3 The report provides a description of risk movement since the last register report was received by the Board (December 2022), including any new risks, risks with increased or decreased scores and newly closed risks.

1.4 The report seeks to reassure the Board that there is a robust process in place in the Trust for managing risk. Themes identified from the risk register have been aligned with BAF strategic risks in order to advise the Board of potential weaknesses in the control of strategic risks, where further action may be warranted.

2 Board Assurance Framework Summary

2.1 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 any 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)

2.2 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.

2.3 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.

2.4 Levels of assurance have been provided to the Board for 14 out of the 21 strategic (BAF) risks during November 2022, all of which received reasonable assurance. Details of the assurance levels is provided at Appendix A (please also refer to the Chairs' assurance reports in the Board papers pack).

2.5 The Board should note that BAF 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) received reasonable assurance however within this, substantial assurance

provided from the safeguarding internal audit report. The clinical audit report on the other hand, noted a lack of progress against the initial plan.

For BAF 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) the engagement plan including the overarching principles and defined actions will be presented to the Committee in March 2023. It was agreed that until this detail is seen by Committee it is not possible to consider an assurance level.

3 Risks by theme

3.1 For this report, the 61 risks currently on the risk register (the 'here and now' risks) have been themed where possible according to the nature of the hazard and the effect of the risk and then linked to the strategic risks on the Board Assurance Framework. This themed approach gives a more holistic view of the risks on the risk register and will assist the Board in understanding the risk profile and in providing assurance on the management of risk.

3.2 Themes within the current risk register are as follows:

Theme One: Staff capacity

The strongest theme across the whole risk register is staff capacity:

- due to an increase in service demand
- vacancies including difficulties recruiting staff to posts
- as a result of services having been paused as a response to COVID 19

Specifically:
Twelve risks are related to staff capacity due to an increase in service demand[1]
Nine risks are concerned with vacancies and difficulties recruiting to posts[2]
Three risks are related to services being paused in response to COVID 19, resulting in an increased workload and increased waiting times[3]
One risk is concerned with sickness absence[4]

Theme Two: Patient Safety

The second strongest risk theme is patient safety due: to staff performing different duties, the large number of incident reviews that remain outstanding, national shortages of supplies, shortages of CAMHS beds and the recent and ongoing industrial action[5].

Theme Three: Compliance with Standards/Legislation

There is also a risk theme relating to compliance with standards/ legislation.
This includes: the requirement to standardise local invasive procedures, meeting statutory timescales for initial health assessment needs, an increase in triage timescales (Mind Mate SPA) and a lack of CCTV procedures[6].

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[1] 836, 877, 954, 957, 982, 994,1015, 1067,1043, 1072,1070, 1112
[2] 950, 980,1096,1057, 1120,1121,1122,1127,1128
[3] 984,1021, 1098
[4] 874
[5] 1109,1033,1118,981,1125,1028,838
[6] 1055, 1089, 1048, 1099, 1098

3.3 Risk alignment with strategic objectives

Risks on the risk register are aligned to the Trust's strategic objectives. Risks can affect the achievement of more than one objective and ultimately the non-delivery of strategic objectives will affect the Trust's vision to 'provide the best possible care to every community we serve'. For the purposes of analysis for this report, each risk has been aligned with the one strategic objective it most directly affects.

Percentage of risks aligned with each strategic objective:
Deliver outstanding care: 33% (previously 27%)
Use our resources wisely and efficiently: 9% (previously 7%)
Ensure LCH's workforce is able to deliver the best possible care in all our communities 52% (previously 59%)
Work in partnership to deliver integrated care and care closer to home 6% (previously 5%)

The majority of recorded risks directly affects achievement of the strategic objective: 'Ensure LCH's workforce is able to deliver the best possible care in all our communities'. This correlates with the themes from the risk register and with the risk scoring on the Board Assurance Framework i.e. staff capacity and capability is one of the highest scoring BAF risk.

It should be noted that most, if not all strategic risks, if not managed well will ultimately put the primary strategic objective of 'Delivering outstanding care' at risk.

3.4 Risk theme correlation with BAF Strategic Risks

The emergence of material risks, strong risk themes and their correlation with BAF strategic risks could mean that the controls in place to manage strategic risks are not sufficiently robust. It is recommended that the Board and appropriate committees seek additional assurance against these BAF strategic risks.

The BAF strategic risks directly linked to the strongest themes within the risk register, are as follows:

Risk register theme: Staff capacity and service demand
BAF Risk 3.1 having suitable and sufficient staff capacity and capability and reduced levels of sickness
BAF Risk 2.8 reducing the length of time that patients are waiting for appointments within our services
BAF Risk 1.5 the increasing demand on services affecting the provision of quality of care in a timely and equitable manner

Risk register theme: Patient safety
BAF Risk 1.1 Having effective systems and processes for assessing the quality of service delivery
BAF Risk 1.3 Maintaining and continuing to improve service quality
BAF Risk 3.1 having suitable and sufficient staff capacity and capability and reduced levels of sickness
BAF Risk 3.5 Maintaining business continuity in the event of significant disruption

Risk register theme: Compliance with standards/ legislation.
BAF Risk 1.3 Maintaining and continuing to improve service quality
BAF Risk 2.4 Maintaining the security of IT infrastructure

BAF Risk 2.8 reducing the length of time that patients are waiting for appointments within our services

BAF Risk 3.1 having suitable and sufficient staff capacity and capability and reduced levels of sickness

4 Risk register movement

4.1 There are no risks scoring 15 (extreme) or above on the risk register as of 20 December 2022:

5 New or escalated risks (scoring 15+)

5.1 There are no new risks scoring 15+ that have been added to the risk register since December 2022.

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

6.1 No risks have been de-escalated below 15 since December 2022

7 Summary of risks scoring 12 (high)

7.1 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.

7.2 The table below details 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
1047	Increased volume of callers into the Leeds Sexual Health appointment line due to no walk-in service	12
1057	Inability to deliver service at WYOI due to reduced staffing levels	12
1070	Capacity pressures in Neighbourhood Teams impacting on ability to deliver full range of clinical supervision and annual appraisals	12
1067	Introduction of female children into the secure estate	12
1096	High vacancy rate in the Community Care Beds	12

ID	Description	Rating (current)
1112	Looked after children health offer	12
1118	Industrial Action	12
1128	High staff turnover and subsequent recruitment challenges within HCP service of police custody	12

8 New or escalated risks (scoring 12)

8.1 One new risk scoring 12 has been added to the risk register since December 2022 and details of these risks have been provided to the Quality and Business Committees for scrutiny:

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

Risk 1128 Reduced staffing levels in the Health Care Provision (HCP) service - Police Custody

Description:
Due to a high staff turnover and subsequent recruitment challenges within the HCP service of Policy Custody, there is a risk that contractual requirements and priority services delivery demands will not be met. This could result in reduced patient care, potential increased patient safety incidents by unskilled agency staff, loss of the contract and reputational damage.

Controls in place:

- Staff working overtime
- Successful recruitment at South 3, Humberside 4, North 3 and West 2
- Use of up-to-date Business Continuity Plan – updating staffing profile
- Escalation to senior managers
- OPEL Level 3E initiating additional pay incentives (30%)
- Uplift in mileage allowance
- Use of bank staff who have previously worked in the service
- One agency staff identified for shadow shifts to be undertaken
- Paid travel for bank shifts.
- Contribution to hotel accommodation for out of area
- £15 contribution for short notice move request
- Priority is recruitment into the service and retention of existing staff.
- Regular discussions with commissioners to provide information around recruitment and maintaining relationships and transparency

Action Planned:

- Further recruitment of staff
- Exploring options for internal clinical staff to provide cover to the service
- Working with CLaSS to seek new recruits

- Working with an external media company to promote the Trust and Service – Live social media campaign to support current adverts for the service

Rationale for risk score:

There have been challenges with recruitment and timeframe to fill substantive posts and therefore an inability to secure a stable workforce to support service delivery. This has impacted on service delivery and ability to meet contract requirements for the service

Risk owner: Custody Suite Service Manager
Lead director: Executive Director of Operations
Target date: 31/03/2023

8.2 No operational or clinical risks have been escalated to a score of 12 (high) since December 2022.

9 Risk profile - all risks

9.1 The total number of risks on the risk register is currently 61. Of these there are 19 open clinical risks on the Trust's risk register and 42 open non-clinical risks. This table shows how all these risks are currently graded in terms of consequence and likelihood and provides an overall picture of risk:

Risk profile across the Trust

	1 - Rare	2 - Unlikely	3 - Possible	4 - Likely	5 - Almost Certain	Total
5 - Catastrophic	0	0	0	0	0	0
4 - Major	1	0	4	0	0	5
3 - Moderate	0	8	24	9	0	41
2 - Minor	0	1	7	3	4	15
1 - Negligible	0	0	0	0	0	0
Total	1	9	35	12	4	61

10 Impact:

10.1 Quality

Risks recorded on the Trust's risk register are regularly scrutinised to ensure they remain current. Risk owners are encouraged to devise action plans to mitigate the risk and to review the actions, risk scores and provide a succinct and timely update statement.

There is a robust process for ensuring the risk register is effectively reviewed and kept up to date. Reminders are sent to risk owners to update their risks where a review date has passed. The Risk and Safety Manager produces a monthly quality assurance report and if the risk remains outstanding, further reminders are sent

personally by the Risk and Safety Manager. Any risks remaining out of date by more than two weeks are escalated to the relevant director for intervention.

10.2 Resources

Any financial or other resource implications are identified and managed by the risk owner/lead director responsible for individual risks.

11 Recommendations

The Board is recommended to**:**

- For new and escalated risks, consider whether Board is assured that planned mitigating actions will reduce the risk
- Seek additional assurance, if required, against Board Assurance Framework BAF strategic risks that are linked to the risk themes identified in this report

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			
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**				✓	
	Risk 1.2 If there are insufficient clinical governance arrangements put in place as new care models develop and evolve, the impact will be on patient safety and quality of care provided.	RB	QC	3	3	**9**				✓	
	RISK 1.3 If the Trust does not maintain and continue to improve service quality, the impact will be diminished safety and effectiveness of patient care leading to an increased risk of patient harm.	SL	QC	3	4	**12**				✓	
	RISK 1.4 If the Trust does not engage patients and the public effectively, the impact will be that services may not reflect the needs of the population they serve.	SL	QC	4	3	**12**					
	RISK 1.5 If, as a result of the increasing demand on services the Trust is unable to provide quality of care in a timely and equitable manner, then the impact will be potential harm to patients, additional pressure on staff and reputational damage.	SL	QC	4	4	**16**				✓	
	RISK 1.6 If the Trust does not optimise its services to reduce the impact of health inequalities, and allow appropriate data capture to understand and address this, there will be a negative impact on patient outcomes, the Trust's resources and reputation.	RB	TB	4	3	**12**					

Use our resources wisely and efficiently	**RISK 2.1** If there is insufficient resource across the Trust to deliver major change programmes and their associated projects, then it will fail to effectively transform services and the positive impact on quality and financial benefits may not be realised.	SP	BC	3	3	**9**				✓		
	RISK 2.2 If the Trust does not deliver contractual requirements, then commissioners may reduce the value of service contracts, with adverse consequences for financial sustainability.	SP	BC	2	3	**6**				✓		
	RISK 2.3 If the Trust does not improve productivity, efficiency and value for money and achieve key targets, supported by optimum use of performance information, then it may fail to retain a competitive market position.	BM	BC	3	3	**9**				✓		
	Risk 2.4 If the Trust does not maintain the security of its IT infrastructure and increase staffs' knowledge and awareness of cyber-security, then there is a risk of being increasingly vulnerable to cyber attacks causing disruption to services, patient safety risks, information breaches, financial loss and reputational damage.	BM	AC	3	4	**12**						
	RISK 2.5 If the Trust does not deliver key financial targets agreed with NHS England through the ICS financial framework then it will cause reputational damage and raise questions of organisational governance	BM	BC	2	3	**6**				✓		
	RISK 2.6 If the Trust does not invest and create the capacity and capability to respond to the increasing dependency on digital solutions then systems may be unreliable, under developed, not used effectively, lack integrity or not procured. The impact will be on the delivery of patient care and on staff resources and wellbeing	BM	BC	3	4	**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	3	3	**9**						
	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**				✓		

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	2	4	**8**					
	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**				✓	
	Risk 3.5 If the Trust is unable to maintain business continuity in the event of significant disruption, there is a risk that essential services will not be able to operate, leading to patient harm, reputational damage, and financial loss	SP	BC	3	4	**12**				✓	

Work in partnership to deliver integrated care, care closer to home and reduce health inequalities	**RISK 4.1** If the Trust does not play an active part in the collaboration across the health and care system (ICB and PBP), then the system may not achieve better health and wellbeing for everyone, better quality of health services for all individuals, and sustainable use of NHS resources.	TS	TB	2	4	**8**					
	RISK 4.2 If the Trust does not ensure there are robust agreements and clear governance arrangements when working with complex partnership arrangements, then the impact for the Trust will be on quality of patient care, loss of income and damage to reputation and relationship.	BM	BC	3	3	**9**				✓	

Leeds Community Healthcare NHS Trust

Trust Board Meeting held in pubic: 3 February 2023

Agenda item number: 2022-23 (118)

Title: Update on Children, Young People and Families Strategy 2022-25 Board

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Category of paper: For information

History: This paper provides an update on the progress made against the objectives as outlined in the Children, Young People and Families Strategy 2022-25. The Strategy was approved by the Trust Board in 2022.

Responsible Director: Executive Director of Operations

Report author: General Manager, Clinical Lead, Business Manager, Head of Service – Operations – Children's Business Unit

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Executive Summary

This paper provides an update on the progress made against the objectives as outlined in the Children, Young People and Families Strategy 2022-25. The Strategy was approved by the Trust Board in 2022 and formally launched in December 2022.

This is the first update since the approval of the Strategy and covers the period from June 2022.

The overarching aim of the Children, Young People and Families Strategy 2022-25 is to deliver high quality health care in the most appropriate setting for children, young people, and their families.

We achieve this by working in partnership with children, young people and families, integrating with other organisations and by developing our services and staff.

The Children, Young People and Families Strategy 2022-25

The Children's Young People and Families Strategy 2022-25 is organised into 8 objectives. These objectives are underpinned by our Business Plan, which provides a clear governance structure on how well the Business Unit is achieving against each objective.

Progress of the Children, Young People and Families Strategy 2022-25

See below for Q1 – Q3 2022/23 progress.

Please note that a number of the aims themed in the objectives are in development and have a lifespan in the context of the strategy's timeframe.

Objective 1: Agree & develop fully integrated offers for children and young people in Leeds

Project Title	Aim	Q1 Deliverables	Q2 Deliverables	Q3 Deliverables	Status
Delivery of Phase 1 Offers for CYPF (Communication, behaviour, eating- drinking, mental health and emotional wellbeing and nutrition, continence, sleep)	To undertake a wide range of engagement for all of our offers with young people, families & key partners	- A list of Phase 1 and 2 clinical offers, their titles and content - A priority order and proposed phasing of the development of offers across quarters - Describe the "as is" for phase 1 Offers based on LCH CBU pathways and external if appropriate - Launch period for Communication Offer	- Produce the Phase 1 Offers in a graphically understandable way - Engage with key stakeholders about content and design for phase 1 offers - Communication Offer - engagement with system stakeholders to get a comprehensive "as is"	- Launch phase 1 offers - Communication Offer - review graphic design of comprehensive “as is" with engagement with key stakeholders -Mental health and emotional wellbeing offer “as is”	Partial completion
CAMHS Crisis Team Phase 2	To further develop the Mental Health Crisis Offer for young people to offer community and home based assessments alongside assessments within A&E, and increasing the 24hour offer	- Evaluation of Phase 1, including stakeholder feedback - Approve recommendation in Options appraisal for To Be Offer	- Commissioner Engagement - Business Case Development	- Commissioner Engagement - Business Case Development	Paused - no ICB funding

Building a CYPF Front Door	To develop a single point of referral for all CYPF Physical Health Services to allow refers a pain-free route into our services	Options Appraisal completed Common referral process started withing the Leeds system	Engagement with Admin Staff and Services and other keys stakeholders, and start up required governance and workstreams	Begin implementation and launch with all referrers/pilot group depending on option taken	Partial completion
Develop model for & mobilise Community Nurses to undertake bloods and IVs	To ensure that vulnerable patients don't need to attend hospital for the delivery of IV antibiotics, or to have bloods taken for some blood tests, but can receive these interventions at home	Assessment of potential demand - Develop staffing model and requirements - Options Appraisal for provision	- Commissioner Engagement - Business Case Development	Mobilisation – awaiting contract	On target
CBU Manual and Service Handbooks	Each Service will have a fully developed handbook that describes its offers and pathways, the services that it offers, key partners and other core information for			Development of a common template Engagement with services to scope out template engagement with new starters to understand what they want to see	Paused until 23/24

	staff, including links to other core documents. These will sit within an overarching Business Unit Manual that describes all offers, and core processes that should be followed				
Scope out options for Tics Pathway	Draw up an options appraisal for an Integrated TICs pathway between CAMHS and ICAN			Review current pathway and develop options appraisal for future approaches	Paused- no ICS funding

Objective 2: Demonstrate the effectiveness of services through outcomes and sharing best practice

Project Title	Aim	Q1 Deliverables	Q2 Deliverables	Q3 Deliverables	Status
Embedding Outcome Measures	To ensure that each team within CBU has embedded the most appropriate Outcome Measures, using digital solutions where possible, to be routinely reported within performance management processes To ensure new and existing Offers have clear outcome measures	Scoping out the required Patient Related and Clinician Related Outcome Measures already in use, and identifying gaps where new measures are required in a BAU offer	Begin working with Corporate Services (BI and Clinical Systems Team) to define KPIS and reporting mechanisms - pilot with GBO and some certain services/offers	Continue pilot and develop early learning with some small PDSA cycles as required	On target

Trauma-Informed Practice	To ensure that all CBU staff can access an initial high-level briefing session on these concepts		Start to plan delivery dates	delivery	On target
Research Active and Evidence-based workforce	Ensure that as our offers develop, we are creating opportunities for Research to be carried out within them, potentially in the form of Journal Clubs bringing MDTs together for self-directed learning	Discuss at a Leadership Half Day	TBC	TBC	Paused

Objective 3: Children, young people and families will have a positive experience of our services

Project Title	Aim	Q1 Deliverables	Q2 Deliverables	Q3 Deliverables	Status
Improving Transitions to Adults Services	Bring people together across CBU to develop guidelines for our clinicians that can lead towards consistency in practice, starting with children with complex needs and develop a map of the As Is offer across the business unit to be able to feed this into the Children's Pathways Group	Development of the CAMHS transitions team structure	Recruitment to the CAMHS transitions team	Development of CAMHS Transitions Operational Framework	Partial completion
Continued development of Average Waiting Time Reporting	Develop a routine reporting process internally to allow services and administrators to see current	Regular reviews of report with B.I. to ensure data flows and presented data is correct Link work in with IPFP programme	Regular reviews of report with B.I. to ensure data flows and presented data is correct Link work in with IPFP programme	Regular reviews of report with B.I. to ensure data flows and presented data is correct Link work in with IPFP programme	On target

	waiting times monthly				
Engagement Reporting	Develop routine reporting mechanisms of patient feedback into key decision making forums	Scope out the consistency of engagement work, via champions Develop mechanisms for patient feedback to all feed into Chris/Champions Group	Offer	Continued engagement with decision making forums	Partial completion
Setting up a Parent Forum	Initially set up a Parent Forum, and task the group to help inform how we gather feedback from families to inform service development	Establishment of Forum that reflects the diversity of our services	Scope out options for obtaining feedback, including reviewing existing approaches	Piloting new potential approaches and PDSA cycles to develop	On target

Youth Board objectives	Increase the diversity and representation, and more formal operation as a Board (some take-overs during the year)	Promotion of the Youth Board to Widen membership, including on a number of volunteering websites Working with Leeds City Council to help raise the awareness of health conditions in schools and colleges.	Development of Youth Board Social Media accounts Engagement with LCH Board regarding potential Board Take Overs Continue working with LCC on health conditions in schools and colleges	Exploring how young people can volunteer within our Trust	On target
Improving communications with patients on waiting lists	Further improve our communications for service users receiving care, to clearly let families know how long they might be waiting, what they can do in the meantime, and what to expect when seen (linked into offers), ensuring that communications are accessible to all patients	Gather some feedback from families already receiving similar letters, and develop a working group that could develop what has started in Audiology and implement in other services	Ongoing development	Ongoing development	Partial completion

Objectives 4: Services will be delivered through a fair day's work, within budget, be cost effective and value for money

Project Title	Aim	Q1 Deliverables	Q2 Deliverables	Q3 Deliverables	Status
Implementing "A Fair Day's Work"	All services will have clinically appropriate productivity benchmarks for all clinical staff, based on role, experience and caseload size that can be routinely monitored, to allow service managers to predict and plan care activities, and compare productivity against national peers.	Meet with services to map out current processes (starting with SLT) and scope roll out options	0-19 rollout	CAMHS, ICAN: PT, OT, Nursing	Partial completion
Skill Mixing within 0-19 teams and restarting the Antenatal offer	The service will restart the Universal Antenatal offer within PHINS in full, with a redesigned workforce model across the entire	Stakeholder engagement of Capacity & Demand position	Recruitment	Continue recruitment Early phase of restarting ante natal offer in the East Restorative clusters	On target

	contract, that can be successfully recruited to, that has involved all relevant stakeholders				
Restarting the SLT pathways Clinical Offer	The service will be able to return to a full clinical offer within the Mainstream Service	Modelling new service offer and calculating capacity and demand	Write business case	Recruitment	Partial completion
Centralise Training Admin support	To ensure that the administration of external training courses can be organised in consistent and efficient ways, without taking up the time of clinicians who currently run these courses	Admin review interdependency	Admin review interdependency	Admin review interdependency	Partial completion

Standardise our approach to waiting list management, continue to reduce our backlogs and participate in the IPFP programme	Further improve our communications for service users receiving care, to clearly let families know how long they might be waiting, what they can do in the meantime, and what to expect when seen (linked into offers), ensuring that communications are accessible to all patients	Continue to gather some feedback from families already receiving similar letters, and implement learning across services	Agree standardised approach with some room for variation Collate best practice from across other services	Share best practice, embed and link in to IPFP	On target
Develop & embed new Commissioning arrangements	Work collaboratively with the new ICS and Children's Population Health Board, and Place-Based Partnership to understand what will be in place instead of service specifications	BM, GM and CL to ensure connection with correct groups and forums Feedback any proposals to colleagues across the Business Unit			On target

	and draw up a proposed migration timetable				
Develop improvements to SystmOne	Ensure priority areas for development are co-ordinated with service activities	Registration and Death Notifications	Children's Nursing	CHIS	On target

Objective 5: Retain and expand services (where appropriate) by being tender-ready and open to business development opportunities

Project Title	Aim	Q1 Deliverables	Q2 Deliverables	Q3 Deliverables	Status
Retain the 0-19 service contract offer	Secure an extension of the contract for the next 2 years that remains as close to the original terms and conditions as possible, by contributing effectively and positively to the PHE Review process with the support of the organisation				Partial completion
Invest in the health support into the increasing SILC provision across the city	Investigate if any new SILCs are being built that will require additional nursing needs and develop the most appropriate service models and staffing requirements	Scope out new SILCs and what health needs they anticipate Develop staffing models to ensure health needs are met.	Recruitment	Continue recruitment	Paused

	via Business Cases				
ICB Investment in Pre-School and School Age Autism Assessment pathways	Link into ICS review and wait for outcomes - continue with outsourcing	Review deep dive into assessment pathways			Paused
Develop a Traded Educarers Service	Develop a fully costed, traded offer that allows schools to purchase Educarers/HSW directly from LCH and market effectively to deliver our first customer	Second in a Project Manager and upskill and build the right support links for them	Development of potential service model Scope out mobilisation required Market Assessment of potential customers	Commence Marketing to win first customers mobilising service set up and launch, including recruitment and training	Closed

Objective 6: Services will have a workforce that is skilled and competent to meet the changing health & wellbeing needs of children and young people

Project Title	Aim	Q1 Deliverables	Q2 Deliverables	Q3 Deliverables	Status
Develop a workforce plan	Develop a plan that ensures all services have the correct capacity and skills to meet the demand required by Offers, which also allows greater career progression for all disciplines, as well as improvements to preceptorship, opportunities to engage in service development and secondments, and ensure that we have a comprehensive apprenticeship offer for new	Agreeing the "as is" workforce complement for CBU including roles difficult to recruit to Agree mechanism for service managers to update CMT leadership about current vacancies, recruitment and turnover Completing Capacity and	Agree funding mechanism and number of apprenticeships across CBU Identify apprentices	Establish standardised approach to new starter induction and preceptorship	Partial completion

	starters, career changers, and those wishing to progress, and including development of leadership				

Objective 7: Maximise the potential of technology

Project Title	Aim	Q1 Deliverables	Q2 Deliverables	Q3 Deliverables	Status
Digitise our Training Offer	Identify which of our external training packages could be delivered via a video rather than face-to-face, and ensure that initial videos are made	Building links across the CBU	Review current content	Link with corporate colleagues to update content	On target
Improving Access to our Self-Management Resources	As our offers are developed, ensure that As Is Self-Management Resources are available both digitally but also in print via local community services (Libraries, LCPs, Children's Centres, Schools)	Communication Offer first - ensure there is a digital resource available online Build links with relevant Community groups/services	Pilot of a smaller group starting with existing resources	Further roll out	On target

Develop a CBU (or System) wide Social Media team and presence	To develop CBU Social Media followings allowing us to share health-related content directly with young people in formats they find accessible	Scoping out what we have at the moment, what we want and options for getting there, involving young people, parents and schools, including ChatHealth, and discuss at leadership half day	Scoping out what we have at the moment, what we want and options for getting there, involving young people, parents and schools, including ChatHealth, and discuss at leadership half day	Piloting	Partial completion

Objective 8: Make CYP services a wonderful place to work and first choice employer by investing in the health and wellbeing of our workforce

Project Title	Aim	Q1 Deliverables	Q2 Deliverables	Q3 Deliverables	Status
Make CYP a wonderful place to work & first choice	Health & wellbeing & flexible employment will be at the forefront of staff experience	Health & wellbeing champions in every service	Support team managers to hold positive conversations with staff around flexible employment and work life balance	On going development, embedding and engagement with staff	On target

Key:

On target	
Completion	
Partial completion	
Paused	
Paused until 23/24	
Closed	

Tryst Board Meeting held in public: 3 February 2023

Agenda item number: 2022-23 (119)

Title: Freedom To Speak Up Guardian Report 2023

Category of paper: for assurance

Responsible director: Chief Executive
Report author: Freedom To Speak Up Guardian

Executive summary

This report covers the period of 5th August 2022 to 3rd February 2023. It offers a record of the work of speaking up at Leeds Community Healthcare NHS Trust and wider work across the health and care system.

Twelve concerns were raised formally by LCH staff members concerning LCH or LCH services through the Freedom To Speak Up Guardian (FTSUG). Thirty-eight concerns were informally discussed or resolved via the FTSUG. The Speaking Up Champions had one concern. The themes from these concerns are referenced in this report.

The speaking up work is continuing and developing well at the trust.

The Freedom To Speak Up Guardian has:

- Helped to provide support for our new International Nurses
- Has worked with the Clinical Education Team to establish a forum for clinical students
- Started to work with the staff at the wards at Wharfedale Hospital
- Has offered support to other guardians and NHS organisations based on the Leeds Community Healthcare model of working.
- Supported Leeds City Council to appoint their first FTSUG.
- Shared the LCH work on speaking up at conferences and national events

Recommendations

The Board is recommended to note the report and continue to enable the embedding of this work across the Trust.

1 Introduction

1.1 This paper provides an overview of the work of the Freedom To Speak Up Guardian (FTSUG), basic activity data and recommendations on the role and its development from August 5th 2022 to February 3rd 2023.

2 Background

2.1 The recommendation that trusts should have an agreed approach and a policy to support how organisations respond to concerns was one of the recommendations from the review by Sir Robert Francis into whistleblowing in the NHS.

2.2 CQC guidance published in March 2016, in response to the Francis recommendations, indicated that trusts should identify or appoint a Freedom

to Speak Up Guardian in 2016/17. The NHS contract for 2016/17, accelerated this process and trusts were required to have made an appointment by October 2016.

2.3 The trust has created a form of work to enable staff to speak up and be heard. The work has been recognised nationally and locally as a respected service for our staff.

3 Current position

3.1 The FTSUG work receives strong ongoing support from the Chief Executive, the executive and non-executive directors, the Chair, the Non-Executive Director with responsibility for speaking up work, the trust's Race Equality Network (REN) and the wider Trust. A clear form of work has been established and is operating well. This work has several forms principally where individual staff approach the FTSUG and the Race Equality Network Speaking Up Champions to discuss concerns. Other forms include managers inviting the FTSUG to work in their teams so staff voices can be heard to enable better team cultures and change projects in the organisation with speaking up as an essential source of support to staff and managers.

3.2 Work with the Race Equality Network Speaking Up Champions and the Clinically Extremely Vulnerable Staff Group continues. Career development work is offered to any staff member from an ethnic minority community by the FTSUG. This is a plan around their career development linking the staff to support mechanisms in the wider organisation such as mentoring, coaching, interview support and leadership courses. This career development offer now extends to staff who are CEV and have a disability.

3.3 The FTSUG works at local, regional, and national levels. The local work at LCH continues to develop and evolve. The learning and outcomes include work linking to the WRES, initiatives around mental health, leadership development and organisational processes. The FTSUG works regionally through the Regional Freedom To Speak Up Network for Yorkshire and the Humber and nationally with the National Guardian Office in developing speaking up in the wider health and care system.

3.4 There is new work reaching out to the staff on the two wards at Wharfedale Hospital.

3.5 The FTSUG attends the New Starters Forum with the Chief Executive and Director of Workforce to hear and support those new to the trust. There is new work reaching out to domestic staff. The FTSUG has been asked to support exit conversations for staff with senior leaders. This offers an opportunity for these staff experiences to be heard

3.6 Work from the FTSUG with our new International Nurses is ongoing and work has started with the Clinical Education Team facilitating a forum for clinical students which will have a special focus on wellbeing support and students being able to raise concerns.

3.7 In Leeds we have supported Leeds City Council (LCC) create its first Freedom To Speak Up Guardian. This is, we understand, the first in the

country for a local authority. We are offering mentoring to the LCC FTSUG and supporting council colleagues develop a working model. This work has been seen as pioneering work in supporting other local authorities develop speaking up work

3.8 The work supporting Leeds GP Confederation and Leeds GP practices to build speaking up work is ongoing. This work involves the Leeds Integrated Care Board.

3.8 Presenting the LCH speaking up work has taken place since last August at conferences both virtual and face to face including the NHS Employers national staff conference, the NHS England North and East Yorkshire Retention Conference, the national 'Achieving a Culture of Candour' conference and the Patient Safety Congress

3.9 Different NHS Trusts and national NHS bodies have had consultations and conversations with LCH about our work and approach to speaking up in the last year. The FTSUG has offered support to guardians at different NHS trusts. The FTSUG also attends the national NHS Confederation Race and Health Observatory Stakeholder Engagement Group and the national NHS Employers Staff Experience Steering Group to support their work and thinking and share the LCH work and approaches.

4 Activity data

4.1 The table below shows the volume and type of activity with which the FTSUG has been engaged between August 22nd 2022 and February 3rd 2023. The table also indicates the nature of the issues raised with the FTSUG. Actions have or are taking place on the concerns. An example of this is the Chief Executive has asked for a report on the concerns raised by staff over a particular service system from senior colleagues in that service and business unit.

4.2 The table below details speaking up concerns formally raised about LCH services.

Business Unit	Numbers of concerns formally raised	Issues
Adult Business Unit	3	New Triage Hub model
Children and Families Business Unit	1	Health and Wellbeing support for staff, Mental health training for managers
Corporate Services	1	Safety plan for staff
Specialist Business Unit	4	Issues around a particular system used by a service, leadership, new ways of working, staff contacted while at home for shifts.

4.2 Nine concerns were raised formally by LCH staff members concerning LCH services through the FTSUG.

Thirty-eight issues were informally discussed or resolved through the FTSUG.

Three concerns were raised formally to LCH as an organisation through the FTSUG. These covered Lateral Flow Tests still being available to staff, interviews to reflect and support Neurodiversity and Long Covid awareness for managers.

The Speaking Up Champions had one issue raised with them.

This brings the overall concerns raised to fifty-one cases in the period this report covers.

4.3 Nine staff colleagues who informally discussed concerns with the FTSUG are from Black, Asian and minority ethnic communities and four of these was related to issues of race. One staff member contacted the REN Speaking Up Champions. There were three formal concerns raised by staff from Black, Asian and minority ethnic communities and one involved race. There was one informal issue of mental health. There were five informal cases and one formal concern concerning physical disability. There was one formal concern regarding Neurodiversity.

5 Themes

The section below outlines the themes that have emerged from the work.

5.1 We have seen a significant number of staff using the FTSU mechanism in the last six months. Staff report being supported and heard. Race, disability and health conditions

5.2 Race, Disability and health conditions feature in concerns.

5.3 We are seeing more cases resolved or supported informally which fits with our ambition that concerns are addressed via local conversations and team / service changes.

5.4. Leadership, culture, and behaviours in teams are ongoing key factors that have featured historically. Health and wellbeing, ways of working, changes in services and workloads are areas mentioned in recent concerns

5.5 All staff with working with a formal and informal concern report the FTSUG work as supportive and responsive. The highest rate of new referrals is still from staff who are advised to contact the FTSUG service by staff who have already used the service.

5.6 The model we have created aligns to a wide range of work and needs in the trust with positive results for staff.

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6 Assurances and Future Work

6.1 **T**he assurances given to the organisation with the role are threefold – national engagement, organisational spread, and local comparison.

We are reporting quarterly to and work positively with the National Guardian Office. Secondly, the FTSUG is meeting staff from across all business units of the trust and at different roles / levels. Third, in terms of local comparison with neighbouring NHS trusts, we evaluate well in terms of staff who speak up.

6.2 The following are ongoing and future work and plans.

- To further support our speaking up work, we will undertake a new peer review of speaking up at the trust in 2022-23. The last peer review was in 2016. Locala have agreed to undertake this review and we will offer a peer review to Locala.
- There is also a planned work with Dr Penny Netherwood the consultant clinical psychologist at LCH working on Trauma Informed Approaches to ensure our speaking up work is trauma informed in all its stages.
- To focus on the new trust work at Wharfedale Hospital to support a strong speaking up culture.
- To continue to focus on staff with protected characteristics in the trust to see how speaking up can support these staff when needed

7

8 Conclusions

7.1 The FTSUG work continues to receive positive support from the trust and its leadership. LCH staff welcome the work and the forms we use.

7.2 The FTSUG role allows staff voices to be heard in the trust. The role continues to illustrate the importance of workplace culture and leadership. It also has a strong focus on psychological and emotional support for staff and seeks to promote inclusion and equity.

7.3 The FTSUG work supports the work of building new ways of working and our commitment and behaviours for excellent clinical care and compassionate culture.

9 Recommendations

The Board is recommended to accept the report and continue its support to embed our speaking up work.

Leeds Community Healthcare NHS Trust

Trust Board meeting held in public: 3 February 2023

Agenda item number: 2022-23 (120)

Title: Safe Staffing report

Category of paper: For assurance

History: Quality Committee 23 January 2023

Responsible director: Executive Director of Nursing and AHP's

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Report author: Executive Director of Nursing and AHP's.

Executive summary

The paper describes the background to the expectations of boards in relation to safe staffing, outlining where the Trust is meeting the requirements and highlighting if there is further work to be undertaken. The report is written in the context of the current system and local pressures.

The report sets out progress in relation to maintaining safe staffing over the last six months. It covers the range of services provided in the Trust. The format of the report has changed following feedback from the last report and information is now provided primarily via tables highlighting staffing and vacancies for all services.

Since the last report the Trust now has a further in-patient unit and safe staffing has been maintained across both inpatient units that the Trust runs for the time period. The paper sets out the mitigation in place and also triangulates elements of patient safety data to the staffing numbers where this is possible.
There continues to be an impact from the pandemic on staffing and recruitment and retention are both priorities for all areas of the Trust.

Recommendations

Board is recommended to:

- Receive the report.
- Agree the level of assurance provided.

Safe Staffing Report

1 Introduction

In line with the NHS England requirements and the National Quality Board (NQB) recommendations, this paper presents the six-monthly nursing establishment's workforce review, alongside other staffing data.

In addition to reporting on the in-patient areas, of which the Trust now has two, the paper also provides information on all the Trusts services.

Detail of impact of staffing levels on patient safety and staff retention and morale is included, alongside information about future initiatives to increase staffing levels.

2 Background

We continue to use a set of principles to monitor safe staffing in our in-patient beds and wider teams in the absence of a national definition of community safe staffing.

The Committee and Board receives monthly data via the Performance brief in relation to safe staffing on the in-patient units within LCH.

3 Specialist Business Unit (SBU)

Services within SBU have continued to strive to meet the needs of service users in a safe and effective way.

The following table provides information regarding staffing levels within services in the SBU. It includes details of the budget, staff in post, number of vacancies within the service and actions which are being taken by the services to recruit to vacant positions. The data was pulled at the end of December 2022.
The data within the table is shared/ reviewed monthly at the SBU Senior leadership team (SLT) meeting and information from services is shared at performance panels. Services continue to record risks and monitor concerns, complaints and incidents to identify if staffing levels have been an issue and when needed appropriate actions are taken.

Name of service	Budget WTE	Contracted WTE Dec 22	Vacancy	Comments
Portfolio1				
Cardiac Services	34.54	31.10	3.44	Cardiac Nurse Specialist - vacancy new starter end of January. Staff nurse recruited. Starts in post mid Jan. New Clinical Support Worker started with the service in December
CIVAS	11.85	10.80	1.05	Recruitment underway for new posts to support Covid Medicines Delivery Unit – 1 nurse appointed. Clinical Lead post not appointed to – will go back out to advert in January

Community Gynae Beeston	1.74	1.38	0.36	Current consultant vacancy being backfilled by GPSi with additional support from junior doctors.
HHIT	7.29	5.60	1.69	Nurse due to start in January.
L and D Humber	15.64	15.64	0.00	
Leeds Long Covid Rehabilitation Service	30.33	27.68	2.65	Start date confirmed as 26.12.22 for B6 OT. ECF approved for B3 Advanced Admin and currently out to advert. Interviewed for B6 Physio and appointed 0.6WTE – awaiting pre-employment checks. Discussion held regarding recruitment/skill mixing for psychology team
Police Custody - Y and H	122.43	101.50	20.93	The service has been doing some offline shortened application recruitment (posters on social media)– 16 people were booked interviews (17 people expressed an interest but 1 person was a midwife so didn't meet the essential criteria). So far 7 have been interviewed and all 7 have been appointed. There are more interviews on 22nd and 23rd Dec and in January 2023.
Respiratory Service	29.87	24.95	4.92	All nursing posts recruited to with start dates for 2 new staff of 3rd Jan and 23rd Jan. Start date for B5 development physio 3rd Jan. Unable to fill vacant B6 physio post, will wait until Jan to re advertise
Respiratory Virtual Ward (RVW)	13.76	9.70	4.06	We have 2 vacancies in the RVW – 1 physio and 1 Clinical Support Worker. We have been out to advert for the physio without success – this is a recurring issue within Respiratory. We plan to go out to advert in the New Year for a band 5/6 development post – we have been successful in appointing to a similar post in the Respiratory core team. Similarly, the CSW post became vacant in November, and we are currently looking at how best to use that money. We have identified a need for pharmacy support so some of it will be used for that. Monitoring daily capacity and staff sickness to enable to plan for potential reduction in beds, at present not affecting ability to accept patients onto the ward.
Sexual Health Service	63.66	53.06	10.60	Recruited 3 x Band 6 nurses – all start in post in January 2023 Recruited 0.5wte B7 Lead Nurse (start date to be confirmed). Recruited 3 x B2 receptionists (start date to be confirmed). Recruited Partner Notification Post, start in post January 2023. Recruitment currently in progress: 1 x Band 7 Lead Nurse Secondment for 12 months – interviewed 20.12.22 and successful. 1 x HCA Band 3 – interviews early January 2023.

TB Nursing	6.69	5.60	1.09	New B5 TB staff nurse joining the team
Wetherby YOI Primary Care	37.87	26.57	11.30	Service working on workforce planning to replicate the successful work going on in police custody to improve our recruitment situation. We also continue to work on retention of staff addressing any issues raised-even before exit interview stage, learning from experiences. Admin Team: 1 x Band 3 WTE waiting to go out to advert. Recruited 1 x Band 4 WTE Team Leader. Working through final stages of clearance process. 1 x Band 6 Admin & Clerical recruited. Nursing Team: 4.48 x Band 6 WTE currently in post, 3WTE vacancy. 1 x Band 6 newly recruited and going through clearance process = 5.48 WTE in post, 2WTE vacancy. 1 B6 WTE working notice, promoted to B7 Primary Care Team Leader post = 3 Band 6 WTE vacancy. Post out to advert, closes 31st December 2022. 2 x Band 5 vacancies out to advert, close 31st December 2022. 1 x Band 6 WTE (joint H.P role shared with HMPS) out to advert Recruited 2 x Band 3s so only 0.22 WTE vacancy
Portfolio 2				
Adult Dietetics	22.83	19.90	2.93	B5 - Recruitment drive planned for December – ECF been approved to recruit to 4 x B5's as part of our annual recruitment/over-established plan. This is a long-standing agreed planning provision of over recruiting 3 x 1.0wte band 5 staff on a yearly basis. These posts are likely to be considered by trainee dietitians who will not be available until at least the summer of 2023. In practice the service has not been over established by an additional 3 x 1.0wte due to the high turnover of band 5 staff, many who progress to senior positions quickly and the limited availability of newly qualified staff.
CNRS	43.29	37.80	5.49	The service has undergone a service redesign. All recruitment was paused during this period. The new service model was agreed in November and the service are currently out for recruitment for all new post with a closing date of mid January.
Dental	40.94	30.83	10.11	Currently out to advert for several posts which includes B2 admin and Clinical roles. Looking at workforce remodelling and the employment of trainee Nurses within the service.
Diabetes Counterweight	3.14	2.10	1.04	No current vacancies - Service checking data with Finance Manager. Recent skill mix may need updating on budget lines.
Diabetes Service	21.37	18.90	2.47	

Dietetics Childrens	7.10	6.10	1.00	New 0.7wte B6 starter being on-boarded and plan to start 16.1.23.
First Cont. Practitioner	10.14	10.14	0.00	
LCH Pain Service	8.74	7.61	1.13	Small team. 1.13wte vacancies made up from a number of small parts of 1wte posts.
LMWS	90.02	79.00	11.02	PWPs- intensive recruitment of trainees, skill mixed MHP for Hub with SPWP support. Recruitment ongoing. CBT- planning a rolling recruitment drive. Difficulties operationalising this as NHS jobs unable to support function. Xyla contract near completion. IPT- 2x full time posts currently advertised, interviews in January. We have re-allocated service users to other modalities as an interim solution. Mental Health Specialists- pilot of non registered band 6 specialists currently undergoing EQIA process. PCMH administration vacancy- no applicants. LCH to re-advertise. Concern re: single point of failure.
MSK Service Management	8.43	6.50	1.93	Recruitment is improving with vacancies being filled following another recent round of recruitment. For the remaining vacancies the service feel explored all options for filling the current vacancies so they are looking to skill mix and introduce new roles to address the current issues they are aware of. This includes skill mixing a B6 clinical post to a B5 Engagement and Participation Officer role which will oversee all the engagement work that has previously been held by B6 alongside clinical work. The service has also introduced a B6/7 development post and advertised B7 post for the core service following feedback that people were not applying because they did not want to deliver FCP (which was previously a requirement of all B7 posts).
MSK Services	58.50	48.16	10.34	
Podiatry	56.36	48.96	7.40	7.4wte clinical vacancies. The service are using locum and piloting new roles address the gaps. There is a clear 5 year plan around the non registered workforce and working with the workforce group. The service has appointed 2 x band 4s and 2 x band 3s and formalising roles for permanent band 2s. If the pilot is successful they plan to formalise this into a career structure and support apprenticeships. In addition the service are continuing to streamline by exploring band 3 roles for telephone follow-ups and exploring patient initiated follow-ups.
SLT Adult Trust	9.75	10.65	-0.90	
Stroke Pathway	32.96	32.21	0.75	

T3 Weight Mgmt Service	6.40	4.20	2.20	No current vacancies. 1wte band 4 Weight Management Facilitator successful recruited and checks completed. Start date agreed for Jan 2023 1wte admin post due to be transferred to central admin budget.

Within the SBU additional resources have been allocated to fund a recruitment project led, initially the focus will be on staffing in police custody suites. The aim of the project is to have 90-100% establishment within the service by the end of March 2023. The objectives of the project are to:

- undertake a review of the current establishment position
- explore workforce plans for 2022/23
- act as critical friend to review their systems and processes and explore innovative ways of working
- Identify LCH subject experts to provide support, training & development if needed
- have a test and learn approach to new ways of working
- Produce final report including areas for improvement and recommendations for 2023/24

The team have planned an open day in February which is looking to recruit staff both to the custody suites and Wetherby YOI, lessons learnt will be shared with other services and the team will also work with them. Staffing within Police custody suites has continued to be an area of concern, staffing levels have continued to be monitored through daily bronze meetings and incentives have been paid where appropriate.

During the last six months the clinical and operational heads of services have attended development sessions led by the SLT looking at workforce development and the impact of staffing levels on patient safety. The session in December was titled “safer staffing – it’s not just the numbers” During the session the quality report was reviewed and how the information within it relates to safe staffing. Heads of services participated in a workshop where they were asked to discuss:

- Are your services safe?
- How can we tell the story better?
- What are the relevant indicators for your service?

Staff within services have voiced how when at times staffing is safe within the services for the patients it might not feel that way for the staff. They conferred how staffing levels within services can and do affect the work-based culture and how the health and wellbeing of staff can be affected. Staff at Wetherby YOI attended a team Schwartz round which was well received and feed back to the Schwartz round team was positive.

There has not been any incidents or complaints where staffing has been raised as an issue.

At recent performance panels services have shared some of the changes they had made following pathway reviews. Following agreement with the Community Paediatricians the Children’s Dietetic Service implemented a robust electronic system which reduced the amount of time staff spent in clinic. The long covid team are offering the virtual course first and are monitoring how this has been received.

Within SBU services which are undergoing redesigns, tender ready planning or where pathway reviews are about to take place, safe staffing levels are integrated into the work plan to ensure that the skill mix capability and competency of the staff is appropriate to deliver safe and appropriate care to service users.

4 Children's Business Unit (CBU)

CBU have continued to monitor it's staffing levels to provide safe and effective care for children and young people. The table below shows each Service/Team with the number of funded posts in whole time equivalent (WTE), staff in post and resultant under/over establishment. There are comments to reflect the plans on these and specific areas in relation to safe staffing in that team are highlighted.

Service/Team	Funded WTE	In Month Contract WTE (Nov 2022)	Vacancy WTE	Comment
Speech and Language Therapy				
Speech and Language including Traded, Youth Justice Service, One Adoption, Therapeutic Social Work Team.	59.97	65.90	-5.93	Over-establishment due to covering maternity leave in traded provision, this is funded by schools and by additional 0.2 WTE in dysphagia team due to increase in referrals and clinical risk. Risk on Trust register and shared with ICB.
Areas to highlight: Mainstream pathway continues to have a reduced offer for families, although development of assistants offering some intervention to improve effectiveness, patient experience and staff morale. No complaints or incidents recorded with safe staffing as a factor.				
Integrated Children with Additional Needs Service (ICAN)				
ICAN South	22.53	21.32	1.21	Recruited to nursing and Consultant Paediatrician.
ICAN West	21.40	20.57	0.83	Physiotherapist vacancy, they are temp acting up, vacancy is covered by CLaSS hours.
ICAN East	22.16	23.92	-1.76	1 additional Consultant to ensure effective handover from retiring consultant.
Child Consultants	1.00	0.00	1.00	
ICAN Management	6.40	6.27	0.13	
Audiology	7.34	7.47	-0.13	
Total	80.83	79.55	1.28	
Areas to highlight: Due to long term sick leave, maternity leave, increase in SUDICs and the time it takes to recruit to Consultant Paediatrician roles there have been long term gaps in the rota for the child protection medical clinic. This is a C1 essential service which LCH run Monday – Friday during office hours. In the situations where there has been no availably of Paediatricians to cover, we have asked for support for emergency cases to be seen in LTHT. In the instance that LTHT has been required to				

cover a clinic, a Datix has been completed. LTHT has not needed to respond to a child protection case due to no LCH paediatrician being available during the reporting period.
The plan is for a new Consultant starting in February to go on the rota and for other established Consultants to offer cover for the Child Protection Clinics. This will likely see a rise in other waiting list areas. Risk on Trust register and shared with ICB.
Considering skill mix with Advanced Clinical Practitioners in Neurodisability clinics.
No complaints or incidents of harm recorded with safe staffing as a factor.

Community Children's Nursing Service (CCNS)

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Child Continuing Care and Core Respite	49.79	38.78	11.01	Rolling advert for nurses and nursing support workers. Generally, there are not enough suitable applicants. Recently one candidate not achieving benchmark at interview and one withdrawing following interview. Nursing apprenticeships within the service are being offered. Not all hours that families are eligible for are able to be provided due to staffing shortages. Clinical risk assessment is used to prioritise. Commissioners and families aware. A parent's concern was reported that their child who is eligible for 3-4 hours pe fortnight had not had respite for 2 months. Whilst communication was the main issue, staffing numbers have also affected allocation of hours for families.
Hannah House Respite unit	23.06	19.01	4.05	Rolling recruitment. Workforce to support hyperlocal recruitment. 1 vacancy due to acting up. One band 6 is on long-term sick. Continue to require CLaSS colleagues and those in other CCNS teams to cover shifts. No cancellations of children's respite due to staffing shortages and safe staffing levels maintained at all times.
Children's Nursing Team	10.68	10.15	0.53	
Inclusion Nursing Service	17.24	19.58	-2.34	
Total	100.77	87.52	13.25	

Areas to highlight:
CCNS is taking the opportunity to model its management and leadership into operational and clinical posts. There are 2WTE posts out to advert for Operational Team Leads who will work alongside a Clinical Team Lead. Vacancies in the leadership team has led to additional pressure.
Teams are supporting one another by working in other areas where there are staffing shortages and it is safe to do so. The service is building on a culture of helping one another out across all the teams as a 'Team CCNS'. This is an area of further development over 2023.
Additional hours have been offered to staff to increase capacity across all four elements of CCNS.

An advert for the Ready Steady Go has been put out again across the Trust with eight enquiries in this reporting period and one member looking for a permanent role after working within Ready Steady Go framework.				
Child and Adolescent Mental Health Service (CAMHS)				
Community CAMHS including Transitions	44.09	40.82	3.27	Ongoing recruitment, high staff turnover. Vacancy for a team manager, out to advert, multiple applicants. Team manager post due to be filled mid-February. Review of transitions team workforce and funding.
Doctors In Training	9.36	3.80	5.56	Deanery led. Ongoing rotational allocation of trainees, limited notice as to when these posts will be filled.
MindMate SPA	12.83	8.96	3.87	Ongoing recruitment. Awaiting start date of internally recruited clinician. In addition, NorthPoint are triaging children on the neurodevelopmental pathway.
CAMHS Psychology	10.74	7.10	3.64	1 Consultant Clinical Psychologist (for MMST) vacancy, interviews mid-January.
Learning Disability Team	5.78	4.00	1.78	Review workforce required.
Eating Disorders Team	13.06	11.30	1.76	Ongoing vacancies out to advert, no applicant for first advert, readvertised, await outcome.
Crisis Helpline	9.64	8.00	1.64	Band 6 nurse role new to team.
Crisis	14.22	12.60	1.62	Liaison interview early February.
Youth Justice Team	2.91	1.82	1.09	Nurse recruited, now started in post.
Clinical Training Costs	1.80	0.80	1.00	
CAMHS Outreach Service	6.11	6.40	-0.29	
CAMHS Medical Consultant	4.09	4.85	-0.76	Currently using locum Consultant. Interview for permanent post at end January.
CAMHS Management and Citywide	6.02	7.34	-1.32	
MindMate Support Team	30.56	32.10	-1.54	New funding for each team's rollout, full coverage of the city by 2025. 8 x Trainee Education and Mental Health Wellbeing Practitioners and 3 x Trainee Child Wellbeing Practitioners commenced inductions. 1 x Senior Practitioner post out to advert for maternity leave cover. 1 x Team Manager role shortlisted, and interviews planned.
Total	171.21	149.89	21.32	
Areas to highlight: There has been an increase in referrals and demand for provision in all areas of CAMHS. There are significant waiting lists in many areas of the service and these risks are open on Trust register. Investment from LCH continues to support outsourcing for both school age neurodevelopment				

assessment and therapeutic interventions for children and young people with emotional disorders. There are currently two social prescribing research projects underway within CAMHS working with 3rd sector partners: Safety Nets and Wellbeing Whilst Waiting. These projects are to review the young people on CAMHS waitlist lists and refer into social prescribing link workers during their wait. No complaints or incidents recorded with safe staffing as a factor. Following the outage of the CAMHS Electronic Patient Record on 4.8.2022 the service was reporting at OPEL level 3e, this remains. CAMHS has now migrated onto SystmOne and ongoing workstreams are active to support a safe migration and ensuring optimum data quality throughout. The outage remains open on the Trust risk register.				
Healthy Child Pathway/ 0-19 Public Health Integrated Nursing Service				
0-19 Integrated Service	208.91	181.61	27.30	The service has been managing high vacancy rates over the past 6 months which predominantly stands against the Health Visitors and School Nurses. At the end of November there were 32.98 WTE vacancies in Health Visiting and 7.63 WTE vacancies in School Nursing. The service continues to promote a rolling programme of recruitment for this workforce, and the last few months have seen an increase in the number of applicants, and successful appointments. The WTE number of staff that have left the service or reduced hours does however continue. Risk is on the Trust register and has been shared with commissioners. The service is working through a revised service offer to ensure a future sustainable model of care provision with reduced Band 6 capacity. This involves over recruitment of Staff Nurses and Family Health Workers to take on more delegated work. This will allow caseload holders to take on more of the complex work and will support the re-introduction of the antenatal contact. CLaSS staff and the offer of additional hours within service continues to support service delivery.
Infant Mental Health	7.03	6.20	0.83	Pursuing successful candidate.
Health Visitor /School Nurse Trainees	12.00	12.00	0.00	
Children's Community Eye Service	1.99	2.60	-0.61	An increase in the number of children needing to be seen by an Orthoptist has led to an increase in sessional clinics and the need to purchase more Orthoptist time from LTHT.
School Immunisation	5.33	6.14	-0.81	Current uplift to team lead post which is not funded. Bid for school immunisations and flu to be submitted 9.1.23.

Total	235.26	208.55	26.71	
Areas to highlight: No complaints or incidents recorded with safe staffing as a factor.				

Services continue to monitor the staffing levels and record risks where these are identified. Analysis of these risks show that in a number of services across the Business Unit the referral rate has increased and there is concern that the current workforce structure is not able to meet this demand in a responsive manner. CBU is developing a workforce plan and engaging in the Improving Patient Flow Prioritisation Board.

Recruitment to some posts remains difficult for a variety of reasons due to national lack of availability of some professions and other opportunities via agency or private practice. The CBU Resourcing steering group has representatives across each service, and feeds into the Trust group. They have produced a video to showcase colleagues experiences of working in LCH and focusing on areas of the Children's Strategy that are important to them in their day-to-day work, including health and wellbeing and evidence-based practice. CBU continues to work hard on engagement with staff and promoting it as a positive place to work.

5 Adult Business Unit (ABU)

The following table provides information regarding staffing levels within services in the ABU. It includes details of the budget, staff in post, number of vacancies within the service and further notes regarding vacant positions. The data was pulled at the end of November 2022 and reviewed during December 2022.

Name of service		Budget WTE	Contracted WTE Nov 2022	Vacancy	Comments
Neighbourhood Services	Armley NT	53.84	48.66	-5.18	The challenges in NTs continue to be recruiting and retaining nurses at B5, B6 and DN level. We have also seen an increase in NCA turnover in a number of teams. We continue to invest in DN training, B6 development roles which is helpful but there is a need to continue to focus on recruitment into these roles. There is some hyper-local recruitment happening in the Yeadon area.
	Pudsey NT	42.44	37.15	-5.29	
	Holt Park NT	29.55	30.13	0.58	
	Woodsley NT	40.55	36.60	-3.95	
	Yeadon NT	51.08	38.99	-12.09	
	Chapeltown NT	43.37	42.43	-0.94	
	Seacroft NT	52.52	46.74	-5.78	
	Wetherby NT	31.72	29.39	-2.33	
	Meanwood NT	48.24	38.20	-10.04	
	Beeston NT	25.96	26.06	0.10	
	Middleton NT	59.94	47.42	-12.52	
	Morley NT	44.40	43.67	-0.73	
	Kippax NT	39.72	36.50	-3.22	
	North Triage Hub	0.00	3.25	3.25	Staff transferred from NTs to triage hubs. Budget will be moved from NTs in 23/24. Invested in advertising to bring people forward. Looking at the options to attract people into roles. Response to adverts has been slow but is generating interest.
	South Triage Hub	0.00	2.38	2.38	
	West Triage Hub	0.00	2.87	2.87	

					Next steps will be to consider if any level of skill mix would help recruitment or the option of a B6 development role should be considered.
	Neighbourhood Nights	58.56	53.30	-5.26	Ongoing recruitment into non-registered roles and new staff commencing in post on a fortnightly basis. Fully recruited into registered roles as at 12/12/22. Positive response to vacancies recently.
	Virtual Frailty Ward	41.31	28.99	-12.32	Based on the funding we have in NTs and from the VW monies we have approx. 4wte vacancies. The figures may not reflect this as we are waiting for people to start. As yet the workforce isn't stable but there have been fewer people leave recently.
	Integrated Clinics	3.28	5.41	2.13	Funding is from NTs for all the posts. Some staff who work in the clinics are via CLaSS. The intention moving forward is that the posts will sit within the NT budgets.
	Palliative Care Service	10.95	10.20	-0.75	Recent recruitment means they are fully established
	Discharge Facilitators (EOL)	2.00	21.04	19.04	Self-management - we are in the process of requesting the budget name to be changed. We did agree to recruit additional posts using vacancy money from NTs and additional money is 10 WTE. As a result, the establishment figures will need to be updated.
Patient Flow Services	Transfer of Care Hub	9.00	19.56	10.56	Fully established. Previously told we will get funding from CCG/ICB. Funding not received so using underspend from ABU. Position next year unclear as with all commissioning intentions
	SPUR	5.17	2.60	-2.57	Now admin only. The remaining budget and clinical staff will transfer to the triage hubs
	Bed Bureau	5.24	4.40	-0.84	Band 4 role has been out to recruitment twice with no interest.
	CDAT	26.94	19.64	-7.30	Some staff from CDAT transferred to TOC. Challenges with staffing

					due to vacancies, currently using some agency therapists
	Health Case Management	45.59	42.00	-3.59	Currently out to recruitment for vacancies.
	Community Care Beds	33.25	24.33	-8.92	Genuine vacancies, struggling to recruit (historic challenges). Agency staff being used from Villa Care - off set by non-pay underspend. Generally better availability of agency staff than for NTs. Hope to work more collaboratively across bed bases including Wharfedale
	Wharfedale Recovery Hub	43.20	43.20	0.00	Work to be done in 2023 on determining safe staffing model, recruitment ongoing
	East Leeds Recovery Hub	2.41	2.50	0.09	LCH provide physiotherapy input only
Citywide Services	Therapy Supported Discharge	2.53	1.00	-1.53	Some recruitment has taken place recently; however, we have got a staff member going on maternity leave and 1 person leaving. Generally good response when recruiting
	CUCS	15.16	14.71	-0.45	No concerns with recruitment
	Tissue Viability	6.46	6.60	0.14	No concerns with recruitment
	Community Falls Service	9.83	7.60	-2.23	A band 4 therapy TI vacancy has now been filled with a permanent staff member. Band 6 physio vacancies have been filled via secondments
	CCSS	10.15	6.86	-3.29	Service is carrying vacancies - ongoing recruitment. Finance position currently at risk due to uncertainty from ICB

As previously stated, there are no nationally agreed staffing levels for community teams. The Trust continues to develop the work to set safe staffing levels in community teams. Leeds is one of the test sites to develop a community based registered nurse safer staffing tool. The data from the national NHS England data collection process is now being used to inform work led by the Executive Director of Nursing and AHPs to develop target safe staffing levels for Neighbourhood Teams. This work includes consideration of the registered nurse establishment needed to respond to the local population health management needs and the aligned work underway to improve health equity.

Recruitment across all teams and roles is challenging. This is particularly the case for registered nurses, advanced clinical practitioners and therapists, reflecting the

national picture. In this period ABU have introduced a dedicated recruitment role – this allows prioritisation and innovative ideas to be explored further. We continue to support international recruitment and have a further cohort of 16 nurses (to date) commencing in March 2023. It is important to acknowledge the support needed around this for onboarding. Wharfedale Recovery Hub has provided a great example of hyper local recruitment, with a leaflet drop in the local area generating a significant number of expressions of interest and interviews. This approach is being considered for future recruitment, working with the support of Comms and Workforce. Additional funding sourced from the system has allowed for the further recruitment of self-management facilitators, night sitters and therapists.

Staffing is monitored and managed on a twice daily basis through the capacity and demand reporting tool with senior clinical and operational oversight seven days a week. At times during this period ABU has been in an escalated position and supported by the Trust's bronze and silver command process which includes additional oversight of capacity and demand to ensure patient and staff safety is maintained.

Staffing levels are also reviewed within the ABU monthly performance process and any additional actions required are considered by the ABU senior leadership team. The improving availability of detailed staffing information through the e-roster system enables improved planning and reporting. This includes the NT unavailability report, produced and distributed on a weekly basis.

It continues to be recognised that retention of staff is the biggest priority for ensuring safe staffing levels. Staff experience and morale remains variable and is influenced by a number of factors. Staff engagement is ongoing in all teams and a range of local initiatives continue to be implemented to improve staff experience and engagement. We have continued to embed our ABU Live sessions and, in this period, have commenced a new fortnightly newsletter. We also recognise the longer-term benefits of investing in staff development - work includes cohort 2 of the band 4 senior NCA role, cohort 8 of the senior nurse development role, reviewing the breadth of scope of our therapy assistant practitioners and introducing a band 6 development operational lead role to prepare future leaders. In the next period we intend to progress work with 'itchy feet' conversations, supporting staff who are thinking of leaving the Trust or want to try something different before they resign.

A number of issues within the Neighbourhood Model Transformation Programme (NMTP) have been specifically focused on staffing issues and informed by staff feedback – including reviewing the neighbourhood model, considering planned and unplanned work in the NTs. Work on the stabilisation plan, focused on improving the demand and capacity picture in NTs, includes increased use of clinics, virtual consultations, increased self-management and working with the Enhance Programme. We have seen some positive progress during this period, though a wholesale impact on demand and capacity has yet to be realised.

Monitoring patient safety incidents that are related to staffing issues or concerns constitutes a key area for review. Based on learning from the last period we have maintained additional support with incident investigation and learning. We have continued to monitor ABU incident investigations, mortality reviews and any complaints raised by patients, families and staff as always and any issues related to staffing levels will be escalated to SMT.

6 Conclusion

This paper presents the six-monthly review to Committee and Board in relation to safe staffing. It is clear that there are many challenges in relation to staffing across a range of services and it is a daily challenge to maintain patient safety. The paper demonstrates that the Trust has maintained safe staffing in the six-month reporting period, despite the many challenges. However, what is not currently reflected in this paper is the effectiveness of the care and how this might be impacted by the various shortfalls in staffing. Future reports will endeavour to include this.

7 Recommendations

Board is asked to receive this report and agree the level of assurance provided.

Leeds Community Healthcare NHS Trust

Trust Board meeting held in public: 3 February 2023

Agenda item number: 2022-23 (121)

Title: Patient Experience Six Monthly Report

Category of paper: For assurance

History: Quality Committee 23 January 2023

Responsible director: Executive Director of Nursing and Allied Health Professionals

Report author: Patient Experience and Engagement Lead

Executive summary

Purpose:

1. This report provides the six-monthly update of Patient Experience within Leeds Community Healthcare NHS Trust (LCH).
2. The report incorporates the information required for the complaints report as laid out in section 18 of The Local Authority Social Services and National Health Service Complaints (England) Regulations (2009).
3. The report provides a review of complaints and concerns, feedback via surveys, engagement activity, and wider feedback for the six-month period 01 July 2022 to 31 December 2022; providing an overview of themes, learning and action. It compares the data and qualitative information with previous years.
4. The report includes Friends and Family Test (FFT) information.

Main points:

1. There has been an increase of 47.1% in complaints (from 51 to 75) since the first six-month reporting period of 22/23, and an increase of 56% (from 48 to 75) from the same period last year. This is lower than in 2019 (pre pandemic) complaint figures for the same period where 107 were received.
2. The top 3 themes of complaints received remain consistent with the previous year.
3. LCH has received 12 possible claims between 01 July and 31 December 2022 of which 3 have proceeded to actual claims, supported by NHS Resolution.
4. Work continues to focus on review of the process of manging concerns and complaints in line with national best practice.

Recommendations

The Board is recommended to:

- Receive this report
- Note the updated information

PATIENT EXPERIENCE (Complaints and Concerns) SIX MONTHLY REPORT

1. INTRODUCTION

1.1. This report provides the six-monthly update of Patient Experience within Leeds Community Healthcare NHS Trust (LCH).

1.2. The report incorporates the information required for the complaints report as laid out in section 18 of The Local Authority Social Services and National Health Service Complaints (England) Regulations (2009).

2. BACKGROUND

2.1. This report will focus on the themes and learning emerging from patient feedback, and how this is shared across the Trust to ensure continuous quality improvement.

2.2. This report will include the impact of Covid-19 on complaints, concerns, compliments, and patient experience.

3. LCH PATIENT EXPERIENCE

3.1. LCH collects patient experience feedback through a variety of channels, and this is all recorded centrally between two different systems. Complaints, concerns, enquiries and compliments are collected / recorded within the Datix® system held by the Trust. The Friends and Family Test (FFT) and the comments provided with it are collected via an external system provided by the Membership Engagement System (MES) provided by Civica.

4. COMPLAINTS, CONCERNS & COMPLIMENTS

4.1. From 01 July 2022 to 31 December 2022, LCH received 75 complaints which were managed under the 2009 regulations. There was an increase in incoming complaints compared to the beginning half of the financial year, when 51 complaints were received. This is an increase of 47.1%

4.2. In comparison to the same period in the previous year 01 July to 31 December 2021, there has been a significant increase in complaints received, from 48 to 75 complaints. This is an increase of 56%.

Anecdotally, from discussions with regional Complaints Managers the rise in the number of complaints is consistent with other NHS Trusts regionally. It is anticipated that the number of complaints will continue to rise in 2023 in response to services resetting post changes made in response to Covid 19.

4.3. However this is lower than the number of complaints received in the same period in 2019 (pre pandemic) when 107 complaints were received.

4.4. A total of 92% of all complaints received by the Trust were acknowledged within 3 working days (70 out of 75). Of the 5 complaints not acknowledged within 3 workings days, 4 of the complaints were delayed due to the Patient Experience Team (PET) experiencing administrative issues; this has included changes within the team and handover in process, one case was also received into a PET mailbox which was not routinely checked. Internal process has now been reviewed within the team and a revised process put in place to ensure the inbox and all mailboxes are managed in line with timeframes and complaints acknowledged within 3 working days.

One complaint was not acknowledged within 3 working days due to the complainant not being free to discuss the complaint following the sad passing of the patient involved in the complaint.

4.5. The highest number of complaints were from services in the Specialist Business Unit 38% (28), followed by 31% (23) from the Children's Business Unit and Adult Business Unit 31%. Adult Neighbourhood Teams (17), Musculoskeletal and Rehabilitation Service (13) and Community CAMHS (11) received the highest number of complaints during the reporting period.

4.6. Of the 74 complaints received between 1 July and 31 December 2022, 49 have been closed. All closed complaints were responded to within 180 days of receipt. Four complaints were passed on to other organisations and 3 complainants withdrew their complaint following discussion with the service.

4.7. The average length of time to provide a response to a complainant was 40 days. 57% (28 out of 49) of closed complaints were closed within 40 working days of receipt, the Trust standard, a slight decrease from the first six months of the year. A number of complaints were responded to well within the internal 40-day timeframe. Of the 21 complaints closed after 40 days; all timeframes were negotiated and agreed with the complainant, and were either due to staff leave within services, time for the service to meet with or speak to the complainant in line with best practice, or on the request of the complainant. One extension was due to issues with other organisations being delayed in providing their response but again the complainant was kept informed.

4.8. Of the 70 complaints closed during this period, 34 were recorded as fully or partially upheld and 16 were not upheld. The outcome of the remaining 20 complaints has not been recorded on the system but this information is being updated retrospectively and will be updated in a future report.

4.9. From 1 July to 31 December 2022, the Trust received 274 concerns: a decrease of 56 from the last reporting period. The number of concerns reported for this period is lower than the same period last year (286). The highest number of subjects related to Clinical judgement. The majority of concerns related to Leeds Sexual Health Services 62 (23%), Community CAMHS 28 (10%), MSK 23 (8%) and Neighbourhood Team 22 (8%).

4.10. The number of concerns received between 1 July to 31 December 2022 is higher than the number of complaints received in the same period in 2019 (pre pandemic) when 218 complaints were received.

4.11. The Trust has received a total of 465 compliments between 1 July 2022 and 31 December 2022. This is lower than the previous report (508).

4.12. Work is ongoing to capture and understand the health equity data for patient experience. Health equity data is captured for safety 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 on 10 January 2023 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.

5. PATIENT EXPERIENCE (COMPLAINTS) TRAINING

5.1. Due to capacity within the Patient Experience Team, and within teams to attend training, there has been no complaint training sessions delivered between 1 July and 31 December 2022. Support has been provided to teams where needed and guidance given. A revised Managing Concerns and Complaints Training package is in development and will be rolled out in the Spring 2023, with bespoke sessions being offered in the interim.

6. OVERARCHING THEMES FROM CLOSED COMPLAINTS

6.1. The top three subjects for LCH's complaints closed during period 01 July – 31 December 2022 were:

- Clinical Judgement/Treatment
- Communication issues with the patient
- Attitude, Conduct, Cultural and dignity issues

These themes are consistent with the previous six months and the same period last year.

6.2 Complaints citing Clinical judgement and treatment

6.2.1 In line with national reports "Clinical judgement and treatment" continues to be one of the top three subject areas for complaints at LCH for the past 5 years. Between 1 July – 31 December 2022, 29% (20 out of 70) of complaints received were due to issues around clinical judgement and treatment. Adult Business Unit reported ten complaints where this was cited as a subject, Specialist Business Unit had three and Children's had seven.

6.2.2 An example of learning and improvement in this area is an action to review clinical procedures with the Musculoskeletal Service and whether there is a need to have an assistant present during each procedure. This outcome followed an investigation where this query was raised by a patient as to whether the procedure carried out with them by one Doctor alone was safe. Following investigation it was

found that the procedure is entirely safe to be carried out by one doctor and this aspect of the complaint was not upheld. However, the complaint did highlight that it would be useful to review other clinical procedures and need for assistance within the service and this work started in November 2022.

6.3 Complaints citing communication issues with the patient

6.3.1 For the period 1 July to 31 December 2022 13% (9 out of 70) of all complaints received highlighted communication issues, including written case notes with the patient. The Specialist Business Unit received four complaints, the Adult Business Unit three and Children's Business Unit two complaints.

6.3.2 An example of learning is a complaint regarding the Leeds Sexual Health Service in relation to making an appointment. The complaint highlighted the need to ensure that email and phoneline out of office messages are updated and emails looked at daily. The investigation showed that the service webchat does not always operate despite being within the operating times and so the service has also liaised with the webchat provider to provide solutions.

6.4 Complaints citing attitude, conduct, cultural and dignity issues

6.4.1 Of received complaints between 1 July and 31 December 2022,10% (7 out of 70) cited issues concerning attitude, conduct, cultural and dignity, and was the third most common area for complaints received. The number of complaints related to attitude, conduct, cultural and dignity issues was highest in the Specialist Business Unit with four complaints received, followed by the Adult Business Unit with two and Children's Business Unit with one.

6.4.2 An example of learning following a complaint around this subject is within the Musculoskeletal and Rehabilitation Service. As part of the investigation the clinician has been supported to reflect on the conversation they had with the patient and the language and manner used during the assessment. The clinician commenced further training as an outcome of the complaint to help improve methods of communication and self-awareness.

7. CLAIMS

7.1. LCH has received 12 possible claims between 1 July and 31 December 2022 of which 3 have proceeded to actual claims, supported by NHS Resolution.

7.2. Of the three new claims two are under Clinical Negligence Scheme for Trusts and are related to clinical care provided by Children's Services (0-19 PHINS) and by Specialist services (Police Custody).

7.3. One potential claim has been closed. The claim for personal injuries and losses sustained by a member of staff as a result of a medical negligence. There is no action intended or contemplated against the Trust.

8. FRIENDS AND FAMILY TEST

8.1. During the reporting period of 01 July and 31 December 2022 there have been 3431 Friends and Family Test (FFT) responses, this is an 29% increase on the previous six months. The overall percentage of patients or their carers reporting a very good or good experience was 94.9% with 2.18% stating the experience was poor or very poor and 2.45% neither good nor poor.

8.2. There has been an increase in FFT comments praising staff members on their support, these comments include:

"Good service, ***** put us all at ease. She was knowledgeable, listened to us and was able to provide strong feedback sand suggestions moving forward."

"I felt listened to, finally! Every concern I had about my daughter was listened to. I didn't feel like I was being 'silly' and there genuinely was something to be concerned about or something that could be potentially concerning if we didn't receive the help that we have from ********! She's been so understanding and very professional but also such a friendly person, too x

8.3. The increase in the number of responses to the FFT is due to ongoing work by Engagement Champions in services along with increased support from the Business Unit Quality Leads.

8.4. To increase accessibility the FFT is available in print and online. Services continue to be creative with distribution links to the FFT, we have seen a continued increase in use of online FFT surveys completed from 1246 January – June 22 to 1299 July to December 22. Services have stated they are laminating QR codes and attaching these to lanyards and laptops for accessibility during a visit or appointment.

8.5. An easy read version of the FFT is available and the online version of the survey is translated into the top 5 used languages (in 2019) in Leeds (Urdu, Punjabi, Polish, Romanian and Slovak). These languages are currently in review following ongoing equity work and release of new census data.

Services are supported to follow Trust interpretation and translation procedures if requiring language translation and interpretation.

8.6. In addition to the FFT, services continue to develop specific surveys with support of the Patient Experience Team, which complement the FFT.

8.7. The Tier Three Weight Management Service engagement champion worked with PET to adapt their standard FFT by adding further questions, to gain insight into the support being provided by the service. Please see appendix 1 for a copy of the 'You said We did' poster completed by the service's engagement champion following the roll out of their FFT.

Since the adapted FFT was made live, the service has been able to act on feedback including a "You said We did" poster. Feedback received included what has gone well:

"Amazing team, helpful, caring overall lovely people thank you for everything would recommend anyone about joining"

And what could be improved:

"I don't feel the service does nearly enough to tackle the mental health aspects of weight management".

The feedback showed that more mental health support was needed within the service, and they have now recruited to a mental health nurse post to provide screening and further support as needed. The service is also developing a stress management group to offer practical coping skills throughout the patient's weight loss journey.

8.8. The Long Covid Community Rehabilitation service has developed two groups to help patients living with the psychological challenges of Long Covid.

A survey and evaluation form has been developed to be completed at the end of each long Covid and Low Mood group over the 5-week course. This will be shared online in the MS Teams chat function, emailed out to participants or a paper copy sent via post. The evaluation will help develop the groups by looking at what has worked well/what hasn't worked as well for patients and improvements made. A working group is planned to follow the evaluation.

9. NEXT STEPS

9.1. Following a pause due to capacity issues in the team, the Patient Experience Team will now begin to review their current complaint management processes in line with the Draft Parliamentary and Health Service Ombudsman (PHSO) Complaint Handling Guidance (2022), this will include roll out of training for staff.

9.2. Work to support the implementation of the Health Equity and Third Sector Strategies is ongoing and will include a review of process and systems to help improve access and experience of vulnerable communities and those at highest risk of health inequalities.

10. RECOMMENDATIONS

The Board is recommended to:

- Receive this report
- Note the updated information

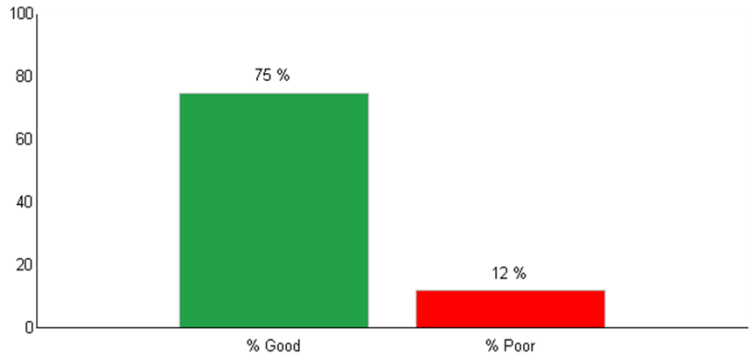
Appendices

Appendix 1

How are we doing?

Tier Three Weight Management Service – City Wide - 01 Jan - 07 Dec 2022

Friends and Family Test



Number of Responses

116

Things we do well (Patient Feedback)	Things we need to improve (Patient Feedback)
The group BED CBT was great, helped me to look at my behaviour from a different angle and helped me to change my behaviour	I don't feel the service does nearly enough to tackle the mental health aspects of weight management
Amazing team, helpful, caring overall lovely people thank you for everything would recommend anyone thinking about joining.	Make it easier for us to contact someone from the service as at the moment the phone line is just an answer machine and don't always get a call back and some emails go unanswered too
Didn't feel judged talking about my weight	Have a few more times after 5pm for meetings/appointments

You said	We did ....
More mental health support is needed * More appointments after 5pm	We have now recruited a Mental health Nurse to provide screening and further support as needed. We are currently developing a stress management group to offer practical coping skills throughout your weight loss journey. * Physical Screening and Physiotherapy appointments are now available 8am-6.30pm

Listening to You

Board meeting held in public: 3 February 2023

Agenda item number: 2022-23 (122)

Title: Trust Priorities 2022/23 – Q3 Exception Report

Category of paper: For Assurance

History: SMT 18th January 2023

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

Report author: Business & Planning Manager and Clinical Governance Manager

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Executive summary

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

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

- Strategic Goal - To deliver outstanding care,
    - **We will be responsive to the needs of our populations as we continue to rebuild our services back better.**

- Strategic Goal - Use our resources wisely and efficiently.
    - **We will continue to rebuild our services with a focus on our waiting list backlogs and continuous improvement.**

- Strategic Goal - Ensure our workforce community is able to deliver the best possible care in all of the communities that we work with
    - **We will build and deliver a resourcing plan to ease the burden on staff.**

- Strategic Goal - To work in partnership to deliver integrated care, care closer to home and reduce health inequalities
    - **We will work pro-actively across the Leeds Place to improve health outcomes.**

The Trust priorities reflect our challenge to ourselves as we seek to continuously learn and improve our provision of high quality care to the communities we serve. Our aim being to drive the quality of our care delivery forward through the progress against those priorities.

This report is designed to highlight a limited range of notable progress against the priorities or where progress has not been as planned. It is not intended as a full report of all the good work the Trust has done or to be a performance report against Key Performance Indicators (KPIs). These will be addressed as part of a suite of year end reports.

Recommendations

The Board is recommended to note the updates and exceptions to progress against the Trust's priorities for the year.

Trust Priorities 2022/23 – Q3 Exception Report

1 Introduction

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

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2 Priorities

2.1 Strategic Goal - To deliver outstanding care

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

Services have continued to strive to deliver outstanding care in the face of continued pressure across the whole system.

Key focus 1: How we engage with our patients is fundamental to the achievement of this and other Priorities: the Engagement Strategy will be redeveloped and ratified this year by LCH Board.

Nothing to report by exception. Continuing to develop our Principles of Engagement.

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

Nothing to report, services continue to review their health equity data and receive support from LCH's Health Equity Lead.

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

The Neighbourhood Model Transformation Programme (NMTP) continues. A key achievement during this period includes the 1 November 2022 go live of the three triage hubs established in the North, West and South of the city, removing the need to triage in the Neighbourhood Teams (NT) themselves.

LCH took on the delivery of the Wharfedale Recovery Hub from 23 November 2022. Mobilisation continues which includes further developing the service offer and model, working through HR implications and enabling optimum IT and system connectivity. An update on the clinical governance and quality work in this new area will be provided to Quality Committee in February 2023.

The change programme continues as planned with exceptions as cited below.

Community Dental Service (CDS) - NHS England have enacted an 18 month direct contract award with all CDS's in Yorkshire and the Humber (end date March 2025). During this extension period, provider specific service improvement plans will be developed in partnership with NHSE and the Integrated Care Boards (ICBs), which will detail key priorities for development. This has refocussed the LCH internal service review to a collaborative regional service review with our ICS partners.

2.2 Strategic Goal - Use our resources wisely and efficiently

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

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

We continue to progress with implementing community allocation software, although the complexity of this work (particularly the integration of three main systems; Health Roster, SystmOne and eCommunity) has led to delays. Completion continues to be dependent on access to the fully integrated product; the Trust continues to push all parties to prioritise the successful implementation of the developments required for successful implementation of this innovation.

Other projects are continuing as planned and a full update will be provided in the end of year report.

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

The aim of the Improving Patient Flow and Prioritisation Programme is to embed holistic, sustainable and consistent approaches to supporting and managing people who are waiting for care within Community Health Services. At the Improving Patient Flow and Prioritisation Board on the 5 December 2022 the Programme proposed to bring all the knowledge together along with the Waiting List Document and move into the testing phase. The Board agreed that testing the approach in its entirety with one service would be beneficial. The first service to receive support in applying the approach will be Speech and Language Therapy followed by Gynaecology and ICAN.

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

Waiting lists continue to be closely monitored by services and through Quality and Performance Panels which are held monthly within business units. Escalations go to the LCH wide Quality and Performance Panel, chaired by the Executive Director of Operations, and to the Quality Assurance and Improvement Group (QAIG) by exception, which is chaired by the Executive Director of Nursing and Allied Health Professionals and the Executive Medical Director.

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

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

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

We have successfully recruited seven international nurses who started with us on 20 June 2022. All seven have passed their OSCE exam and have received their UK PIN number and are working as a registered nurse in LCH services. International recruitment continues and we are on track to recruit a further 23 international nurses to join us in Spring.

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

We continue to support 115 apprentices on the programme including our first physiotherapy and occupational therapy apprentices.

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

We have continued our hyper local campaigns with great success and we continue to hit the targets set for this year. We will continue to roll out this approach with a particular focus on unregistered roles.

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

The current financial climate remains a challenge for many staff. The Trust continues to look at a variety of ways to support them, 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. During this time, there has also been an extension of the temporary increase in mileage rates to support staff with the increase in fuel costs.

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

Work continues to be driven by the Staff Health and Wellbeing (HWB) Engagement Group, to raise awareness to managers and staff on the wide range of Health and Wellbeing support available. During this reporting period, we were pleased to launch the first meeting of a Disability and Long-Term conditions staff network group.

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

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

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

Virtual Ward (Frailty) - Work has been ongoing to further increase the capacity of the Virtual Ward following a period during Q3 of reduced capacity due to ongoing workforce challenges. The service has delivered or has made progress on plans for a number of clinical pathway improvements which it is anticipated will enable the ward to incrementally increase capacity over Q4. These include:

- The introduction of an intravenous (IV) antibiotic pathway for community acquired pneumonia in December 2022

- Testing of a second daily virtual ward round (MDT) from January 2023 with additional geriatrician input
- Skill mixing to recruit to heart failure community specialists with the aim of reducing length of stay and throughput on the ward
- Agreement of a process with LTHT Emergency Department to be able to refer to the virtual ward frailty, or Neighbourhood Team urgent community response out of hours, for follow up overnight or a next day response.

Plans are also on track to commence a trial of Point of Care Testing in early January 2023. In addition, new mental health nurses have started in post in November 2022 to deliver and develop a staged mental health offer over Q4 in anticipation of additional psychiatry input from next year.

Local urgent community response services delivered by the Neighbourhood Teams (including the Virtual Ward Frailty pathway) have started to show a decline in performance over the quarter following consistent performance above the national 70% standard in quarters 1 & 2. The percentage of people receiving a crisis response within two hours, when this has been assessed as required, was 77% in October 2022 and 63% in November 2022. The service has responded quickly to validate this position and develop an improvement plan focussing on communications and training for staff. The reduction is largely driven by changes in process through the new triage hubs which has improved data quality on the recording of all Urgent Community Response demand for the core Neighbourhood Team which has significantly increased the number of referrals requiring to meet the standard than previously baselined.

Plans have been developed at pace over the end of the quarter in response to winter resilience planning focussing on how urgent community response services can support a reduction in ambulance conveyances especially for people in care homes.

The Neighbourhood Team already respond urgently to patients who have fallen where there is a suspected minor injury (Level 2 Fall) but have agreed to take additional calls direct from 111/999 for patients who have fallen from early January 2023.

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

Co-production continues to be a key element of our change programme to ensure that the views of staff, stakeholders, and patient and carers are considered when developing options.

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

Recent experience with LMWS, the Enhance programme and Enhanced Community Response has highlighted the need for a more robust standard process and governance arrangements to determine whether, when and how external partners are able to access the patient record. The resulting arrangements will be implemented by LMWS as part of the LMWS Improvement Programme and will

determine access for third sector partners in Enhanced Community Response, the Enhance programme and future programmes of work where we co-deliver with third sector partners.

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

The Enhance Third Sector Service is a programme to link Neighbourhood Teams with 14 third sector organisations with an aim to improve capacity in both sectors and avoid delayed discharges and readmissions for vulnerable people on neighbourhood caseloads. Data from December 2022 demonstrates 126 referrals that have been made to Enhance partners.

3 Recommendations

The Board is recommended to note the updates and exceptions to progress against the Trust's priorities for the year.

Leeds Community Healthcare NHS Trust

Trust Board Meeting held in public: 3 February 2023

Agenda item number: 2022-23 (123i)

Title: 3rd Sector Strategy Progress Update

Category of paper: Assurance

History:

Progress Update to July 2022 Business Committee

Responsible Director: Executive Director of Operations

Report author: LCH Partnership Development Manager, Volition Director (on behalf of Forum Central), Forum Central Third Sector Health & Care Development Officer

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Executive Summary (Purpose and main points)

The paper provides an overview of the context for the third sector and partnership working with the sector and an update on progress in implementing LCH's 3rd Sector Strategy

Third sector leaders are reporting significant concern about resilience as a result of the combined effect of shrinking funding, significant increase in demand and complexity due to the legacy and continuing impact of covid and austerity, and greater difficulty recruiting and retaining staff due to the cost of living crisis, inability to match public and private sector (e.g. retail) salaries and work pressures. This is at a time of exceptional system pressures, an enormously challenging financial context and major change for healthcare systems and governance.

Leeds and LCH have a strong track record of partnership working with the third sector but there needs to be commitment and follow through in involving the third sector as equal partners in decision-making from the beginning, providing sustainable funding and investing in prevention, proactive care, self-management and reducing health inequalities, much of which will be through the third sector, all of which is central to developing a sustainable effective healthcare system.

The Third Sector Strategy Steering Group is enabling LCH to widen links with the 3rd sector organisations, networks and initiatives and vice versa. There will be a stronger focus in the coming year on enabling 2-way flows with wider third sector organisations.

The year 2 implementation plan has been refreshed (Appendix 1) and now includes workstreams:

- Enabling 3rd sector access to patient care records - advocating in the system for resuming the Leeds Care Record on-boarding process for a greater number of 3rd sector organisations; and developing a standard LCH process for managing and enabling access to LCH patient records where there is a strong case
- Supporting 3rd sector growth and sustainability - advocating in the system for more flexible and longer term funding for the third sector and ensuring that statutory partners don't turn inward; a 'warm space' offer, providing access, where possible, to 3rd sector organisations who can not afford to pay for space for individual / group sessions.

Notable developments are highlighted and key focuses for the year ahead.

Business Committee is asked to consider whether it is assured about progress in implementing the 3rd Sector Strategy.

Purpose

The paper provides an update on progress in implementing LCH's 3rd Sector Strategy

Background

LCH's 3rd Sector Strategy was co-produced with Forum Central, which represents and provides a collective voice for Leeds' third sector in health and care. The aim of the strategy is:

to deliver outstanding care to the people we serve by developing effective partnership working with the third sector, maximising use of their expertise and contribution, achieve a culture change in LCH where our people fully recognise their value and support third sector resilience.

A Steering Group, co-chaired by LCH Exec Dir of Operations and Volition, Director on behalf of Forum Central (partnership of Volition and Leeds Older People's Forum), oversees implementation of the strategy. It has equal representation LCH and 3rd sector organisations. The 3rd sector organisations work with and represent a diverse range of population groups. All 3 Business Units are represented and key corporate colleagues including the Involvement lead, Head of Strategy, Change and Development, Partnership Development Manager and LCH, LTHT LCC Public Health Lead / Consultant in Public Health.

The 2nd year implementation plan was agreed at the November 2022 bi-monthly Steering Group meeting.

Third Sector Context

Leeds has a diverse population of 820,000 people, one in five of whom experience poverty and inequality.

We are operating in a time of significant system pressures and challenge including around workforce recruitment and retention, significant cost of living increases and still dealing with covid. The third sector faces shrinking resources and significantly rising complexity of demand.

There are a number of key local and national system drivers as the NHS white paper continues to reshape health and care structures, building on a Population Health Management approach and use of data to inform decision making from a partnership which includes the Third Sector and Leeds Community Healthcare along with GP confederation; Healthwatch; LCC; LTHT and LYPFT. The Leeds Health and Care Partnership is finalising its approach to integrating health and care across city partners and Population Health Planning in addition to setting challenging Population Outcomes Frameworks through the Healthy Leeds Plan. NHS partners alone cannot achieve the identified outcomes and Health Inequalities reduction without effective use of Third Sector assets. In this way the LCH Third Sector Strategy is helping to

establish foundations to support further collective evolution of the Leeds Health and Care Partnership

Leeds Best City Plan and the Health and wellbeing Strategy are currently being refreshed and Leeds' strong commitment to being a Marmot city will see a clear focus on the wider determinants of health including Housing and Early Start coming to the fore.

The strength of the Leeds Partnership is being showcased through the Leeds Health and Social Care Hub, led by the Cabinet office working in collaboration with a range of stakeholders and organisations, including NHS colleagues, Leeds City Council, Leeds Universities – and other government departments focusing on:

- Workforce
- The Health Economy
- Early Health Intervention and Policy Development

Forum Central works to keep communities and people at the centre of the work we do in the Leeds Health and Care system; enables our vibrant third sector to maximise Population Health outcomes; capitalise on third sector capabilities/assets to tackle Health Inequalities, collaborate on developing prevention/earlier interventions, and target Wider Determinants of Health.

Properly integrating work with the third sector will enable more efficient use of city resources and workforce. Forum Central provides an approach to harnessing the energy of the 170 Third Sector organisations directly related to Health and Care, and the rest of the 1,180 organisations contributing towards the wider determinants of health, and to focus them towards the achievement of system wide priorities and outcomes.

The Third Sector has proved itself to be a crucial part of the city's Covid response; highlighting the singular role of third sector organisations with reach, engagement and ongoing relationships amongst communities with the highest Health Inequalities. Voluntary Action Leeds and Forum Central worked together across Volunteering, Welfare and Support across geographical hubs and Communities of Interest. The Communities of Interest network was developed specifically in response to the disproportionate effect of Covid (including uptake of Covid response support, e.g. vaccine uptake). The ongoing effects of Covid combined with austerity and now the Cost of Living Crisis means the Third Sector's expertise must be used to minimise the impact on Health Inequalities and the use of NHS services. Forum Central can continue to provide the gateway to those health and cre organisations through their many networks and support the two-way flow of information / intelligence between third sector organisations and the health and care system

Third sector resilience and workforce: in early 2022 Forum Central surveyed their members to help understand the wider recruitment, retention and workforce issues affecting the third sector health and care workforce and established a HR Network with representatives from across our specialism networks, who fed into the report's

recommendations. Since members were surveyed the overall situation has worsened, and for some members to the extent that it is approaching crisis.

A variety of complex recruitment and retention issues, staff burnout and financial difficulties are being fed back to Forum Central on an increasingly concerning level. Forum Central feel the risks are extremely significant.

City Response – Third Sector Leeds is currently producing a strategy building on social value and the Compact (set of values and principles that Leeds public and 3rd sector have committed to in working together) to ensure a strong, resilient and sustainably funded Third Sector.

The third sector are asking strategic partners across the Leeds Health and Care Partners to continue to work with the third sector in finding flexible solutions within contracts as funding becomes scarcer. LCH are a good example of doing this.

As the crisis develops, Forum Central recognise that there is even greater need to ensure that we have a coordinated approach and for commissioners to continue having open and honest communication with the sector. This may mean moving towards renegotiated contracts, looking at what can be achieved within the same and sometimes smaller envelope of funding as all our costs are rising. In particular, recruiting and retaining high quality, values-based staff, and avoiding large numbers of vacancies, is key to supporting communities effectively and continues to be a priority for the sector, as it is across Leeds.

Progress in Implementing LCH's Third Sector Strategy

The Third Sector Strategy Steering Group has a focus on understanding key challenges facing LCH and 3rd sector partners and the potential to address those challenges through partnership working bilaterally and with system partners. Through those discussions 2 new workstreams have been added to the year 2 implementation plan (see Appendix 1):

- **Enabling 3rd sector access to patient care records** through:
    - advocating in the system and the Digital Shared Care Record Programme Board resuming the on-boarding process, stopped in 2021, for 3rd sector organisations to gain 'view only' access to the Leeds Care Record. The current draft priorities for the next 12 months limit this to 2 organisations, Forward Leeds and Touchstone. We would like this to be extended to other organisations such as Age UK who are a key partner in the Enhance Community Response programme supporting hospital discharge, and Enhance partners.
    - developing a standard process for enabling access to patient records for third sector partners where there is a strong case. This is an early

task for the new IG lead and will build on learning from work with LMWS to ensure the process fully meets IG requirements.

- **Supporting 3rd sector growth and sustainability**
    - advocating in system Partnership and Population Boards for more flexible and longer term funding for the third sector, and ensuring that in the current tight financial context, statutory partners don't turn inward but prioritise funding to the third sector prevention, pro-active and self-management initiatives and ensuring focus on reducing health inequalities, which are critical to reducing system pressures in the short, medium and long-term. The partnership with CAMHS and Northpoint WellBeing, providing the Mindmate Single Point of Access (hosted by LCH) is a great example of third sector working in a fully integrated team, bringing expertise across different disciplines, knowledge and connections to to triage referrals and identify support for children and young people in Leeds with their emotional wellbeing or mental health in a context of difficulty for CAMHS in recruiting to posts.
    - offer to provide 'warm space' access to 3rd sector organisations who can not afford to pay for space for individual / group sessions. The LCC led city group is monitoring and will notify LCH of 3rd sector partners who are in such a situation.

The Steering Group has a focus on strategic and operational developments in order to develop links with the wider sector and relevant work underway, identify potential for strengthening partnership working and provide insight and intelligence. Recent focuses have included Active Recovery and Intermediate Care Redesign Programmes, The Health Inequalities Group (THIG) Toolkit and the Solidarity Network programme.

The Steering Group showcases good and innovative partnership working between LCH and the third sector through regular sharing of case studies to promote good practice, thinking creatively and differently, and develop links.

Notable developments since the last update include:

- **Develop Inclusive, Accessible services workstream**– 80 Admin and front of house staff have attended sensory awareness training which has evaluated extremely positively. SMT training rescheduled due to strike action. Posters are being produced to promote to people with sensory impairment health centres where staff are trained and sensory aware. Audits of 3 health centres planned for quarter 4 to assess accessibility for people with sensory impairment. These will inform development of action plans for improvement in those and other health centres.
- **Connecting Better with the 3rd Sector workstream** - year 2 funding for Enhance approved. Referrals to NT were lower than hoped however case

studies show positive impact on patient outcomes - preventing deterioration, keeping people well and maintaining independence and as a result avoiding admissions and primary care activity. Further review of learning, monitoring and evaluation and evidence from year 1 will inform the model for year 2. Key focuses will include optimising Enhance delivery partners' offer to NTs (e.g. in quarter 4 piloting provision of med prompts), maximising NT referrals, strengthening support for hospital discharge and assessing impact on NTs, the wider system and patients. Leeds Older People's Forum are engaging with the Intermediate Care Redesign Programme to support engagement with the wider sector, inform redesign and optimise Enhance partners contribution.

Coproduction workstream – the diversity of both Children's Business Unit (CBU) Youth Board and Parent Group has increased significantly as a result of widening links with 3rd sector organisations. 3rd sector partners are involved in work to develop the future Communication 'offer'. CBU are working with GATE (Gypsy and Traveller Exchange) to develop a medium to enable contacting families in a timely and safe manner.

Key focuses for the year ahead include:

- Widening 3rd sector contribution / input to the Steering Group and partnership initiatives – opportunities with both established and wider 3rd sector partners
- Strengthening LCH and third sector comms - to widen relationships and understanding about LCH and 3rd sector services, skills, resources and involvement / partnership working opportunities; publicise and celebrate effective partnership working. This will include developing LCH intranet content and a quarterly newsletter, stronger focus on cascading
- Sharing resources between LCH and Third Sector organisations, to help us meet common objectives e.g.
    - secondments of LCH staff into the third sector and vice-versa, as a means of addressing recruitment issues
    - development of shared training, in collaboration with the Health and Care academy, supporting the flow of knowledge between sectors
    - third sector and LCH staff working alongside each other or being co-located to support joined up working and person centred conversations

Recommendations

Board is asked to consider whether it is assured about progress in implementing the 3rd Sector Strategy

LCH 3rd Sector Strategy Implementation Plan

Date: **11/01/2023**

1. DEVELOP A 'ONE HEALTH SYSTEM' INFRASTRUCTURE	Narrative (changes)	Lead	RAG
Enable 3rd sector access to patient care records	**Enable access to LCH patient records:** commitment to develop a standard process for considering, and where approved, enabling 3rd sector partners access to PCH patient records. To be progressed once IG lead in post. Age UK (Enhanced Community Response key partner) and some / all year 2 Enhance partners likely to request access. **Advocate in the system for enabling access to shared care records:** Digital Shared Care Record Programme Board proposed resuming Leeds Care Record on-boarding for Forward Leeds and Touchstone as a priority in 2023. Advocated for widening to other 3rd sector partners at Frailty Population Partnership Board; flagged to Dir of Nursing, LCH Digital Shared Care Record Programme Board rep.	Richard Slough	
2. SUPPORT 3RD SECTOR GROWTH, SUSTAINABILITY			
Advocate in the system for flexible, multi-year funding and provide sustainable funding wherever possible	Dir of Ops and other senior leaders advocating for providing longer contracts and funding at risk to allow adequate time to recruit and mobilise. LCH internal focus: introducing in contract review meetings with 3rd sector partners throughout 2023 a focus on understanding whether LCH contracts support 3rd sector resilience, identifying barriers and enablers so that we can share insights and apply good practice across business units in current and future contracts.	Sam Prince	
Provide 'warm spaces' for 3rd sector sessions	LCH to provide access to space in LCH premises where possible for 3rd sector partners who can not afford to pay for space. Agreed with LCC Lead, Lee Hemsworth, for LCC led City group to monitor and notify LCH when 3rd sector partners can not afford additional space to deliver sessions.	Peter Ainsworth	
3. DEVELOP INCLUSIVE, ACCESSIBLE SERVICES			
Support People with Sensory Impairment (PSI) to 'bridge the last 3 metres'	**Sensory awareness training:** 80 admin staff have attended: 60 Front of House plus Admin from a number of Adults, Childrens & Specialist Business Unit services in. Further sessions planned from February. Very positive feedback. Developing poster to promote where staff are trained and sensory aware. Exploring basic sign language training. SMT training session rescheduled to March because of strike action. **Audit access in health centres:** structured access audits planned for Chapeltown (2nd week Jan), Morley and Armley Moor HC . Follow up with FC about 3rd sector reps to involve so that include access needs of other vulnerable groups	Chris Jessop	
Better meet vulnerable groups communication needs	Information being shared through Community of Interest Network bulletin about funded opportunity (£1000) for 3rd sector partners to support communication improvements programme: initial conversations with organisations who have already come forward. Decision re 3rd sector organisations at CoI network 31 Jan. LCH Health Equity Team and 3rd sector to plan and co-deliver in Feb – March info sessions for LCH services on communication needs; face to face service learning event end of March.	Em Campbell	
Develop easy read information	LCH Learning Disabilities Lead to meet with FC LD Lead around easy-read offers across the city & linking with the 'Being Me' strategy group about advising on easy read docs and guidance. LYPFT to review with NHS partners' access to Easy on the I symbols & future development of the website (images downloadable).	Lisa Smith	

DEVELOP INCLUSIVE, ACCESSIBLE SERVICES		Lead	RAG
Develop equality of representation in services	**Learning from 3rd sector approaches**: LCH Health Equity Lead & Partnership Development Manager meeting Touchstone Director for Inclusion to explore opportunities for working with Touchstone and wider 3rd sector to support inclusion and equity **Ensuring focus on vulnerable communities when implementing NICE guidance:** not progressed - Head of Clinical Governance to link with Pip about connecting with partners / networks working with people who are homeless and people with complex needs who access adult social care to enable wider representation in reviewing NICE guidance	Em Campbell, Claire Grey-Sharpe	
Deliver more services in / co-deliver with 3rd sector partners	**Wound clinics:** Awaiting confirmation from Forward Leeds regarding provision of equipment to support delivery of wound care in their clinics to enable this to move forward. The first clinic at OPAL on 11th January. Investigating feasibility with Hamara and Crossgates Good Neighbours. Discussions to take place with Self Management Lead and Head of Service about potential duplication with LCH Community Health Hubs to agree the best way forward.	Sally Yorke	
4. CONNECT BETTER			
Optimise NT ability to connect service users & carers to local services, support	Work to redefine and relaunch the NT Co-Ordinator role, re-establishing focus on developing links with local 3rd sector and providing a central contact point within NTs not progressed due to operational pressures. To scope project and Admin team support required. Work can not be fully scoped until the Triage Hubs and Enhance have further evolved.	TBA	
Enhance programme	Funding for a further year has been approved and so plans are underway to review existing delivery partners. An options paper to look at best use of any underspend from year 2 is underway to be considered by the steering group. Theonitoring deadline for quarter 3 is 14th January; we expect a significant increase in referrals. Not all referrals are reaching delivery partners via the approved referral pathway and this is being discussed across the partnership. Work continues to raise the profile of Enhance and its potential with all NTs.	Linda Glew	
Optimise links to LCPs & social prescribers	Integrated clinic lead linking with Linking Leeds. Information about BARCA's social prescribing offer for children & young people (LS 10,11,12,13 only) shared for cascade to Childrens services.	Caroline Schonrock	
Ensure effective 2-way information flows with vulnerable communities	Patient Experience (PE) Lead met with Mary Halsey, Communities of Interest (COI) Development Worker, started to build relationships. LCH PE Team now a member of the CoI Network. PE lead attends monthly meeting with Forum Central to escalate/share information. Information sharing processes are being reviewed – how, where information shared. To be a focus at LCH Engagement Champion Meeting 22 February - developing service processes, inviting Mary Halsey. Update on how partners can provide feedback to LCH to be shared via Health Equity lead- to consider where else this information should be shared to ensure accessible to all stakeholders- PET phoneline/email point of contact for all feedback.	Heather Thrippleton	

5. ENABLE MORE EFFECTIVE SELF MANAGEMENT			
2-way sharing of self-management approaches and resources including for specific communities	Raising awareness and connecting services to 100% Digital and Digital Health Hub programme to support digital inclusion and access to digital self-management resources, on-line appointments and consultations. Meeting with ABU leadership 17 Jan, arranging slot at Leaders Network. To agree date with Childrens Bus Unit. Key focus of January Digital Champions meeting. March 23 Steering Group to consider whether and what further action required, and how to progress	TBC	
Develop NT collaboration with 3rd sector - self-management facilitator team	6 week Community Health Hub pilot with OPAL has been a success and will continue with Enhance funding. 2 Health Hubs opening in the North of the city this month: The Green and Burmantofts Elderly Action. In talks with 3rd sector organisations in the South with an aim to have Hubs available in the South by the beginning of March.	Steph Lowen	
6. CO-PRODUCE SERVICES			
Childrens services to engage more inclusively	3rd sector organisations supported mapping of LCH Childrens services current Communication 'offer' and work to develop the future offer. Diversity and inclusivity of the Youth Board and Parent Group have continued to grow. Both publicised via Doing Good Leeds website and Childrens services Involvement 3rd sector network. Working with GATE around access to services and development of a medium to enable contacting families in a timely and safely manner	Debra Gill	
Co-produce the remote monitoring virtual ward solution & mobilisation	To meet with Hilary Wadsworth, Leeds Older People's Forum Co-Production Lead, in January 2023, once the clinical elements of the workforce model & pathways have been finalised, to explore & agree a plan of co production opportunities & wider engagement to support embedding the remote monitored virtual wards	Russell Gibbs	
Co-produce Specialist Business Unit service delivery models with 3rd sector	The bidder's event for the Leeds Sexual Health service will take place in February so we will know more then about the tendering process. 3rd sector partners will lead co-production of pathway elements to enable access, reach and ensure we meet the needs of specific populations	TBC	
Develop a culture that supports co-production	Will be considered as part of the development of the LCH Patient Engagement Principles; principles will support the development of a coproduction culture. Practical aspects to be considered re: training, resources, how this is built into organisation-wide processes	Heather Thrippleton/ Mo Drake	

Leeds Community Healthcare NHS Trust

Trust Board Meeting held in public: 3 February 2023

Agenda item number: 2022-23 (124i)

Title: Health and Safety Policy (review)

Category of paper: for approval
History: Clinical and Corporate Policies Review Group

Responsible director: Executive Director of Finance and Resources
Report author: Risk and Safety Manager

Executive summary (Purpose and main points)

The Health and Safety Policy is reviewed on a 3-yearly basis. The Policy has been reviewed by the Risk and Safety Manager, consulting with managers within the Trust, and then presented to the Clinical and Corporate Policies Group for further review and comment. The revised policy is now presented to the Board for approval.

Amendments include:

Section	Detail of each change made
Health and Safety Policy Statement	Health and Safety Policy Statement format changed from PDF to Word so that it can be included within the policy document when published on the LCH intranet
Section 3.3	Further definitions added
Section 4	All roles and responsibilities reviewed and amended to clearly define accountabilities Specialist safety roles added
Section 4	Removal of the Health and Safety Working Group as this no longer exists
Section 5	Overhaul of the arrangements sections to bring it in line with the new health and safety management system that has been put into place, detailing how the Trust delivers the policy statement.

In the Trust's scheme of delegation, the Health and Safety Policy (new or amended) is reserved for Board approval.

Recommendations:

The Board is asked to approve the revised Health and Safety Policy

Leeds Community Healthcare NHS Trust

Health and Safety Policy

Author (s)	Cara McQuire, Risk and Safety Manager Rebecca Mazur, Senior Health and Safety Advisor
Corporate Lead	**Leeds Community Healthcare NHS Trust** Executive Director of Finance and Resources
Document Version	4.1
Document Status	Final
Date approved by Clinical and Corporate Policies Group (CCP)	3rd January 2023
Date ratified by SMT **Date ratified by Board**	
Date issued	
Review date	
Policy Number	PL282

Executive Summary

Leeds Community Healthcare NHS Trust (LCH) is committed to maintaining a working environment where the health and safety of our staff, patients, visitors, contractors and public is assured. LCH will not only comply with the relevant legislation, but it will also continue to take positive action to prevent ill health, injury and loss and promote good health and safety practice.

This policy applies to all LCH staff including temporary, agency, bank, trainee staff, volunteers, contractors. The measures detailed within aim to protect others who may be affected by our work activities or use our services.

This policy has been produced in accordance with the requirements of the Health and Safety at Work etc Act 1974 (HASWA). It also supports the Care Quality Commission's regulatory approach.

This health and safety policy contains a statement that sets out LCH's commitment and objectives for managing health and safety effectively. It outlines the roles and responsibilities of directors, managers, employees and other third parties, and describes the health and safety management system that is in place to deliver the policy statement.

This policy is supported by a suite of more detailed policies (see section 12) which must be read in conjunction with this policy.

Changes made to this version:

Section	Detail of each change made
Health and Safety Policy Statement	Health and Safety Policy Statement format changed from PDF to Word so that it can be included within the policy document when published on the LCH intranet
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Section 5	Overhaul of the arrangements sections to bring it in line with the new health and safety management system that has been put into place, detailing how the Trust delivers the policy statement.

Equality Analysis

Leeds Community Healthcare NHS Trust's vision is to provide the best possible care to every community. In support of the vision, with due regard to the Equality Act 2010 General Duty aims, Equality Analysis has been undertaken on this policy and any outcomes have been considered in the development of this policy.

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1. Introduction

This policy has been produced in accordance with the requirements of the Health and Safety at Work etc Act 1974 (HASWA) and the Health and Care Act 2022.

The Health and Safety at Work etc Act 1974 and Management of Health and Safety at Work Regulations 1999, as amended 2006, require that employers protect all people at work including contractors and others who may be affected by our work activities, such as service users and the public. Employers are required to assess risks and take positive measures to promote health and safety at work.

The Health and Care Act 2022 requires LCH to assess the risks to people's health and safety during any care or treatment and make sure that staff have the qualifications, competence, skills and experience to keep people safe. It also requires LCH to make sure that the premises and any equipment used are safe and where applicable, available in sufficient quantities. Medicines must be supplied in appropriate quantities, managed safely and administered appropriately to make sure people are safe.

The Trust's Health and Safety Policy Statement, endorsed by the Chief Executive, establishes the organisation's approach to health and safety and provides a formal corporate statement of its approach to health, safety and welfare and safety management.

To ensure the effective delivery of the Health and Safety Policy, the roles and responsibilities of all employees are clearly identified, and employees must accept personal responsibility for health and safety. Although the main responsibility for compliance with the Health and Safety at Work etc Act 1974 rests with the employer, every employee has a responsibility to ensure that no one is harmed as a result of their acts or omissions during the course of their work.

This policy is underpinned by a suite of policies which set out the organisational arrangements and provides guidance to enable the Trust and staff to comply with their responsibilities and legal duties under health and safety legislation.

2. Aims and Objectives

The purpose of this policy is to provide a framework around which a safe and healthy working environment can be maintained by promoting good working practice in relation to health, safety and welfare for staff and patients.

The aims of the policy are to:

- Ensure, as far as is reasonably practicable, the health, safety and welfare of all employees at work and of all those visiting LCH premises or using services provided by the organisation.
- Ensure the Trust complies with all current health and safety legislation.
- Provide safe and healthy conditions of work, equipment and systems.
- Define how the Trust will raise the level of staff knowledge and competencies on health and safety through the provision of education and training programmes.

- Give clear direction on how the Trust will assess and manage hazards in all working and patient environments to ensure that all risks are identified and minimise as far as is reasonably practicable.
- Promote behaviour and practices which minimise the risk of harm to all staff, service users, visitors, contractors, and the general public through the activities of the Trust.

3. Definitions

Assure is software that the Trust uses to assist in the storage of regulatory risk assessments and ensuring actions from inspections and audits are managed and tracked to completion. Please note, this software does not hold quality walk information, clinical audit findings or patient risk assessments as these managed on the Datix® Software.

Competence can be described as the combination of training, skills, experience and knowledge that a person has and their ability to apply them to perform a task safely**.** Other factors, such as attitude and physical ability, can also affect someone's competence. Competence in health and safety is an important component of workplace activities.

Hazard something known that has the potential to cause harm, damage or loss.

Risk Assessment is a careful examination of the workplace to identify those things, situations, processes etc. that may cause harm. It involves

- Identifying hazards and risk factors that have the potential to cause harm (hazard identification).
- Analysing and evaluating the risk associated with that hazard (risk analysis, and risk evaluation).
- Determining appropriate ways to eliminate the hazard, or control the risk when the hazard cannot be eliminated (risk control)

Any significant findings must be documented and shared with relevant persons affected by the risks.

So far as is reasonably practicable means that the degree of risk in a particular situation can be balanced against the time, trouble, cost and physical difficulty of taking measures to avoid the risk.

Standard Operating Procedure (also known as 'SOPs') is often referred to by health and safety professionals as a Safe System of Work due the Health and Safety at Work etc Act 1974, Section 2, 2(a) requiring the provision and maintenance of plant and systems of work that are, so far as is reasonably practicable, safe and without risks to health. It is a formal procedure based on a systematic examination of work to identify the hazards. It defines safe methods of working which eliminate those hazards or minimise the risks associated with them. Put simply, a safe system of work is a defined method of doing a job in a safe way.

Supervision is the process of ongoing monitoring of the effectiveness of the training that staff have received, and whether they maintained the necessary capacity and competence

to do the tasks. This should not be confused with clinical supervision which is about support, reflection and learning relating to patient care.

4. Health and Safety Policy Statement

At Leeds Community Healthcare, the Trust Board are committed to ensuring the health, safety and welfare of all our employees, and anyone else who may be affected by our work activities. We know that high standards of health and safety are good for our employees, good for our organisation and good for the communities we serve.

We will comply with the requirements of health and safety legislation, find solutions, and deliver improvements in order to promote the continual improvement of our health and safety management system and reduce occurrences of occupational injury or ill health.

This policy statement applies to our employees, the contractors who work for us and anyone else who may be affected by our work activities or use our services. To support our health and safety objectives we will:

- Provide visible leadership, lead by example and promote health and safety as a priority.
- Work together to develop and maintain a positive health and safety culture based on fairness, trust and cooperation, where all safety incidents are reported and investigated in order to share lessons learnt and prevent recurrence.
- Ensure that arrangements are in place to engage with our employees and others in accordance with the principles of partnership working
- Provide suitable and sufficient information, advice and supervision to ensure that our employees are fully aware of their responsibilities and competent to undertake their work activities
- Empower all our employees to embrace safe working behaviours, looking after themselves and others
- Encourage employees to report all accidents, incidents, near misses and hazards.
- Strive to achieve our targets for improvement, develop appropriate action plans and utilise robust measures to monitor performance
- Establish channels of communication and consultation which encourage and permit our employees, and as appropriate, their representatives, to contribute to improvements in our health and safety performance.
- Undertake audits and inspections to identify areas of weakness and ensure corrective actions are taken
- Provide our employees safe working environments, the right equipment, all necessary safety devices and standard operating procedures in order for them to be able to work safely.
- Ensure that the level of risk from all significant hazards is assessed, eliminated, reduced and controlled as far as reasonably practicable.
- Provide adequate resources to successfully manage health and safety at work.

The Trust Board accepts ultimate responsibility for ensuring that risks arising from our work activities are understood and mitigated so far as reasonably practicable. We will make the best decisions to ensure that Health and Safety is integrated into our strategic plans and working practices

Thea Stein, Chief Executive, Leeds Community Healthcare NHS Trust

5. Health and Safety Roles, Responsibilities and Organisation

All staff employed by Leeds Community Healthcare NHS Trust must work in concordance with the Leeds Safeguarding Multi-Agency Policies and Procedures and local guidelines in relation to any safeguarding concerns they have for service users and members of the public with whom they are in contact.

5.1 The Trust Board

The Board holds ultimate responsibility for health and safety of employees, patients and other individuals whilst on the organisation's premises, and in other areas where they might be affected by LCH activities.

Board members must ensure:

- They are aware of the significant health and safety risks faced by the organisation
- The health and safety policy statement reflects the current board strategic goals
- They are kept informed about significant health and safety failures and other outcomes of investigations into their causes
- Boardroom decisions are made in the context of this health and safety policy
- Occupational Health and Safety is integrated into the main governance structures, including board subcommittees such as the Business Committee and Audit Committee
- Health and Safety performance and compliance against legislative requirements is reviewed at least on an annual basis

5.2 Chief Executive

The Chief Executive has the overall statutory responsibility for managing occupational health and safety within the Trust.

The Chief Executive will ensure that:

- Health and safety arrangements are adequately resourced
- Competent health and safety advice is available
- Employees or their representatives are involved in decisions that affect their health and safety
- Any Senior Management Team decisions that have potential health and safety implications are considered and addressed prior to being actioned.

5.3 Executive Director of Finance and Resources

The Executive Director of Finance and Resources is responsible for:

- Ensuring that all staff – including the Board – are sufficiently trained and competent in their health and safety responsibilities
- Ensuring that the health and safety policy and associated procedures are effectively implemented and providing the necessary physical, financial and human resources, as required

- Chairing the Health and Safety Group, ensuring that health and safety performance is effectively monitored, and actions are taken to address legal non-compliance or concerns raised
- Raising concerns and/or significant implications for health and safety to the Business Committee
- Ensuring that the Senior Management Team have occupational health and safety as a standing meeting agenda item

5.4 The Senior Management Team

The Senior Management Team are responsible for:

- Ensuring that the requirements of the Trust's Health and Safety Policy and associated policies and procedures are effectively implemented, and standards maintained within their areas of responsibility.
- Ensuring that suitable and sufficient risk assessments are carried out in their Directorate

5.5 Health and Safety Group

The Health and Safety Group exists to promote co-operation and consultation across the whole organisation in the instigation of measures to ensure the health, safety and welfare at work of its employees, patients, visitors and other person who may be affected by its activities.

The Health and Safety Group reports to the Business Committee and is also responsible for monitoring and reporting on the Trust's compliance with its statutory health and safety legislation and any other relevant requirements.

5.6 Radiation Safety Group

The Radiation Safety Group (RSG) ensures the development and implementation of the health and safety management system for radiation safety with respect to the Ionising Radiation Regulations 2017 (IRR17). The RSG will monitor compliance with IRR17 and provide assurance reports and escalate any risks regarding radiation safety and IRR17 compliance to the Health and Safety Group.

5.7 Electrical Safety Group

The Electrical Safety Group monitors and reports on the Trust's compliance with the current legislation and best practice guidelines for the electrical systems and equipment across the Trust. This group provides assurance and escalates any risks relating to electrical safety to the Health and Safety Group.

5.8 Medical Gas Committee

The Medical Gas Committee monitors and reports on the Trust's compliance with the current legislation and best practice guidelines for the storage and safe use of medical

gas across the Trust. This group provides assurance and escalates any risks relating to Medical Gases to the Health and Safety Group.

5.9 Fire Safety Group

The Fire Safety Group monitors and reports on the Trust's compliance with its fire safety obligations by developing, promoting and reviewing the Trusts fire safety arrangements, and monitoring adherence with relevant legislation, policies and procedures. This group provides assurance and escalates any risks relating to Fire safety to the Health and Safety Group.

5.10 Water Safety Group

The Water Safety Group monitors and reports on the Trust's compliance with the current legislation and best practice guidelines for the control of water quality and water systems across the Trust. This group provides assurance and escalates any risks relating to water safety to the Health and Safety Group.

5.11 Risk and Safety Team

The Risk and Safety Team acts in an advisory and supportive capacity. It is responsible for reviewing and monitoring the effectiveness of this policy, advising and assisting managers in meeting their responsibilities, and monitoring measures to ensure identified risks are always eliminated or controlled adequately.

Nothing within the role and duties of the Risk and Safety Team dilutes or detracts from the responsibility of any person for health and safety arising out of any direct responsibility of that person for any business function or activity within the Trust**.**

The Risk and Safety Team must:

- Create, implement and review the Trust's health and safety management system (see section 5)
- Identify the enforceable legal and prescriptive health and safety regulations
- Define appropriate health and safety objectives and targets and the subsequent strategy to be implemented in order to achieve them
- Develop and review relevant health and safety policies and procedures
- Liaise with other risk management functions within the Trust
- Provide expertise and knowledge pertinent to occupational health and safety
- Promote and monitor compliance with relevant health and safety legislation
- Carry out specialist risk assessments including fire risk assessments, building health and safety risk assessments and threat and vulnerability risk assessments
- Support service to complete health and safety risk assessments as necessary
- Provide support and guidance to staff within their own working environment and patient homes
- Carry out site health and safety inspections of all occupied premises
- Undertake health, safety and welfare audits within the Trust to identify areas of weakness.
- Work with services to ensure corrective and preventative actions identified through audits are identified and monitored using the action tracker function on Assure.

- Develop and deliver appropriate health and safety training packages, working with Workforce to ensure that the health and safety training provision is adequate to meet legal requirements
- Act as a specialist reviewer of all reported health and safety related incidents
- Undertake independent investigations of significant accidents or incidents to establish root causes, and identify relevant corrective actions
- Monitor the health and safety performance across the Trust, providing performance and trend reports to the Health and Safety Group, and escalate issues by exception to the Business Committee
- Provide assurances of health and safety compliance to the Health and Safety Group, 6-monthly compliance reports to the Business Committee and provide an annual compliance report to the Trust's Board.
- Report accidents and incidents that fall under The Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 to the Health and Safety Executive
- Liaise with the Health and Safety Executive and other regulatory authorities on matters of health and safety
- Liaise with the Safety Champions to disseminate lessons learnt from incidents
- Provide advice, guidance and information to the Safety Champions to assist them to carry out their role
- Liaise with health and safety union representatives

5.12 Human Resources / Workforce including Organisational Development

Human Resources must:

- Ensure that the induction processes contain sufficient and appropriate health, safety, fire and security information for all new staff
- Support managers to complete risk assessments and make reasonable adjustments for pregnant employees, those returning from maternity leave and those who are breast-feeding
- Support managers to complete risk assessments and make reasonable adjustments for young persons under 18 years of age who are undertaking placements, work experience or apprenticeships.
- Ensure stress is managed sufficiently within the organisation to prevent harm to staff wellbeing
- Promote and enforce the No-smoking Policy
- Promote and enforce the Working Time Regulations Policy
- Ensure that the Occupational Health contract is suitable for the needs of the organisation, and that the contractor provides relevant information to the Health and Safety Group.

Workforce must:

- Collate lost time figures on ESR to ensure that the Trust can monitor its health and safety performance
- Ensure job descriptions clearly identify the health and safety responsibilities relevant to the seniority of the role

Organisational Development must:

- Collaborate with the Risk and Safety Team to ensure that adequate and sufficient health and safety training is available to all staff, and this is specific to their job role
- Assist with the arrangement of health and safety training including, but not exclusive to, first aid, fire wardens, conflict resolution and CCTV
- Maintain the list of current first aiders

5.13 Estates Department

The Estates Department is required to:

- Maintain Trust owned buildings to ensure the health and safety of occupiers is not compromised
- Ensure that leases clearly document the health and safety roles and responsibilities of third parties where LCH are either a tenant or a landlord
- Ensure contractors engaged in works on behalf of LCH are deemed competent and are provided with the necessary information and instructions to work safely
- Ensure that contractors document and follow safe systems of work
- Take appropriate action to remedy any issues that have been reported or identified via inspections and audits, including but not exclusively, those related to health and safety, infection control, security and fire
- Liaise with Estates departments from other organisations whose buildings LCH staff use, to ensure any issues with maintenance are followed up and resolved
- Liaise with the Risk and Safety Team to ensure that they are consulted on proposed changes to the Estate that could have health, safety, fire and security implications
- Complete risk assessments on significant changes to the owned Estate to either eliminate or minimise risks as far as reasonably practicable prior to the implementation of change
- Ensure the suitable maintenance of safety equipment under their control such as fire alarms, portable firefighting equipment
- Ensure the effective control of Legionella across the owned estate
- Ensure the effective control of asbestos including identification of asbestos containing materials and the provision of an asbestos register to be readily available where asbestos is present
- Ensure the effective control of medical gases
- Carry out and hold a comprehensive suite of risk assessments for electrical equipment to determine the frequency of testing
- Ensure that electrical equipment is subject to statutory inspection and testing, and portable equipment is tested as per risk assessment

5.14 Facilities Department

The Facilities department is responsible for the management of the buildings, waste management, disposal of unwanted equipment, cleanliness of the owned estate, relationships management where LCH are either a tenant or a landlord.

The Facilities Department must:

- Liaise with the Risk and Safety Team to ensure that they are consulted on proposed changes to the facilities that could have health, safety, fire and security implications
- Ensure that waste is managed so as not to pose a risk to the health and safety of staff, patients, visitors or the natural environment
- Complete risk assessments on significant changes to the facilities within the owned Estate to either eliminate or minimise risks as far as reasonably practicable prior to the implementation of change
- Take appropriate action to remedy any issues that have been reported or identified via inspections and audits, including but not exclusively, those related to health and safety, infection control, security and fire.
- Liaise with front of house to arrange and carryout weekly fire alarm tests for owned buildings
- Liaise with the Fire Safety Advisor to ensure that there is a schedule of fire evacuation drills, and these are completed on an annual basis; lessons learnt are identified, non-conformance and corrective actions are taken to minimise risks to building occupiers.
- Ensure COSHH (control of substances hazardous to health) assessments are completed and reviewed at least annually for the substances used by the cleaners and prior to use of a new substance being introduced or a change to how substances are used.
- Ensure the COSHH inventory is available for the substances that their department use, and all hazardous substances are stored suitably (refer to the COSHH policy and procedure for further information)

5.15 Front of House

- Arrange and carryout the weekly fire alarm tests for owned buildings
- Arrange and carryout the weekly panic alarm testing for owned buildings

5.16 Emergency Planning

The Emergency Planning Manager ensures that the Trust has business continuity plans in place for the management of incidents, detailing how it will respond, manage and recover its services during disruptions to people, information and data, premises, suppliers and contractors and information technology (IT) and infrastructure.

5.17 Infection, Prevention and Control

Infection, Prevention and Control must:

- Share any health and safety findings arising from the PLACE inspections (patient-led assessments of the care environment) with the Risk and Safety Team and Facilities Department
- Ensure that face-fit testing is available for those staff required to use FFP3 (Filtering Face Piece type 3) masks as part of their role, and provide advice and support regarding maintenance of this personal protective equipment

- Keep a comprehensive record of Respiratory protective equipment (RPE) examinations and tests including and repairs made and retain these records for at least five years.
- Ensure fit test reports are available to the employee and accessible to enforcement authorities and the Risk and Safety Team
- Undertake independent investigations into reported sharps incidents, ensuring that the Risk and Safety Team are made aware of any incidents that require reporting under Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR)
- Ensure COSHH assessments are completed and reviewed at least annually for biological agents, such as bodily fluids.

5.18 Head of Service / Departments

For the purpose of health, safety and welfare management the term 'head of department' as used in this policy document shall cover the most senior member of staff in each individual clinical service or corporate team.

Heads of Departments / Services will:

- Ensure the adoption of the Trust's health and safety policy within their area of control
- Take the lead in driving improvements for occupational health and safety performance within their area of responsibility
- Identify and document specific responsibilities for areas which present high risks such as laboratories, workshops, lone working, violent and aggressive persons
- Ensure that staff are provided with suitable and sufficient health and safety training by undertaking a gap analysis review in the event of a change in role, new equipment or significant accident/ incident.
- Ensure that suitable and sufficient risk assessments are carried out, documented (using the software system Assure) and reviewed at least on an annual basis or in the event of an accident, incident or significant change.
- Consult with staff on significant matters that may affect their health, safety or welfare at work. This requirement will either be satisfied by having a regular agenda item at management meetings, or where the health and safety risk profile makes it appropriate, to establish a specific departmental/directorate or service health and safety meeting.

5.19 Line Managers

Those employees acting in a managerial capacity bear additional responsibility; the more senior the appointment, the greater the responsibility. The level of that responsibility is directly linked to the level of control: you are responsible for the work under your control, for those working under your control and for the people who are affected by your work.

Health and Safety responsibility cannot be delegated, however some actions can be carried out by another role holder, such as the nominated Safety Champion within the service or team.

Line managers must ensure that:

- They risk assess the work under their control, record findings and ensure the risk assessments are reviewed at least on an annual basis or in the event of an incident or in the event of changes to working practice
- Health and safety risk assessment action plans are implemented
- Safe systems of work are in place, reviewed regularly and staff are trained and follow the defined processes as documented in the Standard Operating Procedures
- New processes are sufficiently risk assessed before implementation
- All new equipment is checked for hazards, risk assessed and that users are trained on the required safe systems of work and risk control measures
- Where risks cannot be eliminated, they are reduced to the lowest 'reasonably practicable' level
- They monitor the implementation, operation and effectiveness of risk control measures through appropriate supervisory arrangements, inspections and participate in the Risk and Safety Team audits as required
- Ensure the staff working under their control have had the necessary training and are competent to undertake specific work activities
- Where training/competence is not recorded on ESR, they ensure that processes are in place to demonstrate competence of staff
- They ensure arrangements for local induction and health and safety training of staff are in place and complied with and the contents of this policy are explained at local induction
- All new employees including agency staff, students and those on work experience, are given initial fire, security and health and safety instruction within the first day of employment
- Risks are escalated in accordance with the Risk Management Policy and Procedure
- All workplaces and associated areas, machinery, equipment and work activities are regularly and systematically examined and reviewed in order to identify hazards
- Health and safety standards are monitored within their area, including the investigation of all accidents, incidents and dangerous occurrences, and ensuring that the agreed reporting procedures and learning are complied with.
- Any contractors who have been secured by their service are compliant with LCH health and safety requirements
- Any accidents or injuries to staff due to or in connection with work activities, are reported on Datix © in a timely manner (see Incidents and Serious Incident Management Policy)
- They undertake accident/incident investigations to identify root causes, and ensure steps are taken to prevent recurrence
- A positive culture of safety awareness and incident reporting is supported and encouraged
- Appropriate referrals are made to Occupational Health where a worker's health status affects their ability to carry out specified work and when work duties or environment factors can affect a workers health status
- Health surveillance of staff is undertaken as identified through risk assessment (including COSHH and night shift workers)

- Risks to all young persons under 18 years of age are assessed before they commence employment or work experience with LCH and appropriate actions are taken to protect their health, safety and wellbeing
- Staff have the necessary equipment and tools to do their job safely
- Staff are provided with any personal protective equipment (PPE), as identified through risk assessment, including COSHH assessments
- They provide appropriate updates to their line manager on the health and safety performance achieved, and on their plans to address identified concerns

5.20 Specialist Safety Roles

LCH has appointed one or more competent persons to fulfil the following roles to assist in ensuring compliance with specific statutory requirements:

Display Screen Equipment (DSE) Assessors

DSE assessors understand the legal framework and underpinning of ergonomic principles of Display Screen Equipment including smart phones, laptops and tablets.

The DSE assessors provide advice and guidance where employees, having completed their DSE self-assessments are still experiencing pain or discomfort and need further advice about their workstation set-up and alternative equipment that can be utilised.

Fire Safety Advisor

The Fire Safety Advisor acts as the competent person under the Regulatory Reform (Fire Safety) Order 2005. The Fire Safety Advisor supports the Executive Director of Finance and Resources in their role as Duty Holder for the Trust's estate in maintaining compliance with statutory fire safety regulations including advising the wider Trust.

First aid arrangements and First Aiders

Appointed Persons are nominated to take charge of first aid arrangements, such as maintaining the first aid kit and calling an ambulance in an emergency. The training required to fulfil this role is Emergency First Aid at Work, which is a one-day course covering emergency protocols but does not cover the administration of first aid.

First aiders undertake a three-day course and are trained to administer first aid in the event of an accident. The First Aid at Work training course conforms with HSE guidance and provides a comprehensive set of practical skills needed by first aiders, giving both the ability and knowledge to deal with first aid emergencies. It meets the standards required to help comply with Health and Safety (First aid) Regulations.

Fire Wardens

Fire Wardens are nominated staff members who take charge in the event of a fire to ensure safe evacuation.

Medical Gas Pipeline System (MGPS) Authorised Person

The Chief Executive delegates day-to-day management responsibility for the MGPS to H.A.C. Technical Gas Services Ltd to act as the Authorised Person for MGPS across the Trust.

Moving and Handling Lead

The Moving and Handling Lead is responsible for co-ordinating and delivering on all matters relating to manual and patient handling within the Trust with the aim of minimising associated risks to all staff groups, patients and carers as required under current legislation

Radiation Protection Advisor

The Radiation Protection Advisor is responsible for providing independent advice to managers, departmental heads and staff, and the public on radiation matters. The Radiation Protection Advisor is appointed in writing by a senior manager within the service; their scope of practice clearly defined.

Radiation Protection Supervisors

Radiation Protection Supervisors supervise work with ionising radiation to ensure it is done in accordance with the local rules, Ionising Radiation Regulations 2017 and Approved Code of Practice.

Safety Champions

Each department or team must have a nominated safety champion who will, support the Head of Service/department to ensure that health and safety is integrated into day-to-day working practices.

These staff members attend a one-day IOSH working safely course arranged by the Risk and Safety Team.

Safety Champions are required to:

- Be a point of contact for occupational health and safety matters
- Seek advice and assistance from the Risk and Safety Team as required
- Be a lead contact for health and safety audits, ensuring that requested information is provided in a timely manner
- Ensure that any non-conformances that have been identified in relation to their service are actioned to prevent reoccurrence.
- Ensure health and safety risk assessments are in place for the service/team, and coordinate their review
- Disseminate information from lessons learnt to their team/department

Senior Health and Safety Advisor

The Senior Health and Safety Advisor is:

- One of the competent persons appointed to assist the Trust to meet its legal health and safety obligations as required under the Management of Health and Safety at Work Regulations 1999.
- Responsible for the implementation and maintenance of a COSHH management system across the Trust

Security and Safety Lead

The Security and Safety Lead acts as the specialist advisor for the reduction of violence and aggression against staff and the security of the Trust's staff, property, and owned and occupied buildings.

Water Hygiene Advisor

The Water Hygiene Advisor supports Estates in their role as Responsible Person for the control of Legionella bacteria in water systems in accordance with the Approved Code of Practice and Guidance L8 and HSG275 and provide advice to the wider Trust as required.

5.21 Occupational Health Service

The Occupational Health Service is primarily concerned with the prevention, or minimisation, of the impact of ill health in the workplace. This is a two-way relationship of how a worker's health status affects their ability to carry out specified work and how work duties or environment can affect a worker's health. The relationship involves physical, psychological, environmental and sociological aspects.

The Occupational Health service will provide:

- Employment health assessments in order to identify and provide advice on safe and fair employment of those with existing medical problems taking account of Equality Act 2010
- Advice and support for control of infectious diseases and vaccinations and advice where appropriate, to protect employees and patient health
- Assessment of those for whom there is concern with regard to health in relation to work. This service is provided by referral at the request of the Health and Safety Officer and line manager
- Reactive advice and management following potential exposure to blood-borne virus (sharps/splash)
- Advice, when requested, on all aspects of Occupational Health
- Internet links to a range of guidance and advice relating to health in the workplace
- Information and guidance to managers prior to them informing the Risk and Safety Team to notify the Health and Safety Executive of any specified reportable diseases which have been professionally diagnosed by a medical practitioner
- Health Surveillance for night shift workers and for staff exposed to vibration (Hand Arm Vibration)

5.22 Safety Representatives (Staffside)

As in Section 2 (4) of the Health and Safety at Work etc Act 1974, Safety Representatives will be elected by accredited Trade Unions to represent the workforce. LCH will assist in the release, training and support of health and safety representatives.

The Trust recognises its duty to consult with such representatives with a view to initiating and maintaining arrangements which will enable the Trust and employees to co-operate fully and effectively in the promotion of health and safety.

Health and safety union representatives:

- Encourage and promote a safe working environment
- Undertake workplace inspections to ensure that suitable standards of health and safety are maintained
- Work collaboratively with employer's unions and stakeholders to recognise and influence the management of risk in the workplace
- Attend and contribute to the Health and Safety Group
- Signpost members, staff and organisations to relevant high-quality resources relating to Health and Safety
- Support and/or represent individual member's health and safety needs
- Be a spokesperson for union membership and advising other representatives or colleagues on Health and Safety Issues
- Access and analyse information relating to Health Safety and Wellbeing/Welfare
- Support and assist in the development of a positive workplace culture

5.23 Contractors

Other employers or individuals providing goods or service to LCH are required to employ only competent persons and to comply with all relevant legislation, regulations, codes of practice and other appropriate guidance in relation to health, safety, fire and security matters. They will also be required to co-operate with LCH in the implementation of this policy.

5.24 All staff (including temporary, agency, bank, trainee staff, students, work placement, volunteers and visiting staff)

It is important that all staff understand their legal responsibilities[1] and what they must do to meet them. All individuals, irrespective of where they work, have the following responsibilities:

What everyone should know and do:

- Have awareness of, and comply with this Health and Safety Policy, associated procedures and any procedures specific to their work environment
- Be familiar with all fire and emergency arrangements, risk assessments and safe operating procedures applicable to the work they are undertaking
- Report all incidents, accidents, dangerous occurrences and near misses due to or in connection with work using the Trust's incident reporting system (Datix®)

[1] Section 7 of the Health and Safety at Work *etc.* Act 1974

- Participate in training or occupational health requirements that have been identified as necessary by LCH and their department and/or line manager
- Read and comply with safety notices and alerts

How everyone is expected to behave:

- Take reasonable care of themselves and all others who may be affected by what they do or don't do
- Do not place fellow employees or others in danger by their actions or interfere with or misuse anything, objects, structures or system of work provided by LCH in the interests of health and safety
- Inform their line manager, the Risk and Safety Team or the Freedom to Speak Up Guardian of any unsafe practices or work conditions
- Discuss their health status with their line manager, where this affects their ability to carry out specified work for example taking medication that affects their ability to perform their work tasks safely

When working everyone is expected to:

- Understand the risks of their work and comply with and follow risk assessments, standard operating procedures and guidance notes
- Only engage in activities when competent to do so and seek advice if they do not feel competent to carry out their work
- As soon as identified, tell their line manager or supervisor of any arising unforeseen risk that does not have adequate control measures in place
- Utilise the Hazard spotting tool on the Assure portal to report hazards and what action they have taken to remove/control that hazard
- Dress appropriately and wear suitable footwear for their working environment and where required, use safety equipment and personal protective equipment as provided by LCH
- Obtain and use the correct tools/equipment for the work, ensuring that all equipment and devices are used according to manufacturer's guidance and for its intended purpose
- Keep work equipment in good condition, document all incidents (including near misses), using LCH incident reporting systems (Datix®) and report defects to supervisor or manager
- Ensure that faults within the buildings, including electrical and mechanical services, are reported to Estates as soon as they become apparent
- Where appropriate use, store and maintain personal protective equipment appropriately.

6. Health and Safety Arrangements

It is a legal requirement that LCH details its health and safety arrangements for delivering the Health and Safety Policy Statement. These arrangements are set out in sections 6.1 – 6.5 inclusive.

6.1 Health and Safety Management System

LCH's occupational health and safety management system is based in a Plan-Do-Check-Act advocated by the Health and Safety Executive publication, 'Successful Health

and Safety Management' (HSG65). This provides a robust framework that enables LCH at both a corporate and departmental level, to promote a positive occupational health and safety culture and to ensure continuous improvement of health and safety performance.

6.2 Planning for Health and Safety

Plan *refers to the process of setting direction for effective health and safety management that is integral to LCH's culture, values and performance standards*

Occupational Health and Safety Policies and Procedures

The Occupational health and safety policy statement is reviewed and signed by the Chief Executive on an annual basis. It is a clear statement of commitment for managing occupational health and safety and is a live document to be implemented by senior management.

The occupational health and safety policy is supported by other individual, topic specific policies, procedures and guidelines that are prepared and issued by the corporate functions within LCH, such as the Risk and Safety Team, Human Resources, Workforce, Infection Prevention and Control and the Clinical Governance Team.

Individual services/departments develop, implement and review their own specific standard operating procedures and guidelines for the work activities undertaken by staff members. These consider the service/department's risk assessments findings and

identify the controls that must be in place to either eliminate or manage the hazards posed to staff by their work activities.

Legal Requirements

The Risk and Safety Team identify and interpret existing and new legal requirements that are relevant to the Trust. These requirements are set out in the Health, Safety and Environmental legal register, published on the Risk and Safety Management page of the MyLCH intranet site.

Each entry on the Health, Safety and Environmental legislation register provides a summary of the Trust's responsibilities to meet the legal requirements, and an associated action plan for improvement is developed as necessary.

The identification of new or developing applicable legislation is an ongoing activity conducted by the Risk and Safety Team and the other specialist safety roles. Where it is deemed that there is a change to statutory or other requirements that will affect occupational health & safety organisational activities or equipment a synopsis of legal changes and their potential impact is recorded on a summary form. This summary is distributed to relevant persons to provide awareness and where required, instigate further investigations and meetings.

Notable consultation documents and expected changes to the law are reported to the Health and Safety Group for awareness and discussion using the Legal impact assessment template.

The content of the legislation register is reviewed by the Health and Safety Group (HSG) on an annual basis or in the event of new relevant legislation being published. The HSG monitors the Trust's compliance with legal requirements as part of its terms of reference.

The Health and Safety Governance and Organisation diagram detailed in Appendix One, provides a high-level view of how the organisation monitors compliance.

Strategic Health and Safety Plan

Each financial year a strategic plan is developed by the Risk and Safety Team, reviewed by the Business Committee and approved by the Trust Board. The plan is informed by:

- The Health and Safety Policy Statement
- Accident and incident statistics, root causes and lessons identified
- Risk Assessment findings
- Internal health and safety audits and inspection findings
- External health and safety audits or inspections findings
- Occupational Health data
- Complaints and claims made against the Trust
- Hazard spotting trends and analysis
- Health and safety management system review findings
- Changes to relevant legislation or codes of practice
- Legal compliance reviews

- Relevant survey results
- The need for continuous improvement
- Anticipated changes to buildings, equipment, processes, activities and procedures, personnel or organisation
- Other occupational health and safety concerns that have been brought to the attention of the Risk and Safety Team

For each objective, the strategic plan identifies:

- The responsible person for achieving the objective
- The tasks requires to meet the objective
- The person responsible for each task
- The timescale for each task
- The resources (financial, human, equipment, logistics) required to complete each task.
- Where required, adjustments shall be made to the programme to ensure that it is achievable.

Progress towards meeting the identified targets and objectives, alongside legal conformance, is monitored by the HSG and reported to the Business Committee by the Risk and Safety Manager on a six-monthly basis.

Departments/ Service Occupational Health and Safety Action Plans

The Head of Service/Department must ensure that they have their own health and safety structure for delivering policy objectives and implementing arrangements.

As a minimum, each Head of Service/ Department must appoint a:

- Safety Champion
- Deputy Safety Champion

Where a team/service does not have a significant number of staff, then one person can fulfil more than one role, and Safety Champions can cover more than one service.

Each Head of Department/service must develop an occupational health and safety action plan to present and prioritise how the service intends to ensure health and safety is integrated into business as usual and identify any long-term health and safety objectives of the department/service. These plans are uploaded into the document library of the Assure database; the Risk and Safety Team monitors their production and provides assurance to the Health and Safety Group that improvement plans are in place.

The health and safety action plan may include risk reducing actions identified by risk assessments, audits / inspections, lessons learned from incidents, items highlighted from the annual health and safety report which require considerable planning, lead time and financial resources.

An example plan is available in Appendix Two

6.3 Delivery of the health and safety management system

__Do__ refers to the delivery of an effective health and safety management system that aims to protect people by ensuring that risks are dealt with sensibly, responsibly and proportionately.

Hazard Identification and Risk Assessment

Staff are required to use the Hazard Spotting function on the Assure portal to report hazards that are not being managed successfully. The hazards are reviewed at a local level by individual services and departments who will implement any necessary changes, and on a Trust-wide level by the Risk and Safety Team who will coordinate any preventative or corrective actions.

The process of risk assessment is fundamental to successful health and safety management. There is a statutory requirement for 'suitable and sufficient; assessment of the identifiable risks to health and safety to be carried out in order that safe systems of work and safe operating procedures containing appropriate control measures can be developed and implemented.

Each Head of Department/Service is responsible for ensuring that all work activity risk assessments and COSHH assessments are competently completed, documented and reviewed at least annually or if there is reason to suspect that they are no longer valid.

As described in RSP/004 Risk Assessment Procedure, all credible hazards must be identified, and an assessment made of the likelihood of those hazards causing harm. An assessment is made of the existing controls in place to identify whether further action is required to reduce the impact or likelihood of harm being caused.

The Assure software is utilised by each service / team to record and review their statutory risk assessments, so that a central record is available.

This process is documented in the following policies and procedures:

- PL354 Risk Management Policy and Procedure
- PL298 COSHH Policy and Procedure
- PL381 The Prevention and Control of Violence, Aggression and Lone Working Policy
- PL300 Display Screen Equipment (DSE) Policy
- RSP004 Health and Safety Risk Assessment Procedure
- New and Expectant Mothers risk assessment form

On a day-to-day basis those staff members who manage the work tasks such as line managers and supervisors, must ensure that risk assessments are completed in their area of control before work commences and in some cases during an activity.

Competence, Training and Awareness

Where workplace health and safety hazards, risks and control measures have been identified, these are conveyed to staff, temporary, agency, bank, trainee staff and volunteers through training, the provision of the standard operating procedures and guidelines.

Managers of staff must ensure that their staff are suitably trained and competent to carry out their role (support is available from the Risk and Safety Team). The health, safety training and competence procedure allows line managers of staff to identify and document where additional/new training is required.

- RSP/012 Health, Safety, Training and Competence Procedure

Factors that must be considered when identifying the training and competence required of staff must include (but are not limited to):

- Specific legislative requirements
- Definitions of roles and responsibilities
- Job descriptions
- Hazard identification, risk assessments and risk control procedures
- Procedures and operating instructions
- Health and safety policy statement, objectives and programme
- Continued professional development

It is the responsibility of all line managers to carry out a review of each employee's competence. A review must take place under the following circumstances:

- As part of an induction programme for new employees
- As part of an annual individual performance assessment and development reviews
- Where there is a significant change in work practices or work equipment
- When an individual changes jobs or takes on additional responsibilities and
- As a result of health and safety risk assessments, monitoring, audits or reviews
- As the result of an incident or near miss
- At the request of an individual

Where gaps are identified for specific activities for an individual, the immediate manager shall decide whether the individual should be restricted from that activity or should be allowed to continue under increase levels of direct supervision. The decision shall be recorded and communicated to relevant people

Records of the current review identified competencies and gaps and agreed action to filling any gaps shall be kept by the immediate manager of the individual.

Line Managers are responsible for identifying training needs and where there is no current training in place, this must be escalated to the Risk and Safety Team and Organisational Development.

It shall be the responsibility of the Occupational Development Team with the support of the Risk and Safety Team and the training provider to specify, develop and purchase training, coaching or other means of providing competence to meet LCH's needs.

It is the responsibility of all employees to attend training, coaching or briefing sessions provided to increase their competence.

Supervision of staff

Line Managers and supervisors must undertake periodic checks of staff's working practices to ensure that standard operating procedures can and are being followed. Any concerns with performance must be escalated to the relevant Head of the Department and immediate action taken to address any non-conformances.

Communication, participation and consultation

The Risk and Safety Team produce a risk, safety and health communications strategy on an annual basis, and this is agreed by the Health and Safety Group and published on the LCH intranet site.

The HSG comprises of representatives from the Business Units, Estates, Facilities, Workforce, Occupational Health, Health and Safety representatives (Staff side), and the health, safety, fire and security subject matter experts. This forum provides an opportunity to for consultation and enables staff to discuss and agree changes to this health and safety management system.

Heads of Service/ Departments must provide opportunities for staff and managers to work together on improving occupational health and safety within their respective areas. This could be through regular team meetings where occupational health and safety is a standing agenda item.

Information and Instructions

Where there is a known hazard with an LCH premise, the Estates department ensure that suitable safety signs and signals are in place. Each head of service must ensure that suitable safe working procedures are in place for their service, stating the controls required to prevent and reduce harm to staff, patients or visitors.

Emergency preparedness and response

The Emergency Planning Manager ensures that business continuity plans are in place for the management of incidents, detailing how the organisation or service will respond, manage and recover its services during disruptions to people, information and data, premises, suppliers and contractors and Information technology and infrastructure. Each service or department is responsible for reviewing their plans on an annual basis, in the event of a significant change or after an incident has occurred to ensure that they remain fit for purpose.

All on-call managers have access to the on-call manager manual; this details actions to take in various scenarios that they may encounter.

First aid

First aid needs analysis are carried out by the Risk and Safety Team for all occupied buildings, to determine the first aid requirements. The Organisational Development Team retains a register of staff who have been trained in First Aid and to what level.

- PL285 First Aid at Work Policy

Fire Safety

Emergency folders are in each reception area where LCH staff are located. These contain emergency contact numbers, and the fire evacuation plans.

- PL304 Fire Safety Policy

Investigating the causes of accidents and incidents

Accidents, incidents and near misses must be reported by all staff using the Datix incident reporting system and investigated thoroughly by line managers in order to drive improvement to our health and safety management system.

Significant incidents or those that fall under RIDDOR are independently investigated by the Risk and Safety Team. In some instances, the investigations will be made alongside other functions such as Infection Prevention Control (IPC) or clinicians.

Any lessons learned from such events are shared throughout the Trust and corrective and preventative actions put into place to prevent recurrence.

- PL268 Incident Management Policy (including serious incidents)

6.4 Measuring Health and Safety Performance

Check refers to regular monitoring of health and safety performance through active and reactive monitoring techniques, and reporting performance to senior management

Key performance indicators (KPIs) are utilised to monitor health and safety performance throughout the Trust. These consist of both proactive and reactive outcomes. The Health and Safety Group (HSG) reviews these figures as per its terms of reference.

Proactive Performance Measurements

Proactive measures are taken to decrease the likelihood of an incident occurring and ensure legal compliance.

Health and Safety Compliance Audits

The Risk and Safety Team carries out legal compliance audits on individual services and/or topic specific audits. Where findings are identified, actions are agreed with the service managers to address the non-conformances, therefore improving health and safety standards within the service. Findings are uploaded, allocated relevant ownership and tracked to closure on the Assure software.

The HSG reviews the completed audit reports to identify any further action that may be required to improve this health and safety management system.

- RSP001 Audit procedure and schedule

Health and Safety Building Inspections

Both the Risk and Safety Team and Staffside representatives inspect premises on an annual basis to ensure that they remain safe and well managed. Findings are uploaded, allocated relevant ownership and tracked to closure on the Assure software. Trends and analysis of inspection findings are reviewed by the HSG which may propose further improvement actions, including training or changes to this health and safety management system.

- RSP001 Health, Safety, Security and Fire Inspection and Building Risk Assessment Procedure
- RSP003 Non-conformance, corrective and preventative actions procedure

Fire Risk Assessments

The Fire Safety Advisor documents and reviews Fire Risk Assessments for the Trust's owned and occupied premises. Findings are uploaded, allocated relevant ownership and tracked to closure on the Assure software.

- FSOP004 Fire Risk Assessment Procedure

Threats and Vulnerability Assessments

The Security and Safety Lead documents and reviews LCH owned and occupied premises to assess the security threats and vulnerabilities of those premises. Findings are uploaded, allocated relevant ownership and tracked to closure on the Assure software.

Health Surveillance

Health assessments must be offered annually to those staff members who work predominately on night shifts, to assess whether night shifts are causing workers health risks. These assessments are provided through the occupational health service.

Where service/department COSHH or activity risk assessments identify the need for health surveillance, this is agreed with Occupational Health provider or a competent external provider.

Reactive Monitoring

Reactive monitoring looks at evidence of poor health and safety practice but can also identify better practices that may be transferred to other parts of the organisation for example, investigating accidents and incidents and monitoring cases of ill health and sickness absence records.

Accident Statistics

Reactive monitoring is carried out when an incident has occurred. The HSG reviews RIDDOR reportable incidents, incident categories and themes alongside investigation findings and lessons learned.

6.5 Continuous Improvement of Health and Safety Performance

Act refers to a) reviewing health and safety performance to establish if arrangements are embedded and effective in managing risks and protecting people and b) improving performance as necessary.

Reviewing Performance

Management System Review

This management system is continuously reviewed by the Risk and Safety Team to ensure that it remains suitable and sufficient to deliver continuous improvement of health and safety performance.

Legal compliance review

On a six-monthly basis, the Risk and Safety Team consider any new legal requirements that are due or have come into force. For any changes that may impact on LCH, a regulatory impact assessment is completed and discussed at the HSG which considers and agrees any further actions required. The LCH Health and Safety Legislation Register is amended accordingly so that it remains current.

- LCH Health and Safety Legislation Register
- Regulatory Impact Assessment Form

On an annual basis the Risk and Safety Team reviews the Trust's legal compliance by considering the results and progress made towards closing out findings identified by the legal compliance audits and the health and safety, fire and security inspections. Identified actions are included in the strategic health and safety plan outlined in section 5.2.3.

Trust Board

A Health and Safety performance and compliance report is provided to the Business Committee on a six-monthly basis, and annually to the Trust Board. This report includes:

- The progress made towards delivering the health and safety plan
- Results of internal audits and evaluations in respect of compliance with legal requirements
- Accident and incident statistics, including those incidents which fall under RIDDOR

- Changing circumstances, including developments in legal and other requirements related to occupational health and safety
- Recommendations for improvement

7 Monitoring Compliance and Effectiveness

Explain how you will monitor compliance with, and effectiveness of, the policy, this may include auditing. Give clarity on who is leading with what and how actions will be implemented.

Minimum requirement to be monitored / audited	Process for monitoring / audit	Lead for the monitoring/audit process	Frequency of monitoring / auditing	Lead for reviewing results	Lead for developing / reviewing action plan	Assurance for monitoring action plan
Development and implementation of departmental /service improvement plans	Review of the documentation held on ASSURE to ensure all departments hold an improvement plan. Checking against progress towards the improvement plan during planned compliance audits of identified services as per audit schedule.	Senior Health and Safety Advisor	Annual	Health and Safety Group	Senior Health and Safety Advisor	Health and Safety Group
Incidents / Accidents	Incidents and accidents are monitored on an ongoing basis. Trends are identified to allow areas for improvement to be identified. Any significant accidents or incidents are	Senior Health and Safety Advisor Fire Safety Advisor Security and Safety Lead (depending on the nature of the accident/incident)	As required Ongoing 6 monthly reports	Health and Safety Group	Service/Team Line Manager	Health and Safety Group

Minimum requirement to be monitored / audited	Process for monitoring / audit	Lead for the monitoring/audit process	Frequency of monitoring / auditing	Lead for reviewing results	Lead for developing / reviewing action plan	Assurance for monitoring action plan
	investigated and documented, along with lessons learned.					
Staff mandatory /statutory training	The Electronic staff record is used to identify % rates of attendance on training courses ESR is also interrogated to establish whether any staff members who had an accident/ incident were up to date with their training requirements	Senior Health and Safety Advisor Fire Safety Advisor Security and Safety Lead (depending on the training topic area)	6 monthly for training % figures As required for individuals	Risk and Safety Team	Health and Safety Group	Business Committee
Health and Safety premises inspections	Annual visual inspection of all occupied premises	Health and Safety Officer	Annual programme in place. Report produced every 6 months	Health and Safety Officer – summary report provided to the Health and Safety Group	Health and Safety Officer	Health and Safety Group

Minimum requirement to be monitored / audited	Process for monitoring / audit	Lead for the monitoring/audit process	Frequency of monitoring / auditing	Lead for reviewing results	Lead for developing / reviewing action plan	Assurance for monitoring action plan
Health and Safety Group compliance with terms of reference	Annual self-assessment completed by members of the group	Risk and Safety Manager	Annual	Chair of the Health and Safety Group	Risk and Safety Manager	Health and Safety Group
Health and Safety Management System Review	Annual review of the of the management system considering legal compliance, accident/incident statistics, claims, audit results, inspection results, training provision risk assessment findings, and progress made towards the Health and Safety improvement plan identify areas of improvements required.	Risk and Safety Manager	Annual	Risk and Safety Manager to present to the Health and Safety Group	Risk and Safety Manager	Health and Safety Group, and escalations go to the Business Committee
Safety Champions	Annual review of the safety champion list to ensure that all services have a nominated and	Senior Health and Safety Advisor	Annual	Senior Health and Safety Advisor	Service/Team Line Manager	Risk and Safety Team

Minimum requirement to be monitored / audited	Process for monitoring / audit	Lead for the monitoring/audit process	Frequency of monitoring / auditing	Lead for reviewing results	Lead for developing / reviewing action plan	Assurance for monitoring action plan
	deputy safety champion					

8. Approval and Ratification process

The policy has been agreed by the Health and Safety Group prior to a review by the Clinical and Corporate Policy Group and has been approved by the Trust Board.

9. Dissemination and Implementation

Dissemination of this policy will be via the Clinical and Corporate Policy Group to services and made available to staff via the intranet.
Implementation will require:

- Operational Directors/ Heads of Service/Department Managers to ensure staff have access to this policy and understand their responsibilities for health and safety.
- The Risk and Safety Team can provide appropriate support and advice to managers and staff.

10. Review arrangements

This policy will be reviewed in three years following ratification by the author or sooner if there is a local or national requirement.

11. References

Equality Act 2010
Health and Care Act 2022
Health and Social Care Act 2012
Health and Safety at Work etc Act 1974
Manual Handling Operations Regulations 1992
The Control of Asbestos Regulations 2012
The Control of Substances Hazardous to Health Regulations 2002
The Health and Safety (Display Screen Equipment) Regulations 1992
The Health and Safety (First Aid) Regulations 1981
The Health and Safety Information for Employees Regulations 1989
The Health and Safety (Miscellaneous Amendments) Regulations 2002
The Ionising Radiations Regulations 2017
The Lifting Operations and Lifting Equipment Regulations 1998
The Management of Health and Safety at Work (Amendment) Regulations 2006
The Management of Health and Safety at Work Regulations 1999
The Provision and Use of Work Equipment Regulations 1998
The Regulatory Reform (Fire Safety) Order 2005
The Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013
The Safety Representatives and Safety Committees Regulations 1977 The Workplace (Health, Safety and Welfare) Regulations 1992

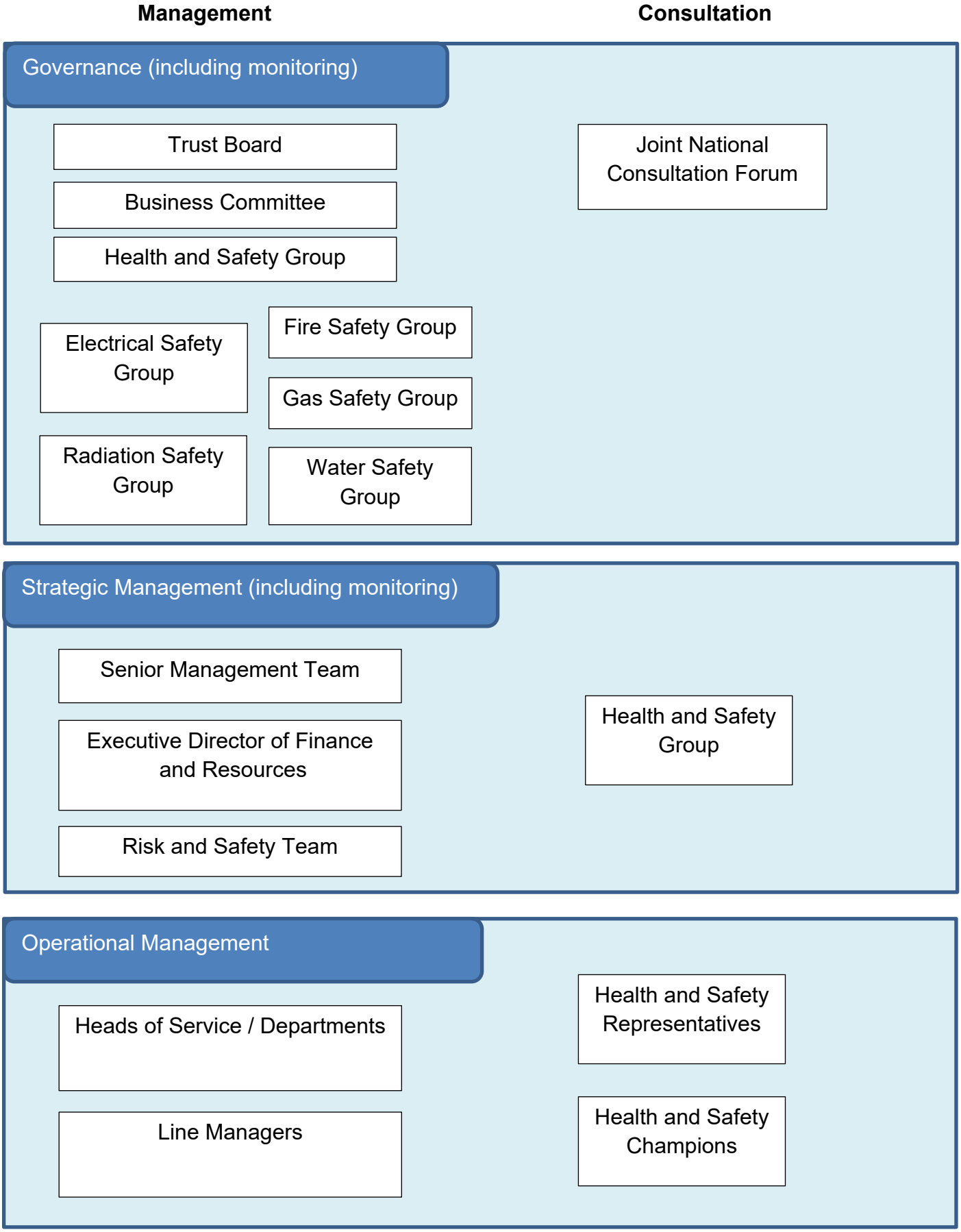
12. External Regulators

- Health and Safety Executive
  https://www.hse.gov.uk/
- Care Quality Commission
  https://www.cqc.org.uk/

13. Related Policies and Procedures

- RSP001 Audit procedure and schedule
- PL298 Control of Substances Hazardous to Health (COSHH) Policy and Procedure
- PL300 Display Screen Equipment Policy
- PL297 Driving at Work Policy
- PL304 Fire Policy
- FSO004 Fire Risk Assessment Procedure
- PL285 First Aid at Work Policy
- RSP004 Fire Risk Assessment Procedure
- RSP001 Health, Safety, Security and Fire Inspection and Building Risk Assessment Procedure
- PL268 Incident and Serious Incident Management Policy
- PL305 Infection, Prevention and Control Overarching Policy
- PL236 Management of Medical Devices Policy
- Management of Stress in the Workplace Policy
- PL340 Management of Slips, Trips and Falls for Staff and Members of the Public
- PL281 Management of Estates Policy
- New and Expectant Mothers risk assessment form
- RSP004 Health and Safety Risk Assessment Procedure
- PL354 Risk Management Policy and Procedure
- PL303 Safe Management of Contractors Policy and Procedure
- FSO Safe use of Electrical Equipment Procedure
- Safer Moving and Handling Policy including Bariatric and Therapeutic Guidance
- PL333 Security Policy
- PL263 Smoke free Policy
- PL381 The Prevention and Control of Violence, Aggression and Lone Working Policy
- PL339 Prevention of Patients Slips, Trips and Falls Policy

Appendix One: Health and Safety Governance and Organisation



Appendix Two – Example Service Health and Safety Action Plan

Service / Team		Accident Investigator/s	
Responsible Manager		First Aiders	
Safety Representative		Fire Wardens	
Deputy Safety Representative		Security Point of Contact	

Objective	Task required to meet objective	Responsible Person	Timescale for completion	Resource requirements	Progress / update
Each Service to hold a suite of suitable and sufficient risk assessments (including COSHH assessments where necessary) (legal requirement)	Establish a small risk assessment group of key staff members who have the relevant knowledge and expertise of the work activities. Identify all work activities carried out within the service, and associated hazards Review accidents/ incidents / audit and inspection findings to identify any high-risk activities that may not have been identified	Safety Champion to coordinate		Risk Assessment procedure COSHH Policy and Procedure (advice from Senior Health and Safety Advisor) Named Individuals to have access to ASSURE Names individuals to receive ASSURE training (contact the Risk and Safety Team)	
	Risk assess the work activities, ensuring that all foreseeable hazards are identified and the hierarchy of control is applied. Upload risk assessments onto the ASSURE database	Safety Champion to coordinate			
	Risk assessments to be set for annual review on the ASSURE system to ensure that they remain suitable and relevant	Safety Champion			

Objective	Task required to meet objective	Responsible Person	Timescale for completion	Resource requirements	Progress / update
Service to ensure that there are documented procedures in place to control workplace hazards	Review standard operating procedures to ensure that they cover the safe working processes required to protect staff from the hazards identified in the risk assessments (including COSHH assessments). Put together a program for review/development, identifying the responsible job role	Safety Champion to coordinate			
Staff must receive adequate training, information and instruction to enable them to carry out their work safely	Ensure that all relevant staff are trained on the standard operating procedures, and informed of the risks to their health and safety when carrying out their work Use the training needs gap analysis procedure to ensure that all competence requirements are identified for all staff members Seek advice – if appropriate - from the Risk and Safety Team if there is specialist training that is not already on offer. Ensure that training attendance is built into work schedules Review training compliance figures, ensuring staff are only out of date	Service Manager / Team leader		Health and Safety competence gap analysis procedure	
Accidents and Incidents must be investigated thoroughly to identify root causes and	Encourage staff to report accidents and incidents on the Datix software system; ensure that there is a regular meeting where staff members can raise concerns				

Objective	Task required to meet objective	Responsible Person	Timescale for completion	Resource requirements	Progress / update
establish preventative and corrective actions	and occupational health and safety is discussed				
	Run regular incident reports to ensure that any accidents or incidents that have resulted in a serious injury or over seven days absence are highlighted to the Risk and Safety Team to ensure a timely report can be made to the Health and Safety Executive Work with the Risk and Safety Team to investigate significant accidents, incidents, dangerous occurrences or reportable ill health				
	Allocate an incident investigator to ensure that root causes, corrective and preventative actions are identified.				
	Senior managers to review the accident / incident / hazards data submissions to identify trends. Regularly discuss findings and lessons learnt with staff members				
Ensure that improvements are made to staff safety, and understand the controls that have been put in place.	Hold regular meetings where staff safety is an agenda item, incidents, lessons learned, and hazards are discussed.				
Checks are made to ensure that safety procedures and tools provided are being adhered to/used	Design a check sheet developed from the standard operating procedures & check through observation/ documentation checks that staff members are following the correct procedures, have the necessary tools/equipment and are working in a safe manner. (The controls defined in	Service Manager / Supervisor of staff members			

Objective	Task required to meet objective	Responsible Person	Timescale for completion	Resource requirements	Progress / update
	the risk assessments must be workable and followed) Develop a schedule of inspections to ensure that staff are working as expected, and standards of safety are high – this could be checking that the lone working app is being utilised, or that the area where staff are working is free from hazards, or that staff are wearing the correct level of PPE. Make three monthly checks to ensure that tools / equipment is serviced as required and records are available. Discuss with staff the equipment used, and ensure that they understand what equipment is required for specific tasks. Ensure that the medical device asset register is kept up to date & spot check that equipment is recorded.				
Legal compliance	Ensure that any legally required registrations are made with the relevant authority (e.g. radiation)				
Health surveillance	Ensure that where risk assessments identify the need for health surveillance, these are carried out				

Policy Consultation Process

Title of Document	Health and Safety Policy
Author (s)	Cara McQuire, Risk and Safety Manager Rebecca Mazur, Senior Health and Safety Advisor
New / Revised Document	Revised
Lists of persons involved in developing the policy	John Glynn, Health and Safety Officer
List of persons involved in the consultation process	**Corporate** • Thea Stein- Chief Executive • Bryan Machin –Executive Director of Finance and Resources • Sam Prince, Executive Director of Operations • Steph Lawrence – Executive Director of Nursing • Laura Smith and Jenny Allen, Director of Workforce • Diane Allison, Head of Corporate Governance, Safety and Risk • Ann Hobson, Assistant Director of Workforce • Sheila Sorby, Assistant Director of Nursing and Clinical Governance • Claire Gray-Sharpe, Head of Clinical Governance • Kezia Prince, Incident and Risk Assurance Manager • Liz Grogan, Head of Infection, Prevention and Control • Richard Cooper, Senior Organisational Development Lead • Peter Ainsworth, Operational Support Manager • Andrea Brown, Interim Facilities Manager • Stuart Verry, Senior Estate Manager • Marc Wilson, Head of Information Governance and Data Protection • Richard Slough, Deputy CIO/Head of Community Informatics

	• Jane Murphy, Communications, PR and Marketing Manager • **Risk and Safety Team** • Rebecca Mazur, Senior Health and Safety Advisor • John Glynn, Health and Safety Officer • Paul Howarth, Fire Safety Advisor • Andrew Stephenson, Security and Safety Lead **Staffside Representatives** • Ann Cherry, Chair of Staffside • Sarah Still, Podiatrist • Debbie Hammill, RCN representative • Najma Allybocus, Senior Mental Health Practitioner **Specialist Business Unit** • Andrea North – General Manager, Specialist Business unit • Amina Hans-Adam, Operational Head of Portfolio • Kim Broughton-Roe – Operational Head of Portfolio • Emma Tiernan, Business Manager, Portfolio 1 • Satti Saggu Business Manager, Portfolio 2 • Amanda Wilkinson, Head of Service Police Custody • Frances Bedlow, Head of Service Liaison and Diversion • Stacey Hayton, Head of Service, WYOI and Adel Beck • Adele Archer, Head of Service, Sexual Health and Gynaecology • Sue Wilson, Head of Service, Respiratory, Cardiac, CIVAS, TB, HHIT, Covid Rehab • Kim Taylor, Head of Service Neurology • Louise Jones, Head of Service, Leeds Mental Wellbeing • Louise Kirkland, Head of Service, Diabetes, Dietetics, and Tier 3 • Gail Fort, Head of Service, Podiatry and Dental

	• Janice Patterson, Head of Service, MSK, Leeds Community Pain Service and FCP **Adult Business Unit** • Megan Rowlands – General Manager, Adult Business unit • Hannah Beal, Clinical Lead Children's Business Unit • Paula Simpson, Service Manager Continence, Urology, Colorectal Service and Tissue Viability • Gill Lockwood Service Manager Community Falls Service , Armley, Pudsey, • Karen Benton, Community Care Beds • Jaquie Clark, Service Manager Community Discharge Assessment Team • Victoria Storton, Service Manager Meanwood and Wetherby • Debbie Gallon, Service Manager Morley and Beeston, Kippax and Middleton • Becky Potter Service Manager Holt Park, Woodsley, Yeadon **Children's Business Unit** • Janet Addison, General Manager, Children's Business Unit • Donna Ryan, Head of Service, CAMHS • Vanessa Hunt, Head of Service, ICAN • Sara Clarke, Head of Service, Community Children's nursing and CAMHS • Debra Gill, Head of Service 0-19 PHINS **Safety Champions (not already listed above)** • Barry Cullen, Project Manager • Patience Wright, Podiatry Team Manager • Jacquie Walker, Senior Dental Nurse Manager • Rachel Osborn, Team Leader MSK • Samantha Davies, Team Leader MSK • Sandra Camp, Primary Care Manager

	• Joanne Moore, Operational Lead, Sexual Health Service • Andrea Broxholme, Clinical Team Manager • Chris Russell, Clinical Team Managers, LMWS • Kiri Birch, LMWS • Jenna Shardha, Occupational Therapist • Lisa Bendelow, Administration Team Leader • Nicola Waddington, Speech and Language Therapist • Christine Pearson, Service Manager, ICAN • Elaine Eruenah, Service Manager, ICAN • John Bromley, Operational Lead, ABU Leadership Team • Lindsey Cawood, Operational Lead, ABU Leadership Team • Janine Macdonald Operational Lead, ABU Leadership Team • Julie O'Reilly, Clinical / Professional Lead, ABU • Laura Boggs, Operational Lead, ABU Leadership Team • Jill Farrally Operational Lead, ABU Leadership Team • Shona Womersley Operational Lead, ABU Leadership Team • Emma Johnson Operational Lead, ABU Leadership Team • Emma Stewart Operational Lead, ABU Leadership Team • Helen Rowney, Operations Managers COVID 19 rehabilitation • Polly Long Operational Lead, ABU Leadership Team • Janine Ledger Operational Lead, ABU Leadership Team • Alannah Mccabe, Project Manager • Rachel Gee, Administration Team Leader • Michelle Morley, Administration Services Support Manager • Claire Firth, Operations Manager, Leeds Community Equipment Services

Policy Consultation Responses

Complete this template when receiving comments at various draft stages of the Policy.

Responder (Including job titles and organisation)	Version, Comment and Date	Response from Author
Amanda Wilkinson, Head of Service Operational, Yorkshire and Humber Police Custody Suites	V4.1 26/07/2022 No comments to add	N/A
Jacqueline Walker, Senior Dental Nurse Manager	V4.1 01/08/2022 **Section 5.13** The y make appropriate reports to their line manager on the health and safety performance achieved, and on their plans to address identified concerns *Comment: Is there a word missing or should it say They?*	It should say They - amended
Nicola Waddington, Clinical Lead, Children's Speech and Language Therapy Service	V4.1 03/08/2022 Comment: I read through and felt the additions make it really clear who is responsible for what. No further comments came to mind.	Excellent
Sheila Sorby, Assistant Director of Nursing and Clinical Governance	V4.1 04/08/2022 **Executive Summary** Minor grammatical amendments **Section 2 Aims and Objectives** Comment: Staff and employee/s used interchangeably – does that matter? Grammatical changes made to aims and objectives, making them clearer **4. Health and Safety Policy Statement** Comment: Who is 'We' is this the Board?	Accepted The terms employees and staff are used where they are applicable – staff is all encompassing, but employee is specific when required. This is the Trust Board. First paragraph amended to reflect this and prevent confusion.

	Section 7 Monitoring Compliance and Effectiveness Comment: I appreciate there is already a lot in here but the key things that also jumped out for me that I would be wanting assurance on, as evidence that as a Trust we are compliant with this policy were also: • Annual COSHH assessments • Safety champions in every department / team • Risk assessments for all individuals who are pregnant, or under 18 • Record of RPE examinations	• COSHH assessments are monitored as per the COSHH policy/procedure • Added monitoring for ensuring Safety Champions are in place • New and Expected mothers risk assessments should be monitored as per the HR procedure • There should be a procedure in place for RPE – this should specify specific monitoring requirements. These areas would also be highlighted within the health and safety compliance audits that are carried out by the Risk and Safety Team.
Richard Slough, Deputy CIO/Head of Community Informatics	V4.1 02/08/2022 It's a very comprehensive, detailed but very long policy, which I'm not sure people stick with right to the end. **Section 5.7 Risk and Safety Team** Tole/Responsibilities • Undertake health, safety and welfare audits within the Trust to identify areas of weakness and **ensure** corrective and preventative action is put into place Comment – how would this be done? **Section 5.8 Human Resources / Workforce including Organisational Development** • Ensure that adequate and sufficient health and safety training is available to all staff, and this is specific to their job role Comment: Why is this a HR / Workforce responsibility are they the subject matter experts?	Agreed, however this policy is required by law (Health and Safety at Work etc Act 1974), so it needs to have specific details, including how it is structured. Additional requirement to monitor actions using the tracker function on Assure added to roles/responsibilities. This is more in relation to ensuring that ESR is populated with the relevant training courses and remains accessible. Wording changed so it states the OD team need to collaborate with the Risk and Safety Team.

	Does it need to be merged with 'Assist with the arrangement of health and safety training including, but not exclusive to, first aid, fire wardens, conflict resolution and CCTV' **5.12 Heads of Service / Departments** • Take the lead in driving improvements for occupational health and safety performance within their area of responsibility Comment: Can the policy have additional content to say how this will be done? • Ensure that staff are provided with suitable and sufficient health and safety training by undertaking a gap analysis review in the event of a change in role, new equipment or significant accident/ incident. Comment: How would this be done - can a proforma be developed so all Heads of Service do it the same way? **5.13 Line Managers and Supervisors** Comment: Confusion; is a Head of Service also a Line Manager? • all new **equipment** is checked for hazards, risk assessed and that users are trained on the required safe systems of work and risk control measures Comment: Does all equipment include laptops, mobile and fixed phones, PCs, photocopiers, scanners etc any exclusions? • They Identify specific health and safety training requirements and ensure staff have had the necessary	There is the plan in the appendices which give guidance on how to improve health and safety performance. Workshops will be held. There is a health and safety training procedure available to assist with this. Yes, however some services have a more complicated hierarchy in place. There is no definitive list, it applies to all equipment used at work. If there were no significant hazards,

	training and are competent to undertake specific work activities Comment: Does this contradict the HR / Workforce responsibility - which to me says the same? • They make appropriate reports to their line manager on the health and safety performance achieved, and on their plans to address identified concerns Comment: Requires further details on how they would do this. **Security Points of Contact** A security point of contact is the main point of contact for all security matters at a service level. They take charge of a security incident and are the lead contact for security related information. They are the main liaison with the Trust's Security and Safety Lead. Comment: Can this be combined into the Safety Champion role? For small services having to find two people to fulfil these roles may prove impractical **Safety Champion** Comment: Is this a new requirement? **5.18 All Staff (including temporary, agency, bank, trainee staff students, work placements, volunteers and visiting staff)** ***When working everyone is expected to:*** • Dress appropriately and wear suitable footwear for their working environment and where necessary, use safety equipment and personal protective equipment as provided by LCH	then no risk assessment would need to be documented. However there are known hazards with printers/photocopies – and these should be assessed (fumes, paper jam entanglement) This was aimed at the manager ensuring that their staff have received all relevant training for their job role - reworded to 'Ensure the staff working under their control have had the necessary training and are competent to undertake specific work activities' Wording changed to 'updates'. This could be via 121 meetings or performance reviews… Yes, it doesn't specify it has to be a separate person. They have been within the organisation for 1.5 years – but within the operational part of the organisation, not the corporate.

	Comment: My view: needs to be made more forceful i.e. mandatory / disciplinary offence if safety equipment is NOT used	I fully agree with this, however it would need agreement with the SMT.
	Legal Requirements: Each entry on the Health, Safety and Environmental legislation register details a summary of the Trust's responsibilities to meet the legal requirements, and an associated action plan for improvement is developed as necessary. Comment: Do we have such a register? I can't immediately see it on My-LCH	We do, it's just not on the intranet site currently, but will be published once the policy is agreed.
	Departments/ Service Occupational Health and Safety Action Plans As a minimum, each Head of Service/ Department must appoint a: • Safety Champion • Deputy Safety Champion • Fire Warden for their area/s of work within occupied buildings • Security Point of Contact (SPOC) • Display Screen Assessor Comment: This would require 10% of my team undertaking one of these roles - is this realistic for smaller corporate teams especially?	The red roles are not in place.
	Each Head of Department/service must develop an occupational health and safety action plan to present and prioritise how the service intends to ensure health and safety is integrated into business as usual and identify any long-term health and safety objectives of the department/service Comment: Why is this the Head of Service and not the Subject Matter experts i.e. the Health and Safety Team?	Legally, the role of the Risk and Safety team is to advise and assist, ensuring that the

	Section 6.3 Competence, Training and Awareness Managers of staff must ensure that their staff are suitably trained and competent to carry out their role. Comment: It would be helpful to insert a reminder that the Risk and Safety Team are available to support this activity It shall be the responsibility of the Occupational Development team with the support of the Risk and Safety Team and the training provider to specify, develop and purchase training, coaching or other means of providing competence to meet LCH's needs Comment: Is this a new function? **Emergency Preparedness and Response** All on-call managers have access to the on-call manager manual; this details actions to take in various scenarios that they may encounter. Comment: Worth cross referencing this with the on-call manual.	organisation is legally compliant. Health and Safety should be integrated into everyday activities. Accepted and inserted No
Bryan Machin, Executive Director of Finance and Resources	Version 4.1 26/07/2022 **Executive Summary** This policy applies to all temporary, agency, bank, trainee staff, volunteers, contactors, and anyone else who may be affected by our work activities or use our services. Comment: Patients use our services – it can't cover them, can it? **Health and Safety Policy Statement**	Amended to: The measures detailed within aim to protect others who may be affected by our work activities or use our services.

	This policy statement applied to our employees, the contractors who work for us and anyone else who may be affected by our work activities or use our services. To support our health and safety objectives we will: **comment:** I think this is confused. It says: The policy applies to all our employees etc It says "we will" – who is "we"? the Trust? Is it then "the Trust" that will "provide visible leadership", provide suitable and sufficient information" etc I fits read it as the responsibilities of leadership and employees **Section 5.4 The Senior Management Team** All Executive Directors and Non-Executive Directors are responsible for: Comment: Exec and Non eec directors are not the Senior Management team. In fact, Exec Directors are not the SMT as DoW is not and Exec Director. If we mean SMT then just leave it at that • Ensuring that risk assessments are carried out throughout the organisation Comment: DO we mean in their Directorate **Section 5.6 Radiation Safety Group** Comment: Never heard of it Assuming it actually does exist why pick this out to Water safety, Electrical safety etc **Security Points of Contact** Presumably in red because we don't have these people **Senior Health and Safety Advisor**	 Amended so that it is clearly the Trust Board It was clearer in the previous format that these are just headings and the bullet points are what the organisation will provide / put in place. Any revision will need to go back to the Health and Safety Group who have agreed the same policy statement for the past two years. Altered to Senior Management Team Altered to states ' throughout their directorate' It is a group organised by the Dental Service who undertake x-rays. Agreed – need to add in the other Groups. That is correct Rebecca Mazur

	Comment: Who is this? **Radiation Protection Advisor** Comment: Do we have one? **Radiation Protection Supervisors** Comment: Ditto **Strategic Health and Safety Plan** Each financial year a strategic plan is developed by the Risk and Safety Team, reviewed Comment It's not strategic if its every year	 Yes Yes Changed to 'plan'
Maureen Drake,	Version 4.1 03/08/2022 **Executive Summary** This policy is supported by a suite of more detailed policies (see Appendix 1) which must be read in conjunction with this policy. 12 Comment: These are in section 12 rather than appendix 1 which is H&S governance and organisation **Introduction** The Health and Safety at Work etc Act 1974 and Management of Health and Safety at Work Regulations 1999, as amended 2006, require that employers protect all people at work including contractors and others not at work such as service users and the public. Comments: Reading this literally, we have a duty to protect people who are not at work anywhere. Would it be better to say others in the work environment?	 Amended Altered to 'and others who may be affected by our work activities'

	The Health and Social Care Act 2012 requires LCH to assess the risks to people's health and safety during any care or treatment and make sure that staff have the qualifications, competence, skills and experience to keep people safe. It also requires LCH to make sure that the premises and any equipment used are safe and where applicable, available in sufficient quantities. Medicines must be supplied in sufficient quantities, managed safely and administered appropriately to make sure people are safe Comment: If this is part of the requirement, should we also be referencing the professional registration policy, the role Workforce play in checking qualifications and the work the clinical education team have in maintaining competence and developing clinicians? Similar to the above point, should we be referencing the medicines management policies? **Section 2. Aims and Objectives** • Provide safe and healthy conditions of work, plant and systems. Comment: What does 'plant' refer to in the context of health care and health care provision? **Section 3. Definitions** **Assure** is software that has been procured to assist in the storage of risk assessments and ensuring actions from inspections and audits are managed and tracked to completion. Comment: Do we need to be clear that this is where we store health and safety related inspections and audits as the quality walk information and clinical audit information is stored on Datix and managed and tracked there	'plant' changed to 'equipment' Yes. Sentence added to explain that quality walk information, clinical audit findings and clinical risk assessments are located on Datix®

	Standard Operating Procedure is often referred to by health and safety professionals as a Safe System of Work due the Health and Safety at Work etc Act 1974, Section 2, 2(a) requiring the provision and maintenance of plant and systems of work that are, so far as is reasonably practicable, safe and without risks to health. It is a formal procedure based on a systematic examination of work to identify the hazards. It defines safe methods of working which eliminate those hazards or minimise the risks associated with them. Put simply, a safe system of work is a defined method of doing a job in a safe way. Comment: As above, I am not sure what this will mean in all our environments (office, clinic area, patients home) **Supervision** is the process of ongoing monitoring of the effectiveness of the training that staff have received, and whether they maintained the necessary capacity and competence to do the tasks. Comment: From a clinical perspective supervision is about support, reflection and learning rather than managing and monitoring. Will it be confusing to staff to work to different definitions? Or do we need to acknowledge somewhere that they are different? **Health and Safety Policy Statement** At Leeds Community Healthcare, we are committed to ensuring the health, safety and welfare of all our employees, and anyone else who may be affected by our work activities. We know that high standards of health and safety are good for our employees, good for our organisation	This is a legal quote used to explain what a safe system of work is. It just means we need to have standard operating procedures (based on risk assessment) to fulfil our legal requirement. Agreed, we need to acknowledge the difference between the two types. The requirement for supervision is documented in the Health and Safety at Work etc Act e 1974; when external organisations – such as the Health and Safety Executive – audit us, they will expect mangers to understand and carry out supervision; they will not expect staff to talk about clinical supervision.

	and good for the communities we serve. Comment: Is it just about what we do or also where we do it?	The statement is all encompassing of people, place, activities, equipment ….
	Section 5.7 Risk and Safety Team Responsibilities Provide expertise and knowledge pertinent to occupational health and safety Comment: How does this interact with the occupational health that we buy in from SWYFT in the HR directorate? What are the overlaps or distinct responsibilities?	Staff are referred to the Occupational Health Service if they are having an issue with their health, and they need medical advice. The Risk and Safety team ensure policies, procedures, and processes are in place and understood in order to ensure legal compliance, and to prevent staff from having to go to occupational health. Occupational Health and Safety is the generic term covering all legal requirements relating to health and safety of staff who are at work.
	• Carry out specialist risk assessments and provide support and guidance to staff within their own working environment and patient homes Comment: How are we defining this so that it is different from say the specialist moving and handling risk assessments that we may approach our moving and handling providers for?	Wording amended to provide examples of the specialist risk assessments the Risk and Safety Team undertake.
	• Liaise with the Safety Champions to disseminate lessons learnt from incidents Comment: Do the team also have a role in co-ordinating and supporting the safety champions?	Added the requirement to support them.

	Section 5.12 Heads of Service / Departments • Identify and document specific responsibilities for areas which present high risks such as laboratories, workshops, lone working, violent and aggressive persons Comment: Do we have any of these (laboratories, workshops) **Section 5.13 Line Manager and Supervisor** Comment: I'm not sure that these are equitable and interchangeable. For example, you may have a junior therapist supervising a newly qualified therapist using the definition of supervision above. They will not have accountability or authority to make changes at a service level. Supervisors could of course raise issues discussed with them with relevant managers. As a clinical supervisor the work an individual is undertaking is not always within my control. My supervisor role is to enable them to reflect and learn from their actions and decisions and identify learning and actions.	Yes, Podiatry and Leeds Sexual Health Service To avoid confusion 'Supervisor' has been removed.
Richard Cooper	Version 4.1 03/08/2022 It's not clear to me who is doing what here between, HR, Workforce, OD?	Responsibilities have been split down into the different teams
Peter Ainsworth	Version 4.1 03/08/2022 **5.10 The Facilities Department** Ensure that leases clearly document the health and safety roles and responsibilities of third parties where LCH are either a tenant or a landlord. Comment: currently an Estate's role **5.10 The Facilities Department** • Ensure robust emergency and business continuity action plans are in place across LCH, that these are understood by relevant	Added to Estate's role/responsibilities

	services/departments and are regularly tested Comment: This is EPRR, not part of Facilities **5.10 The Facilities Department** • Take appropriate action to remedy any issues that have been reported or identified via inspections and audits, including but not exclusively, those related to health and safety, infection control, security and fire. Comment: Not sure about any – I think that safety champions and service managers should be taking the necessary action otherwise we are creating a chain of communication that is unnecessary **Security Points of Contact** A security point of contact is the main point of contact for all security matters at a service level. They take charge of a security incident and are the lead contact for security related information. They are the main liaison with the Trust's Security and Safety Lead. Comment: I'm not sure I understand this role. How is it different to the Security lead, and who does it? As a minimum, each Head of Service/ Department must appoint a: • Safety Champion • Deputy Safety Champion • Fire Warden for their area/s of work within occupied buildings	Not every action would belong to the service. This can be changed once the Facilities review is complete and roles/responsibilities are defined. If you consider how a Fire Warden takes charge in the event of a fire, this is a person who takes charge in the event of a security incident. However, this role is in red as it hasn't been agreed and is currently not possible because there is no one in charge based at each building.

	• Security Point of Contact (SPOC) • Display Screen Assessor **Comment**: I'm not sure this is viable, has this been agreed with services? Have you been to any forum to discuss this with CM's/ Head of service **Section 6.3** The Assure software is utilised by each service/team to record and review their risk assessment, so that a central record is available **Comment**: How long will it take to roll out to all services **Supervision of staff** Line Managers and supervisors must undertake periodic checks of staff's working practices to ensure that standard operating procedures can and are being followed. Any concerns with performance must be escalated to the relevant Head of the Department and immediate action taken to address any non-conformances. **Comment:** Struggling to see the relevance to health and safety	At this stage those roles in red have not been agreed, and is more a best practice suggestion. Workshops need to be arranged. The software is not difficult to use, and Safety Champions will be tasked with adding their health and safety risk assessments. Sessions can be on-line, and therefore numbers are not limited, it is more the availability of staff. Checking staff are working safely, have the correct equipment to do the job, are wearing any PPE and are following agreed procedures, is **key** to staff health and safety. (This is not clinical supervision)
Diane Allison	Version 4.1 18/07/2022 **Introduction**:This policy has been produced in accordance with requirements of Health and Safety at Work etc Act 1974 (HASWA). It supports the Care Quality Commission key line of enquiries.	

	Comment I would say '…the Care Quality Commission's regulatory approach' – since the KLOEs may be replaced soon	Changed to suggested wording
	Changes to this version: Health and Safety Policy Statement format changed to allow it to become more accessible. **Comment:** Not sure what 'become more accessible' means	Altered to read - Health and Safety Policy Statement format changed from PDF to word so that it can be included within the policy document when published on the LCH intranet
	Comment: Does Thea need to sign the version that goes on the intranet? We are trying to avoid Directors signatures being published where possible – could we include her name and photo and date instead?	A signature is the normal practice, but there is no legal requirement to do have the statement signed. As long we can prove that the statement was formally authorised, then her name and date will be sufficient.
	The Health and Social Care Act 2012 But the Health and Social Care Act Regulation 12… **Comment** This sentence doesn't make sense	Altered to - The Health and Social Care Act 2012 requires LCH to assess the risks to people's health and safety during any care or treatment and make sure that staff have the qualifications, competence, skills and experience to keep people safe.
	The Trust's Health and Safety Policy Statement, signed by the Chief Executive, Comment: Shouldn't this paragraph appear before the actual statement? Endorsed by rather than signed by?	Statement position altered within the policy. Altered.
	4.1 The Trust Board • Health and Safety performance is reviewed at least on an annual basis **Comment:** Performance - Or do we mean compliance? Or both?	Altered to Health and Safety performance and compliance against legislative requirements is reviewed at least on an annual basis
	Director of Finance and Resources • Health and Safety performance and compliance against legislative requirements is reviewed at least on an annual basis **Comment:** Can we give this responsibility to SMT?	Yes, that makes more sense

	4.8 Human Resources / Workforce including Organisational Development • Support managers to complete risk assessments and make reasonable adjustments for young persons under 18 years of age who are undertaking placements or work experience **Comment:** Or apprenticeships? • Facilitate health and safety training including but not exclusive to first aid, fire wardens, conflict resolution and CCTV Comment: What do we mean by this? **4.9 Estates Department** • Ensure contractors engaged in works on behalf of LCH are deemed competent and are provided with the necessary information and instructions **Comment:** Do we also need to state that Estates must ensure that contractors document and follow safe systems of work? **4.10 Facilities Department** • Ensure that waste is managed so as not to pose a risk to the health and safety of staff and visitors Comment: It's wider than this – we need to acknowledge that it could pose a threat to the public and to the environment? • Complete risk assessments on significant changes to the owned Estate to either eliminate or minimise risks as far as reasonably practicable prior to the implementation of change Comment: Estates not facilities? • Ensure COSHH assessments are completed and reviewed at least annually, in the event of a new substance being introduced or a	Apprenticeships added Altered to 'assist with the arrangement of health and safety training including, but not exclusive to, first aid, fire wardens, conflict resolution and CCTV' Excellent point, added Extra detail added Altered to read 'complete risk assessments on significant changes to the facilities within the owned Estate to either eliminate or minimise risks as far as reasonably practicable prior to the implementation of change'

	change to how substances are used. • Ensure the COSHH inventory is available, and all hazardous substances are stored suitably (refer to the COSHH policy and procedure for further information)	
	Comment: Is this just for Facilities own use of substances (like cleaning) as it sounds like they are to do this for the whole trust?	Altered to ensure it is relevant only to the hazardous substances used by the cleaners.
	Radiation Protection Advisor The Radiation Protection Advisor is appointed in writing by the Trust	
	Comment: Who actually appoints them on behalf of the Trust?	A senior manager within the Dental service – added to ensure clarity
	5.2 Each Head of Department/service must develop an occupational health and safety action plan to present and prioritise how the service intends to ensure health and safety is integrated into business as usual and identify any long-term health and safety objectives of the department/service.	
	Comment: How will we monitor that they have all produced one? On Assure?	Use of Assure added

Leeds Community Healthcare NHS Trust

Trust Board Meeting held in public: 3 February 2023

Agenda item number: 2022-23 (125i)

Title: Gender Pay Gap reporting (22/23 reporting year)

Category of paper: Information/Approval
History: SMT, Nom & Ren Committee

Responsible director: Director of Workforce, OD & System Development
Report author: E&D Facilitator

Executive summary
The purpose of this report is to inform the Trust Board of the Gender Pay Gap (GPG) & Gender Bonus Pay Gap (GBPG) in LCH on 31 March 2022, approve the uploading of the LCH Gender Pay calculations (Section1.7 refers) to the Gov.UK GPG portal and the publication of the Assurance and supporting statement (Appendices A) on the LCH website

Main points
Over the reporting period LCH has made a positive improvement in the reduction of both the GPG (Mean & Median) and GBPG.

There has been a welcomed reduction in the Mean GPG narrowing from 11% in 2021 to 6.7% 2022.The Median GPG has also narrowed the gap, from 5.6% in 2021 to 0.2% in 2022, in favour of males.

The percentage decrease in female representation in Quartiles 1(*Lowest*) and subsequent increase of males together with increase of females in Quartile 4(*Highest*) is the reason for the welcome reduction of the Mean (average) gender pay gap.

Furthermore, the LCH Mean GBPG has reduced from 29% in favour of males in 2021, to -35.8% in favour of females.

This significant narrowing of the gap is due to the reduced number of male consultants eligible under the "old" Local Clinical Excellence Awards (LCEA) scheme. As at 31.3.2022 the number of consultants had reduced to 9 (7 females and 2 males) from 12 (7 females and 5 males) on the 31.3.2021.

Recommendations

The Trust Board is requested :

- To approve the uploading of the LCH Gender Pay calculations (Section1.7 refers) to the Gov.UK GPG portal and the publication of the *Assurance and supporting statement (Appendices A)* on the LCH website

Gender Pay Gap reporting 22/23 reporting year

(which uses a snapshot date of 31 March 2022)

1.0 Purpose of this report

1.1 The purpose of this report is to inform the Trust Board of the Gender Pay Gap (GPG) & Gender Bonus Pay Gap (GBPG) in LCH on 31 March 2022, approve the uploading of the LCH Gender Pay calculations (Section1.7 refers) to the Gov.UK GPG portal and the publication of the Assurance and supporting statement (Appendices A) on the LCH website

Background

1.2 Leeds Community Healthcare NHS Trust takes the issues of fairness, rights, and equality very seriously. We recognise the value of our colleagues and their diversity, and work to ensure that the workforce is representative of the communities we serve. There is recognition of the societal issues facing females in the workforce and the long-term focus required to address the gender pay gap.

1.3 The Equality Act 2010 (Specific Duties and Public Authorities) Regulations 2017 came into force on 31 March 2017. These regulations underpin the Public Sector Equality Duty which requires all public and private sector bodies with a workforce of more than 250 members of staff to publish details of any gender pay gap within their organisation. Using the snapshot date of 31 March, data must be published on its public website within one calendar year, that is by 30 March. This data must then be submitted electronically onto the government viewing website. https://www.gov.uk/guidance/report-your-gender-pay-gap-data

1.4 On the 31 March 2022 LCH employed 3267 staff (*2813 females & 454 males ESR GPGR reporting template data*) in a range of roles within the medical and dental, allied health, nursing, and administrative and clerical functions. All staff other than very senior managers (VSM's) are on Agenda for Change or Medical and Dental national pay-scales and these ensure all staff are paid equally regardless of their gender.

1.5 The gender pay gap is the difference in the mean (average) pay between male and female in an organisation and highlights any imbalances that exist between the average hourly earnings of females compared with males. This is not to be confused with Equal pay which covers the difference in pay between males and females who carry out 'like work' – work that is the same or broadly similar, work rated as equivalent or work of equal value[1].

1.6 For the purposes of gender pay gap reporting, the definition of who counts as an employee is defined in the Equality Act 2010 and includes:

- Employees (with a contract of employment)
- Workers
- Self-employed people where they have to personally perform the work

[1] ACAS – Equal Pay - http://www.acas.org.uk/index.aspx?articleid=1811

Data Used to Calculate Gender Pay Gap Figures

1.7 There are 5 key indicators against which an employer must publish its calculations. The following information must be provided and the figures as at 31/3/22 are shown in brackets below:

Mean (average) gender pay gap using hourly pay – This uses the hourly pay of all full-pay employees to calculate the difference between the mean (average) hourly pay of males, and the mean (average) hourly pay of females *(6.7%)*

Median gender pay gap using hourly pay – This is the difference between the hourly pay of the median full-pay relevant male and the hourly pay of the median full-pay relevant female. The median for each is the male or female who is in the middle of the list of hourly pay ordered from highest to lowest paid. *(0.2%)*

Mean (average) gender pay gap using bonus pay – This is the difference between the mean (average) bonus pay paid to relevant employees who are males, and bonus pay paid to relevant employees, who are female as a %. *(-35.8%)* During the reporting period the average bonus payment to females was £5571 and £4103 to males.

Median gender pay gap using bonus pay – This is the difference between the median bonus pay paid to relevant employees who are male, and the median bonus pay paid to relevant employees who are female. *(0%)*

Quartiles– This shows the percentage of male and female full-pay relevant employees in four equal sized groups of employees based on their hourly rate. The first quartile (written Q1) is the wage below which 25% of the wages are situated; the second quartile is the wage below which 50% of the wages are situated. This is the median; the third quartile (written Q3) is the wage below which 75 % of the wages are situated

1.8 In addition, a written statement, authorised by an appropriate senior person, who confirms the accuracy of the calculations must be provided This is contained in Appendices A, *Assurance and Supporting Statement.*

**Local Clinical excellence awards will be regarded as bonus pay, as well as any other payments above the level of ordinary pay for performance or expertise such as performance related pay for very senior managers and others.*

2.0 Methodology

2.1 The data produced in this report has been generated using the Electronic Staff Record (ESR) report designed specifically for gender pay gap reporting.

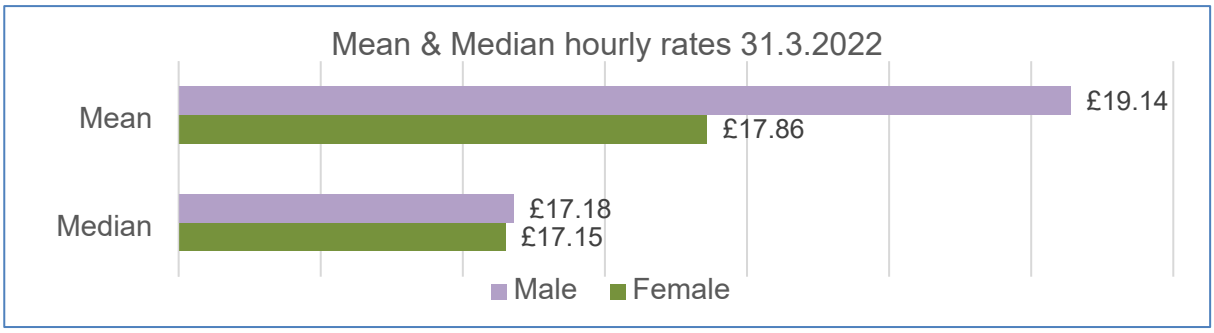
2.2 The report is based on rates of pay as at 31st March 2022 and bonuses paid in the year 1st April 2021 – 31st March 2022 and is based solely on the agreed data sets held on ESR.

3.0 Results for LCH

3.1 Like most NHS Trusts, LCH has a higher proportion of females in its workforce to males. However, within LCH females make up 86% of the workforce, which is significantly higher than the 77% of females in the overall NHS. https://www.nhsemployers.org/articles/gender-nhs-infographic

3.2 Mean (average) and Median gender pay gap

3.2.1. The Mean and Median hourly rates 2022 graph below illustrates that there is a gender pay gap of £1.28 (6.7%) in the Mean (average) hourly rate of pay, a significant reduction from the £2.20 reported in 2021. And a reduction to £0.03 (0.2%) difference in the Median hourly rate of pay.



3.3 Pay Quartile data

3.3.1 The regulations require organisations to show the percentage of male and female in four equal sized groups, based on their hourly pay. These are known as quartiles, with Quartile 1 being the lowest hourly pay to Quartile 4 the highest hourly pay. Based on the workforce profile of LCH this is as follows:

Quartile 1 *£6:74 - £12:71*

Quartile 2 *£12:72 - £17:14*

Quartile 3 *£17:15 - £21:02*

Quartile 4 *£21:03 - £187:79*

3.3.2 The table below shows the headcount of both female and male staff in each quartile and the percentage that it represents of the total workforce as at 31.3.2022. *(ESR data)*

Quartile	Female Headcount	Male Headcount	Female %	Male %
Q1 (Lowest)	**662**	**126**	**84**	**16**
	691	*118*	*85*	*15*
Q2	**744**	**101**	**88**	**12**
	768	*86*	*90*	*10*
Q3	**728**	**89**	**89**	**11**
	743	*89*	*89*	*11*
Q4 (Highest)	**679**	**138**	**83**	**17**
	686	*146*	*82*	*18*

The figures in italics are for 2021.

3.2.3 The percentage decrease in female representation in both Quartiles 1 and 2, together with the percentage increase in Quartile 4 has been a contributory factor in the reduction of the Mean (average) gender pay gap. (Note that percentages are used rather than absolute numbers as the overall headcount changes from year to year i.e., 2021, 3327 staff in post and 2022, 3267 staff in post).

4.0 Mean (average) and Median Gender Bonus Pay Gap

4.1 The bonus payment percentages are intended to reflect the distribution of bonus payments made to males and females who were paid a bonus in the preceding 12 months. This is based on the number of males and females who are "eligible" and then go on to actually receive a bonus.

4.2 The LCH Mean (average) Gender Bonus Pay Gap has been reduced from 29% in 2021 and reducing to -35.8% in favour of females. Whereas the Median Gender Bonus Pay Gap remains at 0%.

5 What the data is telling us?

Gender Pay Gap

5.1 As at the 31.3.2022 there was a gender pay gap in both Mean (average) (6.7%) and Median (0.2%) hourly pay, this means that on average for every £1 a man earns a woman earns 93p.*Calculated using criteria within Gov.UK website

5.2 The Median Gender Pay Gap has decreased from 5.6% in 2021 to 0.2% in 2022 as a result of the reduction of males in the highest quartile and increased number of males in the lowest quartile.

The Median Gender Pay Gap is achieved by identifying the middle of all LCH males' hourly rates. The Median GPG will increase/decrease if there are more/less males in high earning quartiles than the previous Gender Pay Gap report.

Gender Bonus Pay Gap

5.3 Currently LCH operates two Local Clinical Excellence Awards (LCEA) colloquially known as the *old* and the *new* LCEA.

5.4 The "old" LCEA scheme, which is pensionable and consolidated, was closed to new members in 2019. It is reviewed every 5 years and could continue to be awarded to the consultant up to retirement dependant on them meeting the criteria at their 5-year review.

As at 31.3.2022 the number of consultants had reduced to 9 (*7 females and 2 males)* from 12 (*7 females and 5 males*) on the 31.3.2021.

5.5 The move to the “new” scheme, rewards consultants for their current performance rather than historical performance. As such there is a much closer and fairer link between reward and the consultant’s most recent contribution towards delivering local aims and objectives. These are “Time limited” awards which normally would be applied for annually, and also help to increase the accessibility of awards by allowing available funding to be targeted towards the excellent performers of today.

5.6 In light of the ongoing effects of the pandemic, and requirement to focus resources on recovery efforts, LCH distributed this year’s LCEA (New) funds among all eligible consultants. All those eligible *(18 females, 10 males compared to 15 females and 9 males in 2021))* for the new LCEA received an equal share of the CEA pot contributing to the reduction of the Gender Bonus Pay Gap

6.0 Conclusion

6.1 The most recent set of government data shows females are being paid a median hourly rate 10.2% less than their male colleagues, nearly a percentage point higher than the 9.3% gap reported in 2018.

The pay gap in the private sector grew from 8% in 2018 to 9% in 2021, while in the public sector it grew from 14.4% to 15.5%.

The table below provides some context in which to view the 2021-22 LCH performance *(31.3.2021 data extraction date)* All data was sourced from the Gov.UK website. https://www.gov.uk/government/collections/gender-pay-gap-reporting

	% Difference in hourly rate (Mean)	% Difference in hourly rate (Median)	% Females in lower pay quartile	% Females in lower middle pay quartile	% Females in upper middle pay quartile	% Females in top pay quartile	% Difference in bonus pay (Mean)	% Difference in bonus pay (Median)
LTHT	21.3%	21.2%	78.3%	79.8%	78%	62.8%	36.3%	38.5%
Leeds CCG	21.1%	14.7%	79.3%	82.7%	77.4%	65.6%	0	0
WY Police	11.6%	16.1%	58.7%	48%	45.8%	29.2%	-5.8%	24%
LCH	11%	5.6%	85.4%	89.9%	89.3%	82.9%	29%	0
LYPFT	10.9%	5.3%	65.5%	74.2%	73.4%	74.2%	20.3%	37.5%
BDCFT	7.6%	5.8%	79.3%	78.4%	85.7%	77.9%	33.8%	11.1%
LCC	4.9%	9.5%	73.7%	58.4%	51.6%	60.2%	20.7%	24%
NHS Digital	Late	Submission.	No	Details	Published	on	Gov	website
Health Education England								

6.2 The Government Equalities Office (GEO) report - Reducing the gender pay gap and improving gender equality in organisations https://gender-pay-gap.service.gov.uk/public/assets/pdf/Evidence- based_actions_for_employers.pdf has provided a number of evidence-based actions for employers to take. LCH has implemented a number of these actions listed below.

- Promote local, regional, and national development and networking opportunities for females.
- Continue to use skill-based assessment tasks in recruitment
- Continue to ensure all of LCH promotion, pay and reward processes are transparent for all
- Promote the Trusts flexible working policy for males and females
- Encourage the uptake of Shared Parental Leave - to share childcare more equally. We will continue to work with the Men's Health Forum to raise awareness and increase uptake

7.0 Recommendations

The Trust Board is requested :

- To approve the uploading of the LCH Gender Pay calculations (Section1.7 refers) to the Gov.UK GPG portal and the publication of the *Assurance and supporting statement (Appendices A)* on the LCH website

Appendices A

Assurance and Supporting Statements

Leeds Community Healthcare NHS Trust fully supports gender pay gap reporting across both private and public sector organisations. The Trust is fully committed to equality of opportunity within our workforce and recognises the societal issues facing women in the workforce and the long-term focus required to address the gender pay gap. Gender equality is part of our overall diversity and inclusion workstreams, to ensure that the workforce is representative of the communities we serve.

Historically the structure of medical careers was designed originally for a predominantly male workforce, with the expectation of full-time work for a long career and an ability to take on extra commitments. This has resulted in a lower average salary for the female workforce. The pay gap is not due the fact that we pay men and women differently for the same work but that we have lower numbers of men in lower paid jobs and more women in these roles and fewer in higher paid roles

There has been a reduction in the both the Mean (6.7%) and Median (0.2%) GPG, due to the percentage decrease of men in Quartile 4 and percentage increase of men in Quartiles 1 & 2.

Furthermore, the Gender Bonus Pay Gap (GBPG) (Mean) within LCH decreased from 29% in 2021 to -35.8% in favour of women. The GBPG (Median) remains at 0%.

Our Gender Pay Gap actions are listed below,

We will continue to

- Promote local, regional, and national development and networking opportunities for women.
- Use skill-based assessment tasks in recruitment
- Use structured interviews for recruitment and promotions
- Ensure all of LCH promotion, pay and reward processes are transparent
- Promote the Trusts flexible working policy for men and women
- Encourage the uptake of Shared Parental Leave - The gender pay gap widens dramatically after women have children, but this could be reduced if men and women were able to share childcare more equally, we will continue to work with the Men's Health Forum to raise awareness and increase uptake

The data has been drawn directly from our financial records and the pay-roll system. The information has been analysed using the NHS national gender pay gap business intelligence reporting programme produced by the national Electronic Staff Records (ESR) team. This therefore provides assurance on the data gathering and analysis process and the controls to support the data quality within this report.

Jenny Allen & Laura Smith
Director of Workforce, OD & System Development
Leeds Community Healthcare NHS Trust

Trust Board Meeting held in Public: 3 February 2023

Agenda item number 2022-23: (128i)

Title: Mortality Report Quarter 3 2022-2023

Category of paper:	**For assurance**
History:	**Quality Committee 23 January 2023**

Responsible director:	**Executive Medical Director**
Report author:	**Deputy Medical Director**

Executive summary

Purpose of this report:

To provide the Board with assurance regarding the Mortality figures and processes within LCH NHS Trust in Quarter 3 22-23.

Main points to note:

- Quality Assurance & Improvement (QAIG) Group have met regularly and are quorate. The last meeting was the 12th January 2023.
- 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.
- Equity analysis shows ongoing trends in ABU therefore a deep dive has been commissioned to better understand the implications of the data and actions that can be taken
- A proposed new method of categorising, reviewing and investigating adult deaths has been proposed in line with the NHSE Safer Strategy Methodology Toolkit and Patient Safety Strategy. Assurance criteria for evaluation of a pilot are being identified in conjunction with QPD. It is anticipated this would increase the focus and learning from deaths where this is greatest for the Trust, without reducing the opportunity to learn from themes and trends within our very large dataset
- Changes to the SOP for Child Deaths have been proposed and are out for consultation at present. In conjunction with the proposed pilot in Adults this will lead to a full review of the Learning from Deaths policy in 23.24.
- The increased number of Child Deaths seen in Q2 has increased again in Q3, although in contrast to Q2 over 50% of those in Q3 were expected deaths. The increase in volume during this period places further increased pressure on the SUDIC team in terms of capacity and resilience. Work is underway within the CBU and the city to increase the resilience of this clinical cover to better enable it to cope with periods of increased child deaths.
- An increased number of LD deaths is seen during Q3. This is thought to be related to increased identification of LD deaths secondary to the processes introduced during Q2 but a review of all LD deaths is being conducted by the LD team and a thematic review will be included in the Q4 report.

Recommendations:

- The Board is recommended to receive this assurance regarding Trust mortality processes during Q3 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.
- Note the proposal to review the Learning from Deaths policy during 23.24 in light of proposed changes to processes within both Adults and Children in the Trust

Adults & Specialist:

Overview:

- The overall number of deaths increased within Q3 (961) compared with Q2 (868) 22-23.
- April to November 22 (Dec 22 data not available at time of report writing) showed 43% patients died at home (25% increase on baseline 19-20 data (34%) but lower than year 21-22 (47%)
- Year to date (YTD), 79% of patients achieved their preferred place of death. This is similar to the overall average since April 2019 (80%).
- 3 expected SBU deaths were reported on DATIX with no concerns noted.
- 11 unexpected SBU deaths were reported on DATIX. One was an unexpected death in police custody. Another was a death in LMWS. Serious incident investigations are underway in these cases and the coroner involved. There were no concerns in the other 9. A deep dive into LMWS deaths was performed to understand learning and provide assurance from all previous unexpected deaths (since April 2020).
- 2 ABU deaths were reported as serious incidents. One related to a fall with head injury and another sepsis from a leg wound. The coroner is involved in the cases.

Trends/themes:

- Those NTs with larger caseloads had higher numbers of deaths.
- Total number of deaths has been relatively stable since Q4 21-22.
- There was an increase in deaths reported as unexpected (72 Q3 compared with 52 in Q2). However the number is still 29% lower than Q3 21-22 (albeit larger COVID death numbers at that time).
- The previously reported trend of increasing deaths within the SALT team is again noted. A deep dive into incidents and deaths (February 2022) provided some assurance regarding a larger case load as the cause of higher number of deaths. A further review into this data for additional assurance is underway within Q4 22-23.
- There is a reducing number of deaths within community cardiac services over the reported period since 2019. This is felt to be in relation to improved treatments and new guideline implementation.
- The palliative care leads have noted an early theme of covid-related deaths following discharge. This is being reviewed.
- Patient safety incidents have identified 2 occasions secondary to system pressures where staff have felt pressured to verify death.
- Q3 Level 1 mortality reviews occurred in 53% deaths in ABU and 38% deaths in SBU (compared with average since 2019 of 56% and 43% respectively). This is due to capacity issues with teams.
- Capacity challenges within the senior leadership impacted the ability to perform timely Level 2 mortality reviews (Q3 49% ABU and 42% SBU compared with average since 2019 55% and 52% respectively)

Equity:

- Adjusting for population within IMD deciles 1 and 2, there were between 12-17% more deaths within Beeston, Morley and Woodsley than expected. Further analysis with input from Health Equity and Public Health has been

requested and will report for Q4.

- Over the last 4 quarters, ABU deaths in IMD 1 and 2 are persistently lower than the average of 20-21/21-22 (relative reduction of 8%; absolute reduction 2.75%)
- Greatest proportion of premature deaths (<75 years) were within Beeston, Chapeltown and Seacroft (35%, 36% and 30% respectively compared with city average of 27%)
- Although small numbers (22), 100% of deaths under SBU's homeless and health inclusion team were <75 years with greatest number (16) aged 26-54 years).
- City wide YTD achievement of Preferred Place of Death is similar to the average since 2019 at 79%. YTD IMD 1 and 2 is 77% and IMD 9 and 10 is 85%. On review of previously submitted data, the average difference between IMD 1 and 2 versus 9 and 10 is approximately 5% in achievement of PPOD since 2019. This will be reviewed in conjunction with the Health Equity and Public Health teams as above and report in Q4.
- Achievement of preferred place of death (PPOD) appears similar to previous years irrespective of ethnicity.
- However, there appears to be lower absolute numbers of PPOD achievement within differing ethnic groups suggesting lower recording of ethnicity data.

Learning/Development:

- A pilot of the mortality review process is being worked up following a successful Structured Judgement Review pilot. This will aim to streamline process and increase learning opportunity and will align with the NHSE Safer Strategy Methodology Toolkit and Patient Safety Strategy. Assurance criteria for the pilot are under development in conjunction with QPD at present.
- Reviews into previously unidentified trends/themes (cardiac, SALT and COVID post discharge patients) are being explored
- A deep dive into the 'not recorded' group of deaths regarding expected/unexpected status within Q4 is planned
- Engagement planned with PCNs/primary care in Q1/Q2 regarding cause of death data (after peak of winter demand)
- The End of Life Population Board has identified a risk regarding access to anticipatory medications. LCH are involved in the process to mitigate alongside LTHT and community pharmacies.
- Review of backlog of mortality reviews being planned for late Jan 23 to ensure reviews completed in a timely manner.
- A review of ethnicity data/coding has been requested.
- Work to audit the completion of RESPECT forms has been identified as an area for development within Q4.
- LCH teams involved in the city-wide RESPECT form review process

Children:

Overview:

- There were significantly more deaths in Q3 than Q2 which was already an outlier with higher numbers (Q3 had 17 (Q2 had 12, Q1 had 4))
- In contrast to Q2 (with all deaths unexpected), Q3 deaths were expected in 9 patients and unexpected in 8.

- 1 death (hanging in 9 year old) was escalated to a serious incident.
- The additional number of deaths within Q3 will impact timeliness of some mortality case reviews (currently 35 awaiting review).
- SUDIC rota cover remains a risk and is reported on the risk register. One new nurse to cover SUDIC recruited in Q3.

Learning/Development:

- CBU leadership are working to manage the capacity within the team reviewing deaths given the recent increase.
- CBU are going to review the increase in child deaths against national data.
- The SOP for child deaths is out for consultation at present due to the changes within. Additional support for colleagues included in SOP.
- A new panel to review child deaths where LCH input has been limited has been developed and meetings being diarised.
- Development of additional training for medical staff to cover the SUDIC rota is underway.
- The Safeguarding team have developed a Safe Sleep poster which was circulated by MyLCH and incorporated into a screen saver. Additional training being provided to PHINS on safe sleeping.

Learning Disability:

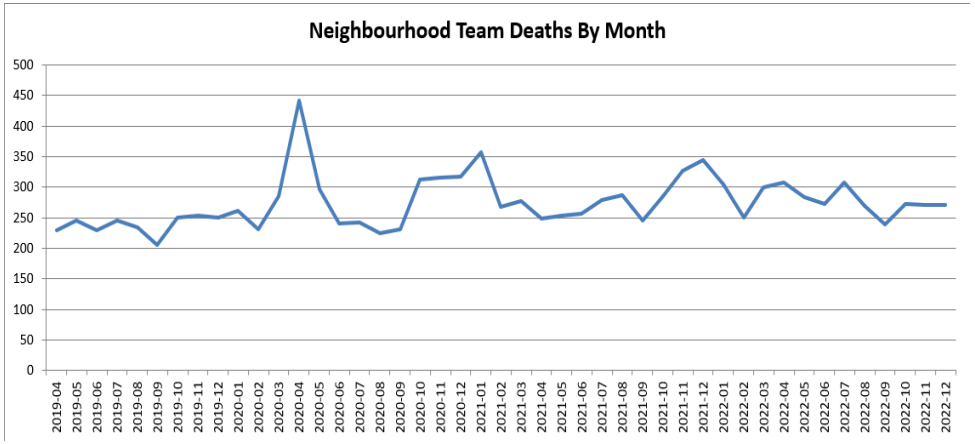
- There were 8 adult deaths recorded in Q3 in patients with a LD. Although small numbers, this is a 60% increase on Q3 (5 deaths) which is thought to be due to increased identification secondary to the processes introduced during Q2.
- A review of all LD deaths is underway by the LD team and a thematic review to be provided for Q4.
- DATIX form due to be introduced by 31/1/23 (with associated comms drafted) to include the LD data field. A process led by the LD team will review all incidents with a LD angle and report themes.
- Flags are now present on SystmOne to highlight patients with a learning disability or autism, pulled through from the primary care record.
- 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:

- The Board is recommended to receive this assurance regarding Trust mortality processes during Q3 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.
- Note the proposal to review the Learning from Deaths policy during 23.24 in light of proposed changes to processes within both Adults and Children in the Trust

Adult Mortality Report – QAIG, Q3 2022/23 October, November , December (2022)

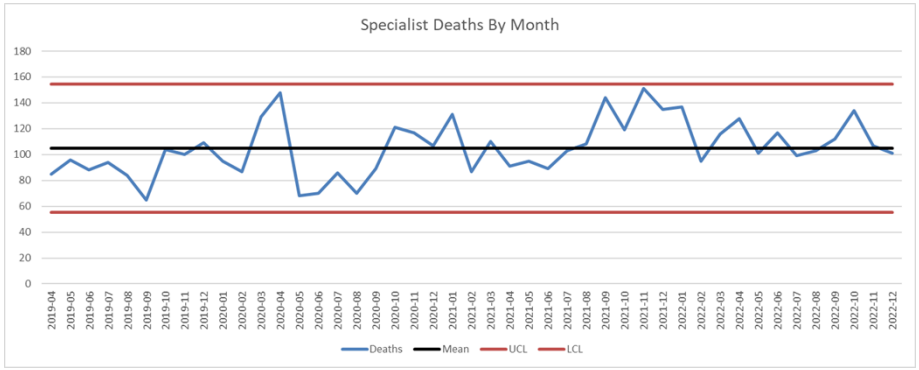
Quantitative data



Oct - Dec 22 Mortality Figures for NTs & Selected Specialist Services

Deaths	Oct-22	Nov-22	Dec-22	Q3
Total	328	310	323	**961**
NT	272	271	271	**814**
Specialist	134	107	101	**342**
Specialist not in NT	56	39	52	**147**
In NT & Specialist	78	68	49	**195**
Specialist Deaths in Multiple Units	12	13	10	**35**
Virtual Frailty Ward	1	3	2	**6**
Learning disability	2	1	5	**8**

Adult Data	Q4 21/22	Q1 22/23	Q2 22/23	Q3 22/23
Level 1	592	819	759	1198
Level 2	143	230	146	295
Unexpected deaths	67	92	52	71
Expected deaths	462	477	312	500
Alliance CCB deaths	5	5		
Virtual Ward deaths	5	5	4	6
LeDeR	5	0	5	8
Serious Mental Health	0	0	0	0



Specialist Deaths - Q3 Total

Unexpected	Expected	Not Recorded	Total
6	43	70	119
5	37	69	111
4	25	40	69
3	8	16	27
1	8	12	21
0	2	18	20
0	1	6	7
0	0	2	2
0	0	1	1
19	**124**	**234**	**377**

NT Deaths - Q3 Total

Unexpected	Expected	Not Recorded	Total
5	51	37	93
4	44	45	93
3	36	43	82
5	41	33	79
5	30	41	76
2	32	33	67
6	25	31	62
3	25	30	58
3	19	27	49
3	23	22	48
6	22	14	42
4	15	17	36
3	13	17	33
52	**376**	**390**	**818**

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, Q3 2022/23 October, November , December (2022)

Narrative

Analysis:

- **Total Adult deaths in Q3 22/23 = 961** (Q2=868 Q1= 938, Q4 = 906). There has been an overall 9.6% increase, Adult Business Unit deaths Q3 22/23 = 814 (Q2 22/22=755) Specialist Business Unit deaths = 342 (Q2 22/22 =274) 147 deaths were in Specialist services only and 195 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. It is noted that ABU deaths have tracked the mid control line for a significant period now rather than previous greater variance seen month on month and perhaps when comparing to the SBU data ,may account for why the number of deaths feels higher overall at team level.
- **71 deaths were reported as unexpected** (Q2 52, Q1 92, Q4 67). This reflects a 26.7 % increase from Q2 and what has been a reducing picture. When compared to Q3 2021/22 (100) this is still maintaining an overall 29% reduction not withstanding that this period was affected by covid and associated non covid deaths.
- **8 patients died who had a learning disability, (37.5% increase from 5 in Q2** 2022/23) To request a tabletop review of all LD deaths and a thematic review will be provided Q4.
- Equity — No new trends noted for equity data for SBU or ABU this quarter.
- **There have been 4 Serious incidents relating to patient deaths in Q3** , and which are aligned to Coroner investigations.

SBU

1. LMWS
2. Police Custody

ABU

Meanwood NT x 2 incidents (a fall with head injury and a sepsis from leg wounds.)

Themes

- Palliative Care leads have highlighted a potential theme and the need to monitor in Q4 the impact of covid related deaths following hospital discharge.
- High numbers of deaths not recorded as either expected or unexpected was noted this quarter for both ABU and SBU .This may be related to patients who die in another setting, Hospice or Hospital just over 24 hours form admission however, plan to look at a deep dive Q4 to provide greater assurance around the accuracy of this data.
- Continued issues relating to delays in S1 deaths being recorded in primary care.
- Cross over through incidents and complaints re delays in patients making contact with new Citywide Triage hubs for support/call outs . some delays of over 1-2 hours reported. 2 incidents of harm caused This impact will be considered as part of the lessons learned following the implementation of the new Triage Hubs.
- Patient safety incidents have identified 2 cases where System Pressures have a potential link to staff feeling pressurised to verify death in the community.

Contributions to making stuff better

- Adoption of the Structured Judgement Review process. Template will remain in draft until further guidance is available re national template PSIRF.
- Clinical Lead, Clinical Heads of Service and Quality lead ABU to meet end of January to complete tabletop exercise to review backlog of Level 2 reviews.
- Training needs analysis submitted to End of life population board.
- Claire Gray Sharpe HOCG has prepared and submitted a proposal for streamlining the mortality process and to align LCH process to National policy .

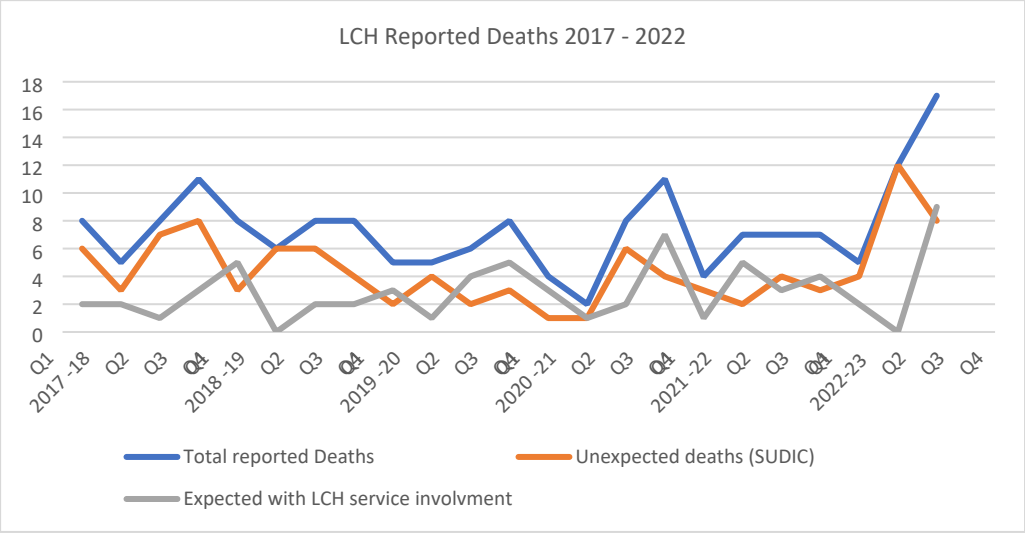
Risks

- A risk has been identified by the End-of-life Population board relating to access and availability of anticipatory medications impacting on ability to manage symptoms.

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*

Mortality - children's Q3 2022/3 (Oct - Dec 2022)

Quantitative data



Quarter 3 22/23	Expected with LCH service involvement	Unexpected/ SUDIC	Total
October	1	3	4
November	3	1	4
December	5	4	9
Total	**9**	**8**	**17**

Narrative

There were 17 deaths in quarter 3, this is a further increase from last quarter.

Expected deaths

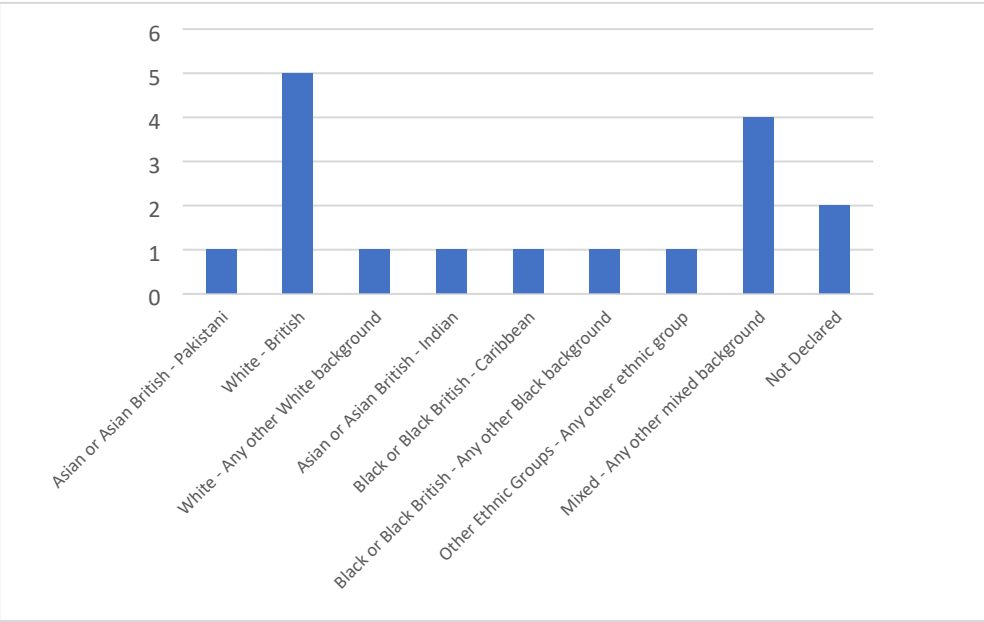
Age	Cause of Death	Immediate LCH Learning
13wks	1a: Acute Respiratory Distress Syndrome, b, Chronic Lung Disease, 2: Congenital Myotonic Dystrophy Type 1	No
7 wks	Life limiting condition – died in Martin House	No
4y 9m	1a Anaplastic Ependymoma (brain tumour) RESPECT document in place	No
16y 1m	Life limiting condition RESPECT in place	No
9y 8m	Cardiac arrest – RESPECT form in place	No
8y 9m	Complex congenital heart defect RESPECT form in place	No
1y 1m	Complex congenital heart condition	No
13y 9m	Cornelia de lange syndrome chronic lung disease	No
11y 1m	Severe Acute Respiratory Distress Syndrome due to Influenza	No

SUDIC

17y 8m	Complex health needs, cause of death unknown	No
10 wks	Cardiac arrest – no confirmed cause of death	No
16 wks	Cardiac arrest – obstructive airway	No
7y 2m	1a) Edwards Syndrome, not expected	No
9y 7m	Death by hanging	Proceeded to a Serious Incident
2y 3m	No cause of death	No
4y 10m	Strep A	No
16y 0m	Under police investigation	No

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*

Mortality - children's Q3 2022/3 (Oct - Dec 2022)



Child deaths by ethnicity – Q3

Risks/issues

- The number of deaths reported has increased again this quarter, however these are mixed between expected and unexpected, unlike Q2. There are currently 35 child deaths to review.
- Risk remains of limited number of Paediatricians covering the Service. One new SUDIC Nurse has commenced in post, remains on the risk register.
- There has been a delay in moving to Datix, due to the delayed SOP and ongoing improvement works within the wider Datix system
- There is a discrepancy with reporting via the Quarterly Child Mortality Report and the Performance data – meeting to be arranged to discuss what data is required for each report.

Making Stuff Better

- To establish meeting dates for a specified panel to review children with limited LCH involved
- Training is being developed to allow further training of other medics to cover the SUDIC Service
- QL and CL to meet with Jen Gardiner and Steve Keys to discuss how the new critical incident staff debriefing can support practitioners following the death of a child
- The Child Death SOP is out for consultation
- There is a plan to roll out Every Sleep a Safe Sleep training webinar - YouTube launched by West Yorkshire Health and Care Partnership
- Safeguarding have developed a Significant Events Poster that has been circulated via "My LCH Today" and asked for it to be made into a screen saver throughout December.
- A similar poster regarding the Safeguarding Node is in development and this will be added to the planned rolling programme of reiterating messages that have come from learning from Scoping requests.

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*

Leeds Community Healthcare NHS Trust

Trust Board meeting held in public: 2 February 2023

Agenda item number: 2022-23 (129i)

Title: Research and Development Strategy update

Category of paper: for assurance
History: Quality Committee 23 January 2023

Responsible director: Executive Medical Director

Report author: Head of Medicines Management

Executive summary (Purpose and main points)
This report provides an update to Quality Committee on the implementation of the Research and Development Strategy 2020-2025.

Notable achievements since the last update in May 2022 include:

- Recruitment of over 500 participants to COVID rehab studies
- Onboarding of four GP practices and screening of over 1,000 participants to primary care research studies
- Reviewing the leadership required for the Research Team to drive forward the Trust research strategic aims from a clinical perspective.

The new approach to leadership of the R&D Team has been implemented with the appointment of a Clinical Lead for Research. This part time post will work alongside a clinical delivery role, focussing on building relationships within LCH and opening doors for staff undertaking advanced practice roles and delivering research activity.

Recommendations
The Board is recommended to:

- **receive** this report and note the work undertaken to date

1 Background

The Research and Development (R&D) Strategy 2020-25 was approved by the Trust Board in February 2020. Shortly after this services were impacted by the COVID-19 pandemic; reset and recovery of services has provided different opportunities to consider the role of research, with new services such as the Long COVID Service embedding research into everyday practice, with over 500 participants recruited to studies so far during 2022/23.

2 Strategy Implementation

The R&D Strategy lists 4 workstreams: Workforce Culture; Patients and Communities; Partnerships and Sustainability. Appendix 1 outlines the key milestones and a summary of progress in each of these areas is shown below.

2.1 Workforce Culture

A development session for the Research Team was held in May 2022, reviewing the work of the team:

- pre-pandemic (up to March 2020),
- during the pandemic (April 2020 to September 2021)
- during the period of service reset (October 2021 to April 2022) and
- agreeing the way forward (May 2022 onwards)

A set of principles were agreed (appendix 2) to harness the skill mix and talent of the team.

A review of the leadership of the LCH Research Team was undertaken in summer 2022, which included benchmarking against community provider organisations of similar size and service mix. In September 2022 the new leadership structure was approved, with a two-pronged approach:

- a new Band 8a Clinical Lead for Research post. This part time post will work alongside a clinical delivery role, focussing on building relationships within LCH and opening doors for staff undertaking advanced practice roles and delivering research activity.
- a Band 8a Research Project Manager post. This post will be hosted by LTHT and will work across the two organisations to support ‘left shift’ of research from hospital to community/primary care-based settings.

The Clinical Lead for Research started in January 2023. LTHT are leading the appointment of the joint post.

To provide support to the team during an unprecedented period of vacancies coinciding with long-term sickness in the team a part time 12-month secondment Research Governance Manager post has been secured, with the individual joining LCH from Bradford District Care Trust in January 2023. In addition to providing

knowledge, resilience and support, the shared knowledge of another provider from within the West Yorkshire ICS will strengthen the opportunities for shared onboarding of studies across the Leeds/Bradford patch.

2.2 Patients and Communities

The Trust Research Champion[1] was involved in the recent recruitment of the Clinical Lead for Research and Research Governance Manager positions, providing a unique perspective for the shortlisting and interview process. The relationship with the Research Champion will be further enhanced during the induction of new team members during January 2023.

2.3 Partnerships

In summer 2020, the Trust received funds from the NIHR Clinical Research Network to undertake a scoping project to determine the feasibility of an integrated research governance, management and delivery system in Leeds which would support research in the community. Additional funding was secured to further develop the work over the course of 2021/22, with LCH acting as the regional vanguard for identifying and overcoming barriers to research outside of traditional hospital settings.

A further award was made for 2022/23, with LCH supporting the delivery aspects of the ALABAMA[2] study. During the first nine months of 2022/23, a further 4 GP practices have been engaged in the study with 1,054 screening appointments and 101 consent appointments delivered in partnership with primary care teams.

2.4 Sustainability

The pipeline of studies currently in the 'work up' phase includes a range of services and clinical conditions:

- CAMHS: understanding gender differences in young people's experience of self-harm
- Community Dental: The CALM trial: the clinical and cost effectiveness of a guided self-help cognitive behavioural therapy intervention to reduce dental anxiety in children
- MSK: open-label trail to check the safety and tolerability of RTX-GRT7039 injections for pain associated with osteoarthritis of the knee
- Neighbourhood Teams: Maximising Mobility and Strength Training (MMoST) Feasibility Trial
- Neurology & Speech and Language Therapy: Self-management intervention for aphasia (feasibility study)

[1] Research Champions are passionate about getting more people involved in research. Supported by NIHR, they volunteer their time to help spread the word about health and care research to patients and the public

[2] ALlergy AntiBiotics And Microbial resistAnce (ALABAMA): a study to find out if people with a penicillin-allergy label in their GP health records really do have an allergy

- Podiatry: Treatments of Exercise and Orthotics for Plantar Heel Pain (TREADON)

Increasing the number of services who are research active is a key building block to supporting the development of advanced practice roles, creating academic career pathways and retention of experienced staff.

3 Key milestones in the next six months

Work over the next six months will focus on:

- Establishing the Clinical Lead for Research role and progressing strategic objectives:
    - Workforce culture: implementation of Clinical Research Adviser posts
    - Workforce culture: scoping of how research can be included in appraisal and job planning
    - Workforce culture: development of research mentoring programme
    - Patients and communities: refinement of the Patient Experience Survey (PRES)
    - Partnerships: scoping of additional academic clinical posts
- Implementing the joint LCH/LTHT out of hospital research leadership post.
- Review of governance policies, procedures and processes, benchmarking with similar sized community provider organisations.
- Agreeing with the Clinical Research Network the next steps for delivery of research in primary care once the ALABAMA project ends in March 2023.

4 Strategy Review and Oversight

The R&D strategy is reflected in the R&D corporate team workplan and as such is discussed at the monthly Research Operational Group. Discussions provide assurance of progress, with escalations being made via the quarterly reporting to the Quality Improvement and Assurance Group.

5 Recommendations

The Board is recommended to:

- **Receive** this report and note the work undertaken to date.

Appendix 1

Research & Development Strategy

January 2023 update

Leeds Community Healthcare NHS Trust

	Short (April 2021 to March 2022)	Medium (April 2022 to March 2024)	Long (April 2024+)
Workforce culture	☑ Development of structured research offer for retirees and part-time staff thorough CLASS ■ Implementation of Clinical Research Adviser posts	■ Launch of formal research offer as part of retirement planning package ■ Scoping of how research can be included in appraisal and job planning ■ Evaluation of Clinical Research Adviser posts ■ Development of research mentoring programme	■ Embedding of research into appraisal and job planning ■ Research career opportunities promoted as positive reason to join LCH through recruitment routes
Patients and communities	■ Refinement of the Patient Experience Survey (PRES)	■ Increased participation in PRES from all research active services	■ Friends and Family test to incorporate a question about participation in research
Partnerships	■ Scoping of additional academic clinical posts	☑ Scoping of existing primary care research infrastructure and opportunities for development ■ Appointment of additional Clinical Academic posts	☑ Development of joint LCH/Leeds GP Confederation Research team ■ Establishment of research partnership with social care ■ Evaluation of Clinical Academic posts
Sustainability	☑ Identification of potential non-NHS partners to offer research management studies to ☑ Evaluation of 'Green Shoots' physio pilot with MSK Service & scoping of further areas for 'Green Shoots' funding	■ Development of research management service offer	■ Implementation of research management service offer

NHS
Leeds Community Healthcare
NHS Trust

Research Team Development Session
May 2022

	Pre pandemic (prior to March 2020)	Pandemic (April 2020 to September 2021)	Reset & way forward (October 2021+)
LCH research	■ Research active services: MSK, CAMHS, ICAN ■ Significant corporate resource utilised to undertake capacity & capability reviews	■ Research stood down as service offers paused & clinical staff redeployed ■ Long COVID Service secure grant funding to explore and compare gold standard care	■ Support opening/re-opening of research studies in MSK, Podiatry & CAMHS ■ Support the Long COVID research programme as required
Provider partnerships	■ Partnership with St Gemma's Hospice • Research agenda driven by Academic Unit of Palliative Care • Research nurses employed by LCH (& accruals attributed to LCH) • Limited opportunity for joint working/ spread with LCH services	■ April 2020 palliative care research nurses redeployed to support national Urgent and Important Public Health research workstreams • May 2021—retirement of Palliative Care lead researcher & LCH employed research nurses ■ Staff deployed to LTHT research team to deliver COVID-19 vaccine trial ■ Partnership with Spectrum to deliver research governance	■ Review of model for palliative care research in city undertaken—St Gemma's to take responsibility for all research governance, management & delivery • Funding flows to be agreed with CRN and finance teams across LCH & St Gemma's ■ Develop joint research leadership post across LCH/LTHT to drive forward out of hospital research agenda
Primary care research		■ September 2020—initial integrated primary/ community research study funded by CRN ■ April 2021—further 12 month project delivering ALABAMA and BASIL with GP practices across the city	■ April 2022—further 12 month project extending primary care research delivery offer ■ Work with CRN to identify suitable studies for delivery in primary care

Research Team Development Session

May 2022

Leeds Community Healthcare NHS Trust

Principles of working

Leeds Community Healthcare NHS Trust

Trust Board Meeting held in public: 3 February 2023

Agenda item number: 2022-23 (130a)

Title: Approved Audit Committee minutes: 14 October 2022 (Public)

Category of paper: for noting
History: N/A

Attendance

Present:	Khalil Rehman (KR)	Chair of the Committee, Non-Executive Director
	Richard Gladman (RG)	Non-Executive Director
In Attendance:	Bryan Machin	Executive Director of Finance and Resources
	Diane Allison	Head of Corporate Governance, Health and Safety and Risk (Company Secretary)
	Sharron Blackburn	Deputy Head of Internal Audit (Audit Yorkshire)
	Helen Higgs	Managing Director and Head of Internal Audit (Audit Yorkshire)
	Nikki Cooper	Local Counter Fraud Specialist (Audit Yorkshire)
	Steve Moss	Head of Anti- Crime Services (Audit Yorkshire)
	Louise Stables	Audit Manager, Mazars
	Andrew Stephenson	Security and Safety Lead, Leeds Community Healthcare NHS Trust (Item 33b)
	Richard Slough	Assistant Director of Business Intelligence, , Leeds Community Healthcare NHS Trust
Apologies:	Professor Ian Lewis (IL)	Non-Executive Director
Minutes:	Liz Thornton	Minutes

Item: 2022-23 (30)

Discussion points:
Welcome, introductions, apologies and preliminary business

The Chair of the Committee, Non-Executive Director (KR) welcomed everyone to the meeting.

a) Apologies

Professor Ian Lewis, Non-Executive Director.

b) Declarations of interest

Prior to the Committee meeting, the 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.

There were no **new** declarations of interest made in relation to any items on the Agenda for this meeting.

c) Minutes of the meeting held on 3 August 2022

The minutes of the meeting were agreed as a correct record.

d) Matters arising and review of the action log

Meeting held on 3 August 22

Item 2022-23 (20b) - Internal Audit - disaster recovery: controls for systems owned by third part suppliers

This was covered by Item 34a on the agenda for this meeting.

Item 2022-23 (20b) – Internal Audit - Data Security and Protection Toolkit (DPST) Part 2:

The Executive Director of Finance and Resources explained that the audit process for the DPST required two audits to be completed and it was possible that the first audit would highlight discrepancies between the internal and external assessments against the assertions.

The Committee agreed that the paper presented to the meeting today for Item 35b on the agenda evidenced that further progress was being made.

The two other actions on the log had been completed prior to the meeting.

There were no further actions or matters arising from the minutes.

Item 2022-23 (31)

Discussion points:
Internal Audit – Audit Yorkshire

a) Internal audit progress report

The Deputy Head of Internal Audit presented the report which provided an update on the delivery of the internal audit plan for 2022/23. She highlighted the key points:

- Overall work on the 2022/23 internal audit plan was progressing well.
- Two audit reports had been issued in draft:
  - Data Quality
  - Leadership Programme
- Work on Quarter 2 audits was almost complete and planning has started for Quarter 3 audits.
- One audit from Quarter 2 would slip in Quarter 3 (Youth Offenders Institute). However, an additional audit on NHS Financial Sustainability had commenced. This has been added to the plan as a new audit.

A Non-Executive Director (RG) asked if the auditors expected to make up time where slippages in the timetable occurred.

The Head of Internal Audit said that with co-operation from the Trust she expected that good progress would be maintained.

The Executive Director of Finance and Resources said that services were under significant 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, he could not guarantee that this would remain the case.

The Committee discussed progress on the NHSE mandated review of HFMA Financial sustainability checklist audit. The Executive Director of Finance and Resources reported that his Team were under pressure to collate some of the required evidence and he would need to make a judgement as to whether limited or no evidence would be provided to support compliance with some of the assertions. The Internal Auditors confirmed that they were aware of this. They provided clarity that they did not need to receive the evidence in advance of the submission but would expect Finance to be able to produce it if requested.

The Chair of the Committee said that he would welcome a further discussion with the Executive Director of Finance and Resources outside the meeting in relation to progress against the internal audit plan and the contingency plans in place.

Outcome: the Committee:

- noted the progress against the 2022-23
- the potential risks to the plan due to the pressure services may face during the winter period.

b) Internal Audit recommendations status report

The Deputy Head of Internal Audit presented the report which provided an update on the position in terms of implementing agreed internal audit recommendations.

A procedure had been agreed for tracking and reporting on internal audit recommendations following the transfer of the internal audit contract. Internal audit recommendations are now tracked via software, MKI Insight. A protocol has been put in place to support this process.

The Deputy Head of Internal Audit explained that the report presented for this meeting only showed the current status of outstanding recommendations raised by the previous internal auditors (TIAA) as handed over on the transition of the contract.

The report showed:

- There was currently one overdue recommendation.
- There are currently three recommendations that have missed their original target dates, but not their revised target dates.
- Eight recommendations are not yet due and will be followed up in due course.
- 16 recommendations have been completed since the last report and were listed in the report.

The Committee discussed the one overdue recommendation. The Executive Director of Finance and Resources reported that the SIEM Server was now back online and the recommendation would be marked as completed when the next report was presented to the Committee.

Outcome: the Committee

- noted the Internal Audit recommendations status report.

Item 2022-23 (32)

Discussion points:
External audit

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

The Audit Manager presented the final report which had been published in mid-September 2022 to meet the required deadline. He reminded the Committee that regarding the Value for Money "VfM" element of the audit, a commentary was required on VfM arrangements and did not require an audit conclusion or opinion. 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 (VfM). There were no high risk recommendations arising from their 2021/22 audit work. There were no audit differences to report or significant weaknesses and the auditors had made no recommendations in respect of management action.

The Chair of the Committee thanked the Auditors for their work on the Trust's Annual Report and Accounts for 2021/22.

Outcome: the Committee

- noted the Auditor's Annual Report for 2021/22 including the Value for Money opinion.

Item 2022-23 (33)

Discussion points:
Counter Fraud and Security Management

a) Counter Fraud mid-year report - Audit Yorkshire

The Local Counter Fraud Specialist and the Head of Anti-Crime Services, Audit Yorkshire presented the mid-year report on the counter fraud work. The report summarised the work performed under the following headings:

Inform and Involve

- Trust intranet and website
- New starters
- Counter Fraud Newsletters
- Fraud Prevention Masterclasses

Prevent and Deter

- Bribery Act - CEO statement to go on external website and intranet
- Details of alerts, fraud prevention notices, advice and guidance issued
- Policy reviews
- Referral Benchmarking Information Q2
- Counter Fraud Champions Network
- National Fraud Initiative

Investigations update

Strategic governance

- NHS Counter Fraud Authority Strategic Intelligence Assessment
- Compliance with the Government Functional Counter Fraud Standard – Requirement 3
- Meeting with Local Security Management Specialist
- Days used to deliver counter fraud plan
- Work planned for the next quarter

The Committee were interested to know how the Trust's data on reporting fraud compared to other organisations, in particular whether it could be the case that the Trust was receiving less referrals because systems of detection were weak.

The Head of Anti-Crime Services agreed that referrals in the Trust were low. He advised that Audit Yorkshire were undertaking a piece of work which would allow data comparisons to be made with similar organisations nationally which would provide a better benchmark. The outcomes would be shared with the Committee when the final report was available.

Outcome: the Committee

- noted the mid-year update report.

b) Security Management Annual Report

The Trust's Security and Safety Lead presented the annual report to provided assurance that the security management structure and processes were in place in the Trust and officers were working to further develop and embed these. He highlighted the key points in the report, actions undertaken during the year, further plans, actions and work in progress.

The Committee were particularly pleased to see the activity which had taken place to exploit partnership working opportunities with other organisations in order to enhance the levels of security protection offered to the Trust and its staff.
Non-Executive Director (RG) asked about the level of use of the Lone Worker Safety App.

The Security and Safety Lead reported that in March and April 2022 a study was conducted to assess the level of use and effectiveness of the Lone Worker App. This revealed that a significant proportion of lone workers, estimated as in excess of 50% did not routinely use the App and were not actively being encouraged to do so.

He added that use of the App by lone workers was not mandatory but was currently subject to consideration by SMT.

The Chair of the Committee suggested that in future updates should include a timeline for the implementation of projects and specific pieces of work. He said that he would also like to see data on the number of incidents of violence and aggression which were linked to hate crime.

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.

Outcome: the Committee:

- noted the update report
- requested that a further update be made to the Committee in Spring 2023.

Item 2022-23 (34)

Discussion points:
Data security

a) Cyber Security – six monthly update PRIVATE MINUTE

b) NHS Data Security and Protection Toolkit 2022-23 Assessment Report PRIVATE MINUTE

c) Data Protection and Cyber Security Panel (formerly IG Group) – terms of reference to approve

The Executive Director of Finance and Resources presented a revised version of the Data Protection and Cyber Security Panel (formerly called the Information Governance Group) Terms of Reference for approval. He explained that the outcome of the Information Governance annual review identified a requirement to review the existing duties, changes were highlighted in the paper and evidenced in the updated Terms of Reference presented for approval.

Outcome: the Committee

- approved the updated Terms of Reference for the Data Security and Cyber Security Panel.

Item 2022-23 (35)

Discussion points:
Financial controls

a) Tender quotations and waiver report

The Executive Director of Finance and Resources presented the report which provided the Committee with details on the procurement of goods and services where the procedures on seeking tenders and quotations for items of material expenditure had been waived, including an extract from the 2022-23 register of waivers completed since the Audit Committee meeting in August 2022.

The Committee discussed the two waivers since the report; both of these were commercial suppliers and details were contained in the report.

In relation to the waiver for Leeds Mental Wellbeing Service (LMWS) the Executive Director of Finance and Resources explained that this was a pilot for the provision of online therapy to patients

through secure video conferencing and the spend on the service was unlikely to reach the value quoted in the report.

He agreed to provide the Committee with a more precise estimate of the likely spend during the pilot phase and provided assurance that if the pilot was successful a formal competitive tendering process would be undertaken before any long-term investment was made.

Action: LMWS - An estimate of the likely spend during the pilot phase to be provided as part of the next report to the Committee in December 2022.

Responsible officer: Executive Director of Finance and Resources

Outcome: the Committee:

- received and noted the report and the extract from the 2022/23 register.

b) Losses, compensation and special payments

The Executive Director of Finance and Resources presented the report which informed the Committee of the losses and special payments made by the Trust and provided assurance on the use of public funds and safeguarding of assets.

The Committee noted the detail of the four recorded transactions from July to August totalling £3,027.50.

Outcome: the Committee

- noted the report.

Item 2022-23 (36)

Discussion points:
Governance

a) Review/revision of standing orders and standing financial instructions

The Executive Director of Finance and Resources presented the paper. He reminded the Committee that to ensure that the Trust Board was discharging its role effectively the components of the standing orders and standing financial instructions and meeting the requirements contained within them.

He explained that the paper summarised a number of amendments and updates which the Committee was asked to recommend to the Board for approval and publication.

He said that since the paper had been drafted, he had reflected on the amendment suggested in Section D paragraph 17.5.1 relating to formal competitive tendering and the revision to the upper limit figure to £29,999.99. He suggested that this figure should remain at £30,000.

This was agreed.

Outcome: the Committee

- recommended that the Trust Board approves the updating of the standing orders and standing financial instructions in line with the summary of changes outlined in the paper. Subject to the agreement reached in relation to the suggested amendment to Section D paragraph 15.5.1.

b) Data Protection and Cyber Security Panel – minutes

Outcome: the Committee

- noted the minutes of the meeting held on 27 September 2022 were noted.

Item 2022-23 (37)

Discussion points:
Committee's work plan

Outcome: the Committee

- noted the workplan and deferred items.

Item 2022-23 (38)

Discussion points:
Matters for the Board and other committees and review of the meeting

The Chair noted the following items to be referred to Board colleagues:

- Progress on the Internal Audit Plan 2022-23
- External Audit Annual Report 2021-22 including Value for Money Opinion
- Counter Fraud mid-year update report
- Security Management Annual report 2022
- Cyber Security six monthly update report

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 reviewed the sources of assurance presented at the meeting for this risk (sources included internal audit reports, Data Security and Protection Toolkit (part two), cyber security update and Data Protection and Cyber Security Panel minutes and agreed that collectively they provided **limited** assurance that the risk was being managed.

Item 2022-23 (39)
Discussion points:
Any other business and close

No matters were raised.

The Chair closed the meeting at 12.30pm

Date and time of next meetings

Friday 16 December 202210.00am-12.30pm
Friday 10 March 2023 10.00am-12.30pm
Friday 21 April 2023 10.00am-12.30pm
Wednesday 10 May 2023 10.00am-12.30pm (Page Turner)
Monday 12 June 2023 (End of Year) 10.00am-12.30pm
Friday 14 July 2023 10.00am-12.30pm
Friday 13 October 2023 10.00am-12.30pm
Friday 15 December 2023 10.00am-12.30pm

Leeds Community Healthcare NHS Trust

Trust Board Meeting held in public: 3 February 2023

Agenda item number: 2022-23 (130b)

Title: Quality Committee minutes 21 November 2022

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
	Ruth Burnett	Executive Medical Director
In Attendance:	Stuart Murdoch	Deputy Medical Director (SM)
	Dave Kirby	Deputy Medical Director (DK)
	Sheila Sorby	Assistant Director of Nursing and Clinical Governance
	Diane Allison	Company Secretary
	Brodie Clark	Trust Chair
	Nina Davies	Clinical System Pathway Development Lead (Item 63a)
	Sue Lawrenson	Clinical Head of Service for Diabetes, Dietetics and Weight Management (Item 63a)
	Louise Kirkland	Senior Nurse Compliance (Item 63a)
Apologies:		
Minutes:	Lisa Rollitt	PA to Executive Medical Director

Item: 2022-23 (60) Discussion points

(a) Welcome and introductions

The Chair welcomed members and attendees. No apologies were received.

(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 24 October 2022

The minutes of the meeting held on 24 October 2022 were reviewed and agreed as an accurate record.

(d) Matters arising and review of action log

It was agreed that the items on the action log due for completion at this meeting were on the agenda or had been completed outside of the meeting.

It was agreed that the action under Item (53) *Any other business: Consideration to be given to how the work to look at risk across the system will be communicated at Quality Committee* would be closed as the issue of risk across the system was being reviewed at national and regional levels.

With regard to the actions following the Patient Story item at the Trust Board meeting on 7 October 2022, it was noted that the concerns raised by the patient's mother about consultants had been investigated and it was confirmed that the doctors concerned were not from the Trust, however the concerns would be appropriately flagged with the organisation referenced.

The Executive Director of Nursing and AHPs stated that there were no issues found with the Dietetics Service, however it was identified that there was a paucity of information relating to research around blended diets in the UK, and this would be investigated further with a view to looking at research in this area with the universities in Leeds.

2022-23 (61) Key issues

a) Current system pressures, infection rates and strike action

The Executive Director of Operations stated that Covid-19 infections were at approximately 1 in 40 people testing positive, which was an improving picture at present, ahead of a predicted surge nearer to Christmas. It was also noted that Care Home outbreaks were reducing.

The Committee heard that the system remained under pressure, with the Yorkshire Ambulance Service and Leeds Teaching Hospitals Trust (LTHT) experiencing significant pressures. The pressures were predominantly related to delays in discharge

and system work continued to identify the best ways to move patients through the system.

The transfer of two wards at Wharfedale Hospital was noted to be moving forward positively and the formal handover would take place on 23 November 2022, having undertaken work on the model (with a priority on rehabilitation), medical cover, capacity, workforce and TUPE requirements. The Executive Director of Operations stated that whilst there were 48 beds available on the wards, the staffing would safely support a maximum of 30 beds, and this would be regularly reviewed. At present, there were 28 patients residing. The Executive Director of Operations spoke about the recruitment / TUPE process, and it was also noted that there had been a positive response to a local leaflet drop to recruit to a more resilient and robust workforce.

The Executive Director of Nursing and AHPs spoke about the positive conversations with the lead GP on the wards, stating that there was a plan in place in terms of working together. A meeting was due to take place with the Therapy Lead from LTHT, about further TUPE options.

A Non-Executive Director (IL) asked about the number of patients awaiting discharge from LTHT and of them, how many would be appropriate for transfer to Wharfedale. The Executive Director of Operations stated that the model in place was for people transitioning to long term care, however the Trust's new operating model would be more around active recovery, providing good potential to make a difference in the system.

The Trust Chair (BC) asked if the Trust was comfortable in matching the expectations of the system at Wharfedale. The Executive Director of Operations stated that the initial term (to the end of March 2023) would show that with the right model, the throughput of patients would be improved, and this would put the Trust in a good position to respond to the intermediate care redesign work and enhance beds available.

It was confirmed that a formal paper would be presented to the Board at the next Trust Board meeting.

Strike action

The Executive Director of Nursing and AHPs confirmed that Trust had met the threshold for the RCN ballot and there was potential that staff would take strike action. A Trust incident working group had been established and were currently meeting on a weekly basis. It was noted that the RCN were unable to discuss derogation until dates for striking were announced, for which the Trust was expecting 2 weeks' notice. Communications for staff had been prepared, this will include requesting information from staff who intended to strike. The Committee offered their support.

Staff vaccination rates

The Executive Director of Nursing and AHPs stated that current Flu uptake was just over 50% and Covid was at 42%. This was lower than intended however it did mirror the general population uptake. It was also noted that the Trust was in a positive uptake position in comparison to partners.

b) QAIG key issues for escalation

The Executive Director of Nursing and AHPs spoke about the QAIG workshop around falls which took place on 15 November 2022. The Assistant Director of AHPs had chaired the workshop and there had been no feedback received at present. It was noted that should any items for escalation be presented, this would be brought to the next Quality Committee meeting.

c) Update on revised staffing model within the Paediatric Community Dental Service and Dental waiting times

The Deputy Medical Director (SM) gave an update on the revised staffing model, describing the current exploration of a collaborative model to ensure resilience with a potential regional approach to paediatric dental services. It was noted that the Dental service was due to be recommissioned next year and this was being taken into account when developing the model.

Data was being analysed regarding waiting lists and would be presented to the Business Committee. It was agreed that Quality Committee members would also receive the report.

Action: Waiting list paper for Business Committee to be shared with Quality Committee members

Actionee: Executive Director of Operations

d) Further update on the Leeds Sexual Health Service situation

The Executive Director of Nursing and AHPs presented the paper which gave an update on the investigation following a grievance, and the action plan from this.

A Non-Executive Director (RBo) asked about the support offered to the individual who raised the grievance. The Chief Executive stated that the Freedom to Speak Up Guardian had fed back that the individual felt fully supported by the Trust and was happy with where the investigation was progressing. The Committee heard that a development session on values and culture was planned for later in the week with the team, and that the service leadership team were fully committed to address all the issues identified. It was also noted that there had been much oversight from the Senior Management Team, and this would continue.

A Non-Executive Director (AL) stated that the individual's concerns following the investigation, and reasons for the appeal, were around a lack of repercussion for senior leaders in that service. The Non-Executive Director questioned the team's capacity to learn from the grievance and investigation and also asked about an action plan for the Trust as a whole following this. The Executive Director of Nursing and AHPs agreed that learning as an organisation was required, stating that work was ongoing around quality walks in their role to contribute to exploring closed cultures.

The Trust Chair requested sight of the report referred to in the paper and asked that further updates provided assurance to reflect the delivery of the action plan. It was agreed that a further update including progress on the action plan, and the work around future quality walks would be provided to the Quality Committee at the meeting in January 2023.

Action: Further update to be provided at Quality Committee meeting in January 2023

Actionee: Executive Director of Nursing and AHPs

e) Kirkup review (East Kent)

The Executive Director of Nursing and AHPs stated that the report had been reviewed and having considered this in the context of the recent Trust actions agreed from the Ockenden report, it was agreed, that there were no additional actions for the Trust.

2022-23 (62) Patient experience

a) Engagement strategy: Future approach to the strategy

The Executive Director of Nursing and AHPs presented the update following conversations at the September Quality Committee. The Committee heard about the Trust's work with Healthwatch who were clear that the people of Leeds wanted good communication, compassion and co-ordinated care. The strategy aimed to embed these requirements. The paper provided a plan to develop principles and actions and a proposed timeline for reporting back to the Committee.

A Non-Executive Director (IL) spoke about the Committee's role in engagement. The Executive Director of Nursing and AHPs stated that the requirements of the Patient Safety Strategy will bring patient safety partners in to the organisation, and specifically Quality Committee in 2023, and part of their role would be around engagement. The Executive Director of Nursing and AHPs also stated that Healthwatch had been invited to attend Quality Committee meetings on numerous occasions but had been unable to attend due to a lack of their capacity. It was noted that these invitations would continue.

The Chief Executive spoke about the reflections within the SMT about resources to invest in standalone posts that could work alongside services to ensure the set pieces of engagement take place.

The Trust Chair asked for clarity on the anticipated outcomes and benefits to both patients and the Trust in future iterations. The Committee agreed to recommend to the Board for approval of the approach and to develop the principles. The proposed timeline was agreed by the Committee, expecting the principles and deliverables in March 2023. Caution was raised regarding the ability to progress and achieve deliverables, and it was agreed this would be discussed further when presented.

Action: Further iteration including principles and deliverables to be presented at the Quality Committee meeting in March 2023

Actionee: Executive Director of Nursing and AHPs

2022-23 (63) Service Spotlight

Diabetes development

The Committee was joined by Nina Davies, Clinical System Pathway Development Lead, Sue Lawrenson, Clinical Head of Service for Diabetes, Dietetics and Weight Management and Louise Kirkland, Senior Nurse Compliance. The presentation was accompanied by the paper which provided an overview of some of the approaches taken to meet the vision of the diabetes strategy with a focus on quality. The Committee heard of the systems approach to improving Diabetes care, including the wealth of projects being taken forward. The Committee heard specifically about the health equity project because of learning from a previous serious incident which had led to a health promotion / prevention model.

A Non-Executive Director (AL) spoke about the opportunities for further development working with organisations across the system.

A Non-Executive Director (IL) stated that he was pleased to see a population-based approach to Diabetes with a system and equity focus.

It was agreed that the Committee would receive an update from the service at a future date to provide actual progress and outcomes.

Action: Timeframe for the Diabetes Service to return to the Quality Committee to present their update to be considered

Actionee: Executive Director of Nursing and AHPs

2022-23 (64) For discussion: Quality governance and safety

a) Performance Brief and Domain reports

The Executive Director of Nursing and AHPs apprised the Committee of a decrease in incidents in the Adult Business Unit which was being monitored to identify any themes or trends. It was noted that complaints had increased over the last two months and this would also be monitored.

The Executive Director of Nursing and AHPs spoke about the new process in place to address the backlog of rapid reviews of moderate harm (and above) incidents now in place.

The Executive Medical Director referred to the Effective domain, stating that the NICE guidance narrative was not due to be included this quarter and would be removed before it was presented at the next Board meeting. The Executive Medical Director also stated that the anomaly in Q2 mortality data between this, and the mortality report, which was

related to the point at which the data was pulled and reported on, would also be resolved for Board.

The Executive Director of Nursing and AHPs apprised the Committee of a Category 4 Pressure Ulcer within the Community Children's Nursing Team. This was under review and would go through the appropriate investigation process.

b) Clinical Governance report

The Executive Director of Nursing and AHPs presented the report.

The Trust Chair asked about the progress of Quality Walks. The Executive Director of Nursing and AHPs replied that all services in the organisation were expected to have received a Quality Walk before the end of the year. It was noted that the process for Quality Walks was being monitored with a view to focussing on those services of most concern. The Chief Executive explained the Trust communications of Quality Walk outcomes to SMT, and the Committee requested receipt of the same to be considered in future reports.

The Committee agreed to the proposed reporting of equity data to Committee in January 2023.

c) Quality Strategy

The paper was presented by the Executive Director of Nursing and AHPs. A Non-Executive Director (RBo) asked how the Trust would link the repository of learning to incidents to test embedding of the learning and best practice. It was agreed that this would be confirmed outside of the meeting.

Action: How the Trust will link the repository of learning to incidents to test embedding of the learning and best practice to be confirmed

Actionee: Executive Director of Nursing and AHPs

d) A Non-Executive Director (IL) stated that he would be interested in seeing examples of Trust learning at this Committee. The Executive Director of Nursing and AHPs stated that there was a quarterly safety summit where learning is shared across the business units and suggested inviting Quality Committee members to join these.

e) Risk Register

The Chief Executive presented the register.

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

The Executive Medical Director spoke about the medical element, stating that planning was ongoing both internally and within the city to look at a longer-term way to work as one system to ensure medical resilience. It was noted that there had been an unprecedented amount of sudden and unexpected deaths in childhood (SUDIC) in quarter and the level of work, both intensity and emotional load, was a lot for a small team to take on.

e) Board members' service visits

It was noted that there had been no Board member service visits this month. The Executive Medical Director thanked the Non-Executive Directors for joining some of the Quality Walks and stated that new dates would be released imminently.

f) Mortality report

The Deputy Medical Director (DK) presented the report and informed the Committee that the data from the Adult Business Unit showed continued support of people receiving care in their preferred place, at home and at the end of life. It was noted that the higher death rate in areas of greater deprivation continued to be monitored, acknowledging that the Trust was 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 Sudden Unexpected Deaths in Children (SUDIC) was noted and the Trust awaited learning from ongoing investigations. It was agreed that the Mortality flash reports from the QAIG October business meeting would be circulated to Committee members following the meeting.

Action: Mortality flash reports from the QAIG October business meeting to be circulated to Committee members

Actionee: Minute taker

A Non-Executive Director (IL) asked when the Committee was likely to see more accurate information about learning disability data. It was agreed that this would be determined, and the Committee would be updated.

Action: Timeline for production of accurate information about learning disability data to be advised

Actionee: Deputy Medical Director (DK)

2022-23 (65) Clinical effectiveness

a) Patient Group Directions

The Committee received the paper and ratified the required PGD, acknowledging the five national PGDs.

b) NICE guidance compliance update

The report was presented by the Executive Medical Director, noting its new format. Although focussed on the required work, due to report formatting available from Datix,

the Committee were apprised of the significant positive work that had been undertaken in achieving the current Trust position.

The Committee approved the closure of the three outstanding records, and it was agreed that future reports would include the rationale for delays in order to provide additional assurance.

c) Clinical audit

The Executive Director of Nursing and AHPs presented the paper, highlighting the increased number of audits for the year since it was last presented. The impact of reduced capacity, escalated OPEL levels and the Care notes outage in the Child and Adolescent Mental Health Service (CAMHS) on delivering the plan were acknowledged. Committee members were supportive of the work being undertaken by one of the clinical fellows to improve the plan giving consideration to improving audits to provide enhanced assurance around organisational safety and risk.

d) Internal audit reports

i. Safeguarding Adults Final Audit Report

The Executive Director of Nursing and AHPs shared the report. The 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.

ii. Internal audit 2023/24 – Committee input

The Company Secretary stated that Committee chairs would meet in January 2023 to discuss the internal audit programme for next year and asked Committee members to consider items for inclusion.

2022-23 (66) Committee governance

a) Committee's BAF assurance activity

The Company Secretary presented the six monthly report which provided a summary of compliance with the five Board assigned strategic risks for Quality Committee.

The paper identified that two of the five risks received few sources of assurance to be able to evaluate whether the strategic risk was being managed.

The Committee felt this needed further consideration as papers and conversations often included assurance against multiple strategic risks which had not been captured, with a suggestion to include this on report header sheets.

2022-23 (67) Policies and reports for approval or noting

a) Workplan

The Committee received and noted the workplan.

b) Items on workplan not on agenda

The following item was noted:

i. Integrated Care Steering Group minutes: 15 November 2022. It was noted that the meeting had been cancelled due to system pressures.

2022-23 (68) 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

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 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

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

Members understood the 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

Note aforementioned comments regarding Dental staffing and Leeds Sexual Health.

2022-23 (69)

Reflections on Committee meeting, including reflection on papers

There were no comments made under the item.

2021-22 (70)

Any other business

There was no further business discussed.

Date and time of next meeting

Monday 23 January 2023 9.30am – 12.30pm (MS Teams)

Leeds Community Healthcare NHS Trust

Business Committee Meeting
Microsoft Teams / Virtual Attendance
Wednesday 23 November 2022 (9.00 to 12.00 noon)

Present:	Richard Gladman (Chair)	Non-Executive Director (RG)
	Khalil Rehman (Deputy Chair)	Non-Executive Director (KR)
	Helen Thomson	Non-Executive Director (HT)
	Bryan Machin	Executive Director of Finance & Resources
	Sam Prince	Executive Director of Operations
Attendance:	Jenny Allen	Director of Workforce (JA)
	Diane Allison	Company Secretary
	Alan Sewell	Head of Workforce Systems and Intelligence
	Linda Glew	Programme Manager
Apologies:	Thea Stein	Chief Executive
Note Taker:	Ranjit Lall	PA to Executive Director of Finance & Resources

Item 2022/23 (64): 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 26 October 2022
The minutes of Public and Private meeting dated 26 October 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 the following update:

Item 2022/23 (01): Health and Safety Group update/escalations – Lone worker App
The Executive Director of Finance and Resources attended the Joint Negotiation and Consultation Forum (JNCF) meeting on 9 November 2022 and provided the following update.

Staff-side supported the Lone Worker App and explored some of the staffs' reservations. It was noted that there was no fully embedded system in place to monitor or maintain the system's database since the initial roll out. The Executive Director of Finance and Resources said that the App was working but not yet systematic, comprehensive, or necessarily totally effective in every scenario.

The Executive Director of Operations added that this was the time to remind people that it was there and to continue to encourage them to use it because it is a good way of giving people some assurance in darker evenings.

In respond to the Trust Chair's concern about the safety of staff, the Executive Director of Finance and Resources said that the system did exist, but it was about the extent of staff usage as a check-in mechanism. Staff should be reminded of the alarm function which can be great benefit to their safety in lone working or any environment.

Outcome:
The Committee Chair was content with the update and suggested rather than creating a new action to come back to following its implementation in the next few months, he would welcome an update in one of the regular workforce updates during the course of the year.

Item 2022/23 (65): Focus area

a) Community Dental Services (presentation)
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 because of aerosol generating procedures. Waiting times had improved but were not ideal. Data quality improvements were ongoing to ensure accuracy of information.

In her introduction, the Executive Director of Operations said that this was a small but important service. Community Dental service was being provided to people with a learning or physical disability, those with dental phobia and also a service for children who are looked after.

There were 4000 active patients over a year, who receive a course of treatment and leave. Generally, they are not people who stay on the caseload for a long time. The main operational issue is meeting demand with the capacity availability.

The Community Dental Service contract was currently with NHS England and from next April 2023, the contract was changing to the West Yorkshire ICB. It was noted that NHS England had been requested to carry out an oral health needs assessment because of insufficient funding in the Dental Service and that there were people in need not receiving a service because high street dentists would not take them on, and the Community Dental Service did not have the capacity.

The Commissioners had requested to extend the existing 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 continue with the Commissioners. The Executive Director of Operations said that she would like to see a West Yorkshire service with a central hub with the very specialist work and then a more local service to ensure access for people.

In January 2021 the service resumed seeing adults and then took on the check-ups and the recall but was still not operating the paediatric general anaesthetic service because of the long-standing vacancy in specialist paediatric dentistry.

Within the first five days of the referrals coming in patients are triaged to assess the situation followed by an assessment that could be digital or face-to-face. An average wait for that was 16 weeks and then a further wait for treatment for up to 32 weeks, leading to immediate discharge or recalled for further check-ups, which again could be over that recommended time. If there was a need for general anaesthetic services for adults, they would immediately go onto the general anaesthetic waitlist after assessment.

The Executive Director of Operations continued to say that currently there were about 200 adults waiting for their first assessment for routine rather than urgent treatment after triaged. The average time for them to wait was 16 weeks, which was within the national standard of 18 weeks. The longest wait was 102 weeks, this was happening because a number of vulnerable patients repeatedly declining face-to-face contact. The Executive Director of Operations said that she was reluctant to discharge them and remove them from the dental waiting list, as this would leave them with no dentist.

There were 380 children on the waiting list, an average wait was 31 weeks with the longest wait of 54 weeks. The issue being the need for a specialist paediatric dentistry service. This was being managed by fast track into the Dental Institute for children in pain or deteriorating. There was slow progress work going on with Leeds Teaching Hospitals NHS Trust (LTHT) and Commissioners about seeing children in the most effective way.

The Executive Director of Operations said that there was an issue with data availability and the data provided within the report was mostly manually extracted. Work was underway to populate the PIP system to have regular access to data. There was also an increase in demand as a result of the pressure on high street dentists referring more people into the community service.

There was an issue with LTHT regarding the general anaesthetic service, providing theatre capacity and theatre staffing. It was recognised that LTHT had pressure to use their theatres as much as possible for their waiting lists. Gas sedation, an alternative to general anaesthetic, was being promoted clinically after securing 5 dentists that were able to do that. There is an expectation of moving some of the adults and children from the GA pathway to the sedation pathway.

The next steps were to continue with data cleansing and hopefully seeing some patients coming off the waiting list. There were challenges in determining of at what point to exclude long-waiters who had not taken up appointments. The leadership of the service was also changing.

The Committee Chair thanked the Executive Director of Operations for her overview of the service and opened the discussion up for questions and observations.

The Trust Chair was concerned about the number of people declining appointments and asked if there was a way of flagging that up, perhaps providing a supplementary paper to support this. He also asked if there was anywhere in the West Yorkshire who had effectively modelled this well, to engage with or take forward in any kind of useful partnership. The Executive Director of Operations said that there was a dental clinical network across West Yorkshire but didn't think there was any part of West Yorkshire that was doing better than the model in place. This service focused on people with particular needs offering a local service and using the expertise in the most efficient way.

A Non-Executive Director (KR) asked about establishing some assurance on a closed culture and the dynamics behind it. He understood the redesign of a very fragile service trying to support very fragile people and asked what more could be done for people who were waiting a long time, and these are probably the most vulnerable people with very complex needs.

The Executive Director of Operations assured the Committee that this was a busy and well visited service and receiving excellent patient feedback. She said the problem was that staff working for this service also have either a private practice or a contract elsewhere. Without having a full-time permanent workforce, it loses identify and staff leave. The Executive Director of Operations said that she was working with a potential clinical leader in this service, rather than bringing somebody from outside, may help with the service's identity.

The Executive Director of Operations responded to the challenge about people in greatest need waiting the longest. She said that she will continue to try and push the boundaries to move to sedation and move to different ways of doing things. Ultimately the health needs assessment was required and the service to be commissioned appropriately.

The Director of Workforce (JA) briefly responded to the closed culture question and said that some of the things that help to mitigate against that were external views, both in terms of other staff visiting the service, but also the clients and services and feedback. She said an external consultant had worked with the team to go through some activity developments. There was also discussion at the Senior Management Team meeting (SMT) about triangulation not just the patient data but also the key performance indicators, and the workforce data, not just in dental but also in other services with similar challenges.

Outcome:
The Executive Director of Operations covered the impact of the pandemic and the risks and controls of waiting times and the next steps. The Committee noted the contract extension that gave stability and will continue to pursue the Commissioners to use the limited resource across West Yorkshire in the most appropriate way.

b) **Overview of Resourcing (presentation)**
The Committee Chair welcomed the Head of Workforce Systems and Intelligence (Alan Sewell) to the meeting. The presentation provided an overview of the workforce planning approach and resource planning and described the actions that the Trust would 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 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, and a Leeds One Workforce approach. A continued focus with city-wide colleagues to promote health and care careers, and use of intelligence from in-house systems to plan ahead**.**

The workforce planning process was designed to ensure that the right people were at the right place at the right time against a constantly changing demand and capacity profile. A cyclical process approach was being applied to understand the context of priorities and what the future scenarios could be over a period of time, looking at supply and demand over that time period and performing a gap analysis to deliver those actions.

The actions taken to deliver the workforce for the future, both medium and long term workforce planning was explained through 3 lenses; resource planning, operational planning and strategic planning. There were conversations with business units and services to understand the highest number of vacancies they had across their services and where the high-risk areas were in terms of resource. In terms of reporting and building capacity and infrastructure there was a better understanding of who was flowing into the organisation who was moving through and who was leaving the organisation. Building some of the infrastructure around the flow of staff, particularly understanding staff movement for future place modelling. A monthly report was produced on vacancies and workforce numbers, triangulated with budget and finance.

In terms of resource priorities in the current context and labour market, there was a major focus on hyper-local recruitment against unregistered clinical and particularly administrative staff vacancies, international nursing to increase registered nursing capacity and apprenticeships to create a talent pipeline of entry-level roles as well as a clear career path for those already registered as clinical professionals. A detailed slide was shared to note a number of successful appointments made in each of those areas.

There was a relentless focus on retention to reduce turnover and particularly important in those specialist service professions. There was on-going work with city partners to promote health and care careers, and particularly on-going work with the Leeds One Workforce Team on hyper-local using intelligence from systems to plan ahead.

The Director of Workforce (JA) said that the key part of the workforce strategy was to ‘grow our own’ as staff progress through the bands and move across professions and career progression framework. The embedded hyper-local approach was the key route into the Trust. The registered market remained challenging nationally and internationally.

Following the presentation, the Committee Chair opened up for reflection and observation.

The Executive Director of Operations asked whether a transport option would be helpful to ease the added pressure on people if they have to catch a bus, travel for an hour before and after their shift. The Director of Workforce (JA) agreed that would support some of the local work and fuel costs.

The Committee Chair asked about the vacancies and the finance trial balance. He said particularly when the caseload had become more complex and challenging and for some services more people were needed then when those establishments were first set up, and possibly less staff in other cases. The Director of Workforce (JA) said that a piece of work was underway to assist with that by the Executive Director of Nursing and AHPs.

A Non-Executive Director (KR) noted the detailed approach set out and asked whether that approach would have helped or made a difference if applied before and his second question was about the systemic approach to some of those practical issues. The Director of Workforce (JA) responded to say that the pandemic had framed the way of doing things and helped support the gaps. There was much more clarity now on focusing on hotspots, numbers and plans to address some of those issues. In terms of maturity, it had been recognised where the need was to move through to better reporting, better infrastructure being built and focusing on those smaller practical things, like listening and responding to staff concerns about fuel and mileage and staff health and well-being.

With reference to the forward-looking programme, a Non-Executive Director (KR) asked about reporting back and sharing information and receiving assurance that these risks were not just being managed but financially proactively being focused on. The Head of Workforce Systems and Intelligence said that aligned to those three lenses he would be able to demonstrate and show the flow in terms of infrastructure and the flow of individuals. That information could be provided on a short-term or long-term basis, over a period of years and as long as the actions deliver, they will start to deliver benefits and demonstrate to show some of the plans and how they are developing.

In respond to a question from the Committee Chair about workforce information and business intelligence, the Executive Director of Finance and Resources said that every manager within a service had the opportunity to skill mix within the sum of money available. In previous years when cost improvement plans were applied taking a view of the relative pressure on services within each business unit, they had been applied differentially to reflect different pressures and different demands on services. He continued to say that the city hadn't done that in terms of its commissioning intentions, but he understood that the Population Health Boards were charged with doing that because they would be taking an overview of their population and across organisations and across pathways looking at how resources can be moved around and therefore static establishments need to be moved around to reflect on the care delivered and not the way care is delivered.

The Trust Chair was concerned about people leaving the Trust and was looking for clarity on whether it was about leaving at the end of a successful career in the NHS, going for a promotion or better pay band, or to work closer to home etc. He would welcome a brief update of that in a future workforce report.

The Trust Chair said that the presentation was helpful and added value in terms of assurance and going forward. The Committee Chair agreed and added that it was heading in the right direction, people were being creative, and it was good to think of medium and long term as well as the here and now.

Action: Director of Workforce
Future workforce report to include details of reasons staff were leaving the Trust.

Outcome:
The Committee understood the challenges and the need for flexibility as the work fluctuated because of complexities of caseloads and varying demand. The Committee was looking forward to hearing more about individual topics in future sessions.

Item (66): 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.

In terms of Covid incidents it was an improving situation, 1:60 people were likely to have Covid. Public Health was forecasting a peak immediately after Christmas. The Executive Director of Operations was concerned about it being in the middle of winter pressures.

Care home situation was much more stable than before. There were 7 homes in Leeds with outbreaks. There was just one residence in hospital at the moment.

In terms of flu, the indication was that there will be a surge prior to Christmas. Again, this could see ward closures and further added pressure into the system.

Leeds Community Healthcare NHS Trust was reporting at OPEL level 3. Although this was being managed on day-by-day basis, any outstanding visits were being managed throughout the day.

In terms of getting ready for winter and managing the system, there was a handover taking place at midday today (23.11.2022) of the two rehabilitation wards at Wharfedale Hospital.

The Executive Director of Operations said that to help the system get ready, the plan was to maintain the target of a 2 hour response time, and to keep people out of hospital. The current target was 70% and latest performance was 74%, but there were still some concerns about how this was being counted.

The Executive Director of Operations described the two levels that the falls service operated at: Level-1 was a comprehensive falls service operating 7-day 24 hour for people who fall and can be picked up and checked they are okay and mobile. Level-2 was for people who needed picking up and needed the support from the neighbourhood teams. That was provided 7 days a week, 7.45am to 9.45pm, an expectation of 8am until 8pm. The Executive Director of Operations said that looking at both levels of service, the apportionment of the funding was slightly off balance and was proposing to address that through the Frailty Population Board.

In terms of the vaccinations and the likelihood of a surge in January 2023, 50% of the front-line staff have had Covid vaccinations and 57% have had flu vaccinations. The Executive Director of Operations said whilst vaccination will not stop the sickness it may help to be less severe if there was a surge in January 2023. She said another push was required to increase the vaccination rate.

b) Fuel costs and staff incentives - mileage allowance / targeted incentives
The Committee were sighted on the cost implications for the temporary increased mileage allowance and staff targeted incentives that had been approved by the Nominations and Remuneration Committee.

The first request to the Committee was to retain the current continuation of the higher mileage rate of 10p per mile until the end of December 2022 taking above the £250k threshold for new spend in year. The Business Committee approval was sought for this additional expenditure as per the Investment Policy, requiring Business Committee approval.

The continuation of carefully focussed incentive payment rates for additional working hours in some key hard to fill roles or difficult to cover shifts had also been approved by the Nominations and Remuneration Committee to continue to offer the incentives. The Executive Director of Finance and Resources had said that incentives would be used in a more targeted way over that period and therefore should be affordable within the Trust's existing resources.

The Executive Director of Finance and Resources said that based on a targeted approach, and experience since August 2022, that was potentially affordable. Going forward there were

implications about what winter pressures may bring or potentially the impact of industrial actions. He advised the Committee that this was costing the organisation a substantial amount of money.

The Trust Chair reminded the Committee that at the next Nominations and Remuneration Committee meeting in December 2022 these issues would be reviewed again as the current arrangement were only until the end of December 2022 and any changed decision would be affected from 1 January 2023.

Outcome:
The Business Committee approved the additional costs of retaining the higher mileage rate and approved the facility for SMT to pay further incentives for additional working hours and/or hard to fill shifts in exceptional circumstances.

Item 2022/23 (67): Business and commercial development

a) Enhance partnership arrangements (Linda Glew)
The Committee Chair welcomed the Programme Manager from Leeds Older People's Forum to the meeting.

The Executive Director of Operations said that she was very keen to demonstrate the work of the Enhance Programme. The Enhance Programme had been jointly funded by the Trust and Leeds City Council during 2022/23. She said this was not a request for funding at this stage but making the Committee aware of the work that had been undertaken so far.

The Programme Manager shared a number of slides to provide an overview of the service. She said that 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 took 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 and how the work was impacting on them which demonstrated the benefits in terms of patient care and support, staff resource and finance. The next steps were to seek funding for year two to continue and further develop this important programme.

The partnerships between Third Sector, the Trust, and the development of Enhance Programme had developed some productive and effective and equal partnerships that maximised value and expertise and improved health outcomes.

The Neighbourhood Teams received on average of over 600 referrals every week and Enhance Programme also provided additional types of support including the completion of forms, repairing household appliances, accompanying patients to appointments, and arranging social events, collecting food parcels, the collection of prescriptions and mobility work, and many more tasks.

The Enhance programme supported the ambition to provide responsive home-based person-centred coordinated care and it helps people to increase their own independency and hopefully reduce their dependence on the health services and looking to provide the best possible experience for people to ensure they had the right support and connection to the local communities.

The Executive Director of Operations endorsed this programme and the benefits it provided, and she said it should be prioritised going forward. It ensured that the Neighbourhood Teams were seeing people they should see and at the same time the Third Sector were providing their expertise and experience.

A Non-Executive Director (KR) was keen to find out about feedback and reflection from the service users, perhaps linked to the long-term sustainability, pressures on the Third Sector partners, workforce issues, digital, etc. and how the service could leverage some of the lessons learnt, particularly the value of the Third Sector.

The Executive Director of Operations said that this year had been about setting the foundations

within the Neighbourhood Teams, but completely accept that it could be relevant for so many of other services. She said discussions continued all the time on how to keep extending the referrals to include, for example self-management and virtual ward, and going to different forums to secure funding where possible.

The Executive Director of Finance and Resources reminded the Committee that the programme had been funded through non-current slippage from 2021/22 and going forward the Trust may not have funds to invest in this service. The Executive Director of Operations continued to make the case for investment to the city.

The Trust Chair said that the case made within the presentation needed to be stronger, translating the savings made into other revenue cost across the business and describing the consequences and outcomes. The Committee Chair agreed and said that the key things to note were the savings made, better patient care, and taking pressure off staff. It was noted that the City had a significant financial problem, and organisations would continue to look at the most cost-effective way of delivering highest quality care to the population it served.

The Committee Chair thanked the Programme Manager for her uplifting presentation. He was pleased to see work was continuing in terms of preventing hospital admissions, supporting patients, and helping to alleviate pressures within the service and the wider system.

b) Tenders / Contracts / Commissioners' intentions (upcoming tenders and risks) presentation *(Please see private minutes).*

Item 2022/23 (68): Change Management and Projects

Change Management report

The quarter two summary demonstrated the work on the key change projects, which 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).

The Executive Director of Operations said she wanted to acknowledge the involvement of the Business Change and Development Service who had been extremely flexible and supportive with the arrangements at the new wards at Wharfedale Hospital.

The Committee Chair referred to the work in the portfolio, and at the same time recognising the amount of work involved at Wharfedale and asked if there was a need to re-prioritise the total scope of the change programmes and whether it was still achievable. The Executive Director of Operations said that the work undertaken previously on prioritisation of eight or nine key projects was the right thing to do and that it was likely to be achievable.

The Trust Chair asked about the six that were in the initial stage and if there was any cause for concern. Secondly, he asked if there was some way of beginning to share potential benefits of the change in either monetary terms or staff terms. He said it would be helpful perhaps to have a sentence next to the project description to provide some sense of the scale of the benefits. The Executive Director of Operations agreed to add it in as part of the benefits expected.

The change projects of concern were ICE Pathology, expectations about diagnosis and/or treatment, as part of 'gathering information'. This service was reliant on colleagues at LTHT for support. There was a major upgrade to the system going on at the moment, that was impacting on the results being received in a timely manner for patients. The second one was the delay in the digital allocation workstream which was outside the Trust's control. The initial go-live date of August 2022 was now to be January 2023. The digital allocation concerned the integration between the new software and the Phoenix Partners (TPP). The Executive Director of Operations added that the development of the multi-unit was underway and after some internal testing in December 2022 for 2 weeks, the indictive go-live date was January 2023.

The Trust Chair said that it would be good to review the priority list in the New Year to see what

would be brought forward into the new financial year.

Outcome:
The Committee received assurance that the change programme work within the Trust was being managed well.

Item 2022/23 (69): Performance Management

a) **Performance brief and domain reports**
The Committee discussed a number of items that highlighted the innovative spirit of the Trust that continues to flourish within the current challenging climate.

The Safe, Caring and Effective domains were reviewed at the Quality Committee meeting on Monday 21 November 2022. No further comments were received.

In the well-led domain, the Director of Workforce (JA) was pleased to say that the turnover had stabilised in terms of the overall figure and the less than 12 months service turnover was also slowly tracking downwards. There were no concerns to report in terms of short-term sickness absence. The long-term sickness absence was more of a concern. A deep dive presentation at SMT last month reviewed this by business unit and the causes. The highest cause being stress and anxiety and depression followed by the impact of long covid. There was lots of effort going into working with staff to get them well and back into work but also to keep them in work in the first instance.

There was a more dedicated focus on appraisals. The figures were low, but work was ongoing, particularly around the hot spot areas and looking to review and refresh processes. Following a detailed discussion at SMT about a new design and focus on appraisal forms, the Director of Workforce (JA) was happy to include the revised form in one of the regular workforce reports. The Committee Chair requested an update on the long-term sickness in terms of the year ahead.

FINANCE
The position of the organisation was more comfortable now than reported last month and it would be able to achieve the planned surplus, a result, primarily, of the continued level of vacancies.

The biggest risk was the ongoing cost of pay incentives to fill essential shifts and the uncertainty of the funding arrangements and costs associated with the Wharfedale Rehabilitation Unit for the remaining months of this financial year. The scheme to buy back annual leave had been agreed if people wished to take advantage of that.

The Executive Director of Finance and Resources said that generally the Leeds place position was struggling to hit its aggregate planned surplus target.

Outcome:
The Committee noted the risks were 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.

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: 1122:** Reduced staffing of 0-7 practitioners (Health Visitors)
- **Risk: 1127:** Inability to recruitment to Medical Posts - Gynaecology Service

One risk had been de-escalated:
- **Risk 982** Insufficient provision of Educarers in Specialist Inclusion Learning Centres

One risk had been closed:

- **Risk 979** Resourcing for the 0 - 19 service (replaced with Risk 1122)

Outcome:
The Committee noted the recent revisions made to the Trust risk register and agreed the risks were being appropriately managed.

c) Managing waiting list and backlog report
The Committee was provided with a summary of current waiting times for selected services that contained 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 had 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 continued 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.

The Executive Director of Operations said that it was good to note that the audiology service, Covid-19 rehab, and Children's Speech and Language service had made excellent progress on their waiting times. She said Podiatry and MSK were no longer a concern. In the Children services she was still waiting for demand to stabilise and understand what the new normal was. The work with Leeds Teaching Hospitals NHS Trust (LTHT) was underway to clarify pathways and to stop duplication. Discussions with Commissioners was also required if demand ultimately out stripped capacity. The Executive Director of Operations said that she did not think that these services ever had any additional investment.

The issue with community gynaecologist was that the referrals had been held in LTHT before being passed on and by the time the information was received, there was already a long wait. The Executive Director of Operations said that by the next Committee meeting in January 2023 she would be able to give a better projection of the gynaecology service.

The Committee was assured that the community stroke patients were not waiting in hospital. A revised offer was being put in place in the community.

The Trust Chair queried the number of handover issues with LTHT, and the Executive Director of Operations said that the issue was around referrals that go into the referral management service within LTHT and then get delayed. The solution needed to be at the start of that referral management process to make sure there was quick triage to get them out. That work was on-going.

The Committee Chair said that it would be interesting to differentiate the performance of long waits. It was noted that some of that work was already underway to show how many people joined the list after the 18 weeks. The Executive Director of Operations said that in the next update she would be able to include some of those details.

Action: The Executive Director of Operations
At the meeting in January 2023 the Committee would be provided with a better projection of the gynaecology service referral situation including the differentiation of the performance to show how many people joined the list after the 18 weeks.

Outcome:
The Committee received the update on waiting list progress.

Item 2022/23 (70): Business Committee Governance

a) Board Assurance Framework (BAF) activity report

The report listed the twelve strategic risks assigned to the Committee and being managed and demonstrate the extent to which each risk had been considered by the Business Committee between April and October 2022 to provide assurance to the Trust Board.

The Company Secretary presented the BAF report to show the Committee the level of activity across those twelve risks. She said one area to note was BAF risk 4.2 in terms of Partnership governance arrangements, which was indicating less discussion about it at the meeting and that it not had many assurance levels assigned to it during this period. Each unit on the bar chart showed how many times the Committee had discussed that risk at the end of meeting and given a level of assurance.

The Executive Director of Finance and Resources added that an internal audit on partnership governance was imminent which might provide additional assurance.

The Committee Chair felt that there were too many strategic risks on the framework. The Company Secretary said that the internal audit report on the BAF concluded the same and that report would be reviewed at the December 2022 Audit Committee meeting for discussion and perhaps a recommendation made to the Trust Board to review the quantity of the strategic risks.

Outcome:

The Committee agreed to increase its focus on the strategic risks that did not get sufficient scrutiny.

b) Workplan

The Committee reviewed and noted the work plan and considered to reschedule the deferred items.

Item 2022/23 (71): Minutes to note

Health and Safety Group minutes dates 20 October 2022

The Committee noted the minutes it received.

Item 2022/23 (72): 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 based on the information 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:

- Community Dental Service
- Performance Brief and Finance
- Workforce resourcing
- Enhanced Partnership arrangements
- Tenders, Contracts and Commissioning intensions
- Change Management report
- Waiting list

Item 2022/23 (73): Any other business

None discussed.

SCRUTINY BOARD (ADULTS,HEALTH & ACTIVE LIFESTYLES)

TUESDAY, 22ND NOVEMBER, 2022

PRESENT: Councillor A Marshall-Katung in the Chair

Councillors C Anderson, S Burke, L Farley, N Harrington, C Hart-Brooke, M Iqbal, W Kidger, K Renshaw and E Thomson

Co-opted Member present – Dr J Beal

38 Appeals Against Refusal of Inspection of Documents

There were no appeals.

39 Exempt Information - Possible Exclusion of the Press and Public

There were no exempt items.

40 Late Items

There were no formal late items.

41 Declaration of Interests

In relation to agenda item 7 'Access to local NHS Dental Services', co-opted member Dr John Beal had informed the Board that he is a member of the British Dental Association.

42 Apologies for Absence and Notification of Substitutes

Apologies were received for the meeting from Cllr E Taylor and Cllr J Gibson with Cllr K Renshaw substituting for Cllr E Taylor.

43 Minutes - 18th October 2022

RESOLVED - That the minutes of the meeting held on 18 October 2022 be approved as an accurate record.

44 Access to local NHS Dental Services

The Head of Democratic Services submitted a report that presented information following on from the Board's earlier work surrounding access to local NHS dental services.

In introducing this item, the Chair highlighted that dentistry has been a longstanding area of interest to the Scrutiny Board in recognition that oral health is integral to general health and quality of life.

The Chair reminded everyone of the scrutiny work undertaken in February 2022 when the Board had engaged with dental commissioners, providers and patient representatives to discuss and review access to local NHS dental services. This had resulted in the Board agreeing five recommended actions during its March 2022 meeting. As well as reviewing the situation again in terms of progress made since March, it was noted that the Board would also be addressing specific issues surrounding orthodontic services for children; water fluoridation; and the transfer of commissioning responsibilities for local dental services to the West Yorkshire Integrated Care Board (ICB) as of April 2023.

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
- Emma Newton, Health Improvement Principal, Public Health
- Emma Wilson, Head of Co-commissioning (Y&tH), NHS England
- Ian Holmes, Director of Strategy and Partnerships, NHS West Yorkshire Integrated Care Board
- Sam Prince, Executive Director of Operations, Leeds Community Healthcare NHS Trust
- Richard Agyekum-Sakyi, General Manager, Leeds Dental Institute
- Munaf Qayyum, Leeds Dental Committee Chair
- Jane Moore, Leeds Dental Network Chair, NHS England
- Stuart Morrison, Team Leader, Healthwatch Leeds
- Mandy Sharp - Patient representative nominated by Healthwatch Leeds

The Chair acknowledged the importance of capturing information from the perspective of commissioners, providers, practitioners and patients again and therefore welcomed the wide range of contributors to the Board's meeting.

The Chair then invited each of the external witnesses to provide a brief overview of the key issues they wished to share with the Board, which is summarised below.

- *The Head of Co-commissioning (Y&tH), NHS England* referred to the briefing paper within the agenda pack by NHS England which set out the key challenges facing dental services, along with actions being taken nationally and locally to help strengthen future service provision. It was acknowledged that the primary care national contract, rolled out in 2006, had been a key factor in terms of ongoing issues affecting the sector, along with significant workforce challenges nationally. Responding the

Board's earlier recommendations, particular reference was made to the new dental system reforms aimed at making it easier for patients to access NHS dental care. The Board was also updated on the Oral Health Needs Assessment (OHNA), which was completed in May 2022 to help understand the oral health inequalities across the region in order to best allocate available resources.

- *The Director of Strategy and Partnerships, NHS West Yorkshire Integrated Care Board (ICB)* outlined that, in line with the Health and Social Care Act 2022, the responsibility for commissioning local dental services will be transferred from NHS England to the West Yorkshire ICB in April 2023. The Board was informed of the work being progressed by the Dental Task and Finish Group in ensuring that the ICB has a clear and accurate picture of known service delivery issues and in supporting the management of these service pressures. While acknowledging that the transfer of responsibility will not lead to immediate significant improvement, the Board was assured that priorities and actions have been set by the ICB to link dental services to the wider ICB strategic priorities, particularly with regards to strategic direction and transformation and integration of Primary Care.

- *The Executive Director of Operations, Leeds Community Healthcare NHS Trust* reminded the Board of the role of Community Dental Services (CDS) in providing dental care for adults and children with additional needs and those from vulnerable groups whose needs cannot be met by the general dental service. The CDS has around 4000 patients. The Board was also reminded of the position reported in March 2022 in terms of service access across the three patient categories (high; moderate; low) and learned that access has now steadily improved across all categories. It was also highlighted that the ongoing difficulties in recruiting a specialist paediatric dentist to the CDS has meant that relevant patients are being fast tracked to the Leeds Dental Institute.

- *The General Manager for the Leeds Dental Institute (LDI)* informed the Board that since the last update in February/March 2022, further work has been undertaken to reduce patient waiting lists for treatment at the LDI and that recovery measures also remain ongoing in terms of dental recruitment. In acknowledging that the LDI can be a daunting environment for many patients, it was noted that priority action is also being given to working closely with community partners to enable patients to access treatment closer to home.

- *The Leeds Dental Network Chair, NHS England* explained her position as a practising dentist and being part of the commissioning team working collaboratively with other key stakeholders, including the Leeds Dental Committee, as well as having clinical responsibility for urgent care and orthodontics.

- *The Leeds Dental Committee Chair* also explained his role as a practising dentist and gave an overview of key issues being raised by other dental practitioners. These involved difficulties recruiting and retaining nursing staff; restrictions on how many NHS patients can be seen by a dental practitioner linked to the current national contract; difficulties in children accessing services through the CDS and LDI; and a lack of sufficient and sustainable funding for dentists to be able to plan and cover their existing costs. However, it was hoped that the new dental reforms would help to address some of these issues moving forward.

- *The Team Leader, Healthwatch Leeds* highlighted that following the Scrutiny Board's earlier work in February/March, Healthwatch Leeds have continued to receive a high level of calls from the public seeking support to access NHS dental services and particularly from pregnant women and families seeking services for their children. Such access difficulties have been associated with extremely long waiting lists; poor communication and a lack of clarity surrounding dental contract arrangements; a lack of affordability for many being advised to access private dental care; and an insufficient provision of language interpreter services. It was highlighted that once a person had been able to access an NHS dental service, then complaints relating to that actual service have been minimal.

- *The Healthwatch Leeds patient representative* was then invited to share their own difficult and traumatic experience of trying to access NHS dental care, which had involved many of the key factors highlighted by the Healthwatch Leeds Team Leader, and consequently led to a significant loss of teeth and a detrimental impact on their general health and well-being. This had led them to canvas the views of other local members of the public and found that a significant number of other individuals and families were also in a desperate position to access appropriate NHS dental care. The Chair relayed her sincere thanks to the patient representative for her courage and generosity in sharing their own difficult and heart-breaking experiences and also acknowledged the shared determination of the Board to see decisive action being taken both nationally and locally to significantly improve access to NHS dentistry.

At this point, the Chair invited the Executive Members to share their initial views and in doing so, it was acknowledged that access to NHS dentistry remains a common area of concern. It was highlighted that foster families are particularly reporting difficulties in accessing provision for children looked after. It was also recognised that when young people are unable to access urgent dental care then this can have repercussions on their schooling and general social well-being too.

The following areas were also discussed during the Board's consideration of the agenda report:

- *Lack of sustainable funding* – the Board acknowledged that, unlike other NHS services, dental services are not provided free at the point of delivery as it is subsidised with fee paying, non-exempt adult patients contributing towards the cost of NHS dental treatment. It was therefore recognised that many of the challenges facing the sector will be difficult to resolve without future significant and sustainable investment nationally. In particular, it was noted that consistent funding will assist with staffing retainment issues in order to fulfil the 10% increase in service capacity referenced in the report.

- *Review of Community Dental Services* – the Board noted that the findings arising from the service review of Yorkshire and Humber CDS are due to be reported during November. While acknowledging that the review was comparing provision across the region, it was suggested that it would be helpful to analyse comparative data with other core cities too. Reference was also made to the value of seeking input from third sector organisations who work closely with relevant communities.

- *Voice of patients in the OHNA* – while acknowledging that the Oral Health Needs Assessment aims to provide the evidence base to support the commissioning of services, a query was raised regarding patient input into the assessment process. It was acknowledged that the OHNA was the first of its type for the region and will continue to be expanded along with further profiling work at Place level and that feedback from colleagues was therefore welcomed. It was also noted that NHS England were consulting on how best to engage the public more broadly than just via Healthwatch.

- *A focus on preventative measures* – the Board acknowledged that a focus on preventative measures would reduce pressure on services over time. Tooth decay for children should be preventable through improved communication, particularly targeting areas with the poorest oral health and low service provision.

- *Managing patient lists and public expectations* – it was highlighted that work is underway to improve greater understanding of how patient lists are managed and to also educate patients on the potential implications of repeated missed appointments. However, it was also highlighted that dental practices are also being encouraged to prioritise patients based on level of need and urgency.

The Board moved to a focused discussion on orthodontics where the Head of Co-commissioning (Y&tH), NHS England and the Leeds Dental Network Chair, NHS England outlined the current service position and re-procurement process as set out in the briefing paper within the agenda pack.

The following key points were discussed:

- The re-procurement process was noted to have been ongoing since April 2022 and although currently improved, patient communication had initially been raised as a significant problem resulting in many patient complaints. NHS England acknowledged the feedback received and assured the Board that lessons had been learned.
- It was reported that with the introduction of a digital referral management system, this is expected to improve efficiencies and reduce waiting times.
- It was recognised that prevention and oral health information needs to be built into services too. Linked to this, some notable work programmes have been conducted as follows; 0-19 Services, Brushing for Life Scheme and HENRY (Health, exercise, nutrition for the really young). It was also highlighted that contact is made with pre-natal services for information and advice at an early stage to unify the offer of services and to advise other preventative measures.

Linked to the issue of prevention, the Board also discussed the issue of water fluoridation, with the Director for Public Health and the Health Improvement Principal from Public Health presenting the briefing paper set out in the agenda pack. It was noted that new regulations surrounding water fluoridation had been approved on 8th November 2022, with the main significant change now placing a responsibility on the Secretary of State to notify local authorities of any proposals for a water fluoridation scheme that includes their population, including plans for consultation. The Board discussed the evidence base surrounding fluoridation and while acknowledging that the Secretary of State has announced the first tranche of proposals in the North East region, a suggestion was made for Directors of Public Health across the West Yorkshire and South Yorkshire region to explore the potential of forming part of the second tranche.

In conclusion, both the Head of Co-commissioning (Y&tH), NHS England and the Director of Strategy and Partnerships, NHS West Yorkshire Integrated Care Board were invited to reflect on the key issues raised during the Board's discussion and in doing so, gave a commitment to reflect these as part of their ongoing transitional work.

The Chair thanked everyone for their contributions and also highlighted the Board's commitment to maintain a watching brief of progress moving forward.

RESOLVED – That the contents of the report, along with Members comments, be noted.

(*Councillors Anderson and Kidger left the meeting at the end of this item*)

45 Leeds Health and Care System Resilience and Winter Planning

The Head of Democratic Services submitted a report which presented the Board with a briefing paper by the Leeds Health and Care Partnership regarding the current issues and actions linked to the Leeds health and care system resilience and winter planning process. While each organisation in the

System has its own winter resilience plans, decision management and assurance process, the Board were provided with an overview of approaches, plans, progress and risk with capacity plans overseen by the Health and Social Care System Resilience Co-ordination Group.

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
- Shona McFarlane, Deputy Director Social Work and Social Care Service
- Helen Lewis, Director of Pathway Integration, NHS West Yorkshire Integrated Care Board
- Sam Prince, Executive Director of Operations, Leeds Community Healthcare NHS Trust
- Mark Dodd, Interim Deputy Director for Service Delivery, Leeds and York Partnership NHS Foundation Trust

The Director of Pathway Integration, NHS West Yorkshire Integrated Care Board introduced the report which highlighted the following key headings; Acute, primary care and community demand; Mental health services; Public health plan; Vaccination; Demand assumptions for winter; Creating additional capacity; National planning requirements and resilience response; Governance arrangements for the ICB; and Risks. It was highlighted that the systems action plans are developed to mitigate risk and identify areas where demand and capacity may be significantly increased.

The following areas were also discussed during the Board's consideration of the report:

- The vaccination plan aimed to be more pro-active with information being provided over social media to increase vaccination numbers in areas with low uptake. Efforts to reduce fear of vaccines was underway, including community consultation and information points in hospitals and shopping centres.
- It was confirmed that all Primary Care Networks were providing Covid-19 and flu vaccinations through an opt in process, some concern from the public regarding taking a joint vaccine was noted.
- Mental health community projects working along with the mental health transformation programme will align services to one system and assist with a reduction in patients ending up at crisis point.
- Bed capacity issues can result in patients being moved to different sites, the priority will be to provide care as close to home as possible and have regular contact with the outreach team if moved. There was also an increase in home care provision noted.

- Patient self-management is a common procedure and evaluation through the enhanced recovery programme can assist with the journey back home while providing therapy at relevant points if necessary.
- Third sector pathways will use case-based patient evaluation to determine needs which has led to earlier discharge rates. However, it was noted that admission prevention is always prioritised.
- Greater support will be needed for frailer people to reduce harm within the pressures of the cost of living crisis which will affect people's physical and mental health and may increase cold and damp in homes.

RESOLVED - That the contents of the report, along with Members comments, be noted.

46 Work Schedule

The Head of Democratic Services submitted a report that presented the work schedule for the remainder of the municipal year. The Principal Scrutiny Advisor to the Board made particular reference to the following:

- That the proposed work item surrounding the introduction of Liberty Protection Safeguard is to be deferred until assurances surrounding the national implementation timeframe can be provided.
- That the Board's budget working group meeting had been confirmed for 14th December 2022 at 4 pm.

RESOLVED – That the report and the latest iteration of the Scrutiny Board's work schedule for the 2022/23 municipal year, as presented, be noted and confirmed.

47 Date and Time of Next Meeting

RESOLVED – To note the next meeting of the Board as Tuesday, 17th January 2023 at 1:30pm (pre-meeting at 1:00pm)

48 Any Other Business

The Board acknowledged that NHS Providers, the membership body representing every NHS hospital, mental health, community and ambulance service in England, has appointed Julian Hartley as its next chief executive. Julian, who is currently chief executive at The Leeds Teaching Hospitals NHS Trust, will take up his new role with NHS Providers, on 1 February 2023.

Board Members formally acknowledged the positive contribution made by Julian to the health and wellbeing of local residents and therefore relayed their thanks and best wishes to Julian in his new role.

(The meeting concluded at 16:30)

Leeds Community Healthcare NHS Trust

Agenda item 2022-23 (131)

Public Board workplan 2022-23
Version 9: 25 January 2023

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 2021-22 Blue box		X -Blue box		X -Blue box
Staff survey	annual	DW				X					
Safe staffing report	2 x year Feb and August	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 - deferred to March 2023	X -Blue box			X -Blue box		
Patient Safety Report	2 x year (Mar and October)	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 -taken as a main agenda item Feb 23				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			Taken in private session 2023	X					
Trust priorities update quarterly report	3x year February/May/Oct	EDFR/EDN&AHPS	X		X		X			X	
Third Sector Strategy	2x year (February and August)	EDO			X				X		
Estate Strategy	2xyear (August and December)	EDFR	X Blue box - deferred	X Blue box item -deferred to February 2023	X Blue box item -deferred to May 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			Defered to March 2023 X	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	2xyear - Feb and August	EDO			X - not Blue Box this meeting taken a a main agenda item				X -Blue box		
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-deferred to March 2023	X - Blue box item CHECK			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					
Board Assurance Framework -process update	annual	CS							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		
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